

BURLINGTON RESOURCES

October 24, 1997

SAN JUAN DIVISION
Great Western Drilling
Attn: Mike Heathington
PO Box 1659
Midland, TX 79702

Conoco Inc.
Attn: Dave Farmer
10 Desta Drive, Ste 100W
Midland, TX 79705-4500

Davoil Inc.
PO Box 122269
Fort Worth, TX 76121

Taurus Exploration U.S.A.
Attn: Rich Corcoran
2198 Bloomfield Hwy.
Farmington, NM 87401

**RE: NEW DRILL
PUBCO STATE COM 1B
S/2 SEC. 36, T31N, R11W
SAN JUAN COUNTY, NEW MEXICO**

Gentlemen:

Burlington Resources Oil & Gas Company recommends the development of the referenced infill well pursuant to our recent meeting concerning the proposed increased density pilot study in the Mesaverde formation, where we will drill additional wells in the applicable 320 acre spacing units, up to four (4) wells per spacing unit. Burlington requests your permission to drill and complete this well and then operate it for six (6) months to aid in data collection. At the end of the six (6) months, we will turn the well over to Great Western to operate.

The total estimated cost to drill this well is \$390,915.00, which includes a pumping unit if needed.

The drillblock ownership for the proposed well was derived from the S/2 Section 36, T30N, R11W, and according to our records, is owned as follows:

Owner Name	Billing %
Great Western Drilling Company	28.208250
Davoil Inc.	15.541750
Taurus Exploration	12.500000
Conoco, Inc.	43.750000
TOTAL	100.000000

Burlington requests your approval of the proposed Mesaverde development by executing and returning the attached copy of this letter and AFE. Also enclosed for your information is a Completion Procedure for the San Juan 30-6 Unit 67A well. The Completion Procedure for the Pubco State Com 1B well will be similar to that of the 30-6 Unit 67A. I will forward the actual Completion Procedure as soon as we finalize it.

We would appreciate your approval, if possible, prior to the November 6, 1997 Increased Density hearing at the NMOCD.

Please call me at (505) 326-9757 if there are any questions regarding this proposal.

Very truly yours,


Alan Alexander
Senior Land Advisor

AA:mb

xc: NM-236 Well File

The undersigned, agrees to participate in the development of the Pubco State Com 1B well which will be drilled, completed and connected to the pipeline and operated for six (6) months by Burlington this _____ day of _____, 1997.

Name: _____

Title: _____

Company: _____

Burlington Resources Oil & Gas Co.
Farmington Region
Post Office Box 4289
Farmington, New Mexico, 87499
(505) 326-9700

AUTHORITY FOR EXPENDITURE

AFE No.: _____ Property Number: _____ Date: 10/22/97

Lease/Well Name: Pubco State Com #1B DP Number: _____

Field Prospect: Blanco Mesaverde Region: Farmington

Location: Unit O, Section 36, T30N, R10W County: San Juan State: New Mexico

AFE Type: 01/Development Drilling Original ☒ Supplement ☐ Addendum ☐ API Well Type _____

Operator: BR Oil & Gas Co.

Objective Formation: Blanco Mesaverde Authorized Total Depth (Feet): 5235'

Project Description: Drill, complete, and facilitate a Mesaverde well.

Estimated Start Date: Jan-98 Prepared By: S. Woolverton

Estimated Completion Date: Jan-98

GROSS WELL DATA

	Drilling		Workover/ Completion	Construction Facility	Total
	Dry Hole	Suspended			
Days:		7	7	4	18
This AFE:		\$178,654	\$135,711	\$76,550	\$390,915
Prior AFE's:					\$0
Total Costs:	\$0	\$178,654	\$135,711	\$76,550	\$390,915

JOINT INTEREST OWNERS

	Working Interest Percent	Dry Hole \$	Completed \$
- Company:			
BR Oil & Gas Co.:	0.000000%	\$0	\$0
SJB TRUST	0.000000%	\$0	\$0
Others:	100.000000%	\$0	\$390,915
AFE TOTAL:	100.000000%	\$0	\$390,915

BURLINGTON RESOURCES OIL & GAS COMPANY APPROVAL

Recommend: _____ Date: _____ Recommend: _____ Date: _____

MV Infill Team MV Infill Team

Approved: _____ Date: _____ Approved: _____ Date: _____

Regional Team Leader Regional Landman

PARTNER APPROVAL

Company Name: _____

Authorized By: _____ Date: _____

Title: _____

Burlington Resources
Facility Cost Estimate

Well Name: Pubco State Com #1B
 Location: Unit O, Section 36, T30N, R10W
 AFE Type: 01/Development Drilling
 Formation: Blanco Mesaverde

Prepared By: J. Cole
 Date: 10/22/97
 Approved By: _____
 Date: _____

Intangible Costs

Estimated Days: 4.0

Account Number				Total Estimated Cost
247				
2	Labor, Consultants, Roustabout			5,000
03	Company Vehicles			0
08	Location Cost			0
12	Overhead			0
17	Damages, Property Losses			0
20	Equip. Coating and Insulation			750
26	SWD Filtering			0
27	Separators			12,000
28	Gas Sweetening			5,000
29	Pumping Units			16,000
31	Prime Mover			13,000
32	Tanks			5,800
33	Metering Equipment			0
34	Flow Line			0
35	Compressors			0
36	Building			0
39	Flowlines, Piping, Valves & Fittings			5,000
43	Safety			0
44	Technical Contract Services			0
47	Rental Compressor & Maintenance			0
48	Rental Equipment			0
49	Cathodic Protection			5,000
50	Right Of Way			0
51	Minor Pipelines			0
53	Surface Pumps			0
54	Electrical Accessories			0
55	Miscellaneous-Facility Expense			1,000
57	Pulling Unit Cost @			0
60	Operator Owned Equip. / Facilities (District Tools)			0
62	Env. Compliance (Assessment)			0
63	Env. Compliance (Remediation)			0
68	Direct Labor			0
69	Benefits			0
70	Payroll Taxes and Insurance			0
72	Employee Expenses			0
73	Freight / Water Transportation			0
81	Tubing			6,000
82	Rods			2,000
83	Downhole Pumps			0
84	Alternative Artificial Lift Equip.			0
86	Convent Artificial Lift Wellhead Equip.			0
88	Communication Systems			0
96	Gas Dehydrator			0
	Total Facilities Cost			76,550

Burlington Resources
Cost Estimate

Well Name: Pubco State Com #1B
 ation: Unit O, Section 36, T30N, R10W
 AFE Type: 01/Development Drilling
 Formation: Blanco Mesaverde
 Proposed TD: 5235'

Prepared By: DTV
 Date: 10/22/97
 Approved By: _____
 Date: _____
 Int. TD: 2860'
 Cost/ft \$34.13

Intangible Costs

		Estimated Days: 7.0	Total Estimated Cost
Account Number			
248			
03	Location Cost		8,000
05	Move-in, Move-out		5,000
07	Rig Cost (7 days @ \$5,273/day)		36,911
08	Safety Equipment		0
10	Air Drilling Fluid (7 days @ \$1,500/day)		10,500
16	Stimulation Fluids		6,000
17	Bits		11,000
18	Cementing		21,000
22	Coring and Analysis		0
23	Fuel		500
25	Rentals (Subsurface)		1,500
26	Fishing		0
28	Other Rental (Surface)		1,000
29	Transportation		2,000
32	Directional Svc.		0
33	Inspection		2,000
34	Logging Services		16,600
36	Production Testing		0
37	Swabbing, Snubbing, Coiled Tubing		0
39	Stimulation		0
43	Consultants (7 days @ \$375/day)		2,625
44	Technical Contract Svc.		0
45	Roustabout Labor		4,600
46	Miscellaneous		0
49	Packer Rental		0
53	Env. Cost		1,000
54	Disposal Cost		1,000
60	District Tools		0
72	Overhead Rig Days - 248, \$141 (7 days @ \$134/day)		938
	Total Intangibles		132,174

Tangible Costs

80	Casing			
	9-5/8" 32.3# WC-50	200'	@ \$13.46/ft)	2,692
	7.0" 20.0# J-55	2860'	@ \$8.74/ft)	24,996
	4-1/2" 10.5# J-55	2525'	@ \$4.67/ft)	11,792
81	Tubing			0
84	Casing & Tubing Equipment			5,000
86	Wellhead Equipment			2,000
	Total Tangibles			46,480

Total Cost

178,654

Burlington Resources
Cost Estimate

Well Name: Pubco State Com #1B
Location: Unit O, Section 36, T30N, R10W
AFE Type: 01/Development Drilling
Formation: Blanco Mesaverde

Prepared By: SCW
Date: 10/22/97
Approved By: _____
Date: _____

Intangible Costs

Estimated Days: 7.0

Account Number			Total Estimated Cost
249			
03	Location Cost		2,000
05	Move-in, Move-out		3,000
07	Rig Cost	7.0 days @ \$1,980/day	13,860
08	Safety Equipment		0
10	Air Drilling Fluid	(7 days @ \$1,075/day)	7,525
16	Stimulation Fluids	(2% KCL / MV 3000 bbls)	12,000
17	Bits		750
18	Cementing		0
22	Coring and Analysis		0
23	Fuel		750
25	Rentals (Subsurface)		0
26	Fishing		0
28	Other Rental (Surface)	(Fourteen 400 bbl frac tanks / misc equip)	4,500
29	Transportation	(frac tanks, misc equip)	3,500
32	Directional Svc.		0
33	Inspection		0
34	Logging Services	(GR/CBL and perforating)	9,500
36	Production Testing		0
37	Swabbing, Snubbing, Coiled Tubing		0
39	Stimulation	(MV-Two Stg X-link)	45,000
43	Consultants	(7 days @ \$450/day)	3,150
44	Technical Contract Svc.		250
45	Roustabout Labor		2,500
46	Miscellaneous		0
49	Packer Rental		0
53	Env. Cost		0
54	Disposal Cost		375
60	District Tools		0
72	Overhead Rig Days - 249, \$134	(7 days @ \$134/day)	938
	Total Intangibles		109,598

Tangible Costs

80	Casing		0
81	Tubing	(5150ft @ \$3.75/ft)	19,313
84	Casing & Tubing Equipment	(1.81" Seat nipple and pump out plug)	1,000
86	Wellhead Equipment		5,800
	Total Tangibles		26,113

Total Cost	135,711
-------------------	----------------

BURLINGTON RESOURCES

San Juan 30-6 Unit #67A

**1425' FNL, 555' FWL
Unit I, Section 12, T30N, R07W
Rio Arriba County, NM
LAT: 36° 49.45' LONG: 107° 30.88'
Blanco Mesaverde Completion**

Completion Procedure

Directions to Location:

Take Hwy. 64 east out of Bloomfield past mile marker #88 about 1/4 mile to Hwy 527(Simms Mesa Hwy), turn left, continue 1/8 mi. past mile marker #13, turn right onto dirt, go 2 miles, turn left, go 3/4 mi. to location.

Project Objective:

Initial infill completion. All stimulation work to be done rigless. The Mesaverde will be completed with a 2 stage slickwater frac. Zones will be cleaned up and a single string of tubing landed.

Rigless Stimulation:

Note: On 10/15/97 GR/CBL/CCL, GR/CNL was run by Basin.

Deliver to location following equipment:

1. Sixteen (16) - 400 bbl Frac Tanks.
2. 7-1/16" 5000 psi full bore frac valve.
3. One (1) 4 1/2" CIBP and one (1) 4 1/2" RBP
4. Large dump bailer.

Below are materials required for the proposed 3 Stage fracture stimulation:

	<u>Mesaverde</u>	
Fluid Type	Slickwater	
Stages	Two	
Acid Volume	60	bbls
Fluid Volume 2% KCL	5,021	bbls
Sand Type	Arizona	
Sand Size	20/40 - 200,000#	

Day One: Prep for Stimulation

1. Hold pre-job meeting with rig supervisor, engineers, frac consultant, wireline company, stimulation company, and other key vendors to review procedure and contingency flowchart.
2. Run fluid tests on water. Filter water based upon Stimulation company solids water analysis. Contact Production Engineer and discuss stimulation water source and quality. Inspect wellsite, verify and report wellhead size and pressure rating. Mark location with flagging for tank spotting. Spot sixteen frac tanks and fill w/ 3# biocide/tank & 2% KCL water. Put one load of fresh water in each tank before

adding 20% concentrated KCL water. Set location proppant container and fill with sand.

3. Ensure no pressure on wellhead or bradenhead assemblies. NU 7-1/16" 5000 psi full bore frac valve. ND the (2)- 2" 2500 psi ball valves on tubing head and NU (2) - 5,000 psi gate valves. Check pressure ratings on complete wellhead to ensure all is rated to at least 5000 psi.

Day Two: Rigless Stimulation

Schedule Vendor for timing for Day 2 as follows:

Pump truck ready to pressure test casing at 6:30 am.

Wireline ready to perforate at 7:00 am.

Stimulation crew ready to breakdown Point Lookout at 8:00 am.

4. MIRU Stimulation company. Pressure test surface lines to 4000 psi. Pressure test casing and frac valve to 3000 psi. for 15 minutes. Record results. Ensure all personnel are clear of wellhead before pressure testing. Bleed off pressure.

Point Lookout / Lower Menefee perforating and fracture stimulation (1st Stage).

5. Under packoff, RIH with 3-1/8 HSC casing gun. Select fire perforate Point Lookout and lower Menefee with 1 & 2 SPF, 0.34" diameter, 11.3" penetration, 12 gram charges (Owen, 301) at the following depths:
Note: Perforate Lower Point Lookout w/ 2 spf at 120°

Following Lower Point Lookout perforations at **2 spf**:

5929, 5835, 5843, 5873, 5886, 5935, 5948

Following Massive Point Lookout and Lower Menefee at **1 spf**:

5636, 5651, 5672, 5679, 5693, 5698, 5706, 5721, 5725, 5732,
5747, 5752, 5761, 5766, 5781, 5801, 5807, 5815

(32 total holes, 25 intervals, 312' of gross interval)

POOH and ND wireline. Inspect casing gun to ensure all perforations fired.

6. NU stimulation company. Pressure test lines to 4000 psi. Prepare to breakdown perforations. Pump into perforations to establish injection rate at maximum pressure of 3000 psi. Record breakdown pressure, rate and ISIP. If an injection rate cannot be established, RIH w/ 50' of acid dump bailer filled with 15% HCL and spot from 5710'-5730'.
7. Begin balloff. Pump 25 bbls of 15% HCL (Add 2/1000 gallons corrosion inhibitor) and flush with 2% KCL at maximum rate pressure will allow. **Note: Calculate the number of perforations open once a stabilized rate is achieved during breakdown. If 90% of the perforations calculate to open, pump acid but do not drop balls.** If no ball sealers are going to be dropped skip to step 10.
8. If less than 90% of the holes calculate to be open, drop a total of 64, 7/8" 1.3 SG RCN ball sealers spaced evenly throughout job. Maximum pressure at balloff is 3000 psi. ND stimulation company.
9. NU wireline company. Under lubricator, RIH with 4-1/2" junk basket to recover ball sealers. Run basket by perforations several times to ensure maximum ball recovery. POOH and ND wireline company. Record number of hits and balls recovered.
10. NU stimulation company. Hold safety meeting. Pressure test surface lines to 4000 psi. Maximum surface treating pressure during frac is 3000 psi. Fracture stimulate Point Lookout / Menefee interval

per attached schedule at 50 BPM, with 100,000 #'s of 20/40 Arizona sand. (Add 0 to 5/1000 gals friction reducer as needed and no surfactant). Quick flush at 2 ppg with 2% KCL. Total flush volume to 100' of top perforation is 174 bbls. Cut rate throughout flush as pressure allows. Shut down and record ISIP, 5, 10, 15 min shut-in pressures. ND stimulation company. If necessary, leave shut-in for 1 hr to allow sand to settle.

11. NU wireline company. Under a lubricator, RIH with 4-1/2", 10.5# CIBP and set at 5590' (note: lowest next stage perforation @ 5566'). POOH and ND wireline.
12. NU stimulation company. Pressure test surface lines to 4000 psi. Pressure test CIBP to 3000 psi for 15 minutes. Bleed off pressure. ND stimulation company.

Menefee and Cliff House perforating and fracture stimulation (2nd Stage):

13. NU wireline company. Under packoff, RIH with 3-1/8 HSC casing gun. Select fire perforate Menefee and Cliffhouse with 1 SPF, 0.34" diameter, 11.3" penetration, 12 gram charges (Owen, 301) at the following depths:

5048,	5077,	5109,	5121,	5136,	5196,	5306,	5315,	5321,	5332,
5348,	5352,	5382,	5388,	5397,	5423,	5433,	5436,	5480,	5492,
5498,	5507,	5512,	5552,	5556,	5566				

(26 total holes, 518' of gross interval)

POOH and ND wireline. Inspect casing gun to ensure all perforations fired.

14. NU stimulation company. Pressure test lines to 4000 psi. Prepare to breakdown perforations. Pump into perforations to establish injection rate at maximum pressure of 3000 psi. Record breakdown pressure, rate and ISIP. If an injection rate of > 5 BPM can be established, prepare to balloff. If an injection rate cannot be established, RIH w/ 50' of acid dump bailer filled with 15% HCL and spot acid from 5340'-5360'.
15. Begin balloff. Pump 25 bbls of 15% HCL (Add 2/1000 gallons corrosion inhibitor) and flush with 2% KCL at maximum rate pressure will allow. **Note: Calculate the number of perforations open once a stabilized rate is achieved during breakdown. If 90% of the perforations calculate to open, pump acid but do not drop balls.** If no ball sealers are going to be dropped skip to step 18.
16. If less than 90% of the holes calculate to be open, drop a total of 52, 7/8" 1.3 SG RCN ball sealers spaced evenly throughout job. Maximum pressure at balloff is 3000 psi. ND stimulation company.
17. NU wireline company. Under lubricator, RIH with 4-1/2" junk basket to recover ball sealers. Run basket by perforations several times to ensure maximum ball recovery. POOH and ND wireline company. Record number of hits and balls recovered.
18. NU stimulation company. Hold safety meeting. Pressure test surface lines to 4000 psi. Maximum surface treating pressure during frac is 3000 psi. Fracture stimulate Cliffhouse and Menefee interval per attached schedule at 50 BPM, with 100,000 #'s of 20/40 Arizona sand. (Add 0 to 5/1000 gals friction reducer as needed and no surfactant). Quick flush at 2 ppg with 163 bbls to 200' of top perforation. Cut rate throughout flush as pressure allows. Shut down and record ISIP, 5, 10, 15 min shut-in pressures. ND stimulation company.
19. Based on ISIP, Burlington representative will make decision to RIH under lubricator with 4-1/2" 10.5# RBP and set below TOL (Recommended depth 3750'). Note CIBP type on WIMS report. NU stimulation company. Pressure test CIBP to 1500 psi. Record results. Bleed off pressure. ND and release stimulation company. ND and release wireline company.

Clean out Procedure:

1. 6175' 2-3/8", 4.7#, J-55, EUE workstring / production tubing
 2. Six 3-1/8" drill collars (if necessary)
 3. One rig tank filled w/ 2% KCL
 4. 3-7/8" bit
-
20. MIRU completion rig. Place fire and safety equipment in strategic locations. Comply with all BROG, BLM, and NMOCD rules and regulations.
 21. Ensure no pressure on wellhead or bradenhead assemblies. ND frac valve. NU BOP's. Lay flow lines.
 22. If RBP was not set in step 19, go to step 23. If RBP was set, PU 4-1/2" retrieving head on 2-3/8" tubing. TIH. Circulate and clean top of RBP set in 4-1/2" casing at 3750'. Engage, equalize, and release RBP. TOOH. Lay down RBP.
 23. PU 3-7/8" bit on 2-3/8" tubing. Stage in hole, cleaning out to CIBP at 5590'. Obtain 15 min pitot on upper Mesaverde zone. Record in WIMS report. Drill out CIBP at 5590' with 10 to 12 bph foam mist
 24. Clean out to PBTD of 6025'. (37' above float collar) Clean up to less than 5 BPH water and trace of sand. When water rates are less than 5 BPH and sand volumes are acceptable, obtain stabilized pitot gauge and record on WIMS report. TOOH. LD bit.
 25. TIH with one joint of 2-3/8" 4.7# J-55 tubing with expendable check, 1.81 FN and the remaining 2-3/8" tubing. Broach tubing while RIH. Land tubing +/- 5950' (within 10' of bottom perforation at 5948').
 26. ND BOP's. NU Tree and manifold assembly. Ensure that all wellhead connections are properly tightened. Pump off expendable check. Make swab run to kick well off if needed. Obtain stabilized pitot gauges at 15, 30, 45, and 60 min for the entire well. Record on WIMS report. SI well. RD and MOL.

Compiled By: _____

S. C. Woolverton
Production Engineer

Approval: _____

Regional Engineer

Drilling Superintendent

Engineers

Sean Woolverton Office - (326-9837) Home - (326-4525) Pager - (326-8931)
--

Ken Collins
Office - (326-9718)
Home - (325-9597)
Pager - (324-7468)

Frac Consultants

Mark Byars
Pager - (327-8470)
Mobile - (320-0349)
Home - (327-0096)

Mike Martinez
Pager - (599-7429)
Mobile - (860-7518)
Home - (326-4861)

VENDORS:

CASED HOLE:
STIMULATION:
FRAC VALVE:

<u>SERVICE COMPANY</u>
BASIN -
Halliburton
District Tools

<u>PHONE NUMBER</u>
327-5244
325-3575

q:\area\lmpud\1997\sj30667A\PROCED.doc

BURLINGTON RESOURCES

SAN JUAN DIVISION

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

September 29, 1997

Royalty and ORRI Owners
(see attached list)

**RE: 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**

Ladies & Gentlemen:

Burlington Resources is in the process of investigating a pilot increased density study of the Mesaverde formation in the above four sections and townships in San Juan County, New Mexico. As you are probably aware, the current density of wells for the Blanco Mesaverde pool is two (2) wells per 320 acre spacing unit. We propose drilling increased density wells (up to four (4) wells per spacing unit) as shown on the attached maps in each of the four sections. As you can see on the attached maps, we will establish a ½ mile buffer zone to protect offset wells from being drained. The study will determine the additional reserves that could be developed by increasing the density in each of the subject spacing units. We have received favorable results from a similar study in another portion (T29N, R7W) of the Basin.

If all operators in the pilot area agree with this project, it will require a hearing and subsequent order from the New Mexico Oil & Gas Conservation Division (NMOCD) in order to proceed. We would like to schedule a hearing before the NMOCD on November 6, 1997, the application for which should be filed by October 13, 1997. Each owner listed on the attached sheet will receive notice of the application if we decide to proceed with this project.

Each royalty or overriding royalty owner is not required to take any action (approval or disapproval) in regard to this proposal unless you perceive a problem, in which case we would like to discuss your concerns. You may contact the undersigned at (505) 326-9757 if you have any questions or comments regarding this proposal.

Very truly yours,



Alan Alexander
Senior Land Advisor

AA/cj
xc: NM-10484

**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	
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	
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	

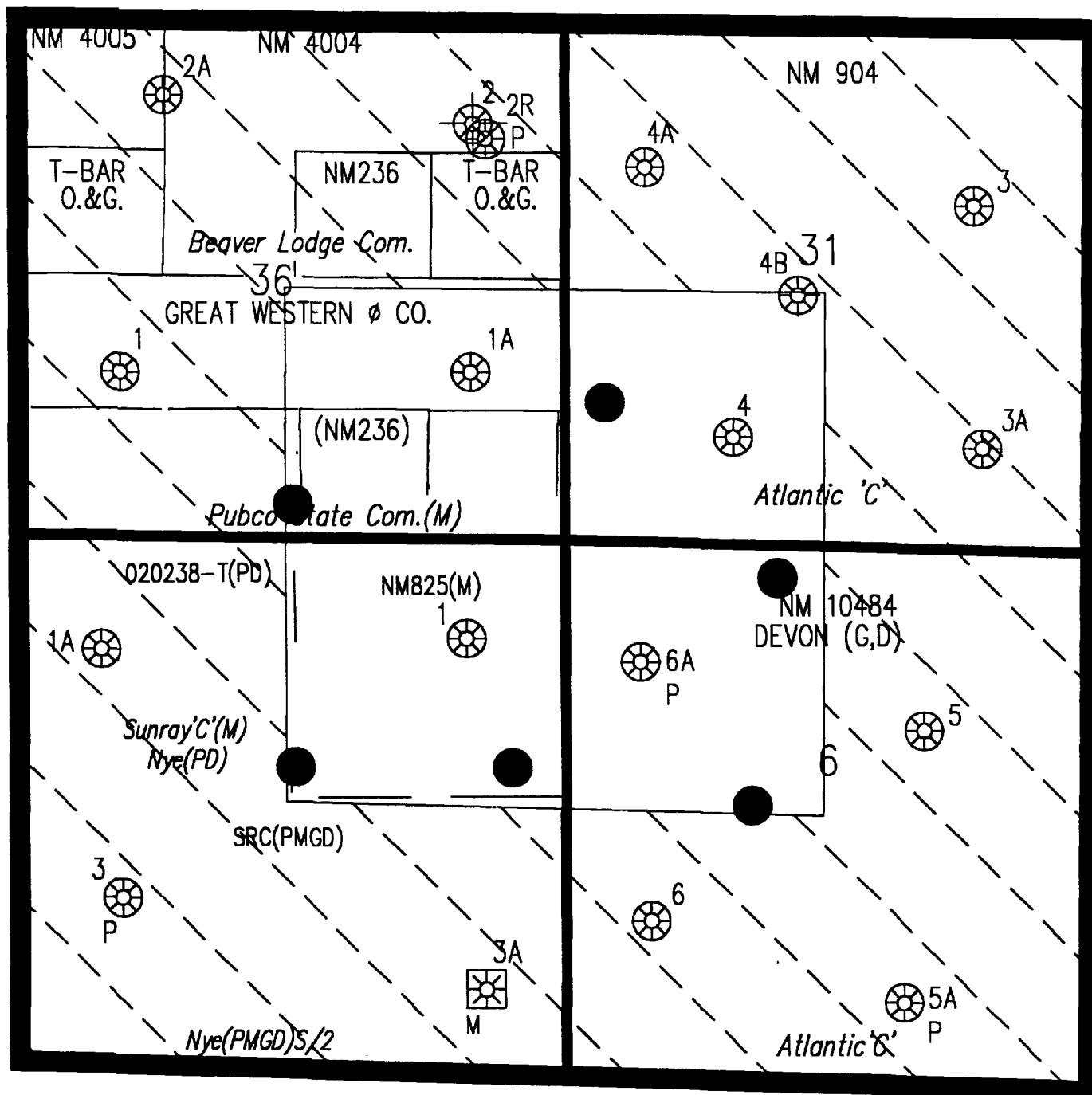
**INCREASED DENSITY STUDY
MESAVERDE FORMATION
SEC. 1, T30N, R11W, SEC. 36, T31N, R11W
SEC. 31, T31N, R10W, SEC. 6, T30N, R10W
SAN JUAN COUNTY, NEW MEXICO**

ORRI & RI OWNERS

ORRI	RITA AND DON F SHEEHAN	
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 ATLESS 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	

● INCREASED DENSITY WELL

INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



PROJECT AREA

Zachary Ls.(M)

NM 4005

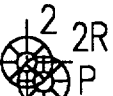
NM 4004

2A



T-BAR
O.&G.

NM236



2 2R
P
T-BAR
O.&G.

Beaver Lodge Com.

36
GREAT WESTERN CO.
STATE E-5386

STATE
B-11370

(NM236)
STATE
E-3150
5.00 %
ORRI

STATE
B-11370

Pubco State Com.(M)

020238-T(PD)

FEDERAL SF-078198

4.50%
ORRI

NM825(M)

FEDERAL NM-03758
4.6687%
ORRI

Sunray 'C'(M)
Nye(PD)

SRC(PMGD)



P

3A



M

Nye(PMGD)S/2

16A 020238-T

NM 904
FEDERAL NM-0607
2.00%
ORRI

3



4B



4



Atlantic 'C'

3A



NM 10484
DEVON (G,D)

FEDERAL NM-93313



P



5

6

SPACING



6



P

Atlantic 'C'

NM 619

- 

PROJECT AREA

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: ROBERT W ULMER 2157 SHADY GROVE DR BEDFORD TX 76021	4a. Article Number P 358 637 260	Thank you for using Return Receipt Service.
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 10-6-91	
5. Received By: (Print Name) Robert W. Ulmer	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Robert W. Ulmer		
PS Form 3811, December 1994		Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: ROBERT L ZORICH C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002	4a. Article Number P 358 637 261	Thank you for using Return Receipt Service.
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name) Karen Sherrod	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		
PS Form 3811, December 1994		Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: SAMUEL D HAAS C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002	4a. Article Number P 358 637 262	Thank you for using Return Receipt Service.
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name) Karen Sherrod	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		
PS Form 3811, December 1994		Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCOTT C KIMPLE
THE WARRINGTON NO 8-E
3831 TURTLE CREEK
DALLAS TX 75219

4a. Article Number

P 358 637 265

4b. Service Type

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

7. Date of Delivery

10-6

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCOTT A ARNOLD III
PO BOX 10
TUNICA MS 38676

4a. Article Number

P 358 637 264

4b. Service Type

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

7. Date of Delivery

6

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SAN JUAN BASIN POOL LTD
BOX 1237
PANHANDLE TX 79068

4a. Article Number

P 358 637 263

4b. Service Type

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

7. Date of Delivery

10

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: SHEFFIELD GORDON REVOCABLE TR MARCELINE D GORDON TRUSTEE 5000 SOUTH EAST END AVE #3A CHICAGO IL 60615		4a. Article Number P 358 637 2166	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 10/1/94	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>James Williams</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: STEVEN H GORDON 3841 N 38TH AVE HOLLYWOOD FL 33021		4a. Article Number P 358 637 2168	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 10/1/94	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Honor Escobar</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: SUZANNE MARTHA NEWBRO P O BOX 1355 POST FALLS ID 83854		4a. Article Number P 358 637 2169	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 10-6-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Wayne Kozel</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

SYRIL ANN JAMES
4078 EAST BLVD
LOS ANGELES CA 90066

4a. Article Number

P 358 637 270

4b. Service Type

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

7. Date of Delivery

10/3

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

THE IRISH FAMILY TRUSTS
JAMES L IRISH III TRUSTEE
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON TX 77002

4a. Article Number

P 358 637 272

4b. Service Type

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

7. Date of Delivery**5. Received By: (Print Name)**

Karen Sherrod

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

THERESA B ATLAS LIVING TRUST
NORTHERN TRUST CO - SUNDRY
PO BOX 92980
CHICAGO IL 60675-2303

4a. Article Number

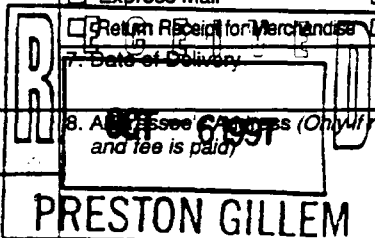
P 358 637 273

4b. Service Type

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

7. Date of Delivery**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
PO BOX 5810
DENVER CO 80217-5810

4a. Article Number

P 049 501 314

4b. Service Type

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

7. Date of Delivery

OCT - 6 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Denali Ventures, Inc.

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

Agent for MMS

PS Form 3811, December 1994

OCT - 6 1997 for MMS

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

T BAR OIL & GAS LTD
216 SIXTEENTH ST STE 1080
DENVER CO 80202-5124

4a. Article Number

P 358 637 271

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Donna (Hake)

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

STATE OF NEW MEXICO
PO BOX 1148
SANTA FE NM 87504-1148

4a. Article Number

P 358 637 267

4b. Service Type

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

7. Date of Delivery

SANTA FE NM

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

OCT 6 1997

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLIAM HALL NEWBRO JR
534 E CORNELL DR
BURBANK CA 91504

4a. Article Number

P 358 637 277

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

WILLIAM HALL NEWBRO JR

6. Signature: (Addressee or Agent)

William Hall Newbro Jr

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W B ULMER JR
212 LUCY LN
WYLIE TX 75098

4a. Article Number

P 358 637 279

4b. Service Type

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

7. Date of Delivery

10-4

5. Received By: (Print Name)

W B Ulmer Jr

6. Signature: (Addressee or Agent)

X *W B Ulmer Jr*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THOMPSON G GARRETT SR DEC'D
STEPHEN P GARRETT EXECUTOR
5888 S MAIN POINT BLVD
OGDEN UT 84405

4a. Article Number

P 358 637 280

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Stephen P. Garrett

6. Signature: (Addressee or Agent)

X *Stephen P. Garrett*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

completed on the
is your RETURN ADDRESS

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

Consult postmaster for fee.

3. Article Addressed to:
PERRY M BERKE
C/O BASKIN SERVER BERKE &
WEINSTEIN
20 N WACKER DR #1900
CHICAGO IL 60606

4a. Article Number
P 553 309 180

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

7. Date of Delivery
10-10-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *T. Navarro*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

completed on the reverse side?
is your RETURN ADDRESS

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
PRISCILLA ANN MILBURN
P O BOX 141
MIDLAND TX 79702

4a. Article Number
Z 082 204 968

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

7. Date of Delivery
OCT - 6 1997

5. Received By: (Print Name)

P. A. Milburn

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

completed on the reverse side?
is your RETURN ADDRESS

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
RITA AND DON F SHEEHAN
JOINT TENANTS
P O BOX 159
MATTAWAN MI 49071

4a. Article Number
P 358 637 259

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

7. Date of Delivery
10-4-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *R. F. Sheehan*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

0, June 1991

9-29-97 - Mesaverde Drilblock
ORRI & Owners
Increase Density Study notification

Special Delivery Fee	
Registered Mail Fee	
Insured Mail Fee	
Return Receipt Fee	
Postage & Fees	\$

PATRICIA C GORDEN REVOCABLE TR
PATRICIA C GORDEN TRUSTEE
1740 N LIMA ST
BURBANK CA 91505

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

P 049 501 313

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PATRICIA PARKER LIFE ESTATE
105 N BENGE ST
MCKINNEY TX 75069-4401

4a. Article Number

P 789 921 810

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAUL AND LAURA ALBRIGHT
5205 REXTON LN
DALLAS TX 75214

4a. Article Number

P 358 636 741

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

■ 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.

Consult postmaster for fee.

3. Article Addressed to: PALMER L LONG 6352 REUBENS DRIVE HUNTINGTON BEACH CA 92647	4a. Article Number P 049 501 312
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X <i>Charles L. Long</i>	7. Date of Delivery 10-14-97
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to: MELVIN A ASTRAHAN 11401 KENSINGTON RD LOS ALAMITA CA 90720	4a. Article Number P 049 501 288
5. Received By: (Print Name) RV = 12	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X <i>Melvin A. Astrahan</i>	7. Date of Delivery 10-6-97
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to: MARATHON OIL COMPANY PO BOX 552 MIDLAND TX 79702	4a. Article Number P 049 501 287
5. Received By: (Print Name) <i>[Signature]</i>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X <i>[Signature]</i>	7. Date of Delivery 10-17-97
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
LOUIS DREYFUS NATURAL GAS CORP
1400 QUAIL SPRINGS PKWY
ITE 600
OKLAHOMA CITY OK 73196-0116

4a. Article Number
P 049 501 352

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

7. Date of Delivery
10-6

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
LOUIS T KIMPLE JR EST
MARJORIE SUE MOORE ADMIN
17708 CHALET CIR
LEANDER TX 78641

4a. Article Number
P 049 501 353

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

7. Date of Delivery
10/7

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON TX 77002

4a. Article Number
P 049 501 355

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

7. Date of Delivery

5. Received By: (Print Name)
Karen Sherrod

6. Signature: (Addressee or Agent)
X

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the

- 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.

2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
KEYS M ARNOLD
PO BOX 189
TUNICA MS 38676

4a. Article Number
P 049 501 308
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery **01/7**

5. Received By: (Print Name)
Jeanie Dawson

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

6. Signature: (Addressee or Agent)
X Jeanie Dawson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
LLOYD E COX JR TRUST
BANK ONE FORT WORTH
PO BOX 2050
FT WORTH TX 76113-2050

4a. Article Number
P 049 501 309
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery **OCT 06 1997**

5. Received By: (Print Name)
Leon Temigan

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

6. Signature: (Addressee or Agent)
X Leon Temigan

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
LOUIE KIMPLE TR #2
TX COMMERCE BK DAL TR #2 TRSTE
U/W/T OF LOUIE KIMPLE
ATTN TRUST DEPT
PO BOX 200890
HOUSTON TX 77216-0890

4a. Article Number
P 049 501 351
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery **OCT 06 1997**

5. Received By: (Print Name)
L. DUPREE

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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.

2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
JOHN BURROUGHS ESTATE
HERB MARCHMAN PERS REP
9350 ARROYA LN
COLORADO SPRINGS CO 80908

4a. Article Number
P 049 501 306

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
JOSEPH E & TWILA M GOODING
LIVING TRUST
TWILA M. GOODING, TRUSTEE
1009 CRESTVIEW CIRCLE
FARMINGTON NM 87401

4a. Article Number
P 358 637 274

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
KAREN KIMPLE NOBREGA
1506 W 32ND ST
AUSTIN TX 78703-1410

4a. Article Number
P 049 501 307

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ILENE GROSS BOX 660 COOPER STA NEW YORK NY 10276		4a. Article Number P 049 501 354	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Alexander Gross			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JEAN B JR & ALINE G MILLER TR 1915 HOLIDAY NEWPORT BEACH CA 92660		4a. Article Number P 049 501 304	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 10-4-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Jean B Miller			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JEAN BURROUGHS 9350 ARROYA LN COLORADO SPRINGS CO 80908		4a. Article Number P 049 501 305	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Jean Burroughs			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: GAYNOR NEWBRO WILLSON 2115 S BENSON ONTARIO CA 91762	4a. Article Number Z 082 204 833	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) <i>[Signature]</i>	7. Date of Delivery 10/4	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: GLADYS K VERRILL TRUST TX COMMERCE BK DALLAS TRUSTEE PO BOX 200890 HOUSTON TX 77216-0890	4a. Article Number Z 082 204 832	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) DUPREE X	7. Date of Delivery OCT 06 1997	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: H MICHAEL HEISEY C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002	4a. Article Number Z 082 204 831	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) Sherrod 6. Signature: (Addressee or Agent) X Karen Sherrod	7. Date of Delivery 10-7-97	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: FIRST PRESBYTERIAN CHURCH 200 E BOUTZ ROAD LAS CRUCES NM 88005	4a. Article Number Z 082 204 836	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery 10/16/97	
6. Signature: (Addressee or Agent) X Samara Rahl	8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: FRANKLIN NEWBRO SECTION F VETERANS HOME OF CALIFORNIA P O BOX 1200 YOUNTVILLE CA 94599-1297	4a. Article Number Z 082 204 835	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) Koy PETERSON	7. Date of Delivery 10/20/97	
6. Signature: (Addressee or Agent) X [Signature]	8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: GARY R PETERSEN C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002	4a. Article Number Z 082 204 834	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) Karen Sherrod	7. Date of Delivery	
6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

ENCAP INVEST LC PROFIT SHARING
TRUSTEES OF
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON TX 77002

4a. Article Number

Z 082 204 839

4b. Service Type

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

7. Date of Delivery**5. Received By: (Print Name)**

Karen Sherrod

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

EST LOUIS T KIMPLE DECD
ROSALEE F KIMPLE IND ADM
3131 MAPLE AVE #14F
DALLAS TX 75201

4a. Article Number

Z 082 204 838

4b. Service Type

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

7. Date of Delivery

10/17/97

5. Received By: (Print Name)**6. Signature: (Addressee or Agent)**

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

EUGENE DEBOGORY ESTATE
FRANCES H ROSI & PETER E
DEBOGORY SUCC CO-TRUSTEES
907 BAMBI DR
DESTIN FL 32541-1801

4a. Article Number

Z 082 204 837

4b. Service Type

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

7. Date of Delivery**5. Received By: (Print Name)**

Pat DeBogory

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELLIS W DARBY
PO BOX 128
TUNICA MS 38676

4a. Article Number

2082 204 830

4b. Service Type

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

7. Date of Delivery

10/6/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH A JOHNSON
PO BOX 640
TUNICA MS 38676

4a. Article Number

2082 204 829

4b. Service Type

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

7. Date of Delivery

10/8/97

5. Received By: (Print Name)

ELIZABETH JOHNSON

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

6. Signature: (Addressee or Agent)

X Elizabeth Johnson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

E C FIEDOREK DEFINED BENEFIT
PLAN
119 W SHORE DR
RICHARDSON TX 75080

4a. Article Number

P 049 501 356

4b. Service Type

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

7. Date of Delivery

10/6/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X E C Fiedorek

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: D MARTIN PHILLIPS & LIANE M PHILLIPS C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002	4a. Article Number P 358 636 723	
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name) Karen Sherrod	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: DAVID G NEWBRO 2016 VISTA CAJON NEWPORT BEACH CA 92660	4a. Article Number P 358 636 724	
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 10-4-97	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: DORIS WALDMAN 6422 PARK CENTRAL WAY INDIANAPOLIS IN 46260	4a. Article Number P 358 636 725	
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CHARLES R WIGGINS
PO BOX 10862
MIDLAND TX 79702

4a. Article Number

P 358 1037 215

4b. Service Type

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

7. Date of Delivery

10-7-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Charles R. Wiggins

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CHARLES SIAU
1017 W SPRUCE
PORTALES NM 88130

4a. Article Number

P 358 636 721

4b. Service Type

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

7. Date of Delivery

10-3-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Charles Siau

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CLINTON C CARNEY JR TRUST
3210 FOREST GLEN
SPRING TX 77380

4a. Article Number

P 358 636 722

4b. Service Type

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

7. Date of Delivery

10-4-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X John Carney

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BRADFORD L KIMPLE C/O SCOTT C KIMPLE THE WARRINGTON NO 8-E 3831 TURTLE CREEK BLVD DALLAS TX 75219		4a. Article Number P 358 636 718	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 10-6	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CARROLL D BRANYON 641 LAKE MUREX CIR SANIBEL FL 33957		4a. Article Number P 358 636 719	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X [Signature]			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CHARLES H BRADSHAW JOHN C BRADSHAW AIF REV LIVING TRST DTD 7-15-71 PO BOX 1938 SIMPSONVILLE SC 29681-1938		4a. Article Number P 358 636 720	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 1	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X [Signature]			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANDREA COLLEEN WIGGINS
PO BOX 50331
MIDLAND TX 79710

4a. Article Number
P 358 637 276

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BARBARA BERNSTEIN
1 E SCHILLER ST APT 3-D
CHICAGO IL 60610

4a. Article Number
P 358 636 716

4b. Service Type

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

7. Date of Delivery
10-4-97

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BILLIE-DALE NEWBRO WILLIAMS
6556 ROSEBAY STREET
LONG BEACH CA 90808

4a. Article Number
P 358 636 717

4b. Service Type

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

7. Date of Delivery
OCT 06 1997

5. Received By: (Print Name)
Billie-Dale Newbro Williams

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 358 637 278

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

1800, April 1995

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

9-29-97 - Mesaverde Drillblock
ORRI & RI Owners
Increased Density Study notification

BURLINGTON RESOURCES

SAN JUAN DIVISION

September 5, 1997

10:30

Great Western Drilling
Attn: Mike Heathington
P.O. Box 1659
Midland, TX 79702

Conoco Inc.
Attn: Dave Farmer
10 Desta Drive, Ste 100W
Midland, TX 79705-4500

Davoil Inc.
P.O. Box 122269
Fort Worth, TX 76121

RE: 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

Gentlemen:

Burlington Resources is in the process of investigating a pilot increased density study of the Mesaverde formation in the above four sections and townships in San Juan County, New Mexico. As you are probably aware, the current density of wells for the Blanco Mesaverde pool is two (2) wells per 320 acre spacing unit. We propose drilling increased density wells (up to four (4) wells per spacing unit) as shown on the attached maps in each of the four sections. The study will determine the additional reserves that could be developed by increasing the density in each of the subject spacing units. We have received favorable results from a similar study in another portion (T29N, R7W) of the Basin.

Burlington would like to request your participation in this project. We would be willing to discuss the technical merits of our proposed project. Please let us know if you would like to discuss this project by telephone conference or in a meeting at Burlington's Farmington office in late September or early October, 1997. If all parties are agreeable, it will require a hearing and subsequent order from the New Mexico Oil & Gas Conservation Division (NMOCD) in order to proceed. We would like to schedule a hearing before the NMOCD on November 20, 1997, the application for which should be filed by October 24, 1997.

You may contact the undersigned at (505) 326-9757, or Bill Babcock, Geologist at (505) 326-9782, if you have any questions or comments regarding this proposal.

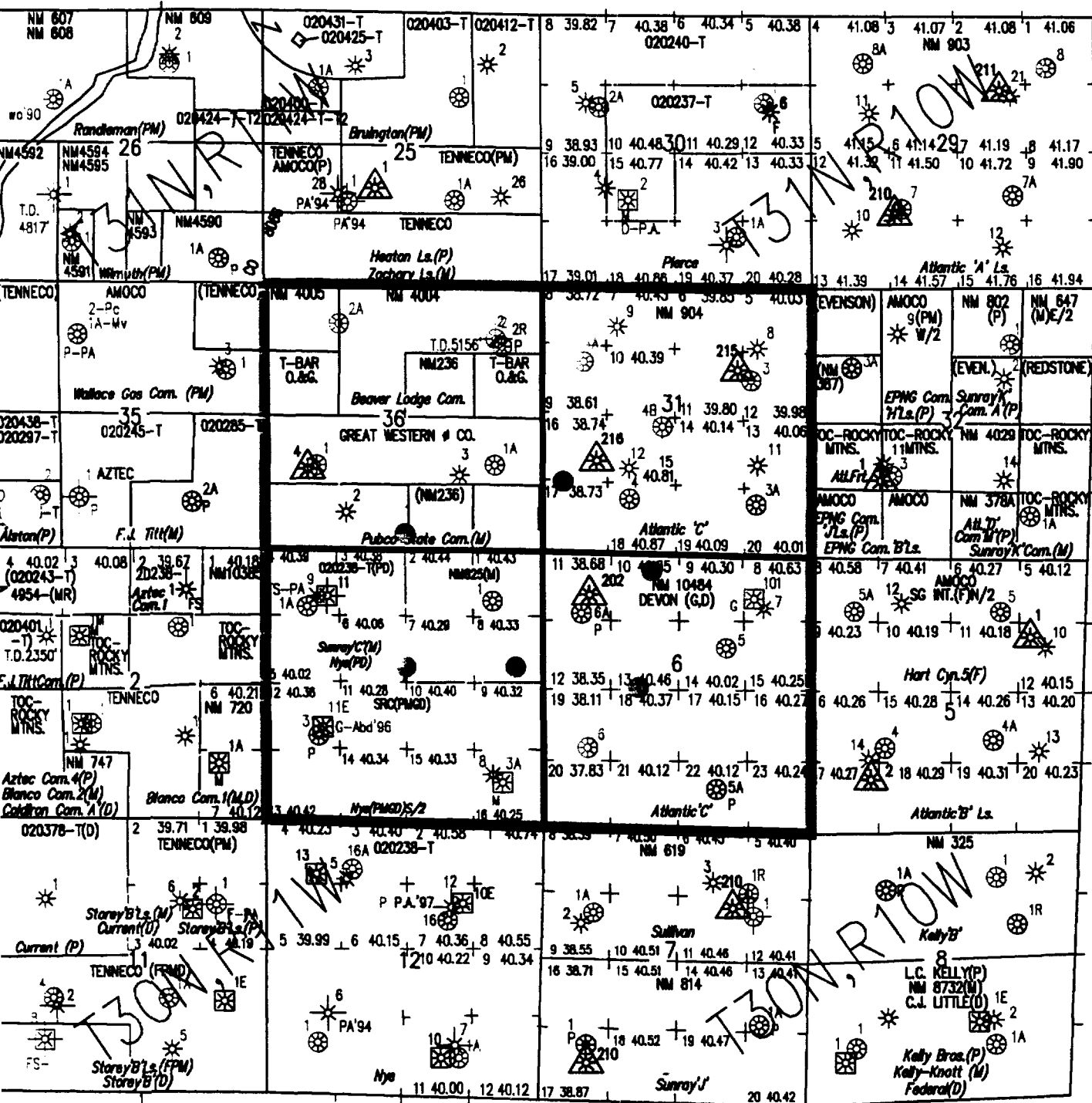
Very truly yours,



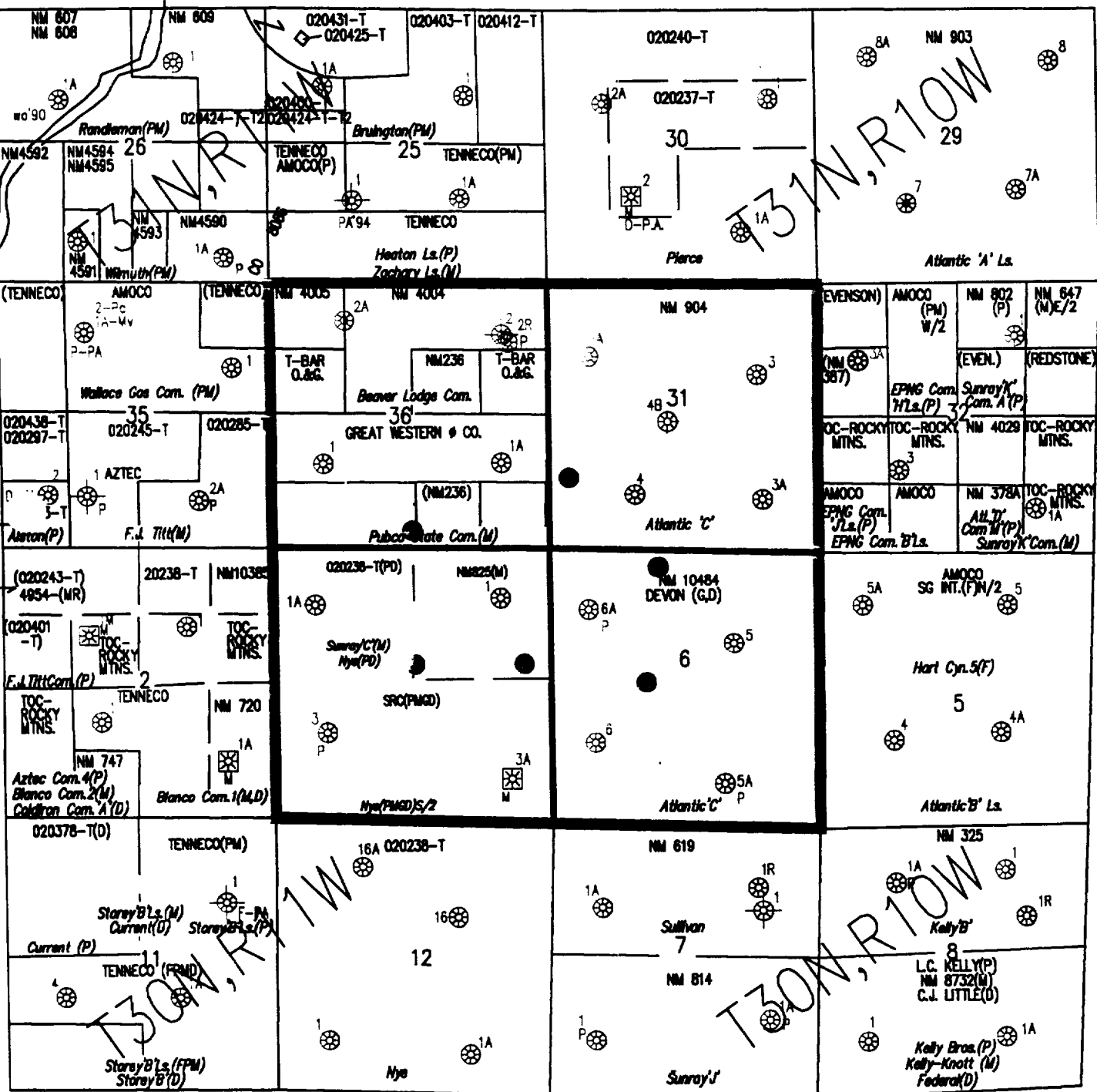
Alan Alexander
Senior Land Advisor

AA/cj
xc: NM-10484
Tom Kellahin

INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



INCREASE DENSITY STUDY AREA MESAVERDE FORMATION

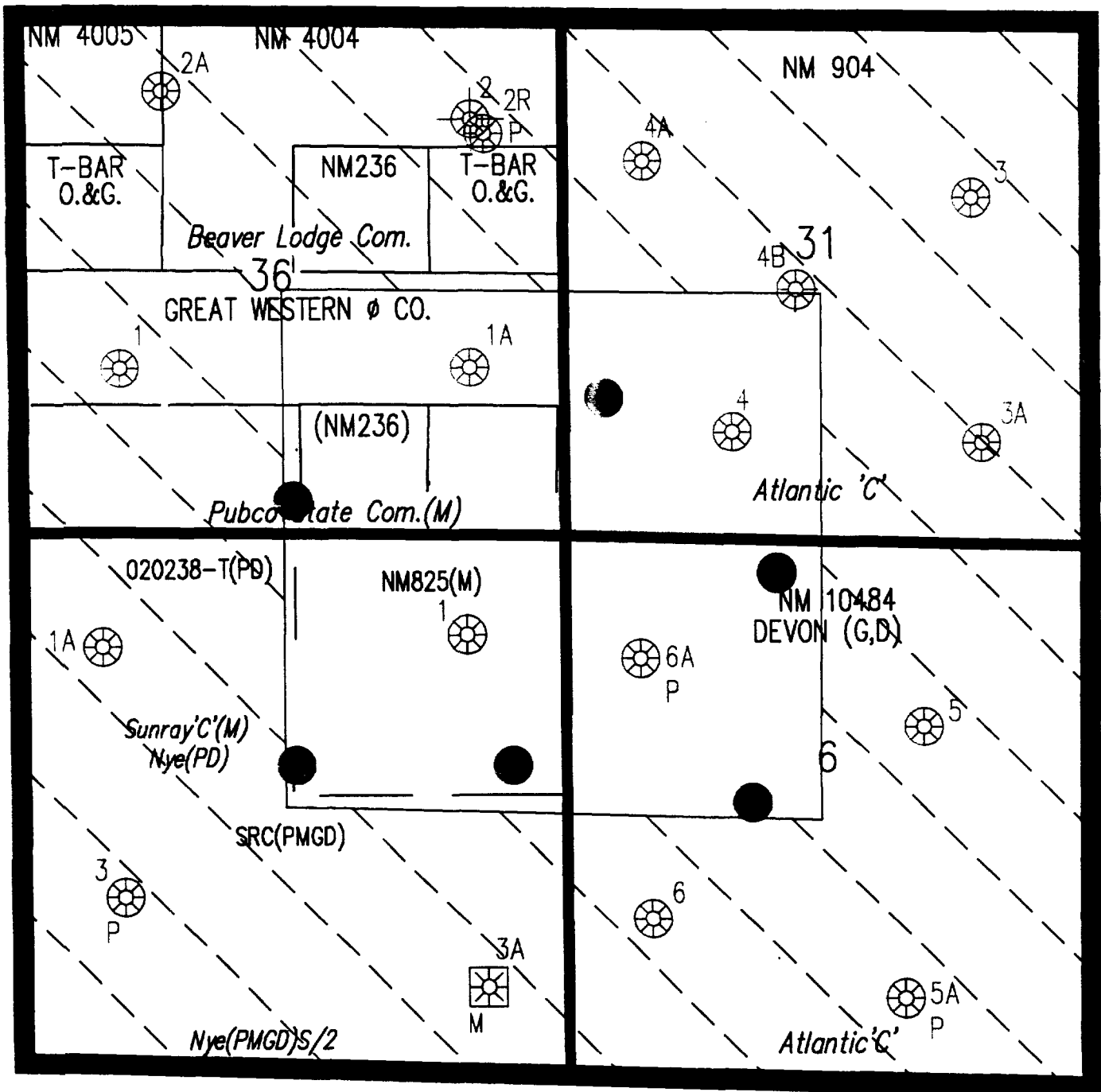


● MESAVERDE

● INCREASED DENSITY WELL

● INCREASED DENSITY
WELL

INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



 MESAVERDE

 INCREASED DENSITY WELL