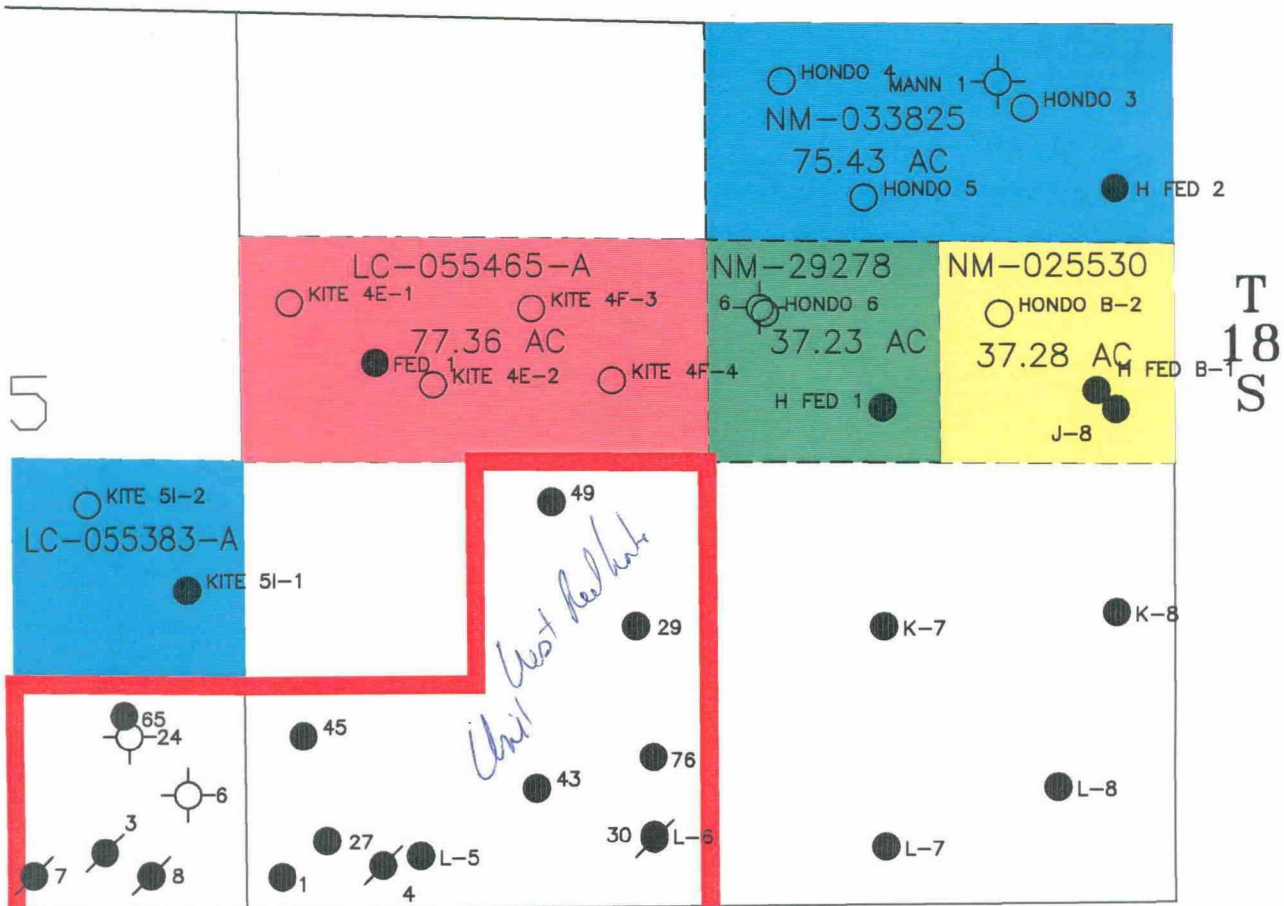




R 27 E



NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 1C
CASE NO. 11847



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

KITE-HDO	

16:27:01

DEC 001 DEVON ENERGY CORP (NEWADA)

REVENUE DIVISION ORDER PRINT REQUEST

ANNELEER_D 7/21/97

PROPERTY DECK MO/YR 10/96 BANK '8J' FEDERAL #2

NAME 53612

DESCRIPTION

INFLATED INTEREST

LAST DATE CHANGED

RI CD

PI CD

EX MP RT CD

42302-002 AA 10/96 BANK '8J' FEDERAL #2

MASTER DECK ONLY

GA

10/16/96

.12500000

.12500000

MINERALS MANAGEMENT SERVICE

ROYALTY PROGRAM

PA

10/16/96

.02083330

.02083330

DEVON ENERGY CORP (NEWADA)

75-2392148

PA

10/16/96

.02083330

.02083330

DAVID M & J FATE CROMWELL

TX 79705

PA

10/16/96

.01041670

.01041670

LINDA P SKINNER

TX 75225

PA

10/16/96

.01041670

.01041670

DEVON ENERGY CORP (NEWADA)

75-0779404

CO

10/16/96

.81250000

.81250000

TOTAL: INFT. INT: 1.00000000

REC. INT: 1.00000000

LSE. INT: 1.00000000

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT **2A**
11845

CASE NO.

• 010

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

7/21/97

LC 070678-A
NM 29273

PROPERTY DECK NO/YR	OWNER	PROPERTY NAME	DECK NO	FEDERAL #	MASTER DECK ONLY	DESCRIPTION	INTEREST	TYPE	PAY	STAT	EL	UP	PY	BT	CD	LAST DATE CHANGED	ANNEALER_D	LEASE INTEREST
42585-004 AA	08/96	HAUK '8K' FEDERAL #4	28071			HOWEL SUSAN GRASSO 11 OCEAN BLVD LAGUNA BEACH CA 92677 282-23-3726	.00574219	3-ORR	SD							9/30/96		.00574219
28752		JOHN M MURBERT 430 SHAW ST LOUIS MO 63119 308-52-2734					.00012500	3-ORR	PA							9/30/96		.00012500
28753		JAMES MURBERT 3209 DUBLIN LN LOUISVILLE KY 40206 501-571-1553 308-54-3253					.00012500	3-ORR	PA							9/30/96		.00012500
28754		KATHRYN BEACH 5210 KENNETH ROAD LAKEVIEW IN 47905 308-54-3243					.00012500	3-ORR	PA							9/30/96		.00012500
28755		SUSAN LAMUNSKI 9310 STONEHEDGE DRIVE ADDISON IL 60101-3172 308-54-3253					.00012500	3-ORR	PA							10/07/96		.00012500
28756		CHARLOTTE COLEMAN 1304 GREAT OAK DR PILLSBURG PA 15220- 308-54-3255					.00012500	3-ORR	PA							10/16/96		.00012500
28757		ROBERT MURBERT 6000 W 163RD STREET CLOUD MINE IA 50072- 308-54-3255					.00012500	3-ORR	PA							11/19/96		.00012500
36292		CHARLES M PIER 2002 SAMLINNEY ST FORT WORTH TX 76107- 428-12-1027					.00100000	3-ORR	PA							9/30/96		.00100000
36573		CHARLES R COLLINS 1404 FARMINGTON DRIVE KNOXVILLE TN 37923- 438-06-2867					.00025000	3-ORR	SD							9/30/96		.00025000
36713		CLAIRE COLLINS 1237 ROGERS AVE. FORT WORTH TX 76109- 483-70-4098					.00025000	3-ORR	PA							9/30/96		.00025000
36781		CHARLOTTE DAUGERDA 10315 HUNTINGTON WOOD DRIVE HOUSTON TX 77066- 683-70-4099					.00025000	3-ORR	PA							9/30/96		.00025000
37189		WILLIAM H. COLLINS 6522 NINE MILE AZLE ROAD FORT WORTH TX 76135- 453-72-4384					.00025000	3-ORR	PA							9/30/96		.00025000

WEL876
7/21/97

PROPERTY DECK NO/YR
OWNER SO BINDER

42386-006 AA 10/96 HANK 'DE' FEDERAL #6

40145

ALFRED C. GRAVES
2811 MADONNA PLAZA
FORT WORTH, TX 76116
817-28-2045

43532

JOHN A HUDSON
1001 SAN VISTA CIR
HOUSTON, TX 77061
282-68-5770

45163

JANE ANN HUDSON DAVIS
BOX 2660
SUIPOSO
585-18-8796

53612

MINERAL'S MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER, CO 80217-
86-084646

999001

DEVON ENERGY CORP (NEVADA)
2000 W. BROADWAY, STE 1200
OKLAHOMA CITY, OK 73102-8260
73-0779404

TOTAL: INFT. INT: 1.000000000 REC'D. INT: 1.000000000

USE. INT: 1.000000000

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

PROPERTY NAME
DESCRIPTION

MASTER DECK ONLY

INTEREST TYPE

3-ORR SD

3-ORR PA

3-ORR SD

2-WOY GA

1-WJ CO

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ANNELEER_D

LAST DATE

CHANGED

10/30/96

11/04/96

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7/21/97

LEASE INTEREST

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NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT

2B

CASE NO.

11846

PROPERTY DECK NO/TR ----- PROPERTY NAME ----- DESCRIPTION ----- INFLATED
OWNER 80 SUNDEN BANK MASTER DECK ONLY

42478-017 AA 05/97 HANK '90' FEDERAL 17

24861	ESTATE OF HELEN NEMSON 1742 CATLIN DRIVE FAIRFIELD CA 94533 525-16-3548	.00262500 3-ORR SD	6/23/97	.00262500	LEASE INTEREST	9/02/97
39787	CONRAD G. & ADA J. KEYS, LIVING TRUST CONRAD G. & ADA J. KEYS, TRUSTEES P. O. BOX 156 RUIDOSO NM 88345 525-16-8892	.00128125 3-ORR PA	7/15/97	.00328125		
41313	LARRY M WHITE LAMPALIS-BELWOOD 1746 LAMAR AVENUE #303 CINCINNATI OH 45224 484-38-4701	.00262500 3-ORR PA	7/03/97	.00262500		
43448	JANICE GETTYS 843 S STRATTON ST DECATUR TX 76234 525-38-4371	.00262500 3-ORR PA	7/07/97	.00262500		
43472	MARJORIE MEYER 680 S ALTON WY, APT 5-B DENVER CO 80231 525-44-6888	.00328125 3-ORR PA	7/15/97	.00328125		
43494	ROBERT GRANT KEYSER C/O MORRIST BANK NEW MEXICO OF ROSWELL ACCOUNT #2213451 PO BOX 1377 ROSWELL NM 88201 525-54-9318	.00328125 3-ORR PA	7/15/97	.00328125		
43522	HATTIE RUTH GRIFFIN 410 S ROSELAWN AVE ARTESIA NM 88210 525-66-1296	.00262500 3-ORR PA	7/15/97	.00262500		
43587	BARBARA K DAVIDSON P O BOX 387 LA JARA CO 81140-0387 525-88-6447	.00164063 3-ORR SU	8/12/97	.00164063		
44854	LELA BESS BARNETTE THE FIFTH AVENUE 300 HENDERICKSON RD., STOP 5016 SEQUIM WA 98162- 569-26-2685	.00262500 3-ORR PA	7/07/97	.00262500		
53612	MINERALS MANAGEMENT SERVICE ROYALTY PROGRAM BOX 5810, T.A. DENVER CO 80217- 84-084846	.12500000 2-ROY GA	6/23/97	.12500000		

LC065478-B

WELLS
13:58:05

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

PROPERTY DECK NO/TA 05/97 BANK '90' FEDERAL 17

OWNER SO BURDEN NAME

DESCRIPTION

INTEREST TYPE

PAY STMT CL CRT CD

EX MP BY RT LAST DATE CHANGED

LEASE INTEREST

9/02/97

AMTBLER_D

2

42478-017 BA 05/97 BANK '90' FEDERAL 17
57461

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

42437500 1-MI PA

7/08/97

-42437500

57507

RICHARD K DAVIDSON
P O BOX 187
LA JARA CO 81140-0387
525-84-4330

.00164062 1-DEE PA

8/12/97

-00164062

999001

DEVON ENERGY CORP (NEVADA)
20 W. ROADWAY, STE 1500
OKLAHOMA CITY OK 73102-8260
71-6779464

.42437500 1-MI CO

6/23/97

.42437500

TOTAL: INPT: 1.00000000 RECV. INT: 1.00000000

LSR. INT: 1.00000000

LC065478-B

11:16:32

PROPERTY DECK MO/YR 10/96

DEL 001 DEVON ENERGY CORP (NEVADA)

ANNEWER_D 7/21/97

LEASE INTEREST

7/21/97

PROPERTY DECK MO/YR	OWNER SQ	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAY	EX EL	MP CRT	PY CD	RT CD	LAST DATE CHANGED	LEASE INTEREST
43961-020 AG	10/96	HOMDO B FEDERAL #2	MASTER DECK ONLY								
928		ANN D ALLISON P O BOX 84835 LUBBOCK TX 79466 58-5225-93	TX 79466	.00058600 3-ORR	PA					11/18/96	.00058600
6417		EDITH C WHEELER P O BOX 84835 LUBBOCK TX 79466 480-20-5004	TX 79466	.00058600 3-ORR	PA					7/09/97	.00058600
24757		DAVID H THORNE P O BOX 84835 LUBBOCK TX 79466 073-03-3170	NC 28712	.00312500 3-ORR	PA					11/18/96	.00312500
24861		ESTATE OF HELEN HENSON 1725 EATLIN DRIVE FATELEB CA 94533 523-36-3348	CA 94533	.00187500 3-ORR	SP					11/18/96	.00187500
28769		JOHN E THORNE 3700 S LINDBERGH BLVD ST LOUIS MO 63127-3980 306-46-8009	MO 63127-3980	.00104100 3-ORR	PA					11/18/96	.00104100
36399		DAVIS A COPPEDGE 466 GOODWIN DR RICHARDSON TX 75081- 449-50-9520	TX 75081-	.00029300 3-ORR	PA					11/18/96	.00029300
36772		JANE ELLEN MOORE P O BOX 3389 SHERMAN TX 75090- 430-78-2808	TX 75090-	.00058600 3-ORR	PA					11/18/96	.00058600
37524		JAMES T COPPEDGE 466 GOODWIN DR RICHARDSON TX 75081- 449-50-9520	TX 75081-	.00029300 3-ORR	PA					11/18/96	.00029300
37960		MICHAEL H MOORE P O BOX 3389 SHERMAN TX 75091- 435-72-0603	TX 75091-	.00058600 3-ORR	PA					11/18/96	.00058600
39452		DAVID H ABRINGTON P O BOX 2071 MIDLAND TX 79702- 481-21-2845	TX 79702-	.00058600 3-ORR	PA					11/18/96	.00058600
39787		CONRAD G & ADA J. KEYES, LIVING TRUST CONRAD G & ADA J. KEYES, TRUSTEES P O BOX 136 BUDOKO NM 88345- 523-16-8892	NM 88345-	.00058600 3-ORR	PA					11/18/96	.00058600

NM 033825
NM 24278
NM 025530

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 7C
CASE NO. 11847

11:16:32

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

ANWELER_D 7/21/97

7/21/97

7/21/97

PROPERTY DECK NO/YR	OWNER SA	PROPERTY NAME	DESCRIPTION	INTEREST	PAY	EX	VP	PY	RT	LAST DATE	LEASE	INTEREST
43961-020 AG	10/96	WONDO B FEDERAL #2	MASTER DECK ONLY									
41153		VERA POLK LIFE ESTATE REMAINING		.00937500	3-ORR	PA				11/18/96	.00937500	
		CHARLIE BOELGES TR FOR ZACHARY										
		ALLEN BOELGES A MINOR										
		1715 SOUTH ELM AVE										
		TX 76104-										
		478-85-8893										
41313		LARUE M WHITE		.00187500	3-ORR	PA				11/18/96	.00187500	
		LANFAIR-BELWOOD										
		1776 LARCH AVENUE #503										
		2100-1001										
		484-38-4701										
42271		JANE THORNE BOWEN		.00104200	3-ORR	PA				11/18/96	.00104200	
		11805 LA CHARLES AVE NE										
		814000000										
		512-56-9803										
42385		HENRY F THORNE		.00104200	3-ORR	PA				11/18/96	.00104200	
		P O BOX 4028										
		514-40-9014										
43425		ELIZABETH T GREENE		.00312500	3-ORR	PA				11/18/96	.00312500	
		200 E 22ND #12										
		ROSWELL										
		525-30-2106										
43448		JANICE GETTYS		.00187500	3-ORR	PA				11/18/96	.00187500	
		803 S STRATTON ST										
		DECATUR										
		525-38-4371										
43472		MARJORIE MEYER		.00058600	3-ORR	PA				11/18/96	.00058600	
		680 S ALTON WY, APT 5-B										
		DENVER										
		525-44-6888										
43494		ROBERT GRANT KEYES		.00058600	3-ORR	PA				11/18/96	.00058600	
		2000 S ALTON WY, APT 5-B										
		ROSWELL										
		P O BOX 1977										
		ROSWELL										
		525-34-9318										
43522		MATTHE RUIN GRIFFIN		.00187500	3-ORR	PA				11/18/96	.00187500	
		410 S ROSELAWN AVE										
		ARRESTA										
		525-66-1296										
43523		EDWARD B LODGEWICK		.00156234	3-ORR	PA				11/18/96	.00156234	
		2516 LOCKHEED DRIVE										
		BLISS										
		525-86-2322										
43570		LAURA PATRICIA LODGEWICK		.00156233	3-ORR	PA				11/18/96	.00156233	
		511 NEWELL										
		24113										
		525-84-4934										

NM 039825
NM 29278
NM 025530

4/18/78
11:16:32

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

7/21/97

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PROPERTY DECK NO/18
OWNER SO BURDEN

PROPERTY NAME
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LAST DATE
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43961-020 AG 10/96 MONDO B FEDERAL #2 MASTER DECK ONLY

43571

9000 MIDNEY LODGEWICK
3305 VENTWOOD
DALLAS TX 75223-
525-84-4935

.00156233

3-ORR

PA

43587

BARBARA K DAVIDSON
O BOX 387
LA BREA CA 91140-0387
525-88-6447

.00146450

3-ORR

SU

43642

MARY J MCNORTER
728 CANYON ROAD
LOGAN UT 84321-4316
526-24-8433

.00058600

3-ORR

PA

44854

LELA BESS BARNETTE
181 FLETA AVENUE
500 HENDRICKSON RD
SEWING MA 01962-
566-26-2685

.00187500

3-ORR

PA

45134

LILLIAN D'AMICO MCNALLY
317 SHERILL LANE
ROSWELL NM 88201-
585-12-1208

.00937500

3-ORR

PA

50299

YATES BRDS
207 SOUTH 4TH ST
ARTESIA NM 88210-
885-011859

.00937500

3-ORR

PA

50659

RUSSELL ESTATE TRUST
ATTN: TRUST DEPARTMENT
FIRST NATIONAL BANK OF ARTESIA
P O DRAWER AA
ARTESIA NM 88210-
85-6086406

.00937500

3-ORR

PA

53117

MCNORTER FAMILY TRUST 89/2/24
ERENT & RUTH MCNORTER, TRUSTEES
3140 E VOLTAIRE
SCOTTSDALE AZ 85254-
526-64-4301

.00058600

3-ORR

PA

53612

MINERALS MANAGEMENT SERVICE
ROYAL PROGRAM
BOX 10, T.A.
DENVER CO 80217-
84-0848646

.12500000

2-ROY

GA

56063

WILLIAM RICHARD BALLARD
17231 CALLE JAVELINA
TUCSON AZ 85748-
525-18-7129

.00234400

3-ORR

PA

56064

BETTY L PRICE MORGAN
5210 CHURUBUSCO DRIVE
SAN ANTONIO TX 78239-
525-44-5306

.00234400

3-ORR

PA

MM 033825
MM 29278
MM 025530

WE1878
11:16:32

PROPERTY DECK MO/YR 10/96 MONDO B FEDERAL #2

43961-020 AG 57461

57461

ALTIMA ENERGY TO (MWOOD)
SUCCESSION TO (MWOOD)
P O BOX 100725
ATLANTA GA 30384-0725
76-0528003

57507

RICHARD K DAVIDSON
P O BOX 387
LA JARA CO B1140-0387
925-84-4330

999001

DEVON ENERGY CORP (NEVADA)
20 N BROADWAY, STE 1500
OKLAHOMA CITY OK 73102-8260
73-0779604

999001

DEVON ENERGY CORP (NEVADA)
20 N BROADWAY, STE 1500
OKLAHOMA CITY OK 73102-8260
73-0779604

TOTAL: IMFT. INT: 1.00000000

REC. INT: 1.00000000

LSE. INT: 1.00000000

ANNELEER_D 7/21/97

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INTEREST

LAST DATE
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TYPE

INFLATED

INTEREST

DESCRIPTION

MASTER DECK ONLY

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AM 088825
AM 29278
AM 025530

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DEC 001

DEVON ENERGY CORP. (KEYADA2)

ANNELE D

7/21/97

LC 055465-A

PROPERTY DECK NO/YR	OWNER SO	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY	EX	LP	PT	RT	CD	LAST DATE CHANGED	LEASE INTEREST
42384-001 AA	10/96	KITE '4E' FEDERAL #1	MASTER DECK ONLY	.00058594	3-ORR	SD					12/16/96	.00058594
928		AND O ALLISON										
		P.O. BOX 84033	TX 79464									
		LUBBOCK										
		36-8223493										
6417		EDITH C WHEELER		.00058594	3-ORR	PA					7/09/97	.00058594
		P.O. BOX 24035	TX 79464									
		LUBBOCK										
		260-20-5004										
24757		DAVID M THORNE		.00312500	3-ORR	PA					12/16/96	.00312500
		211 MAPLE ST	MC 28712									
		BREVARO										
		073-05-3170										
24861		ESTATE OF HELEN WENSON		.00187500	3-ORR	SD					12/16/96	.00187500
		1742 CATLIN DRIVE	CA 94533									
		LAUREL										
		525-36-3548										
28769		JOHN E THORNE		.00104167	3-ORR	PA					12/16/96	.00104167
		3700 S LINDBERGH BLVD	MD 63127-3980									
		309-46-8009										
36399		DAVIS A COPPEDGE		.00029296	3-ORR	PA					12/16/96	.00029296
		250 GOSHAW DR	TX 75081-									
		216-80-3804										
		449-50-9520										
36772		JANE ELLEN MOORE		.00058594	3-ORR	SD					12/16/96	.00058594
		P.O. BOX 3389	TX 75090-									
		SHERMAN										
		250-78-2808										
37524		JAMES T COPPEDGE		.00029296	3-ORR	PA					12/16/96	.00029296
		76 W MORGAN	IN 47460-									
		SPENCER										
		453-70-7870										
37960		MICHAEL H MOORE		.00058594	3-ORR	PA					12/16/96	.00058594
		P.O. BOX 3389	TX 75091-									
		SHERMAN										
		455-72-0603										
39452		DAVID M ABBINGTON		.00058594	3-ORR	PA					12/16/96	.00058594
		P.O. BOX 2071	TX 79702-									
		MIDLAND										
		461-21-2845										
39787		CONRAD B & ADA J. KEYES,		.00058500	3-ORR	PA					12/16/96	.00058500
		LIVING TRUST										
		CONRAD B & ADA J. KEYES, TRUSTEES										
		P.O. BOX 156	NM 88345-									
		8010050										
		323-16-8892										

42384-001 AA

004

DEC 001 REVENUE DIVISION ORDER PRINT (NEVADA)

ANNELEP_D 7/21/97

LAST DATE CHANGED

LEASE INTEREST

10/96 KITE '45' FEDERAL #1

MASTER DECK ONLY

PROPERTY NAME

OWNER SO BURDEN

PROPERTY DECK MO/YR

12/16/96

.00937500

3-ORR

SD

VERA POLK LIFE ESTATE REMAIND

10715 SOUTH GARY AVE

41153

12/16/96

.00187500

3-ORR

PA

LARUE M WHITE

1776 LARCH AVENUE #303

41313

12/16/96

.00104166

3-ORR

PA

JANE THORNE RONCA

17805 LA CHARLES AVE NE

42271

12/16/96

.00104167

3-ORR

PA

HENRY F THORNE

514-40-9014

42385

12/16/96

.00312500

3-ORR

PA

ELIZABETH I GREENE

525-30-2106

43425

12/16/96

.00187500

3-ORR

PA

JANICE GETTYS

803 S STRATTON ST

43448

12/16/96

.00058500

3-ORR

SD

MARJORIE MEYER

280 S ALTON LN

43472

12/16/96

.00058500

3-ORR

PA

ROBERT GRANT KEYES

525-44-6888

43494

12/16/96

.00187500

3-ORR

PA

MATTIE RUTH GRIFFIN

410 S ROSELAWN AVE

43522

12/16/96

.00156250

3-ORR

PA

RICHARD B LODENWICK

2516 LOCKHEED DRIVE

43523

12/16/96

.00156250

3-ORR

PA

LAURA PATRICIA LODENWICK

5111 NEWELL

43570

LC055465-A

YEL878
11:06:31

PROPERTY DECK NO/YR
OWNER SQ BURDEN

42386-001 AA 10/96 KITE *4E* FEDERAL #1

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

PROPERTY NAME
OWNER SQ BURDEN

43571 KIRBY WINNEY LODGEWICK
681 LA JOLLA
92037-4935 TX 75225-

43587 BARBARA K DAVIDSON
P O BOX 187
LA JOLLA
92037-6647 CO B1140-0387

43642 MARY J. MCWHORTER
769 CANYON ROAD
LOGAN
84326-8433 UT 84321-4316

44854 LELA BESS BARNETTE
THE FIFTH AVENUE
500 MENDRICKSON RD.
SEQUOIA
96926-2685 WA 98382-

45134 WILLIAM O'MACD MCMALLY
2012 MERRILL LANE NW
BOSTON
02111-1208 NM 88201-

50299 VOILES BROS
287 SOUTH 4TH ST
ARTESIA
85-011859 NM 88210-

50659 RUSSELL ESTATE TRUST
ATTN: TRUST DEPARTMENT
FIRST NATIONAL BANK OF ARTESIA
P O DRAWER AA
ARTESIA
85-0086406 NM 88210-

53117 MCWHORTER FAMILY TRUST 09/2/24
DREW & RUTH MCWHORTER, TRUSTEES
6140 E VOLTAIRE
SCOTTSDALE
85228-6443 AZ 85254-

53612 MINERALS MANAGEMENT SERVICE
PO BOX 101
DENVER
80202-0646 CO 80217-

56063 WILLIAM RICHARD BALLARD
11651 CALLE JAVELINA
TUCSON
85710-7129 AZ 85748-

56064 BETTY L. PRICE MORGAN
5210 CHAMUSCO DRIVE
SAN ANTONIO
78239-5306 TX 78239-

AMMELER, D

LAST DATE
CHANGED

12/16/96

4/07/97

12/16/96

12/16/96

12/16/96

12/16/96

12/16/96

12/16/96

12/16/96

12/16/96

12/16/96

7/21/97

LEASE
INTEREST

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LC055465-A

42384-001 AA

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

ANNELEP_D 7/21/97

PROPERTY DECK MO/YR 10/96 KITE '42' FEDERAL #1 57507

OWNER SQ BUNDEN

INTEREST

LAST DATE

LEASE INTEREST

42384-001 AA 10/96 KITE '42' FEDERAL #1 57507

PROPERTY NAME: RICHARD K. DAVIDSON

4/07/97

.00146625

DESCRIPTION: MASTER DECK ONLY

PA

.00146625

10/96 KITE '42' FEDERAL #1 57507

12/16/96

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DEVON ENERGY CORP. (NEVADA)

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OKLAHOMA CITY, OK 73102-8260

LEASE INT: 1.00000000

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93-0779204

TOTAL: INFT. INT: 1.00000000

REC'D. INT: 1.00000000

LC055465-A

42383-002

DEC 001

REVENUE

DEVM ENERGY CORP (NEVADA)

PROPERTY DECK NO/18

PROPERTY NAME

OWNER SQ BURDEN

42383-002

10/96

KITE '51' FEDERAL #2

28240

HELEN WATSON & JOHN T RHEIT

3170 S 21ST ST

ARLINGTON

276-36-0254

39056

SUSAN LYNN TERRY

6112 N MESA #216

EL PASO

835-98-0570

39428

WIMMIE JEFFREY

304 MEATH DRIVE

RUIDOSO

457-28-0307

39056

MICKEY TRAVIS

1004 E LAYE

TX

79316

39350

MARGARET TRAVIS

8804 E LAYE

TX

79316

39622

SANDRA LEIGH TERRY

P O BOX 12817

EL PASO

461-98-4039

39729

EDDIE V PEOPLES

5 VICTORIAN OAKS ROAD

LOOMVIE

462-29-9514

43582

BARBARA KAY CLAYTON SCOTT

5819 148TH ST E

OKLAHOMA

98373

43609

CHERE JOHNSON

7046 S 21ST ST

OKLAHOMA

88210

43620

JOHN DONALD CLAYTON

P O BOX 526

ARIZONA

585-98-3891

45127

BARBARA KRUSE FRANKENFIELD

2121 BECKETT DRIVE

FLOWER MOUND

585-09-6438

7/21/97

LEASE

INTEREST

.00515625

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42383-002 AA

11:10:07

PROPERTY DECK NO/78

OWNER SO BORDEN

42383-002 AA

10/96 KITE '51' FEDERAL #2

43131

50649

53612

54534

55750

56967

56969

999001

DEC 001 DEVON ENERGY CORP. (NEVADA)

REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME

OWNER SO BORDEN

42383-002 AA

10/96 KITE '51' FEDERAL #2

43131

50649

53612

54534

55750

56967

56969

999001

ANNELER_D

LAST DATE

CHANGED

11/04/96

10/30/96

10/30/96

10/30/96

10/30/96

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10/30/96

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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. 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

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other Commingling at surface

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ 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

EXHIBIT 3A
11845
CASE NO.

SEP 21 1 47 PM '96
RECEIVED

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

Signed E. L. Buttross, Jr.

E. L. Buttross, Jr.

Title District Engineer

Date 9/25/96

This space for Federal or State office use

Approved by David R. Glass
Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date SEP 30 1996

COPIES OF APPROVAL

SEP 30 1996

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.

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 ^{N2/4SW/4} ~~1007-624~~ 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.

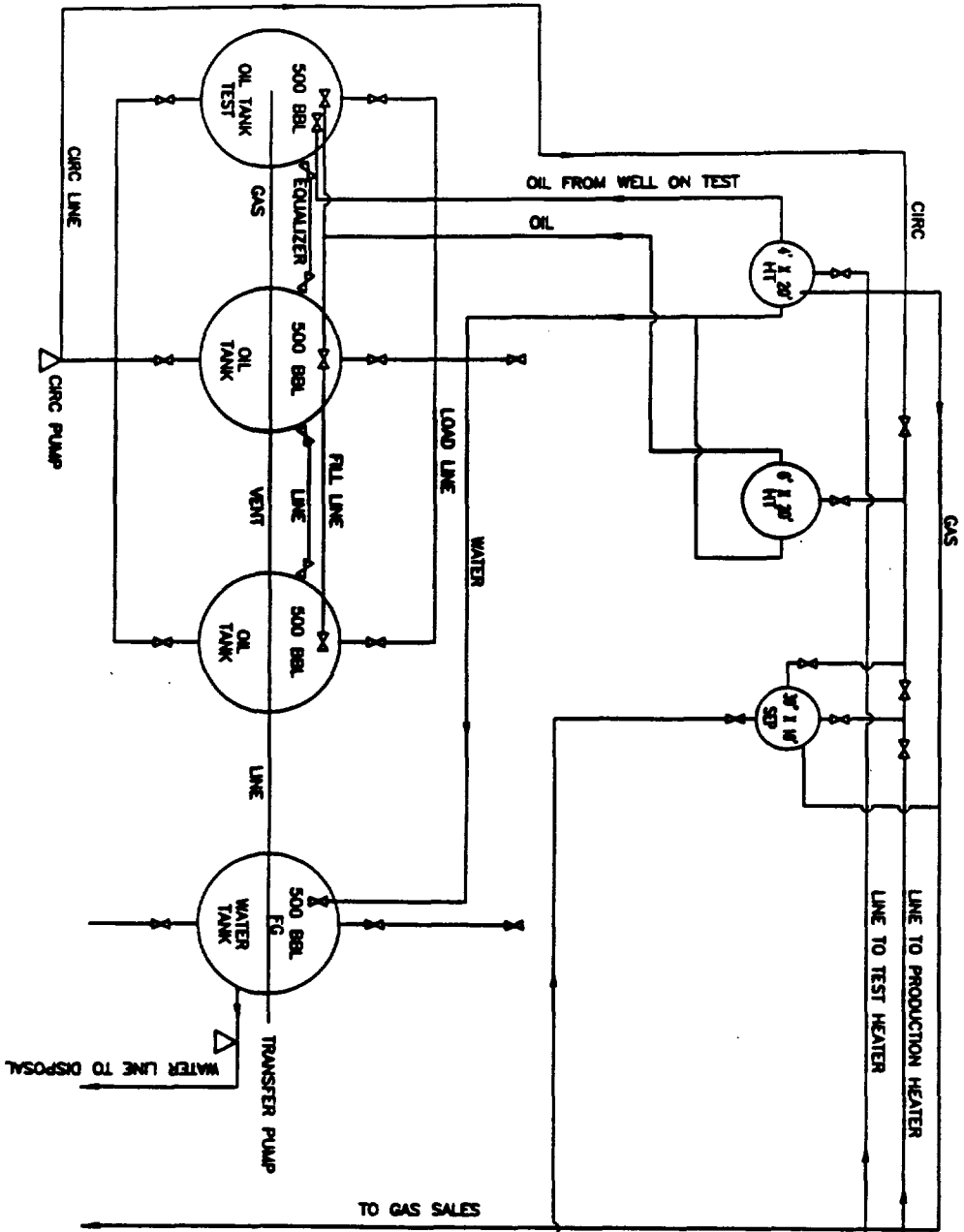
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

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.

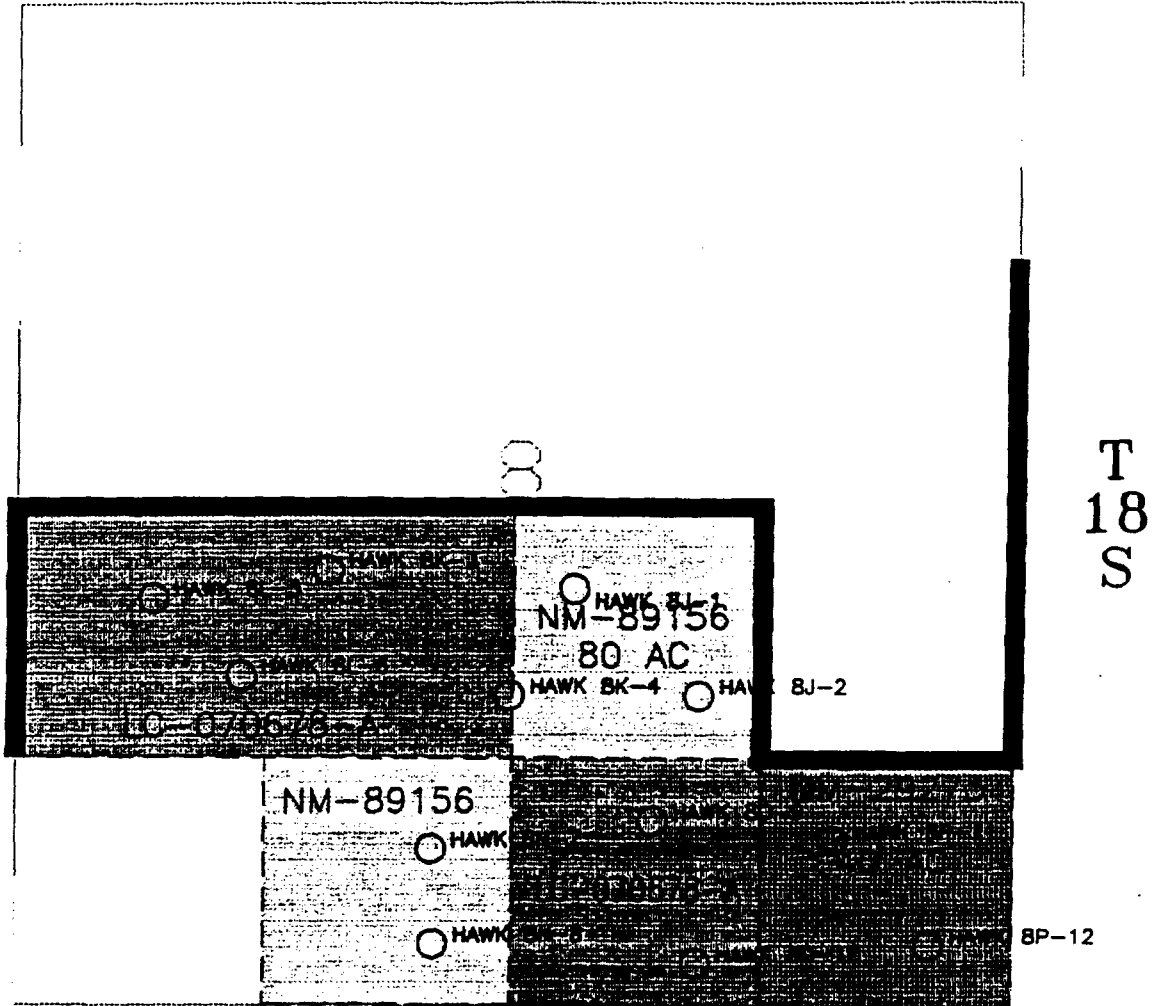
Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 25, 1996

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



0/00

R 27 E



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 BUTTRESS

7/88

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)
Sections 17 and 8 - 18S-27E

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

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

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Commingling at Surface

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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:

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>MCFPD</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 1/4~~ Section 8, T18S, R27E on lease ~~No. NM-031186~~ *LC 070678*, 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.

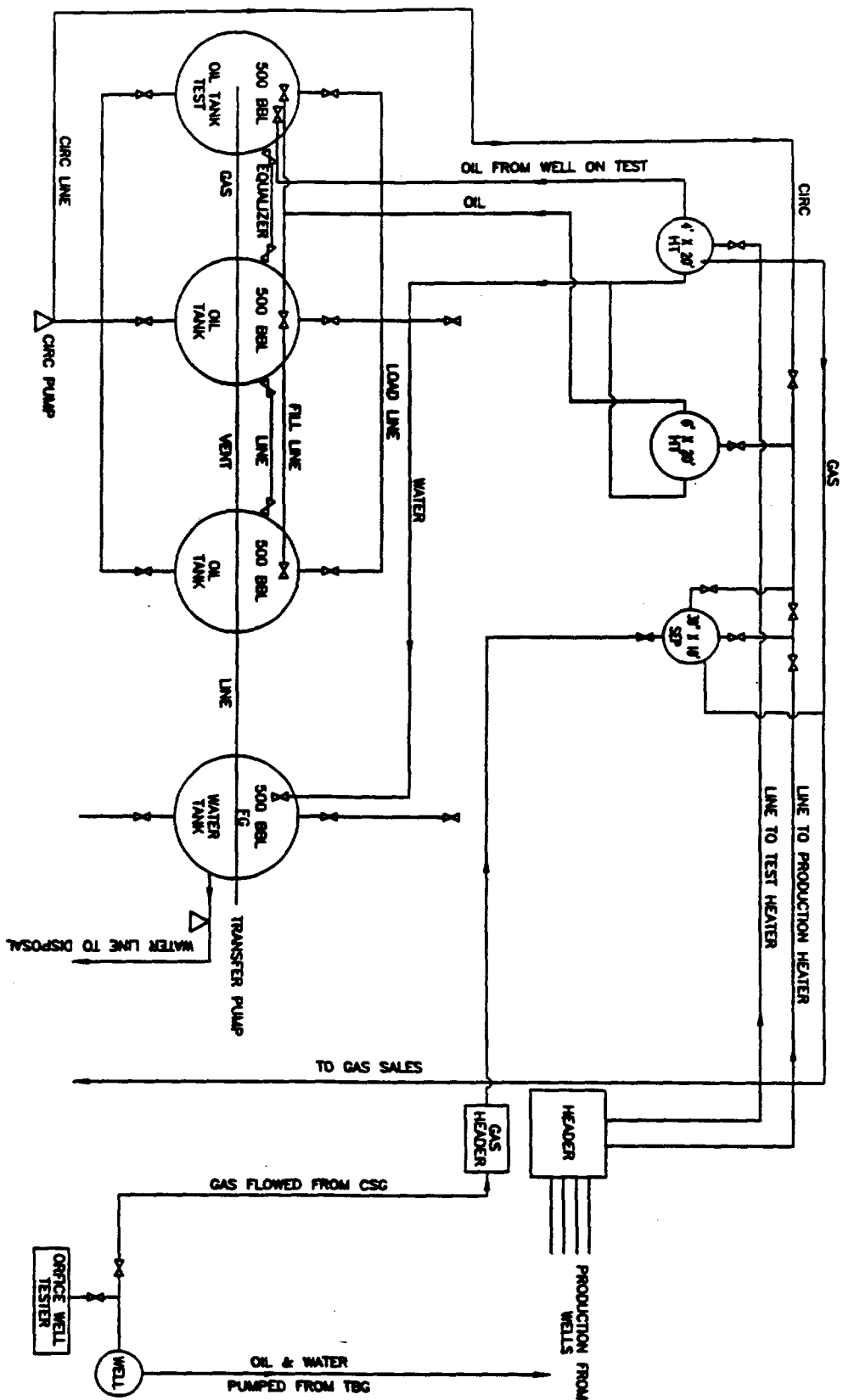
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

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



devon

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

HAWK "8" FEDERAL BATTERY
FLOW DIAGRAM
ULK, SEC. 8, T18S, R27E

HOND-BIZ

F CORNELL

9/78

T 17 S
R 27 E

32

ST BZ 2 ACBU 2

EVARTS FED 2

BRECK ST 1

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

EAGLE 340-7

E 33A-2

EAGLE 34E-8

33N-8

EAGLE 34L-23

EAGLE 34K-8

LC-026874-B
240 AC

EAGLE 34M-25

EAGLE 34N-27

HARBOLD 6

E 33P-14

EAGLE 34M-26

EAGLE 34N-28

HARBOLD 5

T 18 S
R 27 E

NM-025530

MONDO B-2

37.28 AC

FED B-1

J-8

H FED B-1

HUDSON B 1

HUDSON

LC-055383-A
160 AC

NM-031186

80 AC

DEF TO B/SA
BASE ABO TO 9911

NM-025804

MARK 100-1

MARK 100-2

MARK 100-3

MARK 100-4

MARK 100-5

MARK 100-6

MARK 100-7

MARK 100-8

MARK 100-9

MARK 100-10

MARK 100-11

MARK 100-12

MARK 100-13

MARK 100-14

MARK 100-15

MARK 100-16

NM-0758

MARK 17C-1

ACBU 12

NM ST BF 1

STATE BR 1

MARK 17C-2

ACBU 1 6

ACBU 1 9

ACBU 2 14

ACBU 2 13

ACBU 2-11

ACBU 2-24

ACBU 2 25

ACBU 2 16

SCOGNS D 1

EDDY ST BU 1

ST OF NM "CE"

SCOGNS DRW ST C 1

17

16

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

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other Commingling at surface

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ 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
11846
CASE NO.RECEIVED
SEP 27 1 45 PM '96
GARY
ARELLANO
NCE
OFFICE

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

Signed E. L. Buttross, Jr.

E.L. Buttross, Jr.

Title District EngineerDate 9/25/96

This space for Federal or State office use

Approved by David P. Glass
Conditions of approval, if any:

Title

PETROLEUM ENGINEER

Date

SEP 30 1996

SEE ATTACHED FOR
CONDITIONS OF APPROVALSUBJECT 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.

*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.

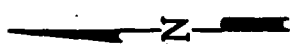
Signed: E. L. Buttross Jr.

Name: E. L. Buttross, Jr.

Title: District Engineer

Date: September 25, 1996

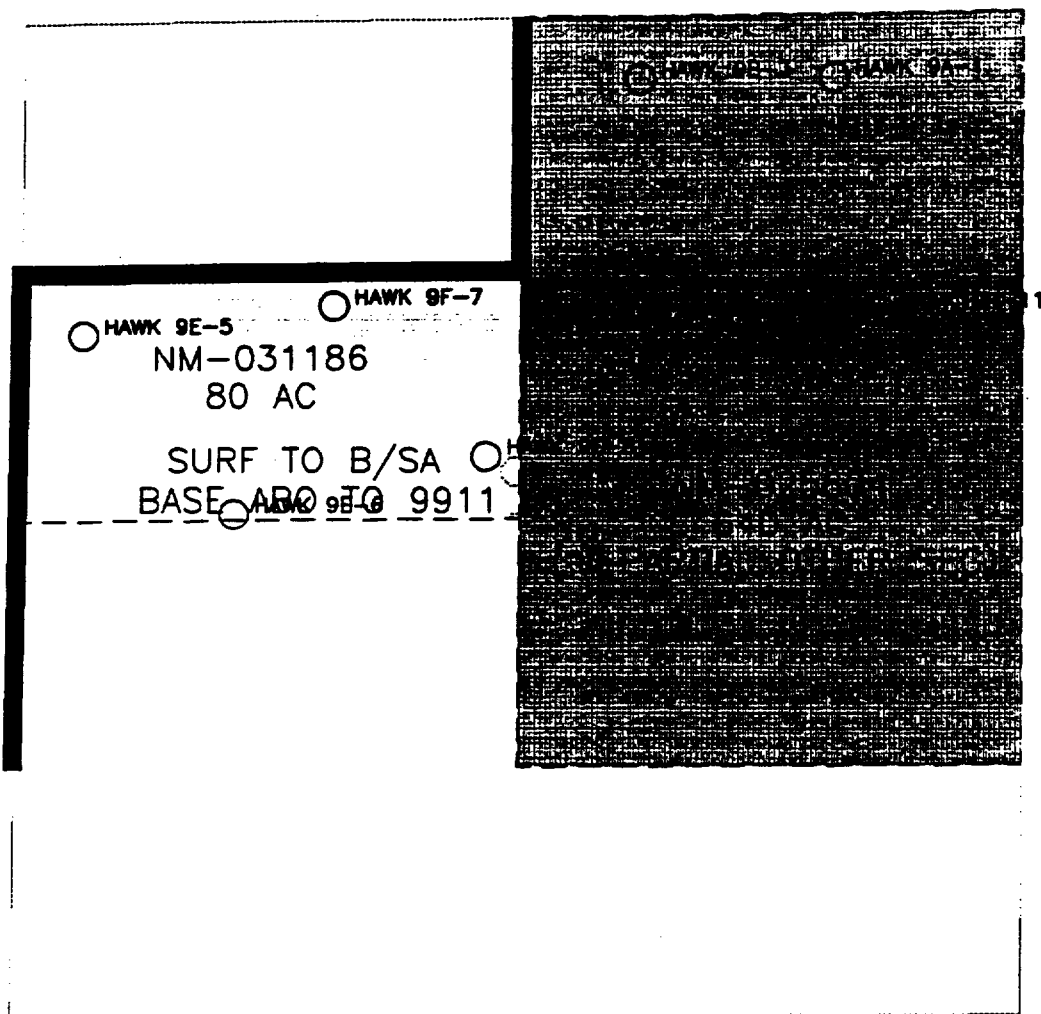
Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102



J. CONNELL

[illegible]

R 27 E



T
18
S



HWK9FED	

<i>devon</i>
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

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

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Commingling at Surface

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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

Signed E. L. Buttross, Jr.

E.L. Buttross, Jr.

Title District Engineer

Date July 2, 1997

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

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.

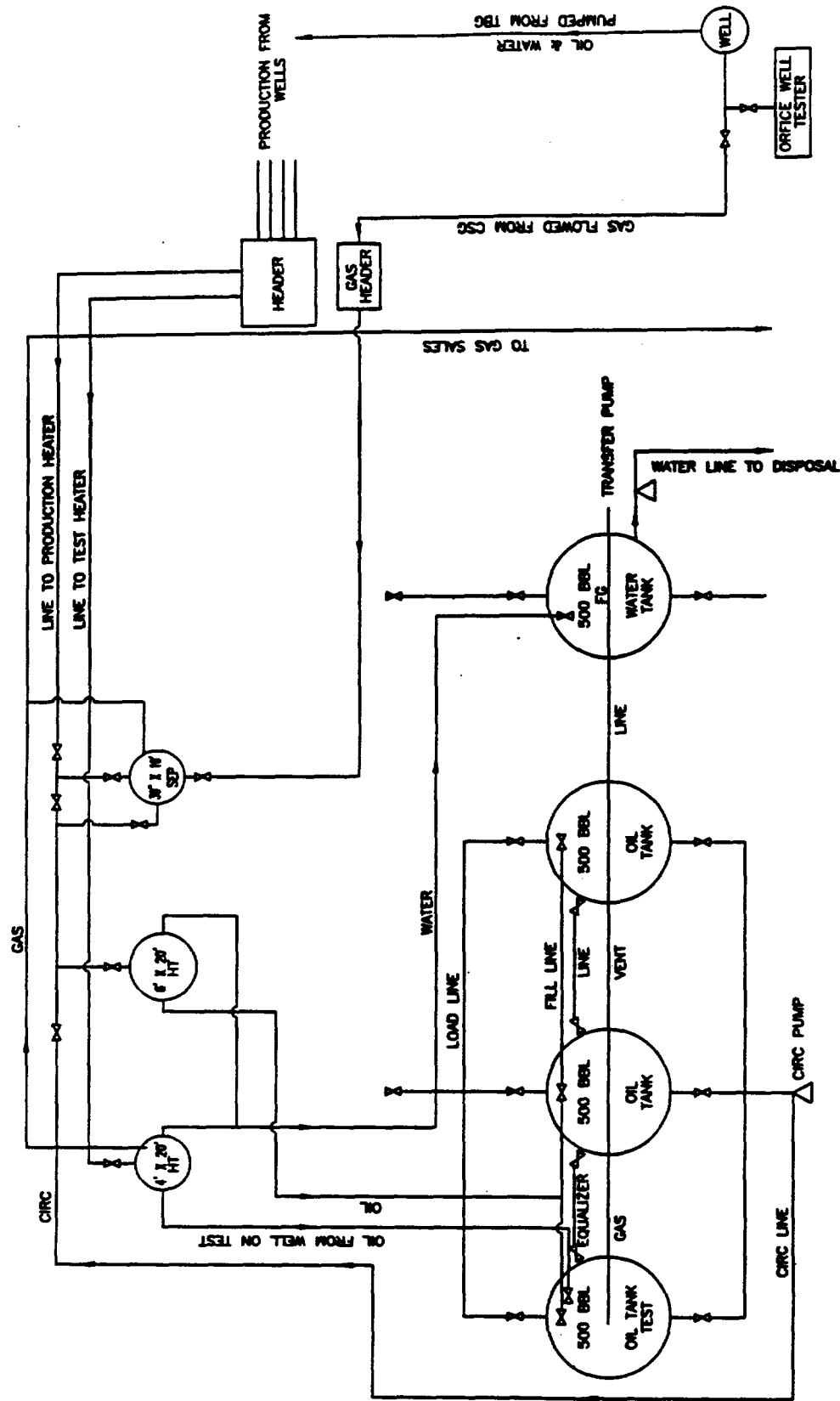
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

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



denon

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

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

THORID-BIS

F. CORWELL

9/86

T 17 S
R 27 E

32

ST BZ 2 CDBU 2

EVARTS FED 2

BRECK ST 1

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

EAGLE 34D-7

EAGLE 33A-2

EAGLE 34E-8

EAGLE 33N-8

EAGLE 34L-23

EAGLE 34K-24

LC-026874-E
240 AC

EAGLE 34M-25

EAGLE 34N-27

HARBOLD 8

EAGLE 33P-14

EAGLE 34M-26

EAGLE 34N-28

HARBOLD 5

T 18 S
R 27 E

NM-025530

HONDO B-2

37.28 AC

FED B-1

J-8

H FIED B-1

HUDSON B 1

HUDSON

K-7

K-8

MAN

FALCON 3N-18

MANH-FED 1

NM-025604

SA-2

AEU N 801

MARK 10C-5

MARK 10F-7

MARK 10E-6

AEU N 801

MARK 10K-9

MARK 10L-12

MARK 10M-13

MARK 10N-15

MARK 10O-16

MARK 10P-17

MARK 10Q-18

MARK 10R-19

MARK 10S-20

MARK 10T-21

MARK 10U-22

MARK 10V-23

MARK 10W-24

MARK 10X-25

MARK 10Y-26

MARK 10Z-27

MARK 10A-28

MARK 10B-29

MARK 10C-30

MARK 10D-31

MARK 10E-32

MARK 10F-33

MARK 10G-34

MARK 10H-35

MARK 10I-36

MARK 10J-37

MARK 10K-38

MARK 10L-39

MARK 10M-40

NM-0758

MARK 17C-1

ACBUD 12

NM ST BF 1

STATE BR 1

MARK 17C-2

ACBUD 1 6

ACBUD 1 9

ACBUD 2 14

ACBUD 2 13

NM ST BF 2

ST NM "CE"

EDDY ST BU 1

ST OF NM "CE"

SCOGINS D 1

SCOGINS DRW ST C 1

17

16

15

SIMON FED 1

ACBUD 2 28

ACBUD 2-24

ACBUD 2 25

ACBUD 2 16

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

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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

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other Commingling at surface

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ 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 "5T" Federal #1

Hondo Federal #6 Kite "5B" Federal #2

Hondo "B" Federal #1

Hondo "B" Federal #2

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT

CASE NO.

3C
11847

SEP 27 1 48 PM '96

RECEIVED

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

E.L. Buttross, Jr.

Signed E.L. Buttross, Jr.

Title District Engineer

Date 9/26/96

(This space for Federal or State office use)

Approved by David P. Glass

Title

PETROLEUM ENGINEER

Date SEP 30 1996

Conditions of approval, if any:

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

SENT TO
BUREAU OF LAND MANAGEMENT

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.

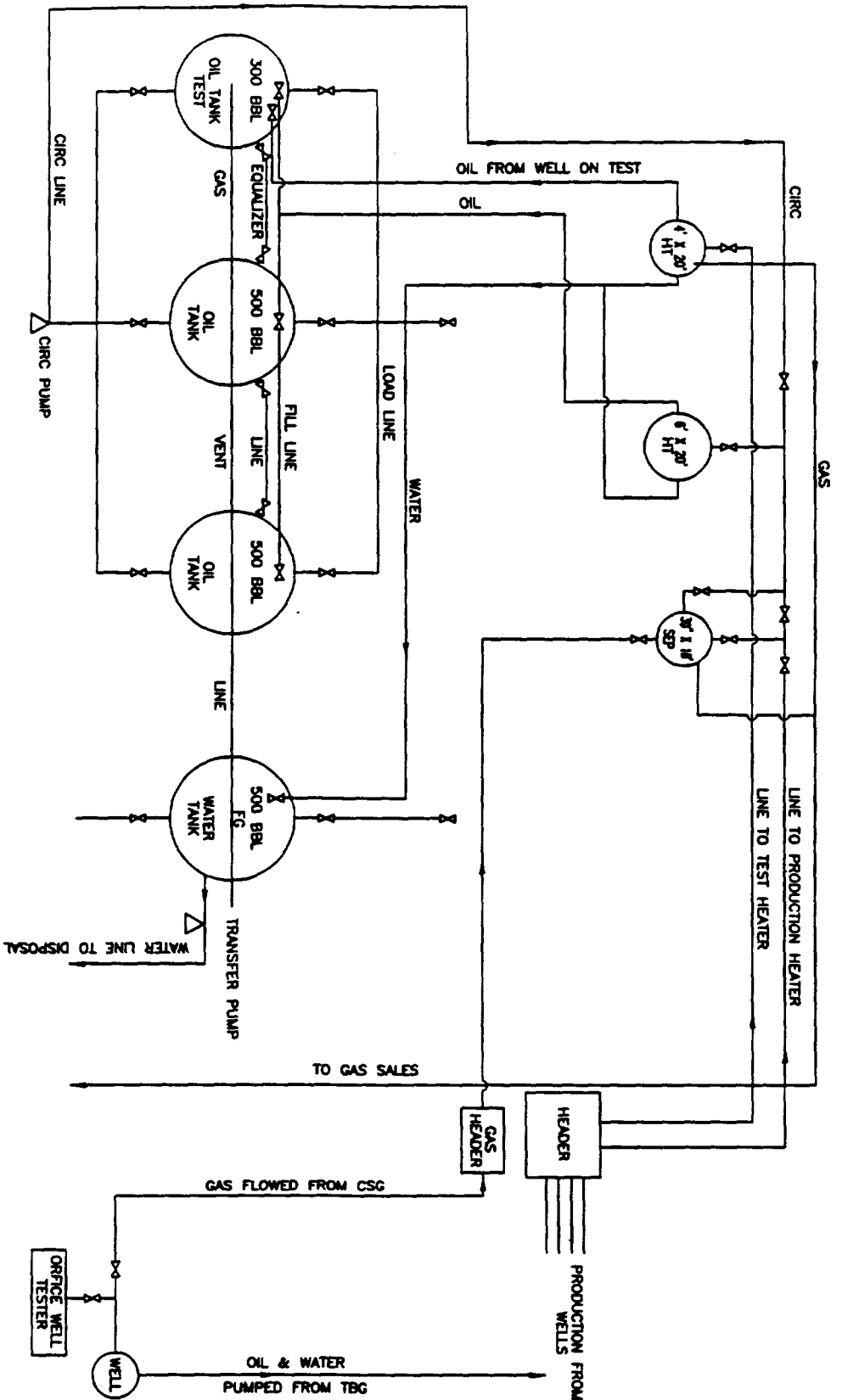
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

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



HONDO-BT1

denon

RED LAKE AREA

EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

HONDO FEDERAL BATTERY

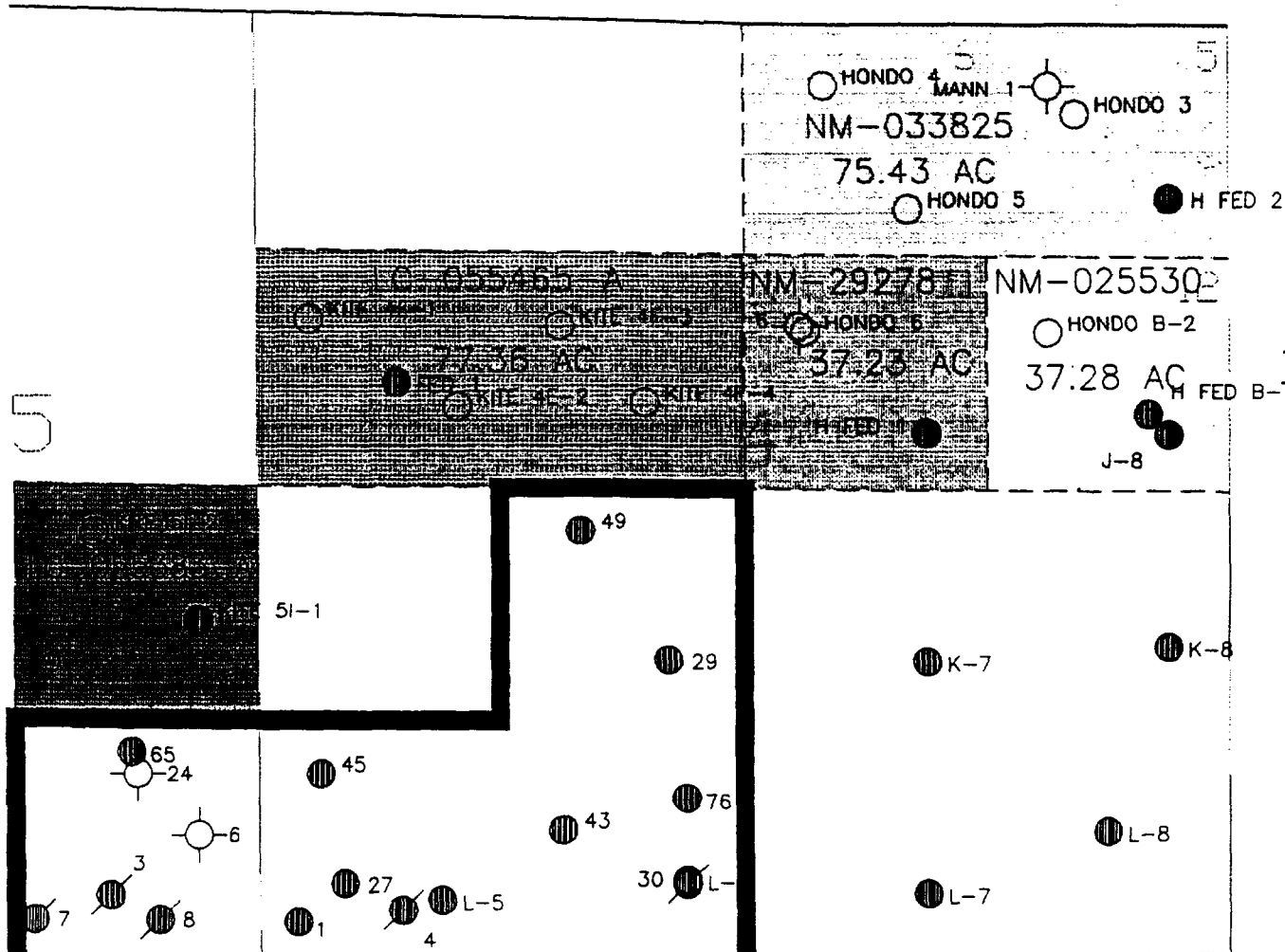
FLOW DIAGRAM

ULG, SEC. 4, T16S, R27E

F CORNELL

9/96

R 27 E



T
18
S



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:

3/31/2001

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 4A
CASE NO. 11845

August 14, 1997

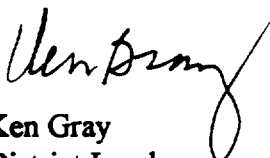
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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~~X~~SW~~X~~, SE~~X~~SW~~X~~, W~~X~~SE~~X~~, and SE~~X~~SE~~X~~ of Section 8, and the NE~~X~~NW~~X~~ 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~~X~~SE~~X~~ 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,

A handwritten signature in cursive script, reading "James Bruce". The signature is written in dark ink and is positioned above a horizontal line.

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 NIQUEL 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
RUIDOSO 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 4/3
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

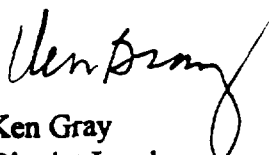
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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.

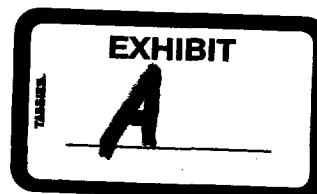
Very truly yours,

DEVON ENERGY CORPORATION (NEVADA)


Ken Gray
District Landman

KG: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 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 $\frac{1}{4}$ 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.

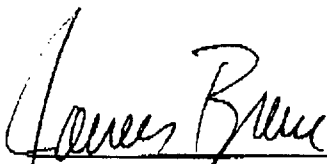
3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

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,

A handwritten signature in cursive script, appearing to read "James Bruce", is written over a horizontal line.

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

Attorney for Devon Energy Corporation
(Nevada)

ESTATE OF HELEN HENSON
1742 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
BUDDO SO NM 88345
525-16-8892

LARUE M. WHITE
LANFAIR-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
LA JARA CO 81140-0387
525-88-6447

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

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

ALLEENE C GRAVES
2381 RIDGEMAR 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
BUDDO SO 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:

3/14/98

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 9C
CASE NO. 11847

devon
ENERGY CORPORATION

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

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

August 14, 1997

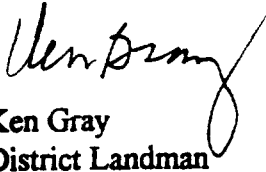
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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 033825, NM 025530, NM 29278, LC 055465, and LC 055383-A, which collectively cover the NE~~1~~⁴ and S~~1~~⁴NW~~1~~⁴ of Section 4, and the NE~~1~~⁴SE~~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~~1~~⁴NE~~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,

A handwritten signature in cursive script, reading "James Bruce". The signature is written in dark ink and is positioned above a horizontal line.

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 84035
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
466 GOODWIN DR
RICHARDSON TX 75081-
449-50-9520

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

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

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

DAVID H. ARRINGTON
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
1715 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
ROSWELL ACCOUNT #2213451
P O BOX 1977
ROSWELL NM 88201-
525-54-9318

HATTYE RUTH GRIFFIN
410 S ROSELAWN AVE
ARISTIA 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 WENTWOOD
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-
569-26-2685

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

YATES BROS
207 SOUTH 4TH ST
ARTESIA NM 88210-
85-0719859

RUSSELL ESTATE TRUST
ATTN: TRUST DEPARTMENT
FIRST NATIONAL BANK OF ARTESIA
P O DRAWER AA
ARTESIA NM 88210-
85-6086406

MCWHORTER FAMILY TRUST 89/2/24
BREN T & 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-
525-44-5306

HELEN WATSON & JOHN T RHETT
JIMBROS
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 12617
EL PASO TX 79912
461-90-4039

EDDIE V PEOPLES
9 VICTORIAN OAKS ROAD
LOGNVIEW TX 75603
462-29-9514

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
2121 BECKETT DRIVE
FLOWER MOUND 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
11351 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

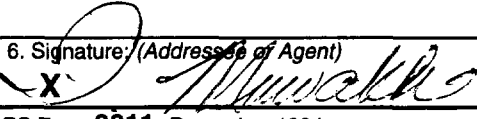
- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

DEC 16 1997

5. Received By: (Print Name)

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

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:

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)

6. Signature: (Addressee or Agent)

X *Ada J. Keyes*

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:

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)

6. Signature: (Addressee or Agent)

X *Phillip P. Lawson*

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:

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)

6. Signature: (Addressee or Agent)

X *E. Greene*

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:

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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:

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

8/7/94

5. Received By: (Print Name)

Thorne

6. Signature: (Addressee or Agent)

X *David W. Thorne*

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.
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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:

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

8/10/94

5. Received By: (Print Name)

McNally

6. Signature: (Addressee or Agent)

X *Lillian O'Haco McNally*

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.
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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

8/11/94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS F

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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- 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:

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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- 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 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

Thank you for using Return Receipt Service.

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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):

- ☐ Addressee's Address
- ☐ 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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SENDER:

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- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

Barbara Kay Clayton Scott
9819 148th St. Ct. E.
Puyallup, WA 98373

4a. Article Number

P 619 403 874

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 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

- ☐ 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 Ada J. Keyes

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:

Linda P. Skinner
7826 Caruth Ct.
Dallas, TX 75225

4a. Article Number

P 619 403 854

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)

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

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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:

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

8-21-97

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

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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:

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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- 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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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: 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 7. Date of Delivery 8-20-97	
5. Received By: (Print Name) KRISTEN L. HUBERT	8. Addressee's Address (Only if requested and fee is paid) AS ABOVE	
6. Signature: (Addressee or Agent) X <i>Kristen L. Hubert</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
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 7. Date of Delivery 8/18/97	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X <i>LaRue M. White</i>	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): 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 7. Date of Delivery 8/18/97	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X <i>LaRue M. White</i>	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):

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

Consult postmaster for fee.

3. Article Addressed to:

Margaret Travis
1004 E. Tate
Brownfield, TX 79316

4a. Article Number

P619 403 871

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 *Margaret Travis*

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.
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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:

Richard B. Lodewick
2516 Lockheed Drive
Midland, TX 79701-3956

4a. Article Number

P619 403 881

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 *R. B. 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:

Kathryn Beach
2301 Bennett Road
Lafayette, IN 47905

4a. Article Number

P619 403 863

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 *Kathryn Beach*

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:

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

2/17/94

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Joan Hudson

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):

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

8/19/92

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Lela Bess Barnette

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):

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)

6. Signature: (Addressee or Agent)

X Joan Hudson

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):

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

Consult postmaster for fee.

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

6. Signature: (Addressee or Agent)

X Barbara J. Collins

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):

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

Consult postmaster for fee.

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)

Vera Polk

6. Signature: (Addressee or Agent)

X Vera Polk

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):

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 619 403 838

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)

J. Davis

6. Signature: (Addressee or Agent)

X J. Davis

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):

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)

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

6. Signature: (Addressee or Agent)

Winnie Jeffrey

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:

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)

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

Helen W. Rhett

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:

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)

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

6. Signature: (Addressee or Agent)

James T. Coppedge

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:

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)

6. Signature: (Addressee or Agent)

X Marjorie Meyer

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.
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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:

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)

6. Signature: (Addressee or Agent)

X Jane Davis

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:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Tom S. Moore

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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- 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:

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

4a. Article Number

P 619 403 896

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Jane Ellen 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.

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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):

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 619 403 909

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

Thank you for using Return Receipt Service.

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 619 403 865

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *John W. Hubert*

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:

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 Duder

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

(X) J. E. Thorne

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.

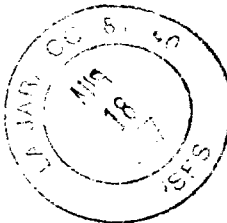
I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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 RLR

5. Received By: (Print Name)

Richard Davidson

6. Signature: (Addressee or Agent)

(X) Richard Davidson

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:

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. McWhorter

6. Signature: (Addressee or Agent)

(X) M. McWhorter

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:

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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:

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.
- 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:

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

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:

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

18 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: <ul style="list-style-type: none">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: Minerals Management Service Royalty Program Box 5810, T.A. Denver, CO 80217		4a. Article Number P 619 403 845	
		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) 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.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">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: Minerals Management Service Royalty Program Box 5810, T.A. Denver, CO 80217		4a. Article Number P 619 403 833	
		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) CORPORATE EXPRESS DELIVERY SYSTEMS Agent for Mineral Management Service X		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: <ul style="list-style-type: none">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: Janice Gettys 803 S. Stratton St. Decatur, TX 76234		4a. Article Number P 619 403 883	
		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 8-16-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Janice D. Gettys			

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:

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

6. Signature

X

PS Form

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

Thank you for using Return Receipt Service.

Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- 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:

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

Thank you for using Return Receipt Service.

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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:

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)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

Thank you for using Return Receipt Service.

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

8-22-93

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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SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

Thank you for using Return Receipt Service.

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SENDER:

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

- ☐ Addressee's Address
- ☐ 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

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:

Robert Hubert
20218 N.E. 163rd Street
Woodinville, WA 98072

4a. Article Number

P 619 403 861

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)

ROBERT P. HUBERT

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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- Write "Return Receipt Requested" on the mailpiece below the article number.
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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:

Sandra Leigh Terry
P.O. Box 12617
El Paso, TX 79912

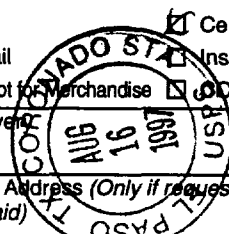
4a. Article Number

P 619 403 875

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

SANDRA Terry

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

6. Signature: (Addressee or Agent)

X Sandra Terry

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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- 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:

McWhorter Family Trust
Brent & Ruth McWhorter, Trustees
6140 E. Voltaire
Scottsdale, AZ 85254

4a. Article Number

P 619 403 880

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 Michel H. Gorman

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.
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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:

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)

6. Signature: (Addressee or Agent)

X *Laura Patricia Lodewick*

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.
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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:

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)

6. Signature: (Addressee or Agent)

X *Alleene C. Graves*

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.
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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:

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

8/12/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Donna F. Johnson*

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.
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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:

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:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

M. 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

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 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:

- 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:

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

4a. Article Number

P 619 403 918

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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):

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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.
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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:

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

4a. Article Number

P 619 403 836

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 *[Signature]*

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.
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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.

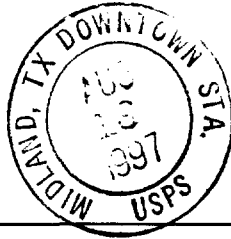
I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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 *David H. Arrington*

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:

Eddie V. Peoples
9 Victorian Oaks Road
Longview, TX 75603

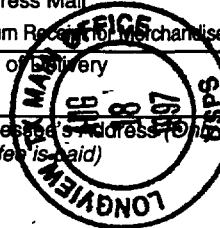
4a. Article Number

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 *Eddie V. Peoples*

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:

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 *Charlotte Daugirda*

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:

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

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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 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

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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 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

8/17/97

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

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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:

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

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:

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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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

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

Same #3

PS Form 3811, December 1994

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

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

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

Consult postmaster for fee.

3. Article Addressed to:

Minerals Management Service
Royalty Program
Box 5810, 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

DEC 1 1994

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:

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)

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 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)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

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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 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)

6. Signature: (Addressee or Agent)

X [Signature]

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

8-20-97

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:

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)

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

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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:

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)

6. Signature: (Addressee or Agent)

X [Signature]

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.