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NEW MEXICO
WILDLIFE CONSERVATION DIVISION
EXHIBIT 1A
CASE NO 11845

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NM-025530

○ HONDO B-2

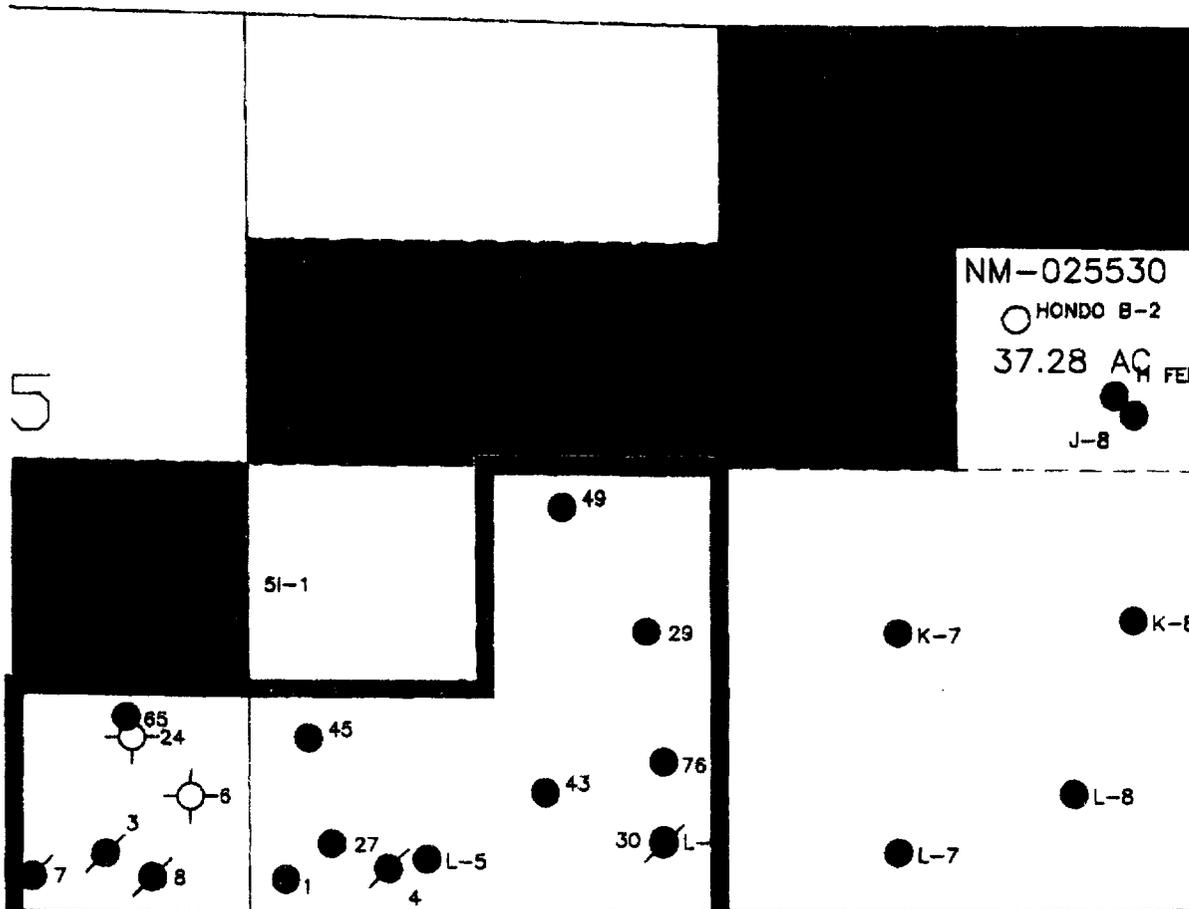
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NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT **IC**

CASE NO.

11847



KITE-HDC	



RED LAKE FIELD
EDDY COUNTY, NEW MEXICO

LEASE MAP
HONDO FEDERAL,
HONDO "B" FEDERAL & KITE FEDERAL
EXHIBIT II

Scale in Feet
500 0 500 1000 1500 2000

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9/98

10:27:01

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY DECK NO/YR 42382-002 AA 10/96 OWNER SA BURDEN NAME 53612
ANNELED_D 7/21/97
LAST DATE CHANGED 10/16/96
LEASE INTEREST .12500000

INFLATED INTEREST .12500000 2-ROY GA
PAY EX HP RT CD
TYPE 3-ORR PA
RECV. INT: 1.00000000

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 2810, T.A.
DENVER CO 80217
84-084-8646

B. CRAIG CLARK, INC.
2810 SHARDON TX 79701
704 W. WOODS, STE 1175
DALLAS TX 75225
94-2892148

DAVID M & I. FAYE CROWMELL
2810 SHARDON TX 79705
MIDLAND TX 79705
243-44-8195

LINDA P. SKINNER
7826 CAROLYN CT
DALLAS TX 75225
247-60-6866

DOMINIC L. CLARK
P.O. Box 191407
75219-1407 TX 75219-1407
944-34-9430

DEVON ENERGY CORP. (NEVADA)
30 N. BROWMAN, STE 1200
DALLAS, TX 75201
94-079204

TOTAL: INFT. INT: 1.00000000 RECV. INT: 1.00000000
LSE. INT: 1.00000000

NM 89156

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 2A
CASE NO. 11845

DEC 001 DEVON ENERGY CORP (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME: DEVON ENERGY CORP
OWNER SO: FEDERAL #4
PROPERTY ADDRESS: 11000 WILLOW CREEK, CA 92677

PROPERTY ADDRESS: 11000 WILLOW CREEK, CA 92677
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LC 070678-A
NM 29273

ANMELER_D	7/21/97	LEASE INTEREST
9/30/96	.00574219	.00012500
9/30/96	.00012500	.00012500
9/30/96	.00012500	.00012500
9/30/96	.00012500	.00012500
10/07/96	.00012500	.00012500
10/16/96	.00012500	.00012500
11/19/96	.00012500	.00012500
9/30/96	.00100000	.00025000
9/30/96	.00025000	.00025000
9/30/96	.00025000	.00025000
9/30/96	.00025000	.00025000
9/30/96	.00025000	.00025000

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10:30:47

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

ANMETER_D 7/21/97

PROPERTY DECK NO/YR	OWNER SO BURDEN	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX MP	PY CD	RT CD	LAST DATE CHANGED	LEASE INTEREST
42385-004 AA	08/96	HANK 'BK' FEDERAL #4	MASTER DECK ONLY	.00100000	3-ORR	PA			9/30/96	.001000000
40632		CHARLOTTE ANN RIER								
		1500 WILLAUX DR, TX 76109								
		466-48-3961								
43532		JOHN A HUDSON		.00574218	3-ORR	SD			9/30/96	.005742218
		1000 SAN VISA CIR	FL 33942							
		WHEELER								
		255-58-5770								
45163		JANE ANN HUDSON DAVIS		.03445313	3-ORR	SD			9/30/96	.03445313
		1000 WILLAUX DR	MM 88345-2660							
		585-18-8796								
46806		ESTATE OF ADRIENNE GANS SIMON		.01125000	3-ORR	PA			9/30/96	.01125000
		EXECUTOR								
		C/O WILLIAM B. RATLIFF, JR.,								
		3001 THORNTON ST., STE 1600								
		FORT WORTH, TX 76102								
		455-22-3034								
50649		HIGGINS TRUST INC		.01406250	3-ORR	PA			9/30/96	.01406250
		L/O WILLIAM P EDWARDS								
		P O BOX 2421	GA 30503							
		98195 SALLE								
		83-8009063								
53612		MINERALS MANAGEMENT SERVICE		.12500000	2-ROY	GA			9/30/96	.12500000
		ROYAL PROGRAM								
		PO BOX 5410, I.A.	CO 80217							
		DENVER								
		84-0628666								
999001		DEVON ENERGY CORP (NEVADA)		.75000000	1-WI	CO			9/30/96	.75000000
		20 N BROADWAY, STE 1500								
		OKLAHOMA CITY, OK 73102-8260								
		73-0779204								
999001		DEVON ENERGY CORP (NEVADA)		.05000000	3-ORR	CO			9/30/96	.05000000
		20 N BROADWAY, STE 1500								
		OKLAHOMA CITY, OK 73102-8260								
		73-0779204								
TOTAL: INFT. INT: 1.00000000				REC.V. INT: 1.00000000	LSE. INT: 1.00000000					

LC 070678-A
NM 29273

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16:16:36

PROPERTY DECK NO/YR 06/97 HAWK '17C' FEDERAL 1
OWNER SQ BURDEN NAME

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

MINNELLIS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217
84-0848646

MASTER DECK ONEY

DEVON ENERGY CORP (NEVADA)
20 N BROADWAY, STE 1500
OKLAHOMA CITY, OK 73102-0260
73-0779404

DEVON ENERGY CORP (NEVADA)
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DEVON ENERGY CORP (NEVADA)
20 N BROADWAY, STE 1500
OKLAHOMA CITY, OK 73102-0260
73-0779404

ANNISLER D 9/02/97

LEASE INTEREST

LAST DATE CHANGED 8/20/97

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NM 0158

LSB. INT: 1.00000000

RECV. INT: 1.00000000

IMPT. INT: 1.00000000

RECV. INT: 1.00000000

LSB. INT: 1.00000000

42386-006 DA 10/96 HANK '96 FEDERAL #6 40145

PROPERTY DECK MD/YR OWNER SG BURDEN NAME

DEC 007 DEVON ENERGY CORP (NEVADA) REVENUE DIVISION ORDER PRINT REQUEST

INTEREST TYPE PAY STAT EX INT CD BY LAST DATE CHANGED

ANMELER_D 7/21/97 INTEREST

PROPERTY DECK MD/YR	OWNER SG	BURDEN NAME	DESCRIPTION	INTEREST TYPE	PAY STAT	EX INT CD	BY	LAST DATE CHANGED	ANMELER_D
40145		ALFENE C GRAVES 5111 EYEWATER PLAZA FORT WORTH TX 76116 824-09-2025	MASTER DECK ONLY	3-ORR	SD			10/30/96	.02000000
43532		JOAN A HUDSON 803 SAN VISTA CIR NAPLES FL 33942 525-68-5770		3-ORR	PA			11/04/96	.02000000
45163		JANE ANN HUDSON DAVIS 801 2660 3810 80-8796 MINN MN 88345-2660		3-ORR	SD			10/30/96	.08500000
53612		MINERALS MANAGEMENT SERVICE PO BOX 5410 DENVER CO 80217- 82-0826646		2-ROY	GA			10/30/96	.12500000
999001		DEVON ENERGY CORP (NEVADA) 20 N BROADWAY STE 1500 OKLAHOMA CITY OK 73102-8260 73-0776404		1-UT	CO			10/30/96	.75000000
TOTAL: IMFT: 1.00000000 REC.V. INT: 1.00000000 LSE. INT: 1.00000000									

NM 031186

NEW MEXICO OIL CONSERVATION DIVISION

EXHIBIT 2B
CASE NO. 11846

10:41:48

DEV 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY DECK MO/YR OWNER SQ BURDEN

42615-001 AA 12/96 HAWK '9A' FEDERAL 1
53612

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
REVENUE
88-0828646
CO 80217

ALTIIRA ENERGY LTD (AMOCO)
(SUCCESSOR TO AMOCO)
8000 W. 100725
ATLANTA
GA 30384-0725
76-0528603

DEVON ENERGY CORP. (NEVADA)
20 W. BROADWAY, STE 1500
OKLAHOMA CITY, OK 73102-8260
94-0000000
73-0779406

DEVON ENERGY CORP. (NEVADA)
20 W. BROADWAY, STE 1500
OKLAHOMA CITY, OK 73102-8260
94-0000000
73-0779406

TOTAL: INFT. INT: 1.00000000 RECV. INT: 1.00000000 LSE. INT: 1.00000000

ANNELEER_D	7/27/97	LAST DATE CHANGED	PI RT CD	EX UP	CL CRT CB	PAY STAT	TYPE	INFLATED INTEREST	2-ROY	GA	MAST DECK ONLY
		2/06/97						.12500000			
		7/06/97						.41250000			
		2/06/97						.61250000			
		2/06/97						.05000000			

MM 025604

42478-017 MA 05/97 HANK '90' FEDERAL 17 24861

STATE OF HERMAN HENSON
1742 CATLIN DRIVE CA 94533
FAIRFIELD
525-36-3546

39787

CORRAD G. & ADA J. EYES,
LIVING TRUST
CORRAD G. & ADA J. EYES, TRUSTEES
P O BOX 156 MM 88345
ZUIDOSO
525-16-8892

41313

LARUE M WHITE
LLANFAIR-BELWOOD
1776 LARCH AVENUE #303
CINCINNATI OH 45224
484-38-4701

43448

JANICE GETTYS
863 S STRATTON ST TX 76234
DECATUR
525-38-4371

43472

MARJORIE METER
C/O ALTON HI, CD 80231
DENVER
525-44-6088

43494

ROBERT GRANT KEYES
C/O WYWEST BANK NEW MEXICO DP
ROSWELL ACCOUNT #2213451
P O BOX 1977 NM 88201
ROSWELL
525-54-9318

43522

MATTIE RUTH GRIFFIN
418 S ROSELAWN AVE MM 88210
ARTESIA
525-66-1296

43587

BARBARA K DAVIDSON
P O BOX 387 CO 81140-0387
LA JARA
525-88-5447

64854

LELA BESS BARNETTE
THE FIFTH AVENUE
500 HENDRICKSON RD., STOP 5016
SEQUIM WA 98382-
569-26-2685

51612

MINNEAPALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A. CO 80217-
DENVER
44-0848646

LC065478-8

PROPERTY DECK NO/YR	OWNER	DESC	REVENUE DIVISION ORDER PRINT REQUEST	ADDELER_D	9/02/97
42478-017 MA	05/97 HANK '90' FEDERAL 17	24861	STATE OF HERMAN HENSON 1742 CATLIN DRIVE CA 94533 FAIRFIELD 525-36-3546	6/23/97	.00262500
39787	CORRAD G. & ADA J. EYES, LIVING TRUST CORRAD G. & ADA J. EYES, TRUSTEES P O BOX 156 MM 88345 ZUIDOSO 525-16-8892	PA	.00328125 3-ORR	7/15/97	.00328125
41313	LARUE M WHITE LLANFAIR-BELWOOD 1776 LARCH AVENUE #303 CINCINNATI OH 45224 484-38-4701	PA	.00262500 3-ORR	7/09/97	.00262500
43448	JANICE GETTYS 863 S STRATTON ST TX 76234 DECATUR 525-38-4371	PA	.00262500 3-ORR	7/07/97	.00262500
43472	MARJORIE METER C/O ALTON HI, CD 80231 DENVER 525-44-6088	PA	.00328125 3-ORR	7/15/97	.00328125
43494	ROBERT GRANT KEYES C/O WYWEST BANK NEW MEXICO DP ROSWELL ACCOUNT #2213451 P O BOX 1977 NM 88201 ROSWELL 525-54-9318	PA	.00328125 3-ORR	7/15/97	.00328125
43522	MATTIE RUTH GRIFFIN 418 S ROSELAWN AVE MM 88210 ARTESIA 525-66-1296	WA	.00262500 3-ORR	7/15/97	.00262500
43587	BARBARA K DAVIDSON P O BOX 387 CO 81140-0387 LA JARA 525-88-5447	SU	.00164063 3-ORR	8/12/97	.00164063
64854	LELA BESS BARNETTE THE FIFTH AVENUE 500 HENDRICKSON RD., STOP 5016 SEQUIM WA 98382- 569-26-2685	PA	.00262500 3-ORR	7/07/97	.00262500
51612	MINNEAPALS MANAGEMENT SERVICE ROYALTY PROGRAM BOX 5810, T.A. CO 80217- DENVER 44-0848646	GA	.12500000 2-ROY	6/23/97	.12500000

WELR70
13:58:05

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION CEDAR PRINT REQUEST

PROPERTY DECI NO/YR 05/97 HARK '90' FEDERAL 17
OWNER SQ BURDEN NAME

42478-017 MA 57461
ALTEVA ENERGY LTD
(SUCCESSOR TO AMOCO)
P O BOX 190725
ATLANTA GA 30384-0725
78-0528603

57502
RICHARD K DAVIDSON
P O BOX 387
LA JARA CO 81140-0387
525-84-4330

999001
DEVON ENERGY CORP (NEVADA)
20 W. BROADWAY, STE 1500
OKLAHOMA CITY OK 73102-8260
73-0779494

INFLATED INTEREST TYPE STAT CL CRT CD CD

42437500 1-WI PA .00164062 3-ORR PA .42437500

42437500 1-WI CO .42437500 1-WI CO

INFT. INT: 1.00000000 RBCV. INT: 1.06900000

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11:16:32

014

DEC 001 DEVON ENERGY CORP (NEWMEX)

7/21/97

ANWELER_D

LEASE INTEREST

REVENUE DIVISION ORDER PRINT REQUEST

INTEREST

DESCRIPTION

MASTER DECK ONLY

PROPERTY NAME

OWNER SQ

43961-020 AG

10/96

HONDO B FEDERAL #2

PROPERTY MO/YR	OWNER SQ	PROPERTY NAME	DESCRIPTION	MASTER DECK ONLY	INTEREST	PAY STAT	EX MP	BY CD	BT CD	LAST RATE	LEASE INTEREST
928		ANN D ALLISON P O BOX 64035 LUBBOCK TX 79466 58-5225-493	TX 79466		.00058600	3-ORR	PA			11/18/96	.00058600
6417		EDITH C WHEELER P O BOX 64035 LUBBOCK TX 79466 480-20-5004	TX 79466		.00058600	3-ORR	PA			7/09/97	.00058600
24757		DAVID M THORNE 11 MAPLE ST NEWYARD NC 28712 073-05-3170	NC 28712		.00372500	3-ORR	PA			11/18/96	.00312500
24861		ESTATE OF HELEN HENSON 147 E 11TH DRIVE LUBBOCK TX 79466 523-36-3548	CA 94533		.00187500	3-ORR	SP			11/18/96	.00187500
28769		JOHN E THORNE 1700 S LINDBERGH BLVD ST LOUIS MO 63127-3980 309-46-8009	MO 63127-3980		.00104100	3-ORR	PA			11/18/96	.00104100
36399		DAVIS A COPPEDGE 486 GOODWIN DR RICHARDSON TX 75081- 249-50-9520	TX 75081-		.00029300	3-ORR	PA			11/18/96	.00029300
36772		JANE ELLEN MOORE P O BOX 3389 SHERMAN TX 75090- 450-78-2808	TX 75090-		.00058600	3-ORR	PA			11/18/96	.00058600
37524		JAMES T COPPEDGE 79 N MORGAN SHERMAN TX 75090- 455-70-7870	TX 75090-		.00029300	3-ORR	PA			11/18/96	.00029300
37960		MICHAEL H MOORE P O BOX 3389 SHERMAN TX 75091- 255-72-0603	TX 75091-		.00058600	3-ORR	PA			11/18/96	.00058600
39452		DAVID H ABBINGTON P O BOX 2071 MIDLAND TX 79702- 461-21-2845	TX 79702-		.00058600	3-ORR	PA			11/18/96	.00058600
39767		CONRAD S & ADA J. KEYES, LIVING TRUST CONRAD S & ADA J. KEYES, TRUSTEES P O BOX 156 BULLHOCK NM 88345- 525-16-8892	NM 88345-		.00058600	3-ORR	PA			11/18/96	.00058600

NM 039825
 NM 29278
 NM 025530

NEW MEXICO
 OIL CONSERVATION DIVISION

CASE NO. 11847 **EXHIBIT 2C**

11/16/96

DEC 001 PEYTON ENERGY CORP. (NEWYAR)

7/21/97

PROPERTY DECK NO/YR	OWNER SQ	PROPERTY NAME	DESCRIPTION	INTEREST TYPE	STAT	EX	RT	CD	BT	CD	AMMETER_D	LAST DATE	LEASED	INTEREST
43961-020 AG	10/96	WOMBO B FEDERAL #2	MASTER DECK ONLY	3-ORR	PA						11/18/96	11/18/96		.00937500
41153														.00937500
41313			VERA POLK LEE ESTATE REMAINING 1776 LARCH AVENUE #303 CINCINNATI OH 45224- 1776 LARCH AVENUE #303 CINCINNATI OH 45224- 1776 LARCH AVENUE #303 CINCINNATI OH 45224- 1776 LARCH AVENUE #303 CINCINNATI OH 45224-	3-ORR	PA						11/18/96	11/18/96		.00187500
42271			JANIE M WHITE 1785 LA CHARLES AVE NE ALBUQUERQUE NM 87111-	3-ORR	PA						11/18/96	11/18/96		.00104200
42385			HENRY F THORNE P O BOX 4028 EUREKA CA 95744-4028	3-ORR	PA						11/18/96	11/18/96		.00104200
43425			ELIZABETH T GREENE 500 E LIZARD #12 DENVER CO 80201-	3-ORR	PA						11/18/96	11/18/96		.00312500
43448			JANICE SETTYS 103 S STRATTON ST DALLAS TX 76234-	3-ORR	PA						11/18/96	11/18/96		.00187500
43472			MARJORIE MEYER 680 S ALTON WY, APT 5-B DENVER CO 80231-	3-ORR	PA						11/18/96	11/18/96		.00058600
43494			ROBERT GRANT KEYES C/O MORNIST BANK NEW MEXICO OF ROSWELL ACCOUNT #2213451 P O BOX 1977 ROSWELL NM 88201-	3-ORR	PA						11/18/96	11/18/96		.00058600
43522			MATTIE BURN GRIFFIN 411 S ROSELAWN AVE DALLAS TX 75210-	3-ORR	PA						11/18/96	11/18/96		.00187500
43523			RICHARD B LODGEWICK 9518 LOCKNEED DRIVE DALLAS TX 79701-3956	3-ORR	PA						11/18/96	11/18/96		.00156234
43570			LAURA PATRICIA LODGEWICK 511 MEWELL DALLAS TX 75223-	3-ORR	PA						11/18/96	11/18/96		.00156233

NM 039825
 NM 29278
 NM 025530

PROPERTY DECK NO./R	OWNER	AG	10/96	MONDO B FEDERAL #2	43571	PROPERTY NAME	DESCRIPTION	MASTER DECK ONLY	INTEREST	TYPE	PAY	STAT	EX	HR	CR	CD	PY	RT	CD	AMMELER_D	LAST DATE CHANGED	LEASE INTEREST
43571	ROYALTY PROGRAM					ROYALTY PROGRAM	ROYALTY PROGRAM		.00156233	3-ORR	PA									11/18/96		.00156233
43587	BARBARA K DAVIDSON					BARBARA K DAVIDSON	BARBARA K DAVIDSON		.00146450	3-ORR	SU									4/07/97		.00146450
43642	MARY J. MCMORTER					MARY J. MCMORTER	MARY J. MCMORTER		.00058600	3-ORR	PA									11/18/96		.00058600
44854	LELA BESS BARNETTE					LELA BESS BARNETTE	LELA BESS BARNETTE		.00187500	3-ORR	PA									11/18/96		.00187500
45134	WILLIAM O'NEAL MCMURRAY					WILLIAM O'NEAL MCMURRAY	WILLIAM O'NEAL MCMURRAY		.00937500	3-ORR	PA									11/18/96		.00937500
50299	YATES BRDS					YATES BRDS	YATES BRDS		.00937500	3-ORR	PA									11/18/96		.00937500
50659	RUSSELL ESTATE TRUST					RUSSELL ESTATE TRUST	RUSSELL ESTATE TRUST		.00937500	3-ORR	PA									11/18/96		.00937500
53117	MCMORTER FAMILY TRUST					MCMORTER FAMILY TRUST	MCMORTER FAMILY TRUST		.00058600	3-ORR	PA									11/18/96		.00058600
53612	MINERALS MANAGEMENT SERVICE					MINERALS MANAGEMENT SERVICE	MINERALS MANAGEMENT SERVICE		.12500000	2-ROY	GA									11/18/96		.12500000
56063	WILLIAM RICHARD PALLARD					WILLIAM RICHARD PALLARD	WILLIAM RICHARD PALLARD		.00234400	3-ORR	PA									12/09/96		.00234400
56064	BETTY L PRICE MORGAN					BETTY L PRICE MORGAN	BETTY L PRICE MORGAN		.00234400	3-ORR	PA									11/18/96		.00234400

MM 033825
MM 29278
MM 025530

017

43961-020 AG 10/96 HONDO B FEDERAL #2

PROPERTY DECK NO/YR 57461

ANNELEER_D 7/21/97

DEC 001 DEVON ENERGY CORP (NEVADA) REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY DECK NO/YR OWNER SG BURDEN

43961-020 AG 10/96 HONDO B FEDERAL #2 57461

ALTIIRA ENERGY LTD (ARIZONA) 7500 FOX 387 P O BOX 100725 ALABAMA 360528603

RICHARD E DAVIDSON P O BOX 387 LA JARA LA 525-86-4330

DEVON ENERGY CORP (NEVADA) 20 N BROADWAY, STE 1200 OKLAHOMA CITY, OK 73102-8260

DEVON ENERGY CORP (NEVADA) 20 N BROADWAY, STE 1200 OKLAHOMA CITY, OK 73102-8260

DEVON ENERGY CORP (NEVADA) 20 N BROADWAY, STE 1200 OKLAHOMA CITY, OK 73102-8260

DEVON ENERGY CORP (NEVADA) 20 N BROADWAY, STE 1200 OKLAHOMA CITY, OK 73102-8260

TOTAL: INFT. INT: 1.00000000 RECV. INT: 1.00000000

ANNELEER_D 7/21/97
LAST DATE CHANGED 4/09/97
LEASE INTEREST .02500000
PAY STAT PA
TYPE 3-ORR
INFT. INT: .02500000
RECV. INT: 1.00000000

ANNELEER_D 7/21/97
LAST DATE CHANGED 4/07/97
LEASE INTEREST .00146450
PAY STAT PA
TYPE 3-ORR
INFT. INT: .00146450
RECV. INT: 1.00000000

ANNELEER_D 7/21/97
LAST DATE CHANGED 11/18/96
LEASE INTEREST .75000000
PAY STAT CO
TYPE 1-WI
INFT. INT: .75000000
RECV. INT: 1.00000000

ANNELEER_D 7/21/97
LAST DATE CHANGED 11/18/96
LEASE INTEREST .02500000
PAY STAT CO
TYPE 3-ORR
INFT. INT: .02500000
RECV. INT: 1.00000000

AM 088825
AM 29278
AM 025530

PROPERTY DECK NO/YR	OWNER SO	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX CL	MP CRT	PT CD	RT CD	LAST CHANGED	LEASE INTEREST
42384-001 AA	10/96	KITE 'AE' FEDERAL #1	MASTER DECK ONLY	.00058594	3-ORR	SD				12/16/96	.00058594
928		ANN D ALLISON P.O. BOX 64033 LIMBORG TX 79464									
6417		EDITH C WHEELER P.O. BOX 64033 LIMBORG TX 79464		.00058594	3-ORR	PA				7/09/97	.00058594
24757		DAVID M THORNE 511 MAPLE ST BREVARD FL 32710		.00312500	3-ORR	PA				12/16/96	.00312500
24861		ESTATE OF HELEN WENSON 1712 CAYLIN DRIVE LAUREL CA 94533		.00187500	3-ORR	SD				12/16/96	.00187500
28769		JOHN E THORNE 3700 S LINDBERGH BLVD ST LOUIS MO 63127-3980		.00104167	3-ORR	PA				12/16/96	.00104167
36399		DAVIS A COPPEDGE 266 GOODWIN DR LIMBORG TX 75081		.00029296	3-ORR	PA				12/16/96	.00029296
36772		JANE ELLEN MOORE P.O. BOX 3389 LIMBORG TX 75090		.00058594	3-ORR	SD				12/16/96	.00058594
37524		JAMES T COPPEDGE 1415 W MORGAN SPENCER IN 47460		.00029296	3-ORR	PA				12/16/96	.00029296
37960		MICHAEL H MOORE P.O. BOX 3389 LIMBORG TX 75091		.00058594	3-ORR	PA				12/16/96	.00058594
39452		DAVID W ABRINGTON P.O. BOX 2071 MIDLAND TX 79702		.00058594	3-ORR	PA				12/16/96	.00058594
39787		CONRAD B & ADA J. KEYES, LIVING TRUST CONRAD B & ADA J. KEYES, TRUSTEES P.O. BOX 156 BUIDO SD 57516-8892		.00058500	3-ORR	PA				12/16/96	.00058500

LC 055465-A

42384-001 AA

10/96 KITE '4E' FEDERAL #1

41153

VEVA POLK LIFE ESTATE REMAIND

CONSOLE OFFICE APT 202 ZALMARK

411E SOUTH GRAY AVE

TULSA OK 74104-

778-05-8893

MASTER DECK ONLY

INTEREST TYPE PAY STAT EX VP PY PJ ED

INTEREST 3-ORR SD

.00937500

12/16/96

.00937500

7/21/97

ANNELER_D

LAST DATE CHANGED

12/16/96

.00187500

12/16/96

.00187500

12/16/96

.00104166

12/16/96

.00104166

12/16/96

.00104167

12/16/96

.00312500

12/16/96

.00312500

12/16/96

.00187500

12/16/96

.00058500

12/16/96

.00058500

12/16/96

.00187500

DEC 001 DEVON ENERGY CORP (NEVADA)

REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME

OWNER SO BURDEN

DESCRIPTION

MASTER DECK ONLY

INTEREST TYPE

PAY STAT

EX VP

PY PJ

ED

ANNELER_D

LAST DATE CHANGED

12/16/96

.00187500

12/16/96

.00187500

12/16/96

.00104166

12/16/96

.00104167

12/16/96

.00312500

12/16/96

.00312500

12/16/96

.00187500

12/16/96

.00058500

12/16/96

.00058500

12/16/96

.00187500

12/16/96

.00156250

12/16/96

.00156250

12/16/96

.00156250

LC055465-A

WELR76
11:06:31

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

AMWELR_D 7/21/97

PROPERTY DECK NO/YR	OWNER SQ	PROPERTY NAME	DESCRIPTION	MASTER DECK ONLY	INTEREST TYPE	PAY STA	EX MP	EX CD	BY CD	LAST DATE CHANGED	LEASE INTEREST
42384-001 AA	10/96	XITE '4E' FEDERAL #1	JOHN WINNEY IODEWICK 3210 BENTWOOD 525-82-6935 TX 75225-		.00156250 3-ORR	PA				12/16/96	.00156250
43571											
43587			BARBARA K DAVIDSON P O BOX 307 LA MESA CO 81140-0387 525-88-6647		.00146625 3-ORR	SU				4/07/97	.00146625
43642			MARY J. MCMURTER 708 CANYON ROAD LOGAN UT 84321-4316 526-24-8433		.00058594 3-ORR	SD				12/16/96	.00058594
44854			LELA BESS BARNETTE 708 FIFTH AVENUE 500 HENDRICKSON RD, S100 5016 SEGOUL WA 98382- 569-26-2685		.00187500 3-ORR	PA				12/16/96	.00187500
45134			WILLIAM O'NEAL MUMFALL 317 SERRILL LANE #1 82845-117208 MN 88201-		.00937500 3-ORR	PA				12/16/96	.00937500
50299			YATES BROS 201 SOUTH 4TH ST DULUTH GA 3011659		.00937500 3-ORR	SD				12/16/96	.00937500
50659			RUSSELL ESTATE TRUST ATTN: TRUST DEPARTMENT FIRST NATIONAL BANK OF ARTESIA P O DRAWER AA ARTESIA MN 88210- 85-8066406		.00937500 3-ORR	PA				12/16/96	.00937500
53117			MCMURTER FAMILY TRUST 89/2/24 BREM & RUTH MCMURTER, TRUSTEES 6140 E VOLTAIRE AZ 85254- SCOTTSDALE 526-04-4301		.00058594 3-ORR	PA				12/16/96	.00058594
53612			MINERAL'S MANAGEMENT SERVICE SOCIAL PROGRAM PO BOX 10, T.A. 85-08-8646 CO 80217-		.12500000 2-ROY	GA				12/16/96	.12500000
56063			WILLIAM RICHARD BALLARD 1651 CALLE JAVIERA TUESON AZ 85748- 525-10-7129		.00234375 3-ORR	PA				12/16/96	.00234375
56064			BETTY L. PRICE MORGAN 5210 CHURCHSECO DRIVE SAN ANTONIO TX 78239- 525-44-3306		.00234375 3-ORR	PA				12/16/96	.00234375

LC055465-A

42384-001 AA

PROPERTY DECK NO/YR
DMMR SQ BURDEN
57507

DEC 001 DEVON ENERGY CORP (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME
DMMR SQ BURDEN
FEDERAL #1
RICHARD K DAVIDSON
10100A 387
525-84-4330
DD 81140-0387
DEVON ENERGY CORP (NEVADA)
20 W BROADWAY, STE 1100
OKLAHOMA CITY, OK 73102-8260
73-0179204

999001

MASTER DECK ONLY
.00146625 3-ORR PA
.80000000 1-WI CO
TOTAL: INFT. INT: 1.00000000 RECY. INT: 1.00000000 ISE. INT: 1.00000000

AMNEER_0
LAST DATE CHANGED
4/07/97
12/16/96
LEASE INTEREST
.00146625
.80000000

LC055465-A

42383-002 AA 10/96 KITE '51' FEDERAL #2 28240
 PROPERTY DECK MO/78 CAMER SQ BURDEN
 DEC 001 DEVON ENERGY CORP (NEVADA)
 REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME	DESCRIPTION	MASTER DECK ONLY	INTEREST	TYPE	STAT	EL	UP	CR	CD	BI	PY	CD	CD	AMMELER_D	LAST DATE CHANGED	BASE INTEREST	7/21/97
38056	SURAN LYNN TERRY 3179 N MESA #216 TX 79912 EL PASO 79912 255-88-0570	HELEN WATSON & JOHN T RHETT 3179 N 21ST ST VA 22201 276-38-0254	.00171875	3-ORR	PA									10/31/96	12/05/96	.00171875	.00515625
38428	WINNIE JEFFREY 304 MEATH DRIVE WIM 88345 FUIDOSO 457-28-0307		.00958333	3-ORR	PA									10/30/96	10/30/96	.00958333	.00958333
38564	MICKEY TRAVIS 1004 E YATE BROWNFIELD 88947 457-82-5239		.00958333	3-ORR	PA									10/30/96	10/30/96	.00958333	.00958333
39350	MARGARET TRAVIS 1004 E YATE BROWNFIELD 88947 460-88-7898		.00958333	3-ORR	PA									10/30/96	10/30/96	.00958333	.00958333
39622	SANDRA LEIGH TERRY 21080 12817 TX 79912 EL PASO 481-88-4039		.00171875	3-ORR	PA									10/30/96	10/30/96	.00171875	.00171875
39729	EDDIE V PEOPLES 6 VINE TORJAN OAKS ROAD LONVIEW 482-23-9514		.00075000	3-ORR	SD									10/30/96	10/30/96	.00075000	.00075000
43582	BARBARA KAY CLAYTON SCOTT 9819 128TH ST E FUYALLUP 525-88-5089		.00025000	3-ORR	PA									10/30/96	10/30/96	.00025000	.00025000
43609	CHERE JOHNSON SOLE AND SEPARATE PROPERTY 1092 S 21ST ST MESIA 525-92-7517		.00125000	3-ORR	PA									11/04/96	11/04/96	.00125000	.00125000
43620	JOHN DONALD CLAYTON 1000 BUR 326 BLENNA 881-98-3891		.00025000	3-ORR	PA									10/30/96	10/30/96	.00025000	.00025000
43127	BARBARA KRUISE FRANKENFELD 3211 BECKETT DRIVE EL DORADO 583-68-8438		.00171875	3-ORR	PA									11/18/96	11/18/96	.00171875	.00171875

LC055383-A

11:16:07

DEC 001 DEVON ENERGY CORP. (NEVADA)

ANNELEER_D 7/21/97

PROPERTY DECK MO/YR 10/96 KITE '51' FEDERAL #2 45131 LEON J CLAYTON JR 3585-10-1905 AZ 85282-1585

OWNER SO BURDEN

REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME

DESCRIPTION

INFLATED INTEREST

PAY STAT

TYPE

EX CRT

BY CD

RJ CD

LAST DATE CHANGED

LEASE INTEREST

PROPERTY DECK MO/YR	OWNER SO	BURDEN	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	TYPE	EX CRT	BY CD	RJ CD	LAST DATE CHANGED	LEASE INTEREST
42383-002 AA	10/96	KITE '51'	FEDERAL #2	MASTER DECK ONLY	.00025000	3-ORR	PA				11/04/96	.00025000
50669				MURKINS TRUST INC P O BOX 1349 68 WESLEY 85-8007053	.01375000	3-ORR	PA				10/30/96	.01375000
53612				MINERALS MANAGEMENT SERVICE ROYALTY PROGRAM BOX 5810, I.A. DENVER CO 80217-06848646	.12500000	2-ROY	GA				10/30/96	.12500000
54534				CHILDRESS ROYALTY COMPANY P O BOX 66 YOP LUN MD 64801-75-0918518	.01718750	3-ORR	PA				10/30/96	.01718750
55750				PANLA SUE SHAW 11331 MON VISTA DRIVE 3001 SQUALE 440-36-4948	.00150000	3-ORR	PA				10/30/96	.00150000
56967				JOE A CLAYTON III 206 BOYD 403-52-8280 445-34-3873	.00037500	3-ORR	PA				2/10/97	.00037500
56969				LINDA NELSON 1116 ROSEBRYER CUTWILE OK 73064-244-52-0292	.00037500	3-ORR	PA				2/10/97	.00037500
999001				DEVON ENERGY CORP (NEVADA) 20 N. BROADWAY, STE 1500 OKLAHOMA CITY OK 73102-8260 75-0779404	.80000000	1-INT	CO				10/30/96	.80000000

TOTAL: INFT. INT: 1.00000000 REC. INT: 1.00000000 LSE. INT: 1.00000000

LC058383A

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31 1993

OPERATOR'S COPY

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)
Sec. 8, T18S, R27E

5. Lease Designation and Serial No.
NM-89156, LC-070678-A, & NM-29273

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
Hawk "8" Federal

9. API Well No.

10. Field and Pool, or Exploratory Area
Red Lake (Q-GB-SA)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>Commingling at surface</u> <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Devon Energy Corporation (Nevada) requests approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following wells:

- | | |
|----------------------|-----------------------|
| Hawk "8J" Federal #1 | Hawk "8O" Federal #9 |
| Hawk "8J" Federal #2 | Hawk "8O" Federal #10 |
| Hawk "8K" Federal #3 | Hawk "8P" Federal #11 |
| Hawk "8K" Federal #4 | Hawk "8P" Federal #12 |
| Hawk "8L" Federal #5 | |
| Hawk "8L" Federal #6 | |
| Hawk "8N" Federal #7 | |
| Hawk "8N" Federal #8 | |

NEW MEXICO
OIL CONSERVATION DIVISION
RECEIVED
SEP 21 1 47 PM '96
EXHIBIT 3A
CASE NO. 11845

14. I hereby certify that the foregoing is true and correct

Signed E. L. Buttross, Jr. Title District Engineer Date 9/25/96

Approved by Harold R. Glass Title PETROLEUM ENGINEER Date SEP 30 1996

CONDITIONS OF APPROVAL

APPLICATION FOR SURFACE COMMINGLING, OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval for surface commingling and off lease storage and measurement of hydrocarbon production from the following wells on Federal Lease No. NM-89156;

Lease Name: Hawk "8" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	J	8	18S	27E	Grayburg-San Andres
2	J	8	18S	27E	Grayburg-San Andres
7	N	8	18S	27E	Grayburg-San Andres
8	N	8	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. LC-070678-A;

Lease Name: Hawk "8" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
3	K	8	18S	27E	Grayburg-San Andres
5	L	8	18S	27E	Grayburg-San Andres
6	L	8	18S	27E	Grayburg-San Andres
9	O	8	18S	27E	Grayburg-San Andres
10	O	8	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-29273;

Lease Name: Hawk "8" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
11	P	8	18S	27E	Grayburg-San Andres
12	P	8	18S	27E	Grayburg-San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hawk "8J" Federal #1	16	31	175
Hawk "8J" Federal #2	COMPLETING. TEST TO FOLLOW.		
Hawk "8K" Federal #3	48	41	847
Hawk "8K" Federal #4	76	37	900
Hawk "8L" Federal #5	69	40	300
Hawk "8L" Federal #6	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8N" Federal #7	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8N" Federal #8	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8O" Federal #9	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8O" Federal #10	TO BE DRILLED. TEST TO FOLLOW.		

Hawk "8P" Federal #11
Hawk "8P" Federal #12

141 35 280
COMPLETING. TEST TO FOLLOW.

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL K in ^{NE/4SW/4} ~~SE/4SW/4~~ Sec. 8, T18S, R27E on lease No. LC-070678-A, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, working interest owners, and NMOCD have been notified of this proposal.

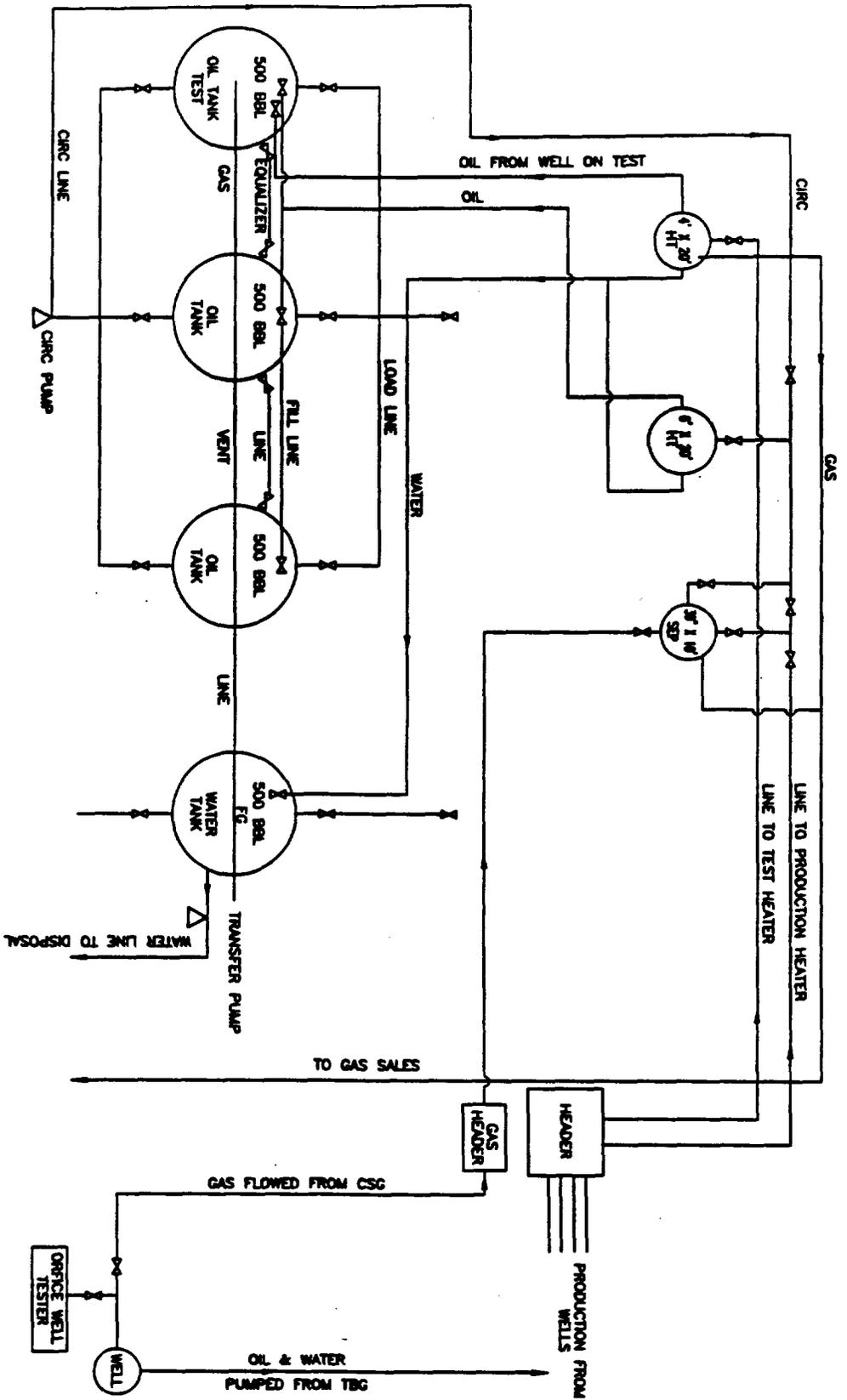
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 25, 1996

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102



denon

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

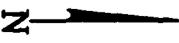
HAWK "8" FEDERAL BATTERY

FLOW DIAGRAM
U.K. SEC. 8, T18S, R27E

F. CORNELL

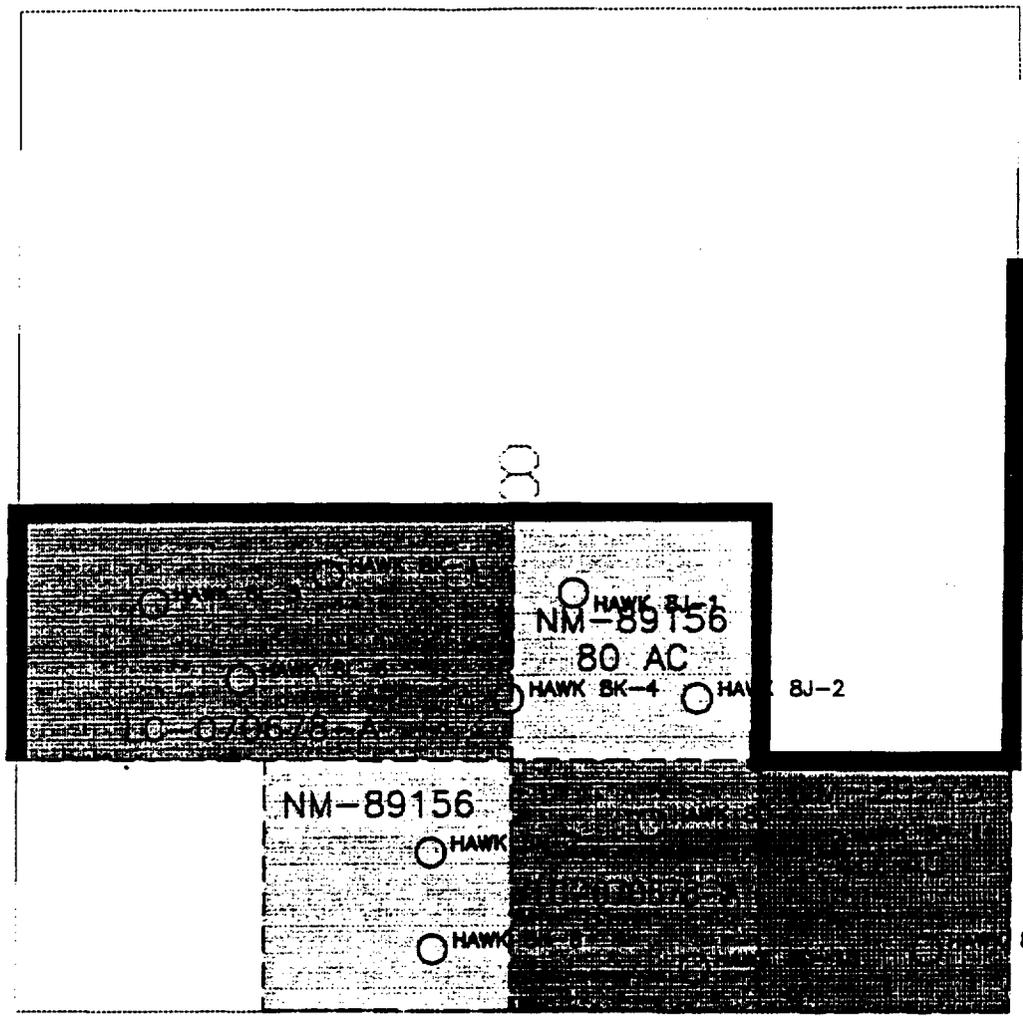
9/88

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18
S



NM 0758



HWK8FED	

devon

RED LAKE FIELD
EDDY COUNTY, NEW MEXICO

LEASE MAP
HAWK 8 FEDERAL
EXHIBIT II

Scale in Feet
500 0 500 1000 1500 2000

E BUTTROSS 7/98

Bureau of Land Management
Roswell District
2909 West Second Street
Roswell, New Mexico 88201
505-627-0272

**Off-Lease Measurement, Storage, and Surface Commingling
Conditions of Approval**

Approval of surface commingling and off-lease storage and/or measurement is subject to the following conditions of approval:

1. This agency shall be notified of any change in sales method or location of the facility.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
5. Additional wells and/or leases require additional commingling approvals.
6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No. NM-89156; LC-070678-A; NM-29273 & NM-0758
6. If Indian, Allottee or Tribe Name NA
7. If Unit or CA, Agreement Designation N/A
8. Well Name and No. Hawk "17" & "8" Federal
9. API Well No.
10. Field and Pool, or Exploratory Area Red Lake (Q-GB-SA)
11. County or Parish, State Eddy County, NM

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator DEVON ENERGY CORPORATION (NEVADA)
3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sections 17 and 8 - 18S-27E

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Commingling at Surface</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval to amend the application for surface commingling and off-lease storage and measurement of hydrocarbon production to include the following wells: (see attached approved commingle request)

Hawk "17C" Federal #1
Hawk "17C" Federal #2

14. I hereby certify that the foregoing is true and correct

E.L. Buttross, Jr.

Signed E.L. Buttross, Jr. Title District Engineer Date July 2, 1997

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as any matter within its jurisdiction.

APPLICATION FOR SURFACE COMMINGLING OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval to amend the application for surface commingling and off lease storage and measurement of hydrocarbon production to include the following wells on Federal Lease No. NM-0758 (see attached for approved commingling request).

Lease Name: Hawk "17" Federal

<u>Well No.</u>	<u>UL</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	C	17	18S	27E	Grayburg/San Andres
2	C	17	18S	27E	Grayburg/San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCEPD</u>
Hawk "17C" Federal #1	COMPLETING, TEST TO FOLLOW		
Hawk "17C" Federal #2	TO BE DRILLED, TEST TO FOLLOW		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL K in the ~~NW 1/4 SE 4~~ Section 8, T18S, R27E on lease ~~No. NM-031186~~ *LC 07067-A* No. NM-031186, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, and NMOCD have been notified of this proposal.

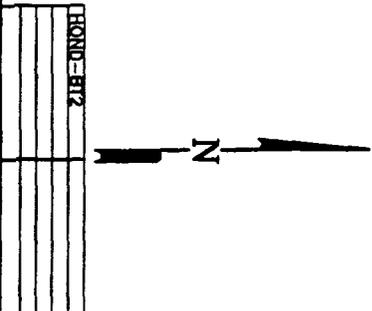
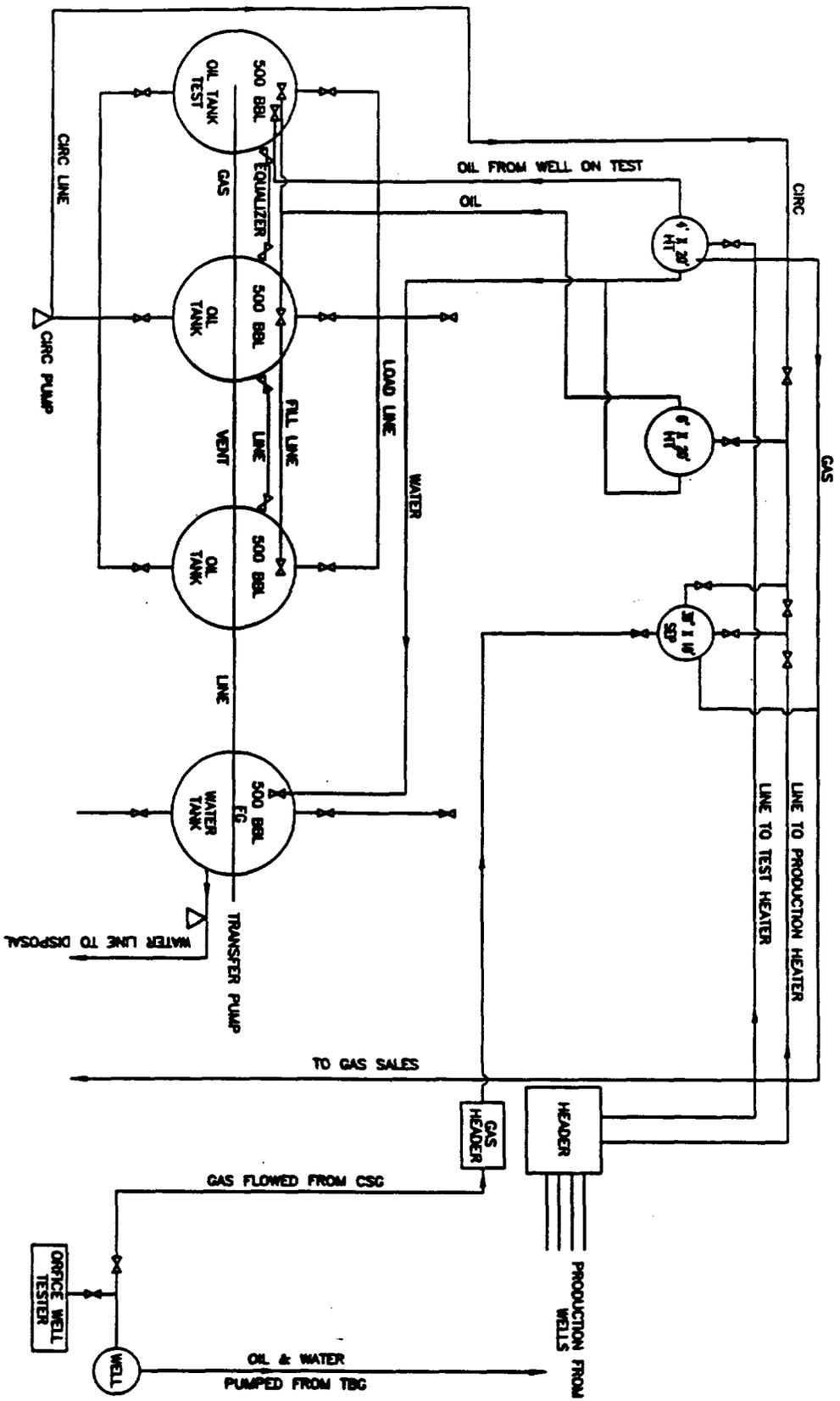
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: July 3, 1997

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 736102



Dewar

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

HAWK "8" FEDERAL BATTERY

FLOW DIAGRAM
ULK, SEC. 8, T18S, R27E

F CORNELL

9/98

T 17 S
R 27 E

32

ST BZ 2 CSDU 2

EVARTS FED 2

BRECK ST 1

EAGLE 33H-9
LC-026874-B
160.69 AC

EAGLE 34D-7

EAGLE 33A-2

EAGLE 34E-8

EAGLE 34H-6

EAGLE 34L-23

EAGLE 34M-24

EAGLE 34N-25

EAGLE 34O-26

EAGLE 34P-14

EAGLE 34Q-28

EAGLE 34R-28

EAGLE 34S-28

EAGLE 34T-28

EAGLE 34U-28

EAGLE 34V-28

EAGLE 34W-28

EAGLE 34X-28

EAGLE 34Y-28

EAGLE 34Z-28

EAGLE 35A-28

EAGLE 35B-28

EAGLE 35C-28

EAGLE 35D-28

EAGLE 35E-28

EAGLE 35F-28

EAGLE 35G-28

EAGLE 35H-28

EAGLE 35I-28

EAGLE 35J-28

EAGLE 35K-28

EAGLE 35L-28

EAGLE 35M-28

T 18 S
R 27 E

5

NM-025530
MONDO B-2
37.28 AC

LC-055383-A
160 AC

NM-031186
80 AC
REF TO B/SA
BASE ABO TO 9911

NM-89156
80 AC

LC-065478-B
80 AC
(+ PARTIAL OTHER SEC)

NM-0758
MARK 17C-1

MARK 17C-2

ACBDU 27 ACBDU 4

17

ACBDU 2 26

ACBDU 12

ACBDU 1 5

ACBDU 1 9

ACBDU 2 14

ACBDU 2 13

ACBDU 2-11

ACBDU 2-25

ACBDU 2 16

NM ST BF 1

STATE BR 1

NM ST BF 2

EDDY ST BU 1

ST OF NM "CE"2

SCOGINS D 12 SCOGINS DRW ST C 1

15

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage Sec., T., R., M., or Survey Description)
Sec. 9, T18S, R27E

5. Lease Designation and Serial No.
NM-031186 & NM-025604

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
Hawk "9" Federal

9. API Well No.

10. Field and Pool, or Exploratory Area
Red Lake (Q-GB-SA)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Commingling at surface</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following wells:

- Hawk "9A" Federal #1
- Hawk "9B" Federal #3
- Hawk "9E" Federal #5
- Hawk "9E" Federal #6
- Hawk "9F" Federal #7
- Hawk "9F" Federal #8
- Hawk "9G" Federal #9
- Hawk "9H" Federal #11

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT **3B**
CASE NO. **11846**

RECEIVED
 CARL...
 SEP 27 1 45 PM '96
 AGE
 METERS

14. I hereby certify that the foregoing is true and correct

Signed E. L. Buttriss, Jr. Title District Engineer Date 9/25/96

Approved by David P. Glass Title PETROLEUM ENGINEER Date SEP 30 1996

Conditions of approval, if any:

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

SUBJECT TO
LIVE APPROVAL

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

0-8-96
OK

*See Instruction on Reverse Side

APPLICATION FOR SURFACE COMMINGLING, OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval for surface commingling and off lease storage and measurement of hydrocarbon production from the following wells on Federal Lease No. NM-031186;
Lease Name: Hawk "9" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
5	E	9	18S	27E	Grayburg-San Andres
6	E	9	18S	27E	Grayburg-San Andres
7	F	9	18S	27E	Grayburg-San Andres
8	F	9	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-025604;
Lease Name: Hawk "9" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	A	9	18S	27E	Grayburg-San Andres
3	B	9	18S	27E	Grayburg-San Andres
9	G	9	18S	27E	Grayburg-San Andres
11	H	9	18S	27E	Grayburg-San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hawk "9A" Federal #1	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9B" Federal #3	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9E" Federal #5	68	38	76
Hawk "9E" Federal #6	BEING COMPLETED. TEST TO FOLLOW.		
Hawk "9F" Federal #7	41	38	82
Hawk "9F" Federal #8	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9G" Federal #9	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9H" Federal #11	TO BE DRILLED. TEST TO FOLLOW.		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL F in SE/4 NW/4 Sec. 9, T18S, R27E on lease No. NM-031186, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, working interest owners, and NMOCD have been notified of this proposal.

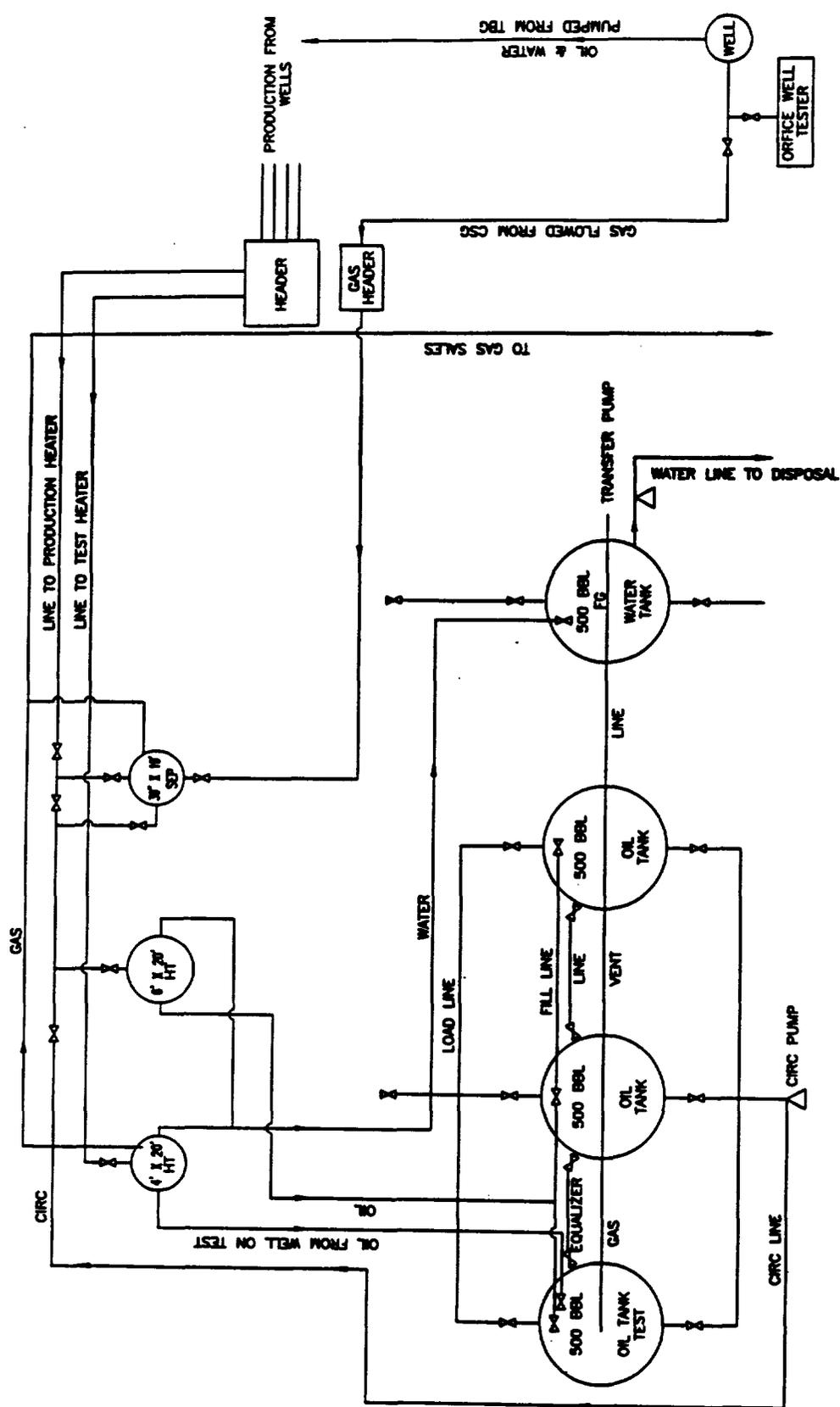
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 25, 1996

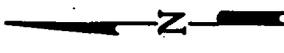
Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102



RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

HAWK "9" FEDERAL BATTERY
FLOW DIAGRAM
ULF, SEC. 9, T18S, R27E

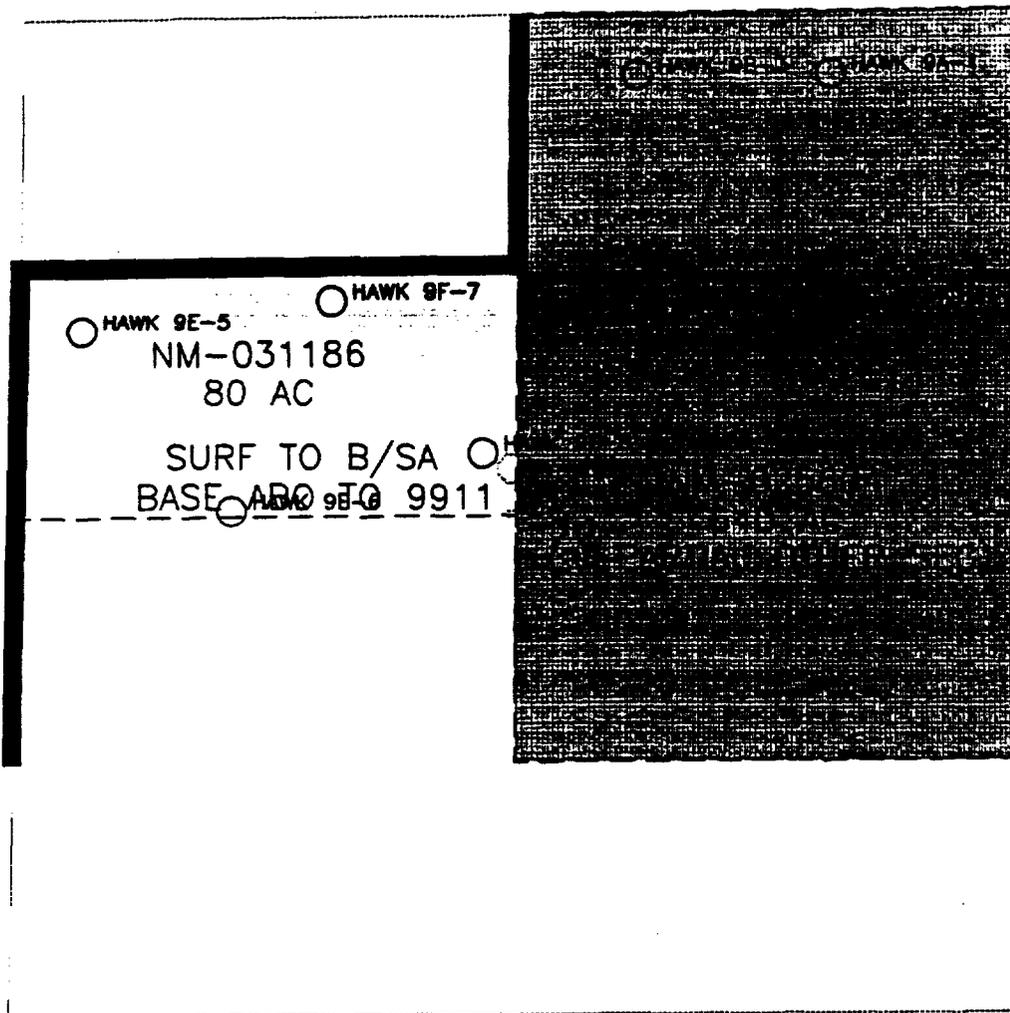


RECORD-BIT

F. CORWELL

9/98

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HWK9FED	

devon

RED LAKE FIELD
EDDY COUNTY, NEW MEXICO

LEASE MAP
HAWK 9 FEDERAL
EXHIBIT II

Scale in Feet 1000 0 1000 2000 3000 4000

E. BUTTROSS

7/96

Bureau of Land Management
Roswell District
2909 West Second Street
Roswell, New Mexico 88201
505-627-0272

**Off-Lease Measurement, Storage, and Surface Commingling
Conditions of Approval**

Approval of surface commingling and off-lease storage and/or measurement is subject to the following conditions of approval:

1. **This agency shall be notified of any change in sales method or location of the facility.**
2. **This agency shall be notified of any spill or discharge as required by NTL-3A.**
3. **This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.**
4. **This approval is subject to like approval by the New Mexico Oil Conservation Division.**
5. **Additional wells and/or leases require additional commingling approvals.**
6. **This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.**

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Section 9 - 18S-27E

5. Lease Designation and Serial No.
NM-031186; NM-025604 & LC-065478-B

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
N/A

8. Well Name and No.
Hawk "9" Federal

9. API Well No.

10. Field and Pool, or Exploratory Area
Red Lake (Q-GB-SA)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Commingling at Surface</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval to amend the application for surface commingling and off-lease storage and measurement of hydrocarbon production to include the following wells: (see attached approved commingle request)

Hawk "9A" Federal #2
 Hawk "9B" Federal #4
 Hawk "9G" Federal #10
 Hawk "9H" Federal #12
 Hawk "9I" Federal #13
 Hawk "9I" Federal #14
 Hawk "9J" Federal #15
 Hawk "9J" Federal #16
 Hawk "9O" Federal #17
 Hawk "9O" Federal #18
 Hawk "9P" Federal #19
 Hawk "9P" Federal #20

14. I hereby certify that the foregoing is true and correct

E.L. Buttross, Jr.

Signed E.L. Buttross Jr. Title District Engineer Date July 2, 1997

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as any matter within its jurisdiction.

APPLICATION FOR SURFACE COMMINGLING OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval to amend the application for surface commingling and off lease storage and measurement of hydrocarbon production to include the following wells on Federal Lease No. NM 025604 (see attached for approved commingling request).

Lease Name: Hawk "9" Federal

<u>Well No.</u>	<u>UL</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
2	A	9	18S	27E	Grayburg/San Andres
4	B	9	18S	27E	Grayburg/San Andres
12	H	9	18S	27E	Grayburg/San Andres
10	G	9	18S	27E	Grayburg/San Andres
13	I	9	18S	27E	Grayburg/San Andres
15	J	9	18S	27E	Grayburg/San Andres
16	J	9	18S	27E	Grayburg/San Andres
14	I	9	18S	27E	Grayburg/San Andres

to include hydrocarbon production from the following wells on Federal Lease No. LC-065478-B

Lease Name: Hawk "9" Federal

<u>Well No.</u>	<u>UL</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
17	O	9	18S	27E	Grayburg/San Andres
19	P	9	18S	27E	Grayburg/San Andres
20	P	9	18S	27E	Grayburg/San Andres
18	O	9	18S	27E	Grayburg/San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hawk "9A" Federal #2	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9B" Federal #4	COMPLETING, TEST TO FOLLOW		
Hawk "9G" Federal #10	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9H" Federal #12	COMPLETING, TEST TO FOLLOW		
Hawk "9I" Federal #13	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9I" Federal #14	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9J" Federal #15	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9J" Federal #16	70	38	70
Hawk "9O" Federal #17	40	38	40
Hawk "9O" Federal #18	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9P" Federal #19	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9P" Federal #20	TO BE DRILLED, TEST TO FOLLOW		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL F in the SE/4 NW 4 Section 9, 18S, 27E on lease No. NM-031186, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, and NMOCD have been notified of this proposal.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: July 3, 1997

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 736102

T 17 S
R 27 E

32

ST BZ 2 CBOU 2

EVARTS FED 2

BRECK ST 1

EAGLE 33N-8
LC-026874-E
160.69 AC

EAGLE 34D-7

EAGLE 34A-2

EAGLE 34E-8

EAGLE 34N-8

EAGLE 34L-23

EAGLE 34K-24

LC-026874-24
240 AC

EAGLE 34M-25

EAGLE 34N-27

EAGLE 34P-14

EAGLE 34M-28

EAGLE 34N-28

HARBOLD 8

HARRISON 5

T 18 S
R 27 E

NM-025530

MONROE B-2
37.28 AC

M FED B-1

J-8 M FED B-1

HUDSON B 1

FALCON

HUDSON

3

5

1

P-1

1

2

LC-055383-A
160 AC

SI-1

SI-1

45

20

K-7

K-6

MANN

45

43

70

L-7

L-8

FALCON 3N-18

MANN-FED 1

70
21
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COMPTON 4

MANK 9E-5
NM-031186
80 AC

MANK 9E-6
SURF TO B/SA
BASE ABO TO 9911

MANK 9F-7

MANN

N-8

O-6

O-5

P-6

P-5

MANK 100-3

MALCO FED 2

MANK 100-1

NM-025804

MALCO 6

BA-2

MANK 100-4

AEU M 901

MANK 100-5

MANK 10F-7

MALCO FED 7

BA-12

MALCO FED 4

MANK 10E-8

AEU M 901

MANK 10K-9

MALCO FED 13

BA-14

MALCO FED 9

MANK 10L-12

MANK 10K-10

MANK 10M-13

MALCO FED 12

MANK 10N-15

BA-20

MANK 10L-5

MANK 10N-16

LC-065478-B
480.88 AC
(+ PARTIAL OTHER SEC)

NM-0758

MANK 17C-1

ACBOU 12

NM ST BF 1

STATE BR 1

MANK 17C-2

ACBOU 1 6

ACBOU 1 9

ACBOU 2 14

ST NM "CE"

ACBOU 2 13

NM ST BF 2

17

ACBOU 2-11

16

EDDY ST BU 1

15

ACBOU 27-ACBOU 4

ACBOU 2-24

ACBOU 2 25

ST OF NM "CE" 2

SIMON FED 1

ACBOU 2 26

ACBOU 2 16

SCOGNS D 1 SCOGNS DRW ST C 1

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)
Sec. 4, T18S, R27E

5. Lease Designation and Serial No.
NM-033825, NM-025530, NM-29278, LC-055465, & LC-055383-A

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
Hondo Federal

9. API Well No.

10. Field and Pool, or Exploratory Area
Red Lake (Q-GB-SA)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Commingling at surface</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following wells:

- | | |
|----------------------|----------------------|
| Hondo Federal #1 | Kite "4E" Federal #1 |
| Hondo Federal #2 | Kite "4E" Federal #2 |
| Hondo Federal #3 | Kite "4F" Federal #3 |
| Hondo Federal #4 | Kite "4F" Federal #4 |
| Hondo Federal #5 | Kite "5I" Federal #1 |
| Hondo Federal #6 | Kite "5I" Federal #2 |
| Hondo "B" Federal #1 | |
| Hondo "B" Federal #2 | |

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 3C

11847

CASE NO. _____

O&A
REC'D
SEP 27 1 49 PM '96
RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed E.L. Buttross, Jr. Title District Engineer Date 9/26/96

Approved by David A. Glass Title PETROLEUM ENGINEER Date SEP 30 1996

Conditions of approval, if any:

APPLICATION FOR SURFACE COMMINGLING, OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval for surface commingling and off lease storage and measurement of hydrocarbon production from the following wells on Federal Lease No. NM-033825;
Lease Name: Hondo Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
2	A	4	18S	27E	Grayburg-San Andres
3	A	4	18S	27E	Grayburg-San Andres
4	B	4	18S	27E	Grayburg-San Andres
5	B	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-025530;
Lease Name: Hondo "B" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	H	4	18S	27E	Grayburg-San Andres
2	H	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-29278;
Lease Name: Hondo Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	G	4	18S	27E	Grayburg-San Andres
6	G	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. LC-055465-A;
Lease Name: Kite "4" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	E	4	18S	27E	Grayburg-San Andres
2	E	4	18S	27E	Grayburg-San Andres
3	F	4	18S	27E	Grayburg-San Andres
4	F	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. LC-055383-A;
Lease Name: Kite "5" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	I	5	18S	27E	Grayburg-San Andres
2	I	5	18S	27E	Grayburg-San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hondo Federal #1	5	38	10
Hondo Federal #2	4	38	10
Hondo Federal #3	TO BE DRILLED. TEST TO FOLLOW.		
Hondo Federal #4	TO BE DRILLED. TEST TO FOLLOW.		
Hondo Federal #5	TO BE DRILLED. TEST TO FOLLOW.		
Hondo Federal #6	COMPLETING. TEST TO FOLLOW.		
Hondo "B" Federal #1	4	38	10
Hondo "B" Federal #2	TO BE DRILLED. TEST TO FOLLOW.		
Kite "4E" Federal #1	TO BE DRILLED. TEST TO FOLLOW.		
Kite "4E" Federal #2	COMPLETING. TEST TO FOLLOW.		
Kite "4E" Federal #3	TO BE DRILLED. TEST TO FOLLOW.		
Kite "4E" Federal #4	COMPLETING. TEST TO FOLLOW.		
Kite "5I" Federal #1	COMPLETING. TEST TO FOLLOW.		
Kite "5I" Federal #2	COMPLETING. TEST TO FOLLOW.		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL G in SW/4 NE/4 Sec. 4, T18S, R27E on lease No. NM-29278, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water, and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, working interest owners, and NMOCD have been notified of this proposal.

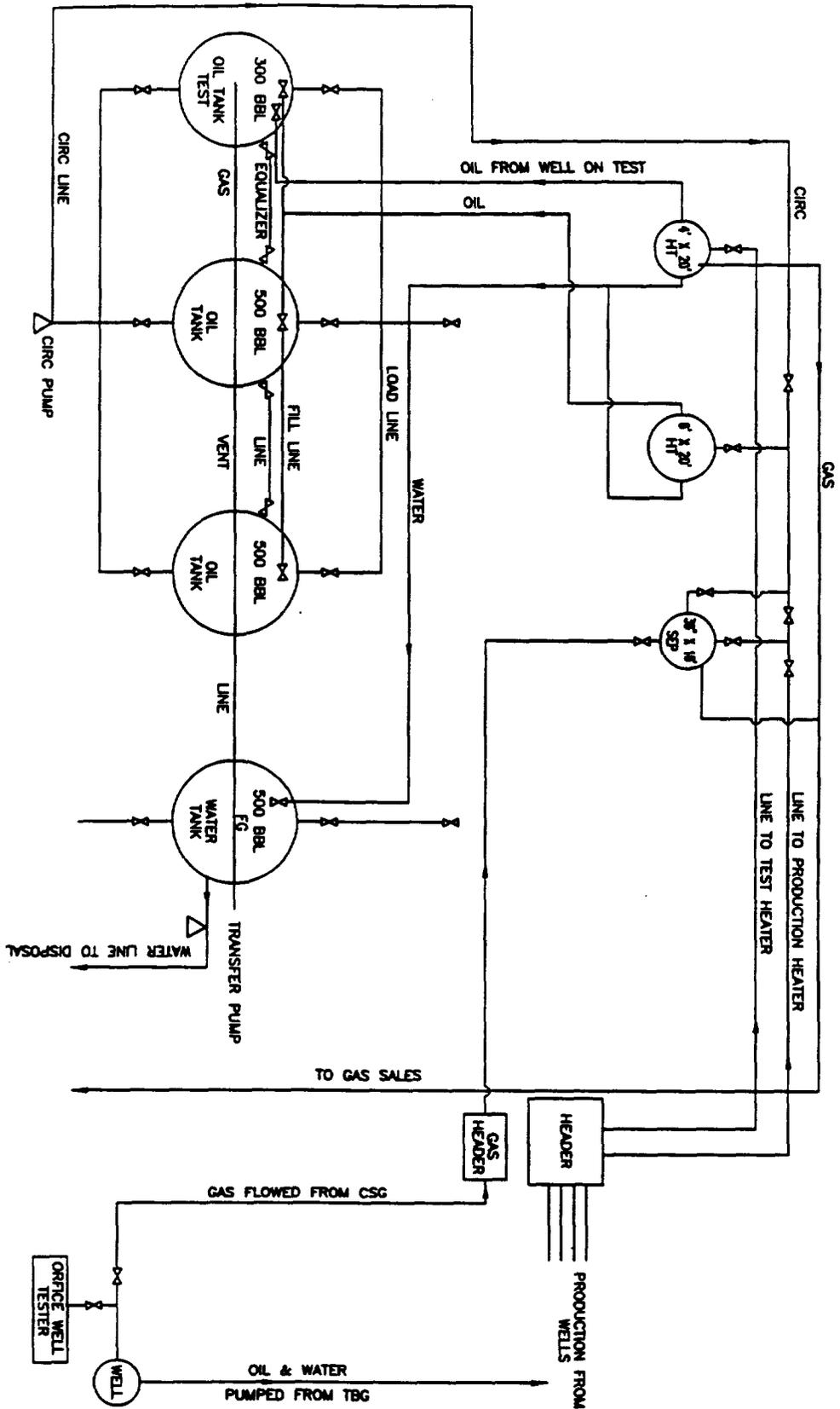
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 26, 1996

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102



denon

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

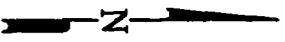
HONDO FEDERAL BATTERY

U.G. SEC. 4, T18S, R27E

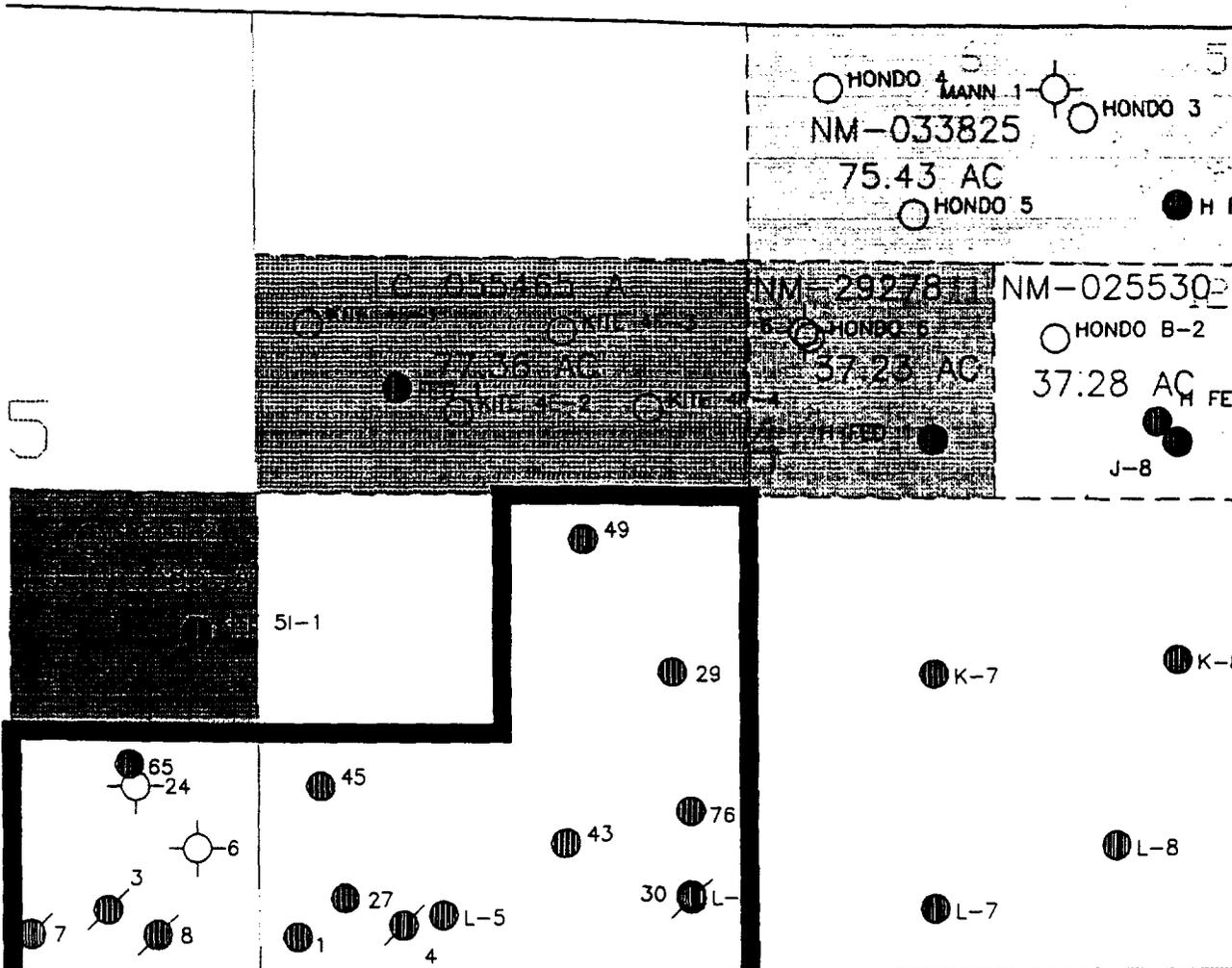
F. CORRELL

9/78

HONDO-BIT



R 27 E



KITE-HOO	

devon

RED LAKE FIELD
EDDY COUNTY, NEW MEXICO

LEASE MAP
HONDO FEDERAL,
HONDO "B" FEDERAL & KITE FEDERAL
EXHIBIT II

Scale in Feet
500 0 500 1000 1500 2000

E BUTTROSS 9/96

Bureau of Land Management
Roswell District
2909 West Second Street
Roswell, New Mexico 88201
505-627-0272

**Off-Lease Measurement, Storage, and Surface Commingling
Conditions of Approval**

Approval of surface commingling and off-lease storage and/or measurement is subject to the following conditions of approval:

1. This agency shall be notified of any change in sales method or location of the facility.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
5. Additional wells and/or leases require additional commingling approvals.
6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO.

Case No. 11845

AFFIDAVIT REGARDING NOTICE

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

E.L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

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

2. I am an employee of Applicant.

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

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

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

E. L. Buttross Jr.
E.L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 3rd day of September, 1997, by E.L. Buttross, Jr.

[Signature]
NOTARY PUBLIC

My Commission Expires:

31 Jul 01

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 4A
CASE NO. 11845

devon
ENERGY CORPORATION

20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone: 405/235-3611
FAX 405/552-4550

August 14, 1997

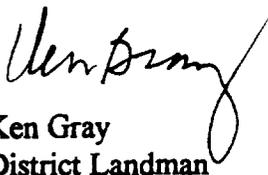
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit "A"

Enclosed is a copy of an application filed at the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada) requesting approval for lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the leases described in the application. This matter will be heard at 8:15 a.m. on Thursday, September 4, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

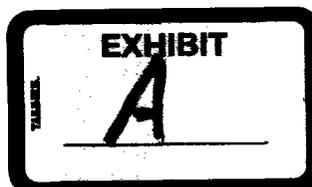
DEVON ENERGY CORPORATION (NEVADA)



Ken Gray
District Landman

KG:mb\LAND.1

enc.



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR LEASE
COMMINGLING, EDDY COUNTY, NEW MEXICO.

No. _____

APPLICATION

Devon Energy Corporation (Nevada) hereby applies for an exception to Division Rule 309 to permit lease commingling, as described further below:

1. Applicant is the operator of United States Oil and Gas Leases NM 89156, LC 070678-A, NM 29273, and NM 0758, which collectively cover the N~~W~~SW~~W~~, SE~~W~~SW~~W~~, W~~W~~SE~~W~~, and SE~~W~~SE~~W~~ of Section 8, and the NE~~W~~NW~~W~~ of Section 17, Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico.

2. Applicant proposes to commingle Red Lake Queen-Grayburg-San Andres Pool production from 14 wells drilled or to be drilled on the subject leases and lands in a common tank battery to be located in the NW~~W~~SE~~W~~ of Section 8, without separately metering production, by allocating production to each well and to each lease on the basis of monthly well tests.

3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

4. Notice of this application has been given to all interest owners in the affected leases, by certified mail.

5. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that the Division approve lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the above-described leases and lands.

Respectfully submitted,



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Devon Energy Corporation
(Nevada)

JONEL SUSAN GRASSO
11 OCEAN RIDGE
LAGUNA HIGUEL CA 92677
262-23-3726

JOHN W HUBERT
430 SWAN
ST LOUIS MO 63119
308-52-2734

JAMES HUBERT
3209 DUBLIN LN
LOUISVILLE KY 40206
308-54-3233

KATHRYN BEACH
2301 BENNETT ROAD
LAFAYETTE IN 47905
308-54-3243

SUSAN LABUNSKI
931 W STONEHEDGE DRIVE
ADDISON IL 60101-3172
308-54-3253

CHARLOTTE COLEMAN
1304 GREAT OAK DR
PITTSBURG PA 15220-
308-54-3255

ROBERT HUBERT
20218 N.E. 163RD STREET
WOODINVILLE WA 98072-
308-54-3259

CHARLES M PIER
4004 SANQUINET ST
FORT WORTH TX 76107-
449-12-1027

CHARLES R. COLLINS
1404 FARRINGTON DRIVE
KNOXVILLE TN 37923-
458-06-2687

CLAIRE COLLINS
3257 ROGERS AVE.
FORT WORTH TX 76109-
465-70-4098

CHARLOTTE DAUGIRDA
10215 HUNTINGTON WOOD DRIVE
HOUSTON TX 77099-
465-70-4099

WILLIAM H. COLLINS
6542 NINE MILE AZLE ROAD
FORT WORTH TX 76135-
453-72-4384

CHARLOTTE ANN PIER
4349 BELLAIRE DR, S, #129
FT WORTH TX 76109-
466-46-3961

JOAN A HUDSON
8053 SAN VISTA CIR
NAPLES FL 33942-
525-68-5770

JANE ANN HUDSON DAVIS
BOX 2660
BUIDOSO NM 88345-2660
585-18-8796

ESTATE OF ADRIENNE GANS SIMON
C/O WILLIAM D. RATLIFF, JR.,
EXECUTOR
500 THROCKMORTON ST., STE 1600
FORT WORTH TX 76102-
455-22-3034

HIGGINS TRUST INC
C/O WILLIAM P EDWARDS
P O BOX 2421
GAINESVILLE GA 30503-
85-6009063

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217-
84-0848646

M CRAIG CLARK, INC
500 W TEXAS, STE 1175
MIDLAND TX 79701
75-2592148

DAVID W & I FAYE CROMWELL
2819 SHANDON
MIDLAND TX 79705
443-44-8195

LINDA P SKINNER
7826 CARUTH CT
DALLAS TX 75225
447-40-6866

DONALD L CLARK
P O BOX 191407
DALLAS TX 75219-1407
444-34-9430

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO.

Case No. 11846

AFFIDAVIT REGARDING NOTICE

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

E.L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an employee of Applicant.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.

E.L. Buttross Jr.
E.L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 3rd day of September, 1997, by E.L. Buttross, Jr.

[Signature]
NOTARY PUBLIC

My Commission Expires:

3/14/01

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 4B
CASE NO. 11846

devon
ENERGY CORPORATION

20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone: 405/235-3611
FAX 405/552-4550

August 14, 1997

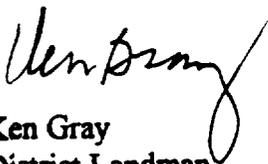
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit "A"

Enclosed is a copy of an application filed at the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada) requesting approval for lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the leases described in the application. This matter will be heard at 8:15 a.m. on Thursday, September 4, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

DEVON ENERGY CORPORATION (NEVADA)


Ken Gray
District Landman

KG:mbLAND.1

enc.



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR LEASE
COMMINGLING, EDDY COUNTY, NEW MEXICO.

No. _____

APPLICATION

Devon Energy Corporation (Nevada) hereby applies for an exception to Division Rule 309 to permit lease commingling, as described further below:

1. Applicant is the operator of United States Oil and Gas Leases NM 031186, NM 025604, and LC 065478-B, which collectively cover the E $\frac{1}{2}$ and S $\frac{1}{2}$ NW $\frac{1}{4}$ of Section 9, Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico.

2. Applicant proposes to commingle Red Lake Queen-Grayburg-San Andres Pool production from 20 wells drilled or to be drilled on the subject leases and lands in a common tank battery to be located in the SE $\frac{1}{2}$ NW $\frac{1}{4}$ of Section 9, without separately metering production, by allocating production to each well and to each lease on the basis of monthly well tests.

3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

4. Notice of this application has been given to all interest owners in the affected leases, by certified mail.

5. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that the Division approve lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the above-described leases and lands.

Respectfully submitted,



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Devon Energy Corporation
(Nevada)

ESTATE OF HELEN HENSON
1749 CATLIN DRIVE
FAIRFIELD CA 94533
525-36-3548

CONRAD G. & ADA J. KEYES,
LIVING TRUST
CONRAD G. & ADA J. KEYES, TRUSTEES
P. O. BOX 156
RUIDOSO NM 88345
525-16-8892

LARUE M WHITE
LLANFAIR-BELWOOD
1776 LARCH AVENUE #303
CINCINNATI OH 45224
484-38-4701

JANICE GETTYS
803 S STRATTON ST
DECATUR TX 76234
525-38-4371

MARJORIE MEYER
680 S ALTON WY, APT 5-B
DENVER CO 80231
525-44-6888

ROBERT GRANT KEYES
C/O NORWEST BANK NEW MEXICO OF
ROSWELL ACCOUNT #2213451
P O BOX 1977
ROSWELL NM 88201
525-54-9318

HATTYE RUTH GRIFFIN
410 S ROSELAWN AVE
ARTESIA NM 88210
525-66-1296

BARBARA K DAVIDSON
P O BOX 387
JARA CO 81140-0387
525-88-6447

LELA BESS BARNETTE
THE FIFTH AVENUE
500 HENDRICKSON RD., STOP 5016
SEQUIA WA 98382-
569-26-2685

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 2810, T.A.
DENVER CO 80217-
84-0848646

ALLEENE C GRAVES
2381 RIDGMAR PLAZA
FORT WORTH TX 76116
464-09-2045

JOAN A HUDSON
8053 SAN VISTA CIR.
NAPLES FL 33942
525-68-5770

JANE ANN HUDSON DAVIS
BOX 2660
RUIDOSO NM 88345-2660
585-18-8796

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217-
84-0848646

ALTURA ENERGY LTD (AMOCO)
(SUCCESSOR TO AMOCO)
P O BOX 100725
ATLANTA GA 30384-0725
76-0528603

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO.

Case No. 11847

AFFIDAVIT REGARDING NOTICE

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

E.L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

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

2. I am an employee of Applicant.

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

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

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

E. L. Buttross Jr.
E.L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 3rd day of September, 1997, by E.L. Buttross, Jr.

[Signature]
NOTARY PUBLIC

My Commission Expires:
3/14/01

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 9C
CASE NO. 11847

August 14, 1997

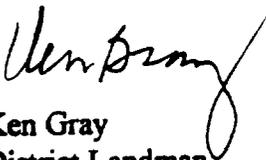
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit "A"

Enclosed is a copy of an application filed at the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada) requesting approval for lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the leases described in the application. This matter will be heard at 8:15 a.m. on Thursday, September 4, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

DEVON ENERGY CORPORATION (NEVADA)


Ken Gray
District Landman

KG:mb/LAND.1

enc.



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR LEASE
COMMINGLING, EDDY COUNTY, NEW MEXICO.

No. _____

APPLICATION

Devon Energy Corporation (Nevada) hereby applies for an exception to Division Rule 309 to permit lease commingling, as described further below:

1. Applicant is the operator of United States Oil and Gas Leases NM 033825, NM 025530, NM 29278, LC 055465, and LC 055383-A, which collectively cover the NE $\frac{1}{4}$ and S $\frac{1}{2}$ NW $\frac{1}{4}$ of Section 4, and the NE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 5, Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico.

2. Applicant proposes to commingle Red Lake Queen-Grayburg-San Andres Pool production from 14 wells drilled or to be drilled on the subject leases and lands in a common tank battery to be located in the SW $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, without separately metering production, by allocating production to each well and to each lease on the basis of monthly well tests.

3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

4. Notice of this application has been given to all interest owners in the affected leases, by certified mail.

5. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that the Division approve lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the above-described leases and lands.

Respectfully submitted,



James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Devon Energy Corporation
(Nevada)

ANN D ALLISON
P O BOX 64035
LUBBOCK TX 79464
58-5225493

EDITH C WHEELER
P O BOX 64035
LUBBOCK TX 79464
460-20-5004

DAVID W THORNE
211 MAPLE ST
BREVARD NC 28712
073-05-3170

ESTATE OF HELEN HENSON
1742 CATLIN DRIVE
FAIRFIELD CA 94533
525-36-3548

JOHN E THORNE
3700 S LINDBERGH BLVD
ST LOUIS MO 63127-3980
309-46-8009

DAVIS A. COPPEDGE
424 GOODWIN DR
RICHARDSON TX 75081-
449-50-9520

JANE ELLEN MOORE
P O BOX 3389
SHERMAN TX 75090-
450-78-2808

JAMES T. COPPEDGE
70 W MORGAN
SPENCER IN 47460-
453-70-7870

MICHAEL H. MOORE
P O BOX 3389
SHERMAN TX 75091-
455-72-0603

DAVID H. ABRINGTON
P O BOX 2071
MIDLAND TX 79702-
461-21-2845

CONRAD G. & ADA J. KEYES,
LIVING TRUST
CONRAD G. & ADA J. KEYES, TRUSTEES
P O BOX 156
BUIDOSO NM 88345-
525-16-8892

VERA POLK LIFE ESTATE REMAIND
CONNIE BOELKES TR FOR ZACHARY
ALLEN BOELKES A MINOR
171 S SOUTH GARY AVE
TULSA OK 74104-
478-05-8893

LARUE M WHITE
LANFAIR-BELWOOD
1776 LARCH AVENUE #303
CINCINNATI OH 45224-
484-38-4701

JANE THORNE RONCA
11805 LA CHARLES AVE NE
ALBUQUERQUE NM 87111-
512-36-9803

HENRY F THORNE
P O BOX 4028
FRESNO CA 93744-4028
514-40-9014

ELIZABETH T GREENE
200 E 22ND #12
ROSWELL NM 88201-
525-30-2106

JANICE GETTYS
803 S STRATTON ST
DECATUR TX 76234-
525-38-4371

MARJORIE MEYER
680 S ALTON WY, APT 5-B
DENVER CO 80231-
525-44-6888

ROBERT GRANT KEYES
C/O NORWEST BANK NEW MEXICO OF
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HATTYE RUTH GRIFFIN
410 S ROSELAWN AVE
ARTESIA NM 88210-
525-66-1296

RICHARD B LODEWICK
2516 LOCKHEED DRIVE
MIDLAND TX 79701-3956
525-66-2322

LAURA PATRICIA LODEWICK
511 NEWELL
DALLAS TX 75223-
525-84-4934

JOHN WIDNEY LODEWICK
3305 HENTWOOD
DALLAS TX 75225-
525-84-4935

BARBARA K DAVIDSON
P O BOX 387
LA JARA CO 81140-0387
525-88-6447

MARY J. MCWHORTER
769 CANYON ROAD
LOGAN UT 84321-4316
526-24-8433

LELA BESS BARNETTE
THE FIFTH AVENUE
500 HENDRICKSON RD., STOP 5016
SEQUIM WA 98382-
589-26-2685

LILLIAN O'MACO MCNALLY
317 SHERRILL LANE #17
ROSWELL NM 88201-
585-12-1208

YATES BROS
207 SOUTH 4TH ST
ARTESIA NM 88210-
85-0119859

RUSSELL ESTATE TRUST
ATTN: TRUST DEPARTMENT
FIRST NATIONAL BANK OF ARTESIA
P O DRAWER AA
ARTESIA NM 88210-
85-0086406

MCWHORTER FAMILY TRUST 89/2/24
BRENT & RUTH MCWHORTER, TRUSTEES
6140 E VOLTAIRE
SCOTTSDALE AZ 85254-
526-64-4301

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217-
84-0848646

WILLIAM RICHARD BALLARD
11651 CALLE JAVELINA
TUCSON AZ 85748-
525-10-7129

BETTY L. PRICE MORGAN
5210 CHURUBUSCO DRIVE
SAN ANTONIO TX 78239-
525-44-5308

HELEN WATSON & JOHN T RHETT
3180S
3175 N 21ST ST
ARLINGTON VA 22201
276-36-0254

SUSAN LYNN TERRY
6112 N. MESA #216
EL PASO TX 79912
455-98-0570

WINNIE JEFFREY
304 HEATH DRIVE
RUIDOSO NM 88345
457-28-0307

MICKEY TRAVIS
1004 E TATE
BROWNFIELD TX 79316
457-92-5239

MARGARET TRAVIS
1004 E TATE
BROWNFIELD TX 79316
460-68-7698

SANDRA LEIGH TERRY
P O BOX 12817
EL PASO TX 79912
461-90-4039

EDDIE V PEOPLES
9 VICTORIAN OAKS ROAD
LOGVIEW TX 75603
462-29-8514

BARBARA KAY CLAYTON SCOTT
9819 148TH ST CT E
PUYALLUP WA 98373
525-88-5089

CHERE JOHNSON
SOLE AND SEPARATE PROPERTY
1605 S 21ST ST
ARTESIA NM 88210
525-92-7517

JOHN DONALD CLAYTON
P O BOX 526
ARTESIA NM 88211-0526
525-98-3891

BARBARA KRUSE FRANKENFIELD
216 BECKETT DRIVE
FOWERS HOUND TX 75028-
585-09-6438

LEON J CLAYTON JR
2117 E LAGUNA
TEMPE AZ 85282-
585-10-1905

HIGGINS TRUST INC
C/O WILLIAM P EDWARDS
P O BOX 2421
GAINESVILLE GA 30503-
85-6009063

CHILDRESS ROYALTY COMPANY
P O BOX 66
JOPLIN MO 64801-
75-0918518

DARLA SUE SHAW
11331 TROON VISTA DRIVE
SCOTTSDALE AZ 85255-
440-36-4948

JOE A CLAYTON III
P O BOX 4190
MURFREESBORO TN 37133-
445-34-3673

LINDA NELSON
1116 ROSEBRIER
GUTHRIE OK 73044-
444-52-0292

DEVON ENERGY CORP (NEVADA)
20 N. BROADWAY, STE 1500
OKLAHOMA CITY OK 73102-8260
73-0779404

ALTURA ENERGY LTD (AMOCO)
(SUCCESSOR TO AMOCO)
P O BOX 100725
ATLANTA GA 30384-0725
76-0528603

RICHARD K DAVIDSON
P O BOX 387
LA JARA CO 81140-0387
525-84-4330

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:

Altura Energy Ltd.
P.O. Box 100725
Atlanta, GA 30384-0725

4a. Article Number

P 619 403 872

4b. Service Type

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

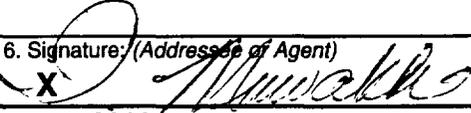
7. Date of Delivery

NOV 16 1997

5. Received By: (Print Name)

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, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Conrad G. & Ada J. Keyes Living Trust Conrad G. & Ada J. Keyes, Trustees P.O. Box 156 Ruidoso, NM 88345		4a. Article Number P 619 403 893	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> 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 <i>Ada J. Keyes</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Russell Estate Trust Attn: Trust Department First National Bank of Artesia P.O. Drawer AA Artesia, NM 88210		4a. Article Number P 619 403 902	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-20-97	
5. Received By: (Print Name) Phillip P. Lawson		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Phillip P. Lawson</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

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SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Elizabeth T. Greene 200 E. 22nd, #12 Roswell, NM 88201		4a. Article Number P 619 403 890	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-18-97	
5. Received By: (Print Name) E. Greene		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>E. Greene</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

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

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

Consult postmaster for fee.

3. Article Addressed to:

David W. Thorne
211 Maple St.
Brevard, NC 28712

4a. Article Number
P 619 403 915

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8/19

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X David Thorne

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

Consult postmaster for fee.

3. Article Addressed to:

Lillian O'Haco McNally
317 Sherrill Lane, #17
Roswell, NM 88201

4a. Article Number
P 619 403 912

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8/13/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Lillian O'Haco McNally

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

Consult postmaster for fee.

3. Article Addressed to:

Charles R. Collins
1404 Farrington Drive
Knoxville, TN 37923

4a. Article Number
P 619 403 860

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

PS F

receipt

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Hattye Ruth Griffin
410 S. Roselawn Ave.
Artesia, NM 88210

4a. Article Number

P 619 403 888

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

HATTYE RUTH GRIFFIN

6. Signature: (Addressee or Agent)

Hattye Ruth Griffin

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

John Donald Clayton
P.O. Box 526
Artesia, NM 88211-0526

4a. Article Number

P 619 403 873

4b. Service Type

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

7. Date of Delivery

8-19-97

5. Received By: (Print Name)

John Clayton

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Susan Labunski
931 W. Stonehedge Drive
Addison, IL 60101-3172

4a. Article Number

P 619 403 862

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

Susan Labunski

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to: Barbara Kay Clayton Scott 9819 148th St. Ct. E. Puyallup, WA 98373	4a. Article Number P 619 403 874
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> 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 Barbara Kay Scott	

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to: Conrad G. & Ada J. Keyes Living Trust Conrad G. & Ada J. Keyes, Trustees P.O. Box 156 Ruidoso, NM 88345	4a. Article Number P 619 403 837
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> 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 Ada J. Keyes	

PS Form 3811, December 1994

Domestic Return Receipt

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

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

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

Consult postmaster for fee.

3. Article Addressed to: Linda P. Skinner 7826 Caruth Ct. Dallas, TX 75225	4a. Article Number P 619 403 854
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 8-22-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X Linda Skinner	

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:

Mickey Travis
1004 E. Tate
Brownfield, TX 79316

4a. Article Number

P 619 403 876

4b. Service Type

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

7. Date of Delivery

7-21-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Mickey Travis*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- Complete items 3, 4a, and 4b.
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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:

Yates Bros.
207 South 4th St.
Artesia, NM 88210

4a. Article Number

P 619 403 897

4b. Service Type

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

7. Date of Delivery

8-22-97

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

X *Jo Ann Griggs*

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Donald L. Clark
P.O. Box 191407
Dallas, TX 75219-1407

4a. Article Number

P 619 403 853

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *D. Sparkman*

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

PS Form 3811, December 1994

Domestic Return Receipt

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3. Article Addressed to: James Hubert 3209 Dublin Ln. Louisville, KY 40206	4a. Article Number P 619 403 864	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) KRISTEN L. HUBERT	7. Date of Delivery 8-20-97	
6. Signature: (Addressee or Agent) X Kristen L. Hubert	8. Addressee's Address (Only if requested and fee is paid) AS ABOVE	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to: LaRue M. White 1776 Larch Avenue, #303 Cincinnati, OH 45224	4a. Article Number P 619 403 892	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery 8/18/97	
6. Signature: (Addressee or Agent) X LaRue M. White	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Ret

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Larue M. White 1776 Larch Avenue, #303 Cincinnati, OH 45224	4a. Article Number P 619 403 843	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery 8/18/97	
6. Signature: (Addressee or Agent) X Larue M. White	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

Domestic Return Receipt

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3. Article Addressed to: Margaret Travis 1004 E. Tate Brownfield, TX 79316		4a. Article Number P 619 403 871	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-21-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Margaret Travis</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

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3. Article Addressed to: Richard B. Lodewick 2516 Lockheed Drive Midland, TX 79701-3956		4a. Article Number P 619 403 881	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-21-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>R. B. Lodewick</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

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3. Article Addressed to: Kathryn Beach 2301 Bennett Road Lafayette, IN 47905		4a. Article Number P 619 403 863	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8/18/97	
5. Received By: (Print Name) J - Brad Beach		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Brad Beach</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Joan A. Hudson
8053 San Vista Circle
Naples, FL 33942

4a. Article Number
P 619 403 847

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8/21/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Joan Hudson

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Lela Bess Barnette
The Fifth Avenue
500 Hendrickson Rd., Stop 5016
Sequim, WA 98382

4a. Article Number
P 619 403 907

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8/19/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X B. T. M. E. S.

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Joan A. Hudson
8053 San Vista Circle
Naples, FL 33942

4a. Article Number
P 619 403 832

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8/20/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Joan Hudson

PS Form 3811, December 1994

Domestic Return Receipt

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3. Article Addressed to: William H. Collins 6542 Nine Mile Azle Road Ft. Worth, TX 76135		4a. Article Number P 619 403 848	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-18-97	
5. Received By: (Print Name) Barbara J. Collins		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Barbara J. Collins			

PS Form 3811, December 1994

Domestic Return Receipt

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3. Article Addressed to: Vera Polk Life Estate Connie Boelkes, Trustee for Zachary Allen Boelkes, a Minor 1715 South Gary Ave. Tulsa, OK 74104		4a. Article Number P 619 403 899	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8/19/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Vera Polk			

PS Form 3811, December 1994

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3. Article Addressed to: Jane Ann Hudson Davis Box 2660 Ruidoso, NM 88345-2660		4a. Article Number P 619 403 838	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 8-18-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X J. Davis			

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Winnie Jeffrey
304 Heath Drive
Ruidoso, NM 88345

4a. Article Number

P 619 403 877

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Winnie Jeffrey

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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- 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:

Helen Watson & John T. Rhett
3175 N. 21st St.
Arlington, VA 22201

4a. Article Number

P 619 403 878

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

Helen W. Rhett

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

James T. Coppedge
79 W. Morgan
Spencer, IN 47460

4a. Article Number

P 619 403 901

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X James T. Coppedge

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

PS Form 3811, December 1994

Domestic Return Receipt

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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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marjorie Meyer
680 S. Alton Way, Apt. 5-B
Denver, CO 80231

4a. Article Number
P 619 403 889

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Marjorie Meyer*

PS Form 3811, December 1994 Domestic Return Receipt

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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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jane Ann Hudson Davis
Box 2660
Ruidoso, NM 88345-2660

4a. Article Number
P 619 403 857

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *J. Davis*

PS Form 3811, December 1994 Domestic Return Receipt

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SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Michael H. Moore
P.O. Box 3389
Sherman, TX 75091

4a. Article Number
P 619 403 894

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

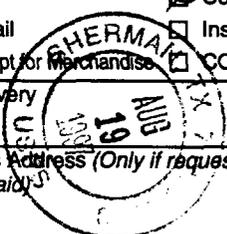
8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Tom S. Moore*

PS Form 3811, December 1994 Domestic Return Receipt

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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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jane Ellen Moore
P.O. Box 3389
Sherman, TX 75090

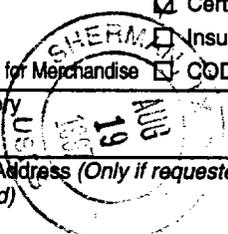
4a. Article Number

P 619 403 896

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Jane Moore

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:

Higgins Trust Inc.
c/o William P. Edwards
P.O. Box 2421
Gainesville, GA 30503

4a. Article Number

P 619 403 909

4b. Service Type

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

7. Date of Delivery

AUG 18 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Kathleen Edwards

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

PS Form 3811, December 1994

Domestic Return Receipt

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John W. Hubert
430 Swan
St. Louis, MO 63119

4a. Article Number

P 619 403 865

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X John W. Hubert

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

John E. Thorne
3700 S. Lindbergh Blvd.
St. Louis, MO 63127-3980

4a. Article Number

P 619 403 906

4b. Service Type

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

7. Date of Delivery

8-18-97 *Delivered*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

J. E. Thorne

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Richard K. Davidson
P.O. Box 387
La Jara, CO 81140-0387



4a. Article Number

P 619 403 867

4b. Service Type

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

7. Date of Delivery

8-18-97 *RKR*

5. Received By: (Print Name)

JANET DAVIDSON

6. Signature: (Addressee or Agent)

Janet Davidson

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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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:

Mary J. McWhorter
769 Canyon Road
Logan, UT 84321-4316



4a. Article Number

P 619 403 908

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

M. J. McWhorter

6. Signature: (Addressee or Agent)

M. J. McWhorter

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Chere Johnson
1605 S. 21st St.
Artesia, NM 88210

4a. Article Number
P 619 403 869

4b. Service Type

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

7. Date of Delivery
8-18

5. Received By: (Print Name)
Chere Johnson

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

6. S
PS

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

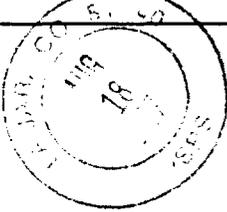
I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

Barbara K. Davidson
P.O. Box 387
La Jara, CO 81140-0387



4a. Article Number
P 619 403 916

4b. Service Type

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

7. Date of Delivery
8-18-97

5. Received By: (Print Name)
JANET DAVIDSON

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

6. Signature: (Addressee or Agent)
Janet Davidson

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Susan Lynn Terry
6112 N. Mesa, #216
El Paso, TX 79912

4a. Article Number
P 619 403 884

4b. Service Type

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

7. Date of Delivery
16 AUG 1997

5. Received By: (Print Name)

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

6. S
PS

Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

Consult postmaster for fee.

3. Article Addressed to:

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, CO 80217

4a. Article Number

P 619 403 845

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

CORPORATE EXPRESS DELIVERY SYSTEMS

Agent for Mineral Management Service

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- 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:

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, CO 80217

4a. Article Number

P 619 403 833

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

CORPORATE EXPRESS DELIVERY SYSTEMS

Agent for Mineral Management Service

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Janice Gettys
803 S. Stratton St.
Decatur, TX 76234

4a. Article Number

P 619 403 883

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Janice M. Gettys

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Hatty Ruth Griffin
410 S. Roselawn Ave.
Artesia, NM 88210

4a. Article Number
P 619 403 841

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8-18-97

5. Received By: (Print Name)
HATTY RUTH GRIFFIN

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

6. Signature: (Addressee or Agent)
X
PS Fc

Receipt

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Claire Collins
3257 Rogers Ave.
Ft. Worth, TX 76109

4a. Article Number
P 619 403 850

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
18 August 1997

5. Received By: (Print Name)
CLAIRE COLLINS

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

6. Signature: (Addressee or Agent)
X
Claire Collins

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

David W. & I. Faye Cromwell
2819 Shandon
Midland, TX 79705

4a. Article Number
P 619 403 855

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
AUG 19 1997

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Estate of Helen Henson
1742 Catlin Drive
Fairfield, CA 94533

4a. Article Number

P 619 403 844

4b. Service Type

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

7. Date of Delivery

8-20-93

5. Received By: (Print Name)

LISA LUIZ

6. Signature (Addressee or Agent)

X Lisa Luiz

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Estate of Helen Henson
1742 Catlin Drive
Fairfield, CA 94533

4a. Article Number

P 619 403 914

4b. Service Type

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

7. Date of Delivery

8-22-93

5. Received By: (Print Name)

LISA LUIZ

6. Signature (Addressee or Agent)

X Lisa Luiz

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

Davis A. Coppedge
466 Goodwin Dr.
Richardson, TX 75081

4a. Article Number

P 619 403 904

4b. Service Type

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

7. Date of Delivery

8-19-97

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Davis A. Coppedge

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p>Robert Hubert 20218 N.E. 163rd Street Woodinville, WA 98072</p>	<p>4a. Article Number</p> <p>P 619 403 861</p>
<p>5. Received By: (Print Name)</p> <p>ROBERT P. HUBERT</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>6. Signature: (Addressee or Agent)</p> <p>X</p>	<p>7. Date of Delivery</p> <p>8-20-97</p>
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994 Domestic Return Receipt

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

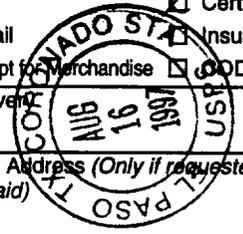
I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p>Sandra Leigh Terry P.O. Box 12617 El Paso, TX 79912</p>	<p>4a. Article Number</p> <p>P 619 403 875</p>
<p>5. Received By: (Print Name)</p> <p>SANDRA Terry</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> COD</p>
<p>6. Signature: (Addressee or Agent)</p> <p>X Sandra Terry</p>	<p>7. Date of Delivery</p>
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994 Domestic Return Receipt



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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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p>McWhorter Family Trust Brent & Ruth McWhorter, Trustees 6140 E. Voltaire Scottsdale, AZ 85254</p>	<p>4a. Article Number</p> <p>P 619 403 880</p>
<p>5. Received By: (Print Name)</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>6. Signature: (Addressee or Agent)</p> <p>M. H. Gorman</p>	<p>7. Date of Delivery</p> <p>8-16-97</p>
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994 Domestic Return Receipt

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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:

Laura Patricia Lodewick
511 Newell
Dallas, TX 75223

4a. Article Number

P 619 403 887

4b. Service Type

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

7. Date of Delivery

8/16/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Laura Patricia Lodewick*

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:

Alleene C. Graves
2381 Ridgmar Plaza
Ft. Worth, TX 76116

4a. Article Number

P 619 403 839

4b. Service Type

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

7. Date of Delivery

8/10/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Alleene C. Graves*

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:

Linda Nelson
1116 Rosebrier
Guthrie, OK 73044

4a. Article Number

P 619 403 895

4b. Service Type

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

7. Date of Delivery

8/14-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Linda Nelson*

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:

Charlotte Ann Pier
4349 Bellaire Dr., Suite 129
Ft. Worth, TX 76109

4a. Article Number

P 619 403 858

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Charlotte Ann Pier

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 M. Pier
4004 Sanguinet St.
Ft. Worth, TX 76107

4a. Article Number

P 619 403 851

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 Charles M. Pier

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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. Craig Clark, Inc.
500 W. Texas, Suite 1175
Midland, TX 79701

4a. Article Number

P 619 403 856

4b. Service Type

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

7. Date of Delivery

6-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X M. Craig Clark

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:

Ann D. Allison
P.O. Box 64035
Lubbock, TX 79464

4a. Article Number

P 619 403 918

4b. Service Type

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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:

Edith C. Wheeler
P.O. Box 64035
Lubbock, TX 79464

4a. Article Number

P 619 403 910

4b. Service Type

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

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.
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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:

Janice Gettys
803 S. Stratton St.
Decatur, TX 76234

4a. Article Number

P 619 403 836

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: David H. Arrington P.O. Box 2071 Midland, TX 79702		4a. Article Number P 619 403 900	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> 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 <i>David H. Arrington</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Eddie V. Peoples 9 Victorian Oaks Road Longview, TX 75603		4a. Article Number P 619 403 870	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> 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 <i>Mrs. Eddie V. Peoples</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Charlotte Daugirda 10215 Huntington Wood Drive Houston, TX 77099		4a. Article Number P 619 403 859	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery AUG 16 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Charlotte Daugirda</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marjorie Meyer
680 S. Alton Way, Apt. 5-B
Denver, CO 80231

4a. Article Number
P 619 403 842

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Marjorie Meyer

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.
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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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate of Adrienne Gans Simon
c/o William D. Ratliff, Jr., Executor
500 Throckmorton, Suite 1600
Ft. Worth, TX 76102

4a. Article Number
P 619 403 846

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
AUG 18 1997

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:

Lela Bess Barnette
The Fifth Avenue
500 Hendrickson Road, Stop 5016
Sequim, WA 98382

4a. Article Number
P 619 403 840

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
8/19/97

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:

Jane Thorne Ronca
11805 La Charles Ave. NE
Albuquerque, NM 87111

4a. Article Number

P 619 403 898

4b. Service Type

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

7. Date of Delivery

AUG 19 1997

5. Received By: (Print Name)

X SAMUELA WASHBURN

6. Signature: (Addressee or Agent)

X Samuel A Washburn

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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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:

Higgins Trust Inc.
c/o William P. Edwards
P.O. Box 2421
Gainesville, GA 30503

4a. Article Number

P 619 403 849

4b. Service Type

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

7. Date of Delivery

AUG 18 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Kathleen Edwards

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

William Richard Ballard
11651 Calle Javelina
Tucson, AZ 85748

4a. Article Number

P 619 403 879

4b. Service Type

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

7. Date of Delivery

16 Aug 97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

Same #3

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:

Minerals Management Service
Royalty Program
Box 3810, T.A.
Denver, CO 80217

4a. Article Number

P 619 403 886

4b. Service Type

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

7. Date of Delivery

11/10/94

5. Received By: (Print Name)

Agent for Mineral Management Service

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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:

Joni Susan Grasso
11 Ocean Ridge
Laguna Niquel, CA 92677

4a. Article Number

P 619 403 866

4b. Service Type

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

7. Date of Delivery

8/10/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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.

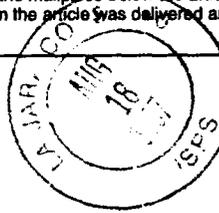
I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

Barbara K. Davidson
P.O. Box 387
La Jara, CO 81140-0387



4a. Article Number

P 619 403 834

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

Barbara K. Davidson

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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:

John Widney Lodewick
3305 Wentwood
Dallas, TX 75225

4a. Article Number
P 619 403 911

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

7. Date of Delivery
8-20-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)
8-20-97

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

PS Form 3814, 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:

Childress Royalty Company
P.O. Box 66
Joplin, MO 64801

4a. Article Number
P 619 403 913

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

7. Date of Delivery
8-19-97

5. Received By: (Print Name)

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

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

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:

Altura Energy, Ltd.
P.O. Box 100725
Atlanta, GA 30384-0725

4a. Article Number
P 619 403 831

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

7. Date of Delivery
AUG 18 1997

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.