## STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

APPLICATION OF BURLINGTON RESOURCES OIL & GAS COMPANY FOR APPROVAL OF A PILOT PROJECT FOR MESAVERDE INFILL DRILLING WITHIN A FOUR SECTION AREA, SAN JUAN COUNTY, NEW MEXICO.

**CASE NO. 11880** 

# CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

STATE OF NEW MEXICO )

(COUNTY OF SANTA FE )

Alan Alexander, being first duly sworn, hereby certifies that he is a senior landman for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the day of October, 1997, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing scheduled for November 6, 1997 and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case to all interested parties as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

Alan Alexander

SUBSCRIBED AND SWORN to before me this 5th day of November, 1997, by Alan Alexander

Lynda Kellahin, Notary Public

My Commission Expires: June 14, 2000

OFFICIAL SEAL Lynda Kellahin

man with their secretary

## KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

October 13, 1997

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

JASON KELLAHIN (RETIRED 1991)

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

W. THOMAS KELLAHIN\*

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

TO: ALL INTERESTED PARTIES ENTITLED TO NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO OIL CONSERVATION DIVISION CASE:

Re: Application of Burlington Resources Oil & Gas Company for approval of a pilot project for infill drilling and unorthodox Mesaverde gas well locations within a four-section area. San Juan County, New Mexico.

On behalf of Burlington Resources Oil & Gas Company, please find enclosed our a copy of its application for approval of a pilot project for infill drilling and unorthodox Mesaverde gas well locations for a four-section area, San Juan County, New Mexico. This case has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for November 6, 1997. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

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

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, October 31, 1997, with a copy delivered to the undersigned. If you have any question, please call Alan Alexander of Burlington (505) 326-9700.

Very truly yours.

W. Thomas Kellahir

# STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

APPLICATION OF BURLINGTON RESOURCES CASE NO.\_\_\_\_OIL & GAS COMPANY FOR SIX UNORTHODOX
GAS WELL LOCATIONS AND AN EXCEPTION
FOR A PROJECT AREA FROM RULE 2(b) OF
THE SPECIAL RULES AND REGULATIONS
FOR THE BLANCO MESAVERDE POOL,
SAN JUAN COUNTY, NEW MEXICO

## APPLICATION

Comes now BURLINGTON RESOURCES OIL & GAS COMPANY, by and through its attorneys, Kellahin and Kellahin, and applies to the New Mexico Oil Conservation Division for approval of a Pilot Project including an exception from Rule 2(b) of the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool to institute a pilot infill drilling program within a four-section area including six unorthodox gas well locations for purposes of establishing a program to determine proper well density and well location requirements for Mesaverde wells, San Juan County, New Mexico. Applicant seeks approval for a pilot project to be conducted within a four (4) section area (Section 1, T30N, R11W, Section 36, T31N, R11W, Section 31, T31N, R10W, and Section 6, T30N, R10W) including an exception from Rule 2(b) of the Special Rule and Regulations for the Blanco-Mesaverde Gas Pool and authorization to drill six (6) unorthodox gas well locations within said area and to increase the well density from the current maximum of two (2) wells (160acre infill) provided in Order R-1670-T to a maximum of four (4) wells (80-acre infill) per gas proration and spacing unit for wells dedicated to the Blanco Mesaverde Gas Pool within said project area.

NMOCD application of Burlington Resources Oil & Gas Company Page 2

In support of its application, Burlington Resources Oil & Gas Company ("Burlington"). states:

- (1) Burlington is the current operator of seven Mesaverde proration and spacing units within a "Project Area" described as follows:
  - (a) Section 1, T30N, R11W,
  - (b) Section 36, T31N, R11W,
  - (c) Section 31, T31N, R10W, and
  - (d) Section 6, T30N, R10W,

San Juan County, New Mexico See Exhibit "A".

- (2) The Project Area is within the current boundaries of the Blanco-Mesaverde Gas Pool and includes wells which are dedicated to that pool. See Exhibit "A" attached.
- (3) On November 14, 1974, the New Mexico Oil Conservation Division ("Division") issued Order R-1670-T adopted "infill drilling" for the Blanco-Mesaverde Gas Pool by permitting in Rule 2 for the drilling of a second well within a 320-acre gas proration and spacing unit ("GPU") providing this one optional "infill well" to be located on the opposite 160-acres from the 160-acres containing the original well ("the initial well") and further providing that these infill wells were not closer than 990 feet (subject to a 200 foot topographical allowance) to the outerboundary of a quarter section.
- (4) On September 20, 1978, the Division issued Order R-1670-U amended Rule 2 to permit the initial well on the proration unit to be drilled on either 160-acre tracts comprising the unit, so long as the well is no closer than 790 feet to the outer boundary of the quarter section and no closer than 130 feet to any quarter-quarter section line or subdivision inner boundary.
- (5) On March 28, 1986, the Commission issued Order R-8170 which, among other things, promulgated the Rules and Regulations for the Prorated Gas Pools, including "reformatting" Rule 2 of the Rules and Regulations for the Blanco Mesaverde Gas Pool which currently provides:

NMOCD application of Burlington Resources Oil & Gas Company Page 3

## "A. WELL ACREAGE AND LOCATION REQUIREMENTS

RULE 2(a). Standard GPU (Gas proration Unit) in the Blanco-Mesaverde Gas Pool shall be 320 acres.

## **RULE 2(b) Well Location:**

- 1. THE INITIAL WELL drilled on a GPU shall be located not closer than 790 feet to any outer boundary of the quarter section on which the well is located and not closer than 130 feet to any quarter-quarter section line or subdivision inner boundary.
- 2. THE INFILL WELL drilled on a GPU shall be located in the quarter section of the GPU not containing a Mesaverde well, and shall be located with respect to the GPU boundaries as described in the preceding paragraph."
- (6) Based upon a study of the geological and reservoir engineering data, Burlington has concluded that in order to increase ultimate recovery of gas from this pool, there is a need to drill more wells per GPU than is currently permitted by Rule 2(b) of the pool rules.
- (7) Accordingly, Burlington desires to initiate a pilot program for the drilling of additional Blanco Mesaverde Pool wells within the Project Area to validate and confirm reservoir simulation and geologic studies for the purposes of determining the proper well density not to exceed a maximum of four (4) wells per GPU ("80-acre infill") and for determining the well location requirements for said wells.
- (8) The approval of a pilot project will involve the approval of the following six (6) unorthodox gas well locations:
  - (a) Pubco State Com Well No. 1B, 325 feet FSL and 2510 feet FEL of (Unit O) Section 36, T31N, R11W.
  - (b) Atlantic "C" Well No. 4C, 445 feet FWL and 1385 feet FSL of (Unit L) Section 31, T31N, R10W.
  - (c) Atlantic "C" Well No. 6B, 2190 feet FWL and 380 feet FNL of Unit C) Section 6, T30N, R10W.

NMOCD application of Burlington Resources Oil & Gas Company Page 4

- (d) Atlantic "C" Well No. 6C, 2240 feet FNL and 2005 feet FWL of (Unit F) Section 6, T30N, R10W.
- (e) Sunray C Well No. 1B, 2135 feet FNL and 395 feet FEL of (Unit
- H) Section 1, T30N, R11W.
- (f) Sunray C Well No. 1C, 2220 feet FNL and 2520 feet FEL of (Unit G) Section 1, T30N, R11W.
- (9) The increase in density of Blanco Mesaverde Pool wells at unorthodox well locations within the Project Area will not violate correlative rights because the pattern created by existing wells and these new unorthodox wells will provide an opportunity for each 320-acre proration and spacing unit to be protected.
- (10) Approval of this Project Area will afford an opportunity to recovery gas form the Mesaverde Pool which might not otherwise be produced thereby preventing waste.
- (11) Copies of this application have been sent to all appropriate parties as required by the Division notice rules.
- (12) Approval of this application is in the best interests of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE Applicant requests that this matter be set for hearing on November 6, 1997 before a duly appointed Examiner of the Oil Conservation Division and that after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted

W. Thomas Kellahin

KELLAHIN and KELLAHIN

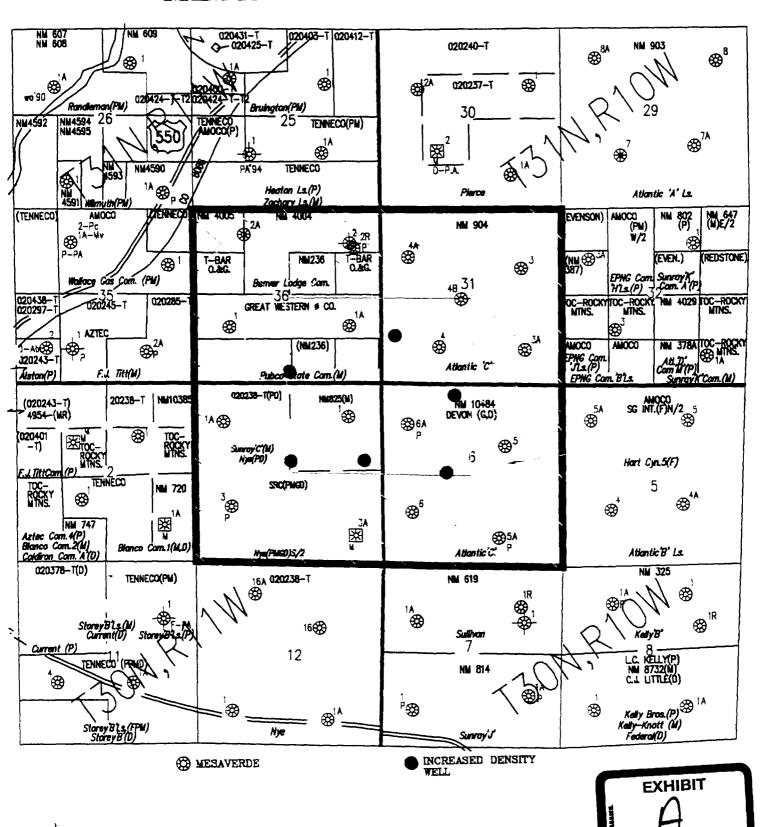
P. O. Box 2265

Santa Fe, New Mexico 87501

(505) 982-4285

Attorneys for Applicant

# INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



## INCREASED DENSITY STUDY MESAVERDE FORMATION

SEC. 1, T30N, R11W, SEC. 36, T31N, R11W SEC. 31, T31N, R10W, SEC. 6, T30N, R10W SAN JUAN COUNTY, NEW MEXICO

## **ORRI & RI OWNERS**

INT TYPE	BA NAME	BA ADDRESSEE NAME
ORRI	ANDREA COLLEEN WIGGINS	DA ADDREGGEE NAME
ORRI	BARBARA BERNSTEIN	
ORRI	BILLIE-DALE NEWBRO WILLIAMS	
ORRI	BRADFORD L KIMPLE	
ORRI	CARROLL D BRANYON	
ORRI	CHARLES H BRADSHAW	
ORRI	CHARLES R WIGGINS	
ORRI	CHARLES SIAU	
ORRI	CLINTON C CARNEY JR TRUST	
ORRI	D MARTIN PHILLIPS & LIANE M PHILLIPS	
ORRI	DAVID G NEWBRO	
ORRI	DORIS WALDMAN	
ORRI	E C FIEDOREK DEFINED BENEFIT	
ORRI	ELIZABETH A JOHNSON	
ORRI	ELLIS W DARBY	
ORRI	ENCAP INVEST LC PROFIT SHARING	TRUSTEES OF
ORRI	EST LOUIS T KIMPLE DECD	ROSALEE F KIMPLE IND ADM
ORRI	EUGENE DEBOGORY ESTATE	FRANCES H ROSI & PETER E
ORRI	FIRST PRESBYTERIAN CHURCH	110010201111001011212112
ORRI	FRANKLIN NEWBRO	
ORRI	GARY R PETERSEN	
ORRI	GAYNOR NEWBRO WILLSON	
ORRI	GLADYS K VERRILL TRUST	TX COMMERCE BK DALLAS
ORRI	H MICHAEL HEISEY	
ORRI	ILENE GROSS	
ORRI	JEAN B JR & ALINE G MILLER TR	
ORRI	JEAN BURROUGHS	
ORRI	JOHN BURROUGHS ESTATE	HERB MARCHMAN PERS REP
ORRI	JOSEPH E & TWILA M GOODING	LIVING TRUST
ORRI	KAREN KIMPLE NOBREGA	
ORRI	KEYS M ARNOLD	
ORRI	LLOYD E COX JR TRUST	
ORRI	LOUIE KIMPLE TR #2	TX COMMERCE BK DAL TRSTE
ORRI	LOUIS DREYFUS NATURAL GAS CORP	
ORRI	LOUIS T KIMPLE JR EST	MARJORIE SUE MOORE ADMIN
ORRI	M SEAN SMITH	
ORRI	MARATHON OIL COMPANY	
ORRI	MELVIN A ASTRAHAN	
ORRI	PALMER L LONG	
ORRI	PATRICIA C GORDEN REVOCABLE TR	PATRICIA C GORDEN TRUSTEE
ORRI	PATRICIA PARKER	
ORRI	PAUL AND LAURA ALBRIGHT	
ORRI	PERRY M BERKE	
ORRI	PRISCILLA ANN MILBURN	
ORRI	RITA AND DON F SHEEHAN	

# INCREASED DENSITY STUDY MESAVERDE FORMATION SEC. 1, T30N, R11W, SEC. 36, T31N, R11W SEC. 31, T31N, R10W, SEC. 6, T30N, R10W SAN JUAN COUNTY, NEW MEXICO

## ORRI & RI OWNERS

ORRI	ROBERT L ZORICH	
ORRI	ROBERT W ULMER	
ORRI	SAMUEL D HAAS	
ORRI	SAN JUAN BASIN POOL LTD	
ORRI	SCOTT A ARNOLD III	
ORRI	SCOTT C KIMPLE	
ORRI	SHEFFIELD GORDON REVOCABLE TR	MARCELINE D GORDON TRUSTEE
ORRI	STEVEN H GORDON	
ORRI	SUZANNE MARTHA NEWBRO	
ORRI	SYRIL ANN JAMES	
ORRI	THE IRISH FAMILY TRUSTS	JAMES L IRISH III TRUSTEE
ORRI	THERESA B ATLASS LIVING TRUST	
ORRI	THOMAS W PETILT	
ORRI	THOMPSON G GARRETT SR DECD	STEPHEN P GARRETT EXECUTOR
ORRI	W B ULMER JR	
ORRI	WILLIAM CARLISLE KIMPLE	
ORRI	WILLIAM HALL NEWBRO JR	
RI	MINERALS MANAGEMENT SERVICE	
RI	STATE OF NEW MEXICO	

3. Article Addressed to:  ANDREA COLLEEN WIGGINS PO BOX 50331 MIDLAND TX 79710	extra lee).  1. \( \sum \) Addressee's Address  2. \( \sum \) Restricted Delivery
5. Received By: (Print Marne)  6. Signature (Addressee of Agent)  7. Signature (Addressee of Agent)  8. PS Form 3811, December 1994  9. PS Form 3811, December	space does not  1.  Addressee's Address
6. Signature (Addressee or Agent) PS from 3811, December 1994	I also wish to receive the following services (for an extra fee):  1. Addressee's Address to the article number.

6. Signature: (Addressee or Agent).

Domestic Return Receipt

6. Signature: (Addressee or Agent)

TO		I alaadab ta -aaab #- :
Complete items 1 and/or 2 for additional services.		I also wish to receive the following services (for an
Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we		extra fee):
card to you.		_ ,
Attach this form to the front of the mailpiece, or on the back if space permit.	a does not	1. Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the article		2.  Restricted Delivery
The Return Receipt will show to whom the article was delivered and delivered.		Consult postmaster for fee.
3. Article Addressed to:	4a. Article Nu	
	1 102	043 463
E C FIEDOREK DEFINED BENEFIT	4b. Service Ty	уре
PLAN	☐ Registered	Certified
119 W SHORE DR	☐ Express M	<b>/</b>
RICHARDSON TX 75080		
ICHAIDSON IX 75000		eipt for Merchandise  COD
	7. Date of De	livery
	10	- 30-4/
5. Received By: (Print Name)	8. Addressee	's Address (Only if requested
o., 1.000,100 Dy. (1. 1.1.1.1.1.1.0.)	and fee is i	
6 Cignature: (Addresses or Agent)	1	•
6. Signature: (Addressee or Agent)		
X Cocelorch	1	
PS Form 3811, December 1994 10	2595-97-B-0179	Domestic Return Receipt
SENDER: NIU CRITO	100L	I also wish to receive the
SEMPER.	- '	following services (for an
Complete items 3, 4s, and 4b.     Print your name and address on the reverse of this form so that v	ve can return this	extra fee):
m Print your name and address on the levelse of this book if and card to you.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
card to you.  ### Attach this form to the front of the mailpiecs, or on the back if spi	ace does not	1. Addressee's Address
permit.	ide number.	2. Restricted Delivery
	and the date	Consult postmaster for fee.
-i-th-mand		
3. Article Addressed to:	4a, Article N	
O' LA ROLD LANGE CO.	コもら	13 (093 4:24_
ELIZABETH A JOHNSON	1000000	<u> </u>
CLICADE III A JOIL 10011		Type
PO POV 640	4b. Service	
3. Article Addressed to:  ELIZABETH A JOHNSON PO BOX 640	☐ Register	red Certifie
	☐ Register	red Certifie
	☐ Register	red Certifie
	☐ Register	red Certifie  Mail Insured eccipt for Merchandise COD
PO BOX 640 TUNICA MS 38676	☐ Register ☐ Express ☐ Return R	red Certifie  Mail Insured eccipt for Merchandise COD
TUNICA MS 38676	Register Express Return R 7. Date of I	red Certifie  Mail Insured leceipt for Merchandise COD  Delivery
TUNICA MS 38676	Register Express Return R 7. Date of R	red Certifie  Mail Insured  leceipt for Merchandise COD  Delivery  Lee's Address (Quly if requested)
TUNICA MS 38676	Register Express Return R 7. Date of I	red Certifie  Mail Insured  leceipt for Merchandise COD  Delivery  Lee's Address (Quly if requested)
TUNICA MS 38676	Register Express Return R 7. Date of R	red Certifie  Mail Insured  leceipt for Merchandise COD  Delivery  Lee's Address (Quly if requested)
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	Register Express Return R 7. Date of R	red Certifie  Mail Insured  leceipt for Merchandise COD  Delivery  Lee's Address (Quly if requested)
5. Received By: (Print Name)  Elizabeth Achniso M  6. Signature: (Addressee or Agent)  X Elizabeth Irhusa	Register Express Retum R 7. Date of i	Mail Insured COD Delivery Lee's Address (Quiy if requested is paid)
TUNICA MS 38676  5. Received By: (Print Name)  Lizabeth No. NS. N.  6. Signature: (Addressee or Agent)  X. Elizabeth Irhung	Register Express Return R 7. Date of R	Mail Insured COD Delivery Lee's Address (Quiy if requested is paid)
5. Received By: (Print Name)  Elizabeth Achniso M  6. Signature: (Addressee or Agent)  X Elizabeth Irhusa	Register Express Retum R 7. Date of i	Mail Insured COD Delivery Lee's Address (Quiy if requested is paid)
5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ellobe Linguist  PS Form 3811, December 1994	Register Express Retum R 7. Date of i	Mail Insured COD Delivery Lee's Address (Quiy if requested is paid)
5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Elizabeth Achievement (Addressee or Agent)  PS Form 3811, December 1994	Register Express Retum R 7. Date of i	Mail Insured Copy Insured Insured Copy Insur
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by How Power 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of I  8. Address and fee	Mail Insured  Mail Insured  Cod  Delivery  Del
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by How Power 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of I  8. Address and fee	Mail Insured  Mail Insured  Cod  Delivery  Del
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by How Power 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of I  8. Address and fee	Mail Insured  Receipt for Merchandise COD  Delivery  Del
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by How Power 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of 6 2 8. Address and fee	I also wish to receive the following services (for an extra fee):  1. □ Addressee's Address  Certifie Certifies I Insured CoD  Color Cod
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by How Power 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of C 8. Address and fee  102595-97-8-017 I we can return this pace does not riticle number.	Mail Insured  Receipt for Merchandise COD  Delivery  Del
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of C 8. Address and fee  102595-97-8-017 I we can return this pace does not riticle number.	I also wish to receive the following services (for an extra fee):  1. □ Addressee's Address  Certifie Certifies I Insured CoD  Color Cod
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of C 8. Address and fee  102595-97-8-017 I we can return this pace does not ricle number. and the date	I also wish to receive the following services (for an extra fee):  1. □ Addresse's Address 2. □ Restricted Delivery Consult postmaster for fee.
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of C 8. Address and fee  102595-97-8-017 I we can return this pace does not riticle number.	I also wish to receive the following services (for an extra fee):  1. □ Addresse's Address 2. □ Restricted Delivery Consult postmaster for fee.
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of 1 2 8. Address and fee  102595-97-B-017  I we can return this pace does not tricle number. and the date  48. Article	I also wish to receive the following services (for an extra fee):  1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.  Number 3. 693 425
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of C 8. Address and fee  102595-97-8-017 I we can return this pace does not ricle number. and the date	I also wish to receive the following services (for an extra fee):  1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.  Number 3. 693 425
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of 1 2 8. Address and fee  102595-97-B-017  I we can return this pace does not tricle number. and the date  48. Article	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consuit postmaster for fee.  Number 3. 693 425
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of I 8. Address and fee  102595-97-8-017  we can return this bace does not ricle number. and the date  49. Article 49. Register	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number Type Type Type Type Type Type Type Type
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Return R Return R R. Date of I Return R R. Address and fee  102595-97-8-017 Recard does not riticle number. and the date  4a Article Register Register Express	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number 3 (93 425 3 Type ared 5 Mail   Insured
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Return R Return this pace does not ricle number. And the date  4s. Article Register Express Return R	Certifie   Consult   Certifie   CoD   Celivery   CoD   Celivery   Cod   Celivery   Cod   Celivery   Consult postmaster for fee.   Cod   Celivery   Consult postmaster for fee.   Certifie   Celivery   Consult postmaster for fee.   Celivery   Consult postmaster for fee.   Celivery   Celivery   Consult postmaster for fee.   Celivery   Celiver
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Return R Return R R. Date of I Return R R. Address and fee  102595-97-8-017 Recard does not riticle number. and the date  4a Article Register Register Express	Certifie   Consult   Certifie   CoD   Celivery   CoD   Celivery   Cod   Celivery   Cod   Celivery   Consult postmaster for fee.   Cod   Celivery   Consult postmaster for fee.   Certifie   Celivery   Consult postmaster for fee.   Celivery   Consult postmaster for fee.   Celivery   Celivery   Consult postmaster for fee.   Celivery   Celiver
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Return R Return this pace does not ricle number. And the date  4s. Article Register Express Return R	Certifie   Consult   Certifie   CoD   Celivery   CoD   Celivery   Cod   Celivery   Cod   Celivery   Consult postmaster for fee.   Cod   Celivery   Consult postmaster for fee.   Certifie   Celivery   Consult postmaster for fee.   Celivery   Consult postmaster for fee.   Celivery   Celivery   Consult postmaster for fee.   Celivery   Celiver
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of I  8. Address and fee  102595-97-B-017  we can return this pace does not rticle number, and the date  49. Article Register Express Return F 7. Date of I	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number 3. 693 425  Type  Tred  Receipt for Merchandise   COD  Delivery  Cod   Cod   Cod   Cod   Cod   Cod    Restricted Delivery Consult postmaster for fee.  Number  Type  Type
TUNICA MS 386/6  5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Ello by Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.	Register Express Return R 7. Date of C  8. Address and fee  102595-97-B-017  we can return this pace does not ricle number. and the date  4a. Article Registe Express Return F 7. Date of C	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number 3. Wall Beceipt for Merchandise   COD Delivery Conditional   Insured Receipt for Merchandise   COD Delivery Cod Deli
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Eller   Addressee or Agent)  X Eller   Addressee or Agent)  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 card to you.  Attach this form to the front of the mailpiece, or on the back if apermit.  Write "Return Receipt Requested" on the mailpiece below the attach this form Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  ELLIS W DARBY PO BOX 128 TUNICA MS 38676	Register Express Return R 7. Date of I  8. Address and fee  102595-97-B-017  we can return this pace does not rticle number, and the date  49. Article Register Express Return F 7. Date of I	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number 3. Wall Beceipt for Merchandise   COD Delivery Conditional   Insured Receipt for Merchandise   COD Delivery Cod Deli

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 can be you.		i also wish to receive the following services (for an
card to you.  Attach this form to the front of the mailpiece, or on the back if sp.		extra fee):
politic.		1. Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the arti- The Return Receipt will show to whom the article was delivered a	icle number,	2. Restricted Delivery
Control eq.	and the date	Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	umber
FUGENE DEPOCODA FOR	1910	31/93 428
EUGENE DEBOGORY ESTATE FRANCES H ROSI & PETER E	4b. Service	Туре
DEBOGORY SUCC CO-TRUSTEES:	☐ Registere	
907 BAMBI DR	☐ Express	
DESTIN FL 32541-1801	☐ Return Red	ceipt for Merchandise
DDS1114 FE 32341-1801	7. Date of De	
<del></del>	16	-18.97
5. Received By: (Print Name)	8. Addressee	e's Address (Only if requested
raige heroadry	and fee is	paid)
6. Signature. (Addressee or Agent)	7	
X Coul Debagon	1	
PS Form <b>3811</b> , December 1994	02595-97-B-0179	Domestic Return Receip
SENDER: MAN CHAIL	TOK	
Complete items 1 and/or 2 for additional services.	~~~~	I also wish to receive the following services (for an
Print your name and address on the reverse of this form so that v	ve can return this	extra fee):
card to you. Attach this form to the front of the mailpiece, or on the back if spa	ce does not	1. Addressee's Address
_permit. ■Write <i>"Return Receipt Requested"</i> on the mailplece below the arti	cle number.	2. Restricted Delivery
The Return Receipt will show to whom the article was delivered a delivered.	and the date	Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	<u> </u>
3. Alligio Audiossou IV.	D14	2 603 427
EST LOUIS T KIMPLE DECD	4b. Service	Type
ROSALEE F KIMPLE IND ADM	Register	· · ·
3131 MAPLE AVE #14F	☐ Express	
DALLAS TX 75201	I	ceipt for Merchandise  COD
	7. Date of D	
•		
		10/20147
5. Received By (Print Name)		b's Address (Only if requested
5. Received By (Print Name)	8. Addresse and fee is	
6. Signature: (Addressey by Agent)		
Scott C. 1400		s paid)
6. Signature: (Addressed brillagent)		
6. Signature: (Addresser or Agent)  X  PS Form 3811, December 1994	and fee is	s paid)
6. Signature: (Addresser briagent)  X  PS Form 3811, December 1994  SENDER:	and fee is	Domestic Return Receip
6. Signature: (Addresseer bridgent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	and fee is	Domestic Return Receipt I also wish to receive the following services (for an
6. Signature: (Add/assert orlagent)  X  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."	and fee is	Domestic Return Receip
6. Signature: (Addresser or Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that versely you.	and fee is	Domestic Return Receipt I also wish to receive the following services (for an
6. Signature: (Addresser or Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write Return Receipt Requested on the mailpiece below the arti	and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):
6. Signature: (Addresseer bridgent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Attach this form to the front of the mailpiece, or on the back if spa	and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address
6. Signature: (Addressee bridgent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Attach this form to the front of the mailpiece, or on the back if spi permit.  Write "Return Receipt Requested" on the mailpiece below the artis.  The Return Receipt will show to whom the article was delivered at the setup of the set	and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that voard to you.  Attach this form to the front of the mailpiece, or on the back if spi permit.  Write *Return Receipt Requested* on the mailpiece below the artist. The Return Receipt will show to whom the article was delivered a delivered.  3. Article Addressed to:	and fee is 102595-97-8-0179 we can return this ace does not cle number, and the date	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
6. Signature: (Addressed bridgent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that voard to you.  Attach this form to the front of the mailpiece, or on the back if spinermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING	and fee is 102595-97-8-0179 we can return this ace does not cle number, and the date	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  umber 3 (93 426)
6. Signature: (Addressed bridgent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that varied to you.  Attach this form to the front of the mailplece, or on the back if sparents.  Write Return Receipt Requested on the mailplece below the artist the Return Receipt will show to whom the article was delivered adelivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF	and fee is  102595-97-8-0179  We can return this ace does not cle number, and the date  4a. Article N	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
6. Signature: (Addresser bolagent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF  C/O ENCAP INVESTMENTS LC AGENT	and fee is  102595-97-8-0179  We can return this ace does not cle number, and the date  48. Article N  49. Service	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  umber Cycles Cartified
6. Signature: (Addresser bolagent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF  C/O ENCAP INVESTMENTS LC AGENT  1100 LOUISIANA STE 3150	and fee is  102595-97-8-0179  we can return this ace does not cle number, and the date  4a. Article N  4b. Service  Registers	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  umber Cycles Cartified
6. Signature: (Addresser bolagent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF  C/O ENCAP INVESTMENTS LC AGENT	and fee is  102595-97-8-0179  we can return this ace does not cle number, and the date  4a. Article N  4b. Service  Registers	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Sumber  Type  Mail  Insured ceipt for Merchandise  COD
6. Signature: (Addresser bolagent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF  C/O ENCAP INVESTMENTS LC AGENT  1100 LOUISIANA STE 3150	and fee is  102595-97-8-0179  we can return this ace does not cle number, and the date  4a. Article N  4b. Service  Registers  Express  Return Re	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Sumber  Type  Mail  Insured ceipt for Merchandise  COD
6. Signature: (Addresser bolagent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that v card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write Return Receipt Requested on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF  C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150  HOUSTON TX 77002	and fee is  102595-97-8-0179  We can return this ace does not cle number, and the date  4a. Article N  4b. Service  Registern  Express  Return Re  7. Date of D	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Type  ad Certified Mail Insured ceipt for Merchandise COD elivery  1 23 9 1 23 9 1 24 20 1 23 9 1 24 20 1 25 25 24 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 25 20 1 25 25 25 20 1 25 25 25 2
6. Signature: (Addresser bd Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that variety to you.  Print your name and address on the mailpiece, or on the back if spanents.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF  C/O ENCAP INVESTMENTS LC AGENT  1100 LOUISIANA STE 3150  HOUSTON TX 77002	and fee is  102595-97-8-0179  We can return this ace does not cle number, and the date  4a. Article N  4b. Service  Registern  Express  Return Re  7. Date of D	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Type  ad Certified Mail Insured ceipt for Merchandise COD elivery  1 23 9 1 23 9 1 24 20 1 23 9 1 24 20 1 25 25 24 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 25 20 1 25 25 25 20 1 25 25 25 2
6. Signature: (Addresser bridgent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that v card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the artist the Return Receipt will show to whom the article was delivered a delivered.  3. Article Addressed to:  ENCAP INVEST LC PROFIT SHARING TRUSTEES OF  C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002  5. Received By: (Print Name)	and fee is  102595-97-8-0179  We can return this ace does not cle number, and the date  4a. Article N  4b. Service  Registern  Express  Return Re  7. Date of D	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Type  ad Certified Mail Insured ceipt for Merchandise COD elivery  1 23 9 1 23 9 1 24 20 1 23 9 1 24 20 1 25 25 24 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 25 20 1 25 25 25 20 1 25 25 25 20 1 25 25 25 25 20 1 25 25 25 20 1 25 25 25 2

6. Signature (Addressee or Agent)

ak

s your RETURN ADDRESS completed on the course.	Print your name and address on the reverse of this form so that a card to you.  Attach this form to the front of the mailpiece, or on the back if spi permit.	we can return this ace does not icle number, and the date  4a. Article N  4b. Service  Registers  Express	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  lumber 3 693 434  Type ad Certified Mail Insured peipt for Nerchandise COD	u for using Keturn Receipt Service.
Is your BETU	PS Form 3811 December 1994	and fee is	o's Address (Only if requested paid)  Domestic Return Receipt	I HEILY YOU TOL
•			Domestic Heturn Heceipt	. ,
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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article and delivered.	e can return this e does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	•
. 6 9	3. Article Addressed to:	4a. Article Nu	mber	:
your RETURN ADDRESS completed	GREAT WESTERN DRILLING ATTN: MIKE HEATHINGTON PO BOX 1659 MIDLAND TX 79702  5. Received By: (Print Name)	7. Date of De	d Certified  Itali Insured  Sept for Merchandise COD  Iivery 2 2 1997  's Address (Only if requested	
핕	6. Signature: (Addressee of Address)	1	F	:
Š	x Toh Dell		,	
. =	PS Form 3811, December 1994	2595-97-B-0179	Domestic Return Receipt	
<u> </u>				
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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	e does not s number, d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
RETURN ADDRESS completed	Article Addressed to:  LADYS K VERRILL TRUST  X COMMERCE BK DALLAS TRUST  D BOX 200890  OUSTON TX 77216-0890  4a. Article 1  4b. Service  Registe  Express  Return R  7. Date of D		mber	N
IN ADDE		7. Date of Del	<b>ET 22 1997</b> 3	
TURN ADDR	5. Received By: (Print Name)	7. Date of Del	S Address (Only if requested	ı
r BETUBN ADDE	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	7. Date of Del	s Address (Only if requested	

X

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 card to you.  Attach this form to the front of the mailpiece, or on the bearmit.  Write 'Return Receipt Requested' on the mailpiece beloe the The Return Receipt will show to whom the article was didelivered.  3. Article Addressed to:  LLOYD E COX JR TRUST  BANK ONE FORT WORTH  PO BOX 2050  FT WORTH TX 76113-2050  5. Received By: (Print Name)  LOYD E COX JR TRUST  BANK ONE FORT WORTH  PO BOX 2050  FT WORTH TX 76113-2050  5. Received By: (Print Name)  Received By: (Print Name)  Received By: (Addresses or Agent)  X Accomplete terms 1 and/or 2 for additional services.	back if space does not  1.  Addressee's Address  2.  Restricted Delivery
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 card to you.  Attach this form to the front of the mailpiece, or on the permit.  Wiffle **Return Receipt Requested** on the mailpiece below the service was a delivered.  3. Article Addressed to:  KEYS M ARNOLD  PO BOX 189  TUNICA MS 38676  5. Received By: (Print Name)  Complete items 1 and/or 2 for additional services.  The Return Receipt Requested** on the mailpiece below to whom the article was a delivered.  Sometimes of the mailpiece of the mailpiece of the mailpiece of the permit.  KEYS M ARNOLD  PO BOX 189  TUNICA MS 38676  5. Received By: (Print Name)  PECALIC COMPLETED OF THE PRINT OF	following services (for an extra fee):  back if space does not  1.  Addressee's Address  2.  Restricted Delivery
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 for card to you.  Attach this form to the front of the mailpiece, or on the permit.  Write "Return Receipt Requested" on the mailpiece be "The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  KAREN KIMPLE NOBREGA  1506 W 32ND ST  AUSTIN TX 78703-1410  5. Received By: (Print Name)  ARCN K. NOBREG  6. Signature: (Addressee or Agent)  X KARM K. NOBREG	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  4a. Article Number  4b. Service Type  Registered  Registered

٠.	SENDED.				
side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.		l also wish to receive the	-	
the reverse	Print your name and address on the reverse of this form so that we card to you.	can return this	following services (for an extra fee):		
<b>A</b>	Attach this form to the front of the mailpiece, or on the back if space				
5	"Write "Return Receipt Requested" on the mailning helow the article	2.   Restricted Delivery	Š		
Ě	The Return Receipt will show to whom the article was delivered an delivered.	d the date	Consult postmaster for fee.	י using Return Receipt Service	
completed on	3. Article Addressed to:	4a. Article No		- 👸	
ž	LOUIS TVB OUT IN THE	D10.	3 1/93 444	Œ	
Ĕ	LOUIS T KIMPLE IR EST MARJORIE SUE MO <b>CR</b> E ADMIN	4b. Service 7	Гуре	- 5	
	17708 CHALET CIR	☐ Registere	d Certified	æ	
ES	LEANDER TX 78641	☐ Express N	Mail Insured	gri	
DDRESS		☐ Return Red	peipt for Merchandise  COD		
⋖	•	7. Date of De	rivery	- ē	
your BETURN	5. Received By: (Print Name)	10	0	Thank you for	
	o. Heceived by. (Fink Name)	8. Addresses and fee is	s Address (Only if requested	ark	
	6. Signature: (Addresses or Agent)		, <del>( )</del>	£	
Š					
<u></u>	PS Porm 3811, December 1994	2595 <del>-97-8-017</del> 9	Domestic Potura Pagaint	-	
	10.0	233-31-6-0179	Domestic Return Receipt	τ	
side?	SENDER: NU CKIII DOC Complete items 1 and/or 2 for additional services.		I also wish to receive the		
- S	■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we		following services (for an \		
	card to you.	1	extra fee):	ģ	
rever	Attach this form to the front of the mailpiece, or on the back if space permit.	- 1	1. Addressee's Address	ڲٙ	
ş	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article</li> <li>The Return Receipt will show to whom the article was delivered and</li> </ul>		2. Restricted Delivery	Š	
5	delivered.		Consuit postmaster for fee.	. <u>ě</u>	
	3. Article Addressed to:	4a. Article Nu		Ě	
beteld.	JS NATURAL GAS CORP	100 TO	<u> </u>	. Ę	
₹		4b. Service T	VD9		
۶	SPRINGS PKWY	□ Reciptore	*'	Het H	
ξ.		☐ Registered	d • 💢 Certified	ing Return Receipt Service	
ξ.	SPRINGS PKWY  AA CITY OK 731#-0116	☐ Express M	d • 💢 Certified	neing	
ا <u>ج</u> در		☐ Express M	d Mail Certified Mail Insured eipt for Merchandise COD	or using	
BN &		☐ Express M☐ Return Rec	d Mail Certified Mail Insured eipt for Merchandise COD	you for using	
TURN &		Express N Return Rec T. Date of De C B. Addressee	d Certified Mail Insured seipt for Merchandise COD livery  'S Address (Only if requested	you for using	
BETURN &	JA CITY OK 731 -0116  5. Received By: (Print Name)	☐ Express M☐ Return Rec 7. Date of De	d Certified Mail Insured seipt for Merchandise COD livery  'S Address (Only if requested	or using	
our BETURN &	AA CITY OK 731#-0116	Express N Return Rec T. Date of De C B. Addressee	d Certified Mail Insured seipt for Merchandise COD livery  'S Address (Only if requested	you for using	
Is your RETURN &	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	☐ Express M☐ Return Rec 7. Date of De	d Certified  Mail Insured  eipt for Merchandise COD  livery  's Address (Only if requested paid)	Thank you for using	
	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	Express N Return Rec T. Date of De C B. Addressee	d Certified Mail Insured eipt for Merchandise COD livery 's Address (Only if requested paid)	Thank you for using	
	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	☐ Express M☐ Return Rec 7. Date of De	d Certified  Mail Insured  eipt for Merchandise COD  livery  's Address (Only if requested paid)	Thank you for using	
•	5. Received By: (Print Name)  6. Signatura: (Addressee or Agent)  PS Form 3811, December 1994	Express N Return Rec 7. Date of De	d Certified  Aaii Insured eipt for Merchandise COD  Silvery Si's Address (Only if requested paid)  Domestic Return Receipt	Thank you for using	
	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Forth 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.	Return Rec 7. Date of De 8. Addressee and fee is 2595-97-8-0179	d Certified  Aaii Insured eipt for Merchandise COD  Silvery  Sis Address (Only if requested paid)  Domestic Return Receipt  I also wish to receive the following services (for ani)	Thank you for using	
•	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 contribute the print of the prin	Return Rec 7. Date of De 8. Addressee and fee is 2595-97-8-0179	d Certified  Mail Insured  eipt for Merchandise COD  livery  's Address (Only if requested paid)  Domestic Return Receipt  I also wish to receive the following services (for any extra fee):	Thank you for using	
rerse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spacesmit.	Express A Return Rec  7. Date of De  8. Addressee and fee is 2595-97-8-0179	d Certified  Mail Insured  Paipt for Merchandise COD  COD  Cod Cod Cod Cod Cod Cod Cod Cod Cod Cod	Thank you for using	
reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  103  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spanner.  Between Received Received on the mailpiece below the articles.	Express A Return Rec 7. Date of De 8. Addressee and fee is 2595-97-8-0179 9 can return this be does not le number.	Add Certified  Add Insured  Add Insured  Address COD  Address (Only if requested paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Return Rec 7. Date of De 8. Addressee and fee is 2595-97-8-0179 9 can return this be does not le number. nd the date	Address (Only if requested paid)  I also wish to receive the following services (for an extra fee):  1. Addresse's Address 2. Restricted Delivery Consult postmaster for fee.	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Express A Return Rec  7. Date of De  8. Addressee and fee is 2595-97-8-0179  2595-97-8-0179  4. Article N	Certified  Aaii	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Return Rec	Certified  Mail	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Express A Return Rec R	Certified  Mail	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Return Rec Return Rec Return Rec Return Rec Return Rec Recurred Re	Certified  Aaii	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Express A Return Rec Return Rec Return Rec Return Rec Return Rec Recurred Rec Recurred Rec Recurred Rec Recurred Rec Recurred Rec	Certified  Aaii	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Express Market Record Return Record R	Certified  Mail	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Express A Return Rec Return Rec Return Rec Return Rec Return Rec Recurred Rec Recurred Rec Recurred Rec Recurred Rec Recurred Rec	Certified  Mail	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Return Rec  7. Date of De  8. Addressee and fee is  2595-97-8-0179  2595-97-8-	Certified  Aaii	Thank you for using	
the reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Return Rec  7. Date of De  8. Addressee and fee is  2595-97-8-0179  2595-97-8-	Adii	Thank you for using	
reverse side?	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  100  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered as	Return Rec 7. Date of De 8. Addressee and fee is 2595-97-8-0179 25	Adii	g Return Receipt Service. Thank you for using	

100505 07 9.0170 Pomestic Return Receipt

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so card to you.  Attach this form to the front of the mailpiece, or on the back permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.	if space does not  1.  Addressee's Address  2.  Restricted Delivery
3. Article Addressed to:  MELVIN A ASTRAHAN 11401 KENSINGTON RD	4s. Article Number P 103 693 447 4b. Service Type
11401 KENSINGTON RD LOS ALAMITA CA 90720  5. Received By: (Print Name)	As. Article Number  4s. Article Number  4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise  COD  7. Date of Delivery  10-21-97  8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Chen Ustucker PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  102595-97-B-0179 Domestic Return Receipt
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form card to you.  Attach this form to the front of the mailpiece, or on the b permit.  With Return Receipt Requested on the mailpiece belowed the Return Receipt will show to whom the article was designed.	ack if space does not  1.  Addressee's Address withe article number.  2.  Restricted Delivery
delivered.  3. Article Addressed to:  MARATHON OIL COMPANY PO BOX 552 MIDLAND TX 79702	Consult postmaster for fee.  4a. Article Number  103 693 446  4b. Service Type  Registered  Express Mail  Insured
5. Received By (Print Name)  6. Signature: (Addresses or Agent)	7. Date of Delivery OCT 2 1 197  8. Addressee's Address (Only if requested and fee is paid)
PS Form <b>3811</b> , December 1994	102595-97-8-0179 Domestic Return Receipt
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form card to you.  Attach this form to the front of the mailpiece, or on the beginning.  Write "Return Receipt Requested" on the mailpiece below  The Return Receipt will show to whom the article was defined.	ack if space does not  1.  Addressee's Address
3. Article Addressed to:  M SEAN SMITH C/O ENCAP INVESTMENTS LC AGE	Consult postmaster for fee.  4a. Article Number P 103 693 445  4b. Service Type
1100 LOUISIANA STE 3150 HOUSTON TX 77002  5. Received By: (Print Name)  7. A.N.2  6. Signature: (Addressee or Agent)	Registered Certified Express Mail Insured Return Receipt for Merchandise COD  7. Date of Deliver  8. Addressee's Address/(Only if requested and fee is paid)
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)

Name of the Paraint

X

■Complete items ■Print your name card to you.	s 1 and/or 2 for additional serves 3, 4a, and 4b. e and address on the reverse on the front of the mailpiece,	of this form so that w	ve can return this	l also wish to r following servi extra fee):	ces (for an
■ Write *Return Red ■ The Return Red delivered.	Receipt Requested* on the mail ceipt will show to whom the an	Injece holow the ani	ala		ssee's Address " cted Delivery aster for fee.
3. Article Add			4a. Article No		1511
PERRY ME			4b. Service 1		PCF
C/O BASKI	N SERVER BERKE	<b>&amp;</b>	☐ Registere	••	<b>-</b> /
WEINSTEIN	· ·		1 = -	_	Certified
	<b>ER DR #1900</b>		☐ Express f		
CHICAGO I	L 60606		7. Date of De	eipt for Merchand	1 000
()	By: (Print Name)		8. Addresses and fee is	o's Address (Onli paid)	ly il requested
XIP	(Andressee or Agent)				
PS Form 381	1, December 1994		02595-97-B-0179	Domestic Re	eturn Receipt
■Complete ite	oms 1 and/or 2 for additional seems 3, 4a, and 4b. arms and address on the reverse		it we can return thi	following ser	o receive the '\ vices (for an
■ Print your na card to you. ■ Attach this fo permit.	orm to the front of the mailpiec	e, or on the back if e	space does not	1. □ Add	/ ressee's Address
	n Receipt Requested" on the m	nailpieca below the a	article number.		tricted Delivery
	Receipt will show to whom the				master for fee.
3 Article A	ddressed to:		4a. Article		
-				3 693	453
PAULA	ND LAURA ALBRIC	JHT / THE	4b. Service		<u> </u>
5205 RE	XTON LN	//	☐ Registe	••	Certifie
DALLA:	S TX 75214	\$	I		Insured
			☐ Expres		
DALLA				Receipt for Mercha	indise Li COD
걸			7. Date of	10-8	1-97
5. Received	d By: (Print Name)	//	8. Address and fee	sée's Address (6 is paid)	Only if requested
6 Signatur	e: (Addressee or Agent)				
PS Form 3	811, December 1994		102595-97-B-017	9 Domestic	Return Recei
SENDER		dent	OCC.	I also wish to	o receive the
Complete its	eme 1 and/or 2 for additional w	ervices.		following se	rvices (for an
	ems 3, 4a, and 4b. ame and address on the reven	se of this form so the	at we can return th	extra fee):	
m Print your n card to you.  Attach this i permit.  m Write "Return deliberated"	form to the front of the mailpie	ce, or on the back if	space does not	1. LJ A00	iressee's Addre
permit.		mainiana halow the	article number.	2. 🗆 Res	stricted Delivery
■ #Write 'Retur	m Receipt Requested on the in Receipt will show to whom the		ed and the date	Consult pos	stmaster for fee.
E The Return		27.5	4a. Article		
=The Return			1 -+ca. (Q) u U I C	/ /	コールトラー
= The Return delivered.	Addressed to:		_   _D	$10 \leq 174$	<b>711</b>
The Return delivered.  3. Article /		ESTATA	4h Sand	CO TYPE	<u> </u>
The Return delivered.  3. Article A PATRI	CIA PARKER LIFE I	ESTATA	4b. Servi	се Туре	Certifi
The Return delivered.  3. Article A PATRI 105 N	CIA PARKER LIFE I BENGE ST	-	☐ Regis	ce Type tered	<b>3</b> 4
The Return delivered.  3. Article / PATRI- 105 N I MCKII	CIA PARKER LIFE I	-	☐ Regis	ce Type tered ess Mail	☐ Insure
The Return delivered.  3. Article / PATRI- 105 N I MCKII	CIA PARKER LIFE I BENGE ST	-	☐ Regis☐ Expre	ce Type tered ess Mail n Receipt for Merci	Certifi
3. Article A	CIA PARKER LIFE I BENGE ST	-	Regis Expre	ce Type stered ass Mail a Receipt for Merch of Delivery	☐ Insure

ENDER: 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 card to you. Attach this form to the front of the mailpiece, or on the back if spa	ve can return this	l also wish to receive the following services (for an extra fee):  1.  Addressee's Address
permit. Write 'Return Receipt Requested' on the mailpiece below the artie The Return Receipt will show to whom the article was delivered a delivered.		Restricted Delivery  Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	
ROBERT L ZORICH	4b. Service	
C/O ENCAP INVESTMENTS LC AGENT	☐ Registere	ed <b>E</b> Certified
1100 LOUISIANA STE 3150	☐ Express	Mail , Insured
HOUSTON TX 77002		ceipt for Merchandise / COD
	7. Date of D	01/23/97
5. Received By: (Print Name)  ANNE PARK  6. Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Inly if requested paid)
X Harbor		
PS Form <b>3811</b> , December 1994	102595-97-8-0179	Domestic Return Receipt
ENDER: Complete items 1 and/or 2 for additional services.	ock	I also wish to receive the
Print your name and address on the reverse of this form so that w	ve can return this	following services (for an extra fee):
card to you. Attach this form to the front of the mailpiece, or on the back if spa	ce does not	1. Addressee's Address
permit. ■Writs* <i>Return Receipt Requested*</i> on the mailpiece below the arti	cle number.	2.   Restricted Delivery
The Return Receipt will show to whom the article was delivered a delivered.	and the date	Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	<del></del>
	7 10	- 1 0-
RITA AND DON F SHEEHAN	4b. Service	<u> </u>
JOINT TENANTS	☐ Register	ed Certified
P O BOX 159	☐ Express	Mail Insured
MATTAWAN MI 49071	☐ Return Re	ceipt for Merchandise  COD
	7. Date of D	elivery 10 · 20 - 97
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only if requested paid)
6. Signature: (Addressee or Agent)	7	
PS Form <b>3811</b> , December 1994	102595-97-B-0179	Domestic Return Receipt
SENDER: MW MILLION		
SEMBER. AND PROPERTY	<b>←</b>	l also wish to receive the following services (for an (
■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b.	it wa nan ratium th	
■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4s, and 4b. ■Print your name and address on the reverse of this form so the card to you.		extra fee):
■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 the card to you. ■Attach this form to the front of the mailpiece, or on the back if a permit.	space does not	extra tee): 1.  Addressee's Address
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write 'Return Receipt Requested' on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	space does not article number.	extra fee):  1.  Addressee's Address  2.  Restricted Delivery
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write 'Return Receipt Requested' on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	space does not article number. d and the date	extra fee):  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write 'Return Receipt Requested' on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	article number. d and the date	extra fee):  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write "Return Receipt Requested" on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	apace does not article number. d and the date	extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consuit postmaster for fee.  Number 03
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write "Return Receipt Requested" on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	space does not article number. d and the date	extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Number 03 693 455 e Type
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write "Return Receipt Requested" on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	tipace does not article number. d and the date  4a. Article 4b. Servic	extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Number 3
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write 'Return Receipt Requested' on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	4a. Article 4b. Servic Registe	extra fee):  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.  Number  3
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 the card to you.  Attach this form to the front of the mailpiece, or on the back if a permit. Write *Return Receipt Requested* on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  PRISCILLA ANN MILBURN P O BOX 141	4a. Article 4b. Servic Registe Expres	extra fee):  1.  Addressee's Address  2.  Restricted Delivery Consult postmaster for fee.  Number  Type  Typ
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write "Return Receipt Requested" on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	4a. Article 4b. Servic Registe	extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consuit postmaster for fee.  Number 03
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write "Return Receipt Requested" on the mailpiece below the set The Return Receipt will show to whom the article was delivered.	4a. Article 4b. Servic Registe Return 7. Date of	extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Number C3
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 the card to you.  Attach this form to the front of the mailpiece, or on the back if a permit. Write *Return Receipt Requested* on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  PRISCILLA ANN MILBURN POBOX 141	4a. Article 4b. Servic Registe Return 7. Date of	extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consuit postmaster for fee.  Number 03

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 card to you.  Attach this form to the front of the mailplece, or on the back if space permit.  Write *Return Receipt Requested** on the mailplece below the article at the Return Receipt will show to whom the article was delivered and delivered.	can return this a does not a number.	I also wish to rece following services extra fee):  1.  Addressed 2.  Restricted Consult postmaste	(for an )	
2	3. Article Addressed to:	4a. Article N	······		l I
ğ	SAN JUAN BASIN POOL LTD	D 10	3 693 4	<b>₩</b>	
Ĕ	BOX 1237	4b. Service	••	Į,	
8	PANHANDLE TX 79068	☐ Registere		Certified	B
Si Si	THE TENDER IN 17000	☐ Express		☐ Insured 등	
8			ceipt for Merchandise		i
N AD		7. Date of D	10/22/	197	
BETU	5. Received By: (Print Name)  ELRINE PHILLIPS	8. Addresse and fee is	e's Address (Only if paid)	requested E	
s your	6. Signature: (Addressee or Agent)				
	PS Form <b>3811</b> , December 1994  10	2 <b>59</b> 5-97-8-0179	Domestic Retu	ırn Receipt	
se 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		I also wish to rece following services extra fee):	(for an	
reven	card to you.  **Attach this form to the front of the mailpiece, or on the back if space.	ce does not	1.  Addresse	e's Address	į
	permit.  **Write "Return Receipt Requested" on the mailpiece below the artic		2. Restricte	e's Address d Delivery er for fee.  50 Certified	Š
ŧ.	The Return Receipt will show to whom the article was delivered as delivered.	nd the date	Consult postmast	er for fee.	1
5	3. Article Addressed to: 4a. Article N		<del></del>		Š
8		1 P 10	13 693 E	+59 °	<u> </u>
completed	SAMUEL D HAAS	4b. Service			3
	C/O ENCAP INVESTMENTS LC AGENT	☐ Register	red be	Certified	Ě
33	1100 LOUISIANA STE 3150	☐ Express	,		
ADDRESS	HOUSTON TX 77002		ceipt for Merchandise	COD	5
		7. Date of D	0 23 9	7	you ror
TUBN	5. Received By: (Print Name)	8. Addresse	e's Address Only	f requested	Ĕ
ur BET	6. Signature: (Aldressee or Agent)	-	, ,	f	2
s your	x Harle				
/ -	1 OT OTHER POSSESSION 1994	<b>02595</b> -97-8-0179	Domestic Ret	urn Receipt	_
reverse	Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.		following services extra fee):	•	
	permit.  With "Return Receipt Requested" on the mailpiece below the article  The Return Receipt and beautiful descriptions.		1. Addresse	<b>N</b>	
<b>\$</b>	The Return Receipt will show to whom the article was delivered an delivered.	e number. d the date	2. Restricted	,	
. <u>E</u>	3. Article Addressed to:		Consult postmaste	er for fee.	Ĭ.
žę.	o a acto verdi cosen (0;	4a. Article N	umber	~~~~	!
Ę	ROBERT W ULMER	15 10-	5 1043 45	<u> </u>	:
8	2157 SHADY GROVE DR	4b. Service Registere	• •	# C 2	
SS	BEDFORD TX 76021	Express I		Certified C	L
	·		paipt for Merchandise		
your RETURN ADDRESS completed on		7. Date of De		Certified Insured Insu	
	5-Perseived Bur (Drivin)		0/8//	フフ ま	
<b>5</b>	5. Received By: (Print Name)	8. Addressed	's Address (Only if	requested Z	
<b>—</b>	FODGIA W. ILLMER	and fee is	paiu)	2	
- =	O. O. O. C.			<b>—</b>	
mok s	6. Signature: (Addressee or Agent)			F	

POST FALLS ID 83854    Express Mail   Insured   Return Receipt for Merchandise   COD   T. Date of Delivery
## 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.  ## Article Addressed to:  ## STEVEN H GORDON  ## 3841 N 38TH AVE  ## HOLLYWOOD FL 33021  ## Registered  ## Registered  ## Receipt for Merchandise  ## Complete items 1 and/or 2 for additional services. (for an extra fee):  ## 1.  ## Addressee's Address  ## 2.  ## Restricted Delivery  ## Consult postmaster for fee.  ## Article Number  ## 4. Article Number  ## 4. Article Number  ## 4. Article Number  ## Certified  ## Express Mail
3. Article Addressed to:  STEVEN H GORDON  3841 N 38TH AVE HOLLYWOOD FL 33021  49. Article Number  Certified Registered Registered Receipt for Merchandise COD  7. Date of Delivery  CCT 2 1007  5. Received By: (Print Name)  8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name)  8. Addressee's Address (Only if requested and fee is paid)  8. Addressee's Address (Only if requested and fee is paid)
SENDER:  Complete items 1 and/or 2 for additional tervices.  Complete items 3, 4s, 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
The Return Receipt will show to whom the article was delivered and the date  Consult postmaster for fee.  3. Article Addressed to:  SHEFFIELD GORDON REVOCABLE TR  MARCELINE D GORDON TRUSTEE  5000 SOUTH EAST END AVE #3 A  CHICAGO IL 60615  Consult postmaster for fee.  4a. Article Number  4b. Service Type  Registered  Express Mail  Insure  Return Receipt for Merchandise  COD  7. Date of Delivery
5. Received By: (Print Name)  8. Addressee's Address (Only if requester and fee is paid)  8. Addressee's Address (Only if requester and fee is paid)  8. Form 3811, December 1994  102595-97-8-0179  Domestic Return Received By: (Print Name)  102595-97-8-0179

vour 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 card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write 'Return Receipt Requested' on the mailpiece below the animal the Return Receipt will show to whom the article was delivered a delivered.  3. Article Addressed to:  SYRIL ANN JAMES  4078 EAST BLVD  LOS ANGELES CA 90066  5. Received By: (Print Name)	4a. Article Ni P 103 4b. Service Registere Express Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD elivery
2	- MANAN YOUNG	102595-97-8-0179	Domestic Return Receipt
California elifar	Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the mailpiece, or on the back if sp permit.  Write "Return Receipt Requested" on the mailpiece below the art.  The Return Receipt will show to whom the article was delivered.	we can return this ace does not icle number.	
so populario ocuciono a	3. Article Addressed to:  SCOTT C KIMPLE THE WARRINGTON NO 8-E 3831 TURTLE CREEK DALLAS TX 75219  5. Received By: (Print Name)	4b. Service Register	Type red  Mail  Coopin for Merchandise  COO  Type  Typ
	5. Received By: (Print Name)  6. Signature: (Addresseejor Agent)  X  PS Form 3811, December 1994	8. Address and fee i	is paid) E
The servers of the population	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 card to you.  Attach this form to the front of the mailpiece, or on the back if spinermit.  Write 'leturn Receipt Requested' on the mailpiece below the article was delivered.  Article Addressed to:	we can return this ace does not cle number, and the date	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee
your RETURN ADDRESS completed on	SCOTT A ARNOLD III PO BOX 10 TUNICA MS 38676	4b. Service 7  Registere Express N Return Reco	ype  d  Certified  Insured  insured  cop  insured  cop  insured  i
le your RETU	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Muli Muli M	8. Addressee: and fee is p	s Address (Only if requested spaid)

Domestic Return Receipt

102505-07-8-0179

X

side	Complete items 3.	and/or 2 for additional 4a, and 4b. and address on the reve		that we can return this	l also wish to following serv extra fee):	`
Ž ,		the front of the mailpid	ece, or on the back	if space does not	1. 🗆 Addre	essee's Address
	■Write "Return Rece	pipt Requested" on the			2. 🗆 Restr	icted Delivery
on the	<ul> <li>I he Heturn Hecel;</li> <li>delivered.</li> </ul>	ot will show to whom the	ne arkie was gesvi	Ned and the date	Consult postn	naster for fee.
	3. Article Addres	sed to:		4a. Article	Number	
completed				Pic	33 <b>693</b>	, 417
ᅙ		HALL NEWBRO	O JR	4b. Service	Туре	
ğ	534 E COR	NELL DR	<u> </u>	☐ Registe	CONTR CA	Certifie
	BURBANK	CA 91504	a <b>rri</b>	☐ Express		Insured
H				1	epeipt for Megchar	COD
ADDRESS				7. Date of		9
				1	(00)	<i>₹</i> /
BETURN	5. Received By:	(Print Name)		8. Address	NA AGUITOSS (C	dy if requested
		bu NEWB	NO TO	and fee		
	6. Signature: (A	December 1994	olul_	102595-97-8-017	Domestic I	Return Recei
15 yo	Maller	Hel Rea	olul_	_		
side?	PS Form 3811  ENDER: Complete items 1 a. Complete items and	December 1994	Deill block	7C	l also wish to n	eceive the (
side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to	, December 1994	DEILDOC Pervices.	nat we can return this	I also wish to refollowing service extra fee):	eceive the (
reverse side? Is you	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to possible the service of	nd/or 2 for additional sia, and 4b. diadress on the rever the front of the mailpier of Requested" on the re-	DEILLOCK services. The of this form so the control of the back if the back if the control of the back if the	nat we can return this	I also wish to refollowing service extra fee):	eceive the ces (for an
the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to possible the service of	nd/or 2 for additional state, and 4b. diaddress on the revertible front of the mailpier	DEILLOCK services. The of this form so the control of the back if the back if the control of the back if the	nat we can return this	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict	eceive the ces (for an see's Address cted Delivery
on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write 'Return Receipt The Return Receipt	nd/or 2 for additional sia, and 4b. d address on the rever the front of the mailpied of Requested* on the rever will show to whom the	DEILLOCK services. The of this form so the control of the back if the back if the control of the back if the	nat we can return this space does not article number. ed and the date	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postm	eceive the ces (for an seee's Address cted Delivery
on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered.  Article Address	nd/or 2 for additional sta, and 4b. d address on the rever the front of the mailpied of Requested* on the rever will show to whom the sed to:	DEILLOCK services. The of this form so the control of the back if the back if the control of the back if the	nat we can return this space does not article number. ed and the date	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmoumber	eceive the ces (for an seee's Address cted Delivery
on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered. Article Address  W B ULMER	nd/or 2 for additional sia, and 4b. d address on the rever the front of the mailpied pt Requested on the rivill show to whom the sed to:	DEILLOCK services. The of this form so the control of the back if the back if the control of the back if the	nat we can return this space does not article number. ed and the date	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmatumber	eceive the ces (for an seee's Address cted Delivery
completed on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered.  Article Address  W B ULMER 212 LUCY L	nd/or 2 for additional state, and 4b. d address on the reverthe front of the mailpied of Requested* on the reverties of the distribution of the mailpied of the distribution of the mailpied of the distribution of the distributi	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	nat we can return this is space does not article number, and and the date  4a_Article N	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber 3 693	eceive the ces (for an seee's Address cted Delivery aster for fee.
completed on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered. Article Address  W B ULMER	nd/or 2 for additional state, and 4b. d address on the reverthe front of the mailpied of Requested* on the reverties of the distribution of the mailpied of the distribution of the mailpied of the distribution of the distributi	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	at we can return this space does not article number. ed and the date	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber Umber Type	eceive the ces (for an seee's Address cted Delivery aster for fee.
completed on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered.  Article Address  W B ULMER 212 LUCY L	nd/or 2 for additional state, and 4b. d address on the reverthe front of the mailpied of Requested* on the reverties of the distribution of the mailpied of the distribution of the mailpied of the distribution of the distributi	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	space does not article number. ed and the date  4a. Article N 4b. Service  Registere	I also wish to refollowing service extra fee):  1.  Address 2.  Restrice Consult postronumber 3 693 Type ed Mail	eceive the ces (for an see's Address cted Delivery easter for fee.
completed on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered.  Article Address  W B ULMER 212 LUCY L	nd/or 2 for additional state, and 4b. d address on the reverthe front of the mailpied of Requested* on the reverties of the distribution of the mailpied of the distribution of the mailpied of the distribution of the distributi	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	anat we can return this space does not article number. ed and the date  4a_Article N 4b_Service □ Registere □ Express □ Return Re	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmer Umber Type ed Mail ceipt for Merchand	eceive the ces (for an see's Address cted Delivery easter for fee.
completed on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered.  Article Address  W B ULMER 212 LUCY L	nd/or 2 for additional state, and 4b. d address on the reverthe front of the mailpied of Requested* on the reverties of the distribution of the mailpied of the distribution of the mailpied of the distribution of the distributi	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	space does not article number. ed and the date  4a. Article N 4b. Service  Registere	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmer Umber Type ed Mail ceipt for Merchand	ess (for an sees) saddress eted Delivery aster for fee.
completed on the reverse side?	PS Form 3811  ENDER: Complete items 1 a. Complete items 3. 4 Print your name and card to you. Attach this form to to permit. Write 'Return Receipt delivered.  Article Address  W B ULMER 212 LUCY L WYLIE TX	nd/or 2 for additional a la, and 4b. d address on the rever the front of the mailpied of Requested' on the rever will show to whom the sed to:	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	that we can return this space does not article number. ed and the date  4a_Article N  4b_Service  Registers  Return Re  7. Date of D	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmatumber 3 693 Type ad Mail ceipt for Merchand elivery	eceive the ces (for an seee's Address cted Delivery aster for fee.
ANADDRESS completed on the reverse side? Is you $ S  =  S  =  S $	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered.  Article Address  W B ULMER 212 LUCY L	nd/or 2 for additional a la, and 4b. d address on the rever the front of the mailpied of Requested' on the rever will show to whom the sed to:	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	that we can return this space does not article number. ed and the date  4a_Article N  4b_Service  Registers  Return Re  7. Date of D	I also wish to refollowing service extra fee):  1. Address 2. Restrict Consult postmatumber 3. 693 Type ad Mail ceipt for Merchand elivery e's Address (One	eceive the ces (for an seee's Address cted Delivery aster for fee.
	PS Form 3811  ENDER: Complete items 1 a. Complete items 3, 4 Print your name and card to you. Attach this form to to permit. Write "Return Receipt delivered.  Article Address  W B ULMER 212 LUCY L  WYLIE TX  Received By:	nd/or 2 for additional a la, and 4b. d address on the rever the front of the mailpied of Requested' on the rever will show to whom the sed to:	Delliboo errices. se of this form so the cs, or on the back if mailpiece below the e article was deliver	that we can return this space does not article number. ed and the date  4a_Article N 4b_Service  Register  Express  Return Re 7. Date of D	I also wish to refollowing service extra fee):  1. Address 2. Restrict Consult postmatumber 3. 693 Type ad Mail ceipt for Merchand elivery e's Address (One	eceive the ces (for an see's Address cted Delivery aster for fee.

## SEP EP9 E01 4

US Postal Service

## **Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

GAYNOR NEWBRO WILLSON 2115 S BENSON ONTARIO CA 91762

	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$

10-16-97 Mesaverde Drillblock ORRI, RI & Offset Operator Hearing Notification

#### P 103 693 473

**US Postal Service** 

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

WILLIAM CARLISLE KIMPLE 3711 PRINCETON AVE DALLAS TX 75205

١	Cerumed ree	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>300</b> ,	TOTAL Postage & Fees	\$

10-16-97 Mesaverde Drillblock ORRI, RI & Offset Operator Hearing Notification