

**KELLAHIN AND KELLAHIN**

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117 NORTH GUADALUPE

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W. THOMAS KELLAHIN\*

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

JASON KELLAHIN (RETIRED 1991)

October 13, 1997

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

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

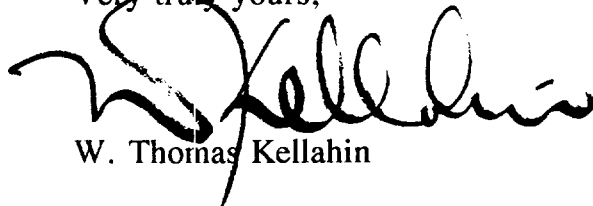
***Re: Application of Burlington Resources Oil & Gas Company  
for approval of a pilot project for infill drilling and  
unorthodox Mesaverde gas well locations within a four-  
section area, San Juan County, New Mexico.***

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

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

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

Very truly yours,



W. Thomas Kellahin

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

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

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

**APPLICATION**

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

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

(1) Burlington is the current operator of seven Mesaverde proration and spacing units within a "Project Area" described as follows:

- (a) Section 1, T30N, R11W,
  - (b) Section 36, T31N, R11W,
  - (c) Section 31, T31N, R10W, and
  - (d) Section 6, T30N, R10W,
- San Juan County, New Mexico See Exhibit "A".

(2) The Project Area is within the current boundaries of the Blanco-Mesaverde Gas Pool and includes wells which are dedicated to that pool. See Exhibit "A" attached.

(3) On November 14, 1974, the New Mexico Oil Conservation Division ("Division") issued Order R-1670-T adopted "infill drilling" for the Blanco-Mesaverde Gas Pool by permitting in Rule 2 for the drilling of a second well within a 320-acre gas proration and spacing unit ("GPU") providing this **one optional** "infill well" to be located on the opposite 160-acres from the 160-acres containing the original well ("the initial well") and further providing that these infill wells were not closer than 990 feet (subject to a 200 foot topographical allowance) to the outerboundary of a quarter section.

(4) On September 20, 1978, the Division issued Order R-1670-U amended Rule 2 to permit the initial well on the proration unit to be drilled on either 160-acre tracts comprising the unit, so long as the well is no closer than 790 feet to the outer boundary of the quarter section and no closer than 130 feet to any quarter-quarter section line or subdivision inner boundary.

(5) On March 28, 1986, the Commission issued Order R-8170 which, among other things, promulgated the Rules and Regulations for the Prorated Gas Pools, including "reformatting" Rule 2 of the Rules and Regulations for the Blanco Mesaverde Gas Pool which currently provides:

**"A. WELL ACREAGE AND LOCATION REQUIREMENTS**

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

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

**1. THE INITIAL WELL drilled on a GPU shall be located not closer than 790 feet to any outer boundary of the quarter section on which the well is located and not closer than 130 feet to any quarter-quarter section line or subdivision inner boundary.**

**2. THE INFILL WELL drilled on a GPU shall be located in the quarter section of the GPU not containing a Mesaverde well, and shall be located with respect to the GPU boundaries as described in the preceding paragraph."**

**(6) Based upon a study of the geological and reservoir engineering data, Burlington has concluded that in order to increase ultimate recovery of gas from this pool, there is a need to drill more wells per GPU than is currently permitted by Rule 2(b) of the pool rules.**

**(7) Accordingly, Burlington desires to initiate a pilot program for the drilling of additional Blanco Mesaverde Pool wells within the Project Area to validate and confirm reservoir simulation and geologic studies for the purposes of determining the proper well density not to exceed a maximum of four (4) wells per GPU ("80-acre infill") and for determining the well location requirements for said wells.**

**(8) The approval of a pilot project will involve the approval of the following six (6) unorthodox gas well locations:**

**(a) Pubco State Com Well No. 1B, 325 feet FSL and 2510 feet FEL of (Unit O) Section 36, T31N, R11W.**

**(b) Atlantic "C" Well No. 4C, 445 feet FWL and 1385 feet FSL of (Unit L) Section 31, T31N, R10W.**

**(c) Atlantic "C" Well No. 6B, 2190 feet FWL and 380 feet FNL of Unit C) Section 6, T30N, R10W.**

(d) Atlantic "C" Well No. 6C, 2240 feet FNL and 2005 feet FWL of (Unit F) Section 6, T30N, R10W.

(e) Sunray C Well No. 1B, 2135 feet FNL and 395 feet FEL of (Unit H) Section 1, T30N, R11W.

(f) Sunray C Well No. 1C, 2220 feet FNL and 2520 feet FEL of (Unit G) Section 1, T30N, R11W.

(9) The increase in density of Blanco Mesaverde Pool wells at unorthodox well locations within the Project Area will not violate correlative rights because the pattern created by existing wells and these new unorthodox wells will provide an opportunity for each 320-acre proration and spacing unit to be protected.

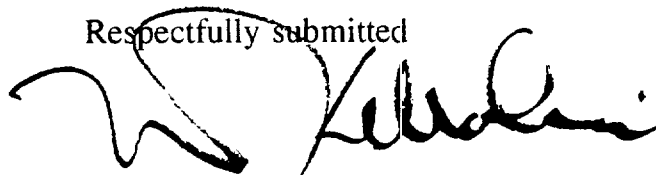
(10) Approval of this Project Area will afford an opportunity to recovery gas from the Mesaverde Pool which might not otherwise be produced thereby preventing waste.

(11) Copies of this application have been sent to all appropriate parties as required by the Division notice rules.

(12) Approval of this application is in the best interests of conservation, the prevention of waste and the protection of correlative rights.

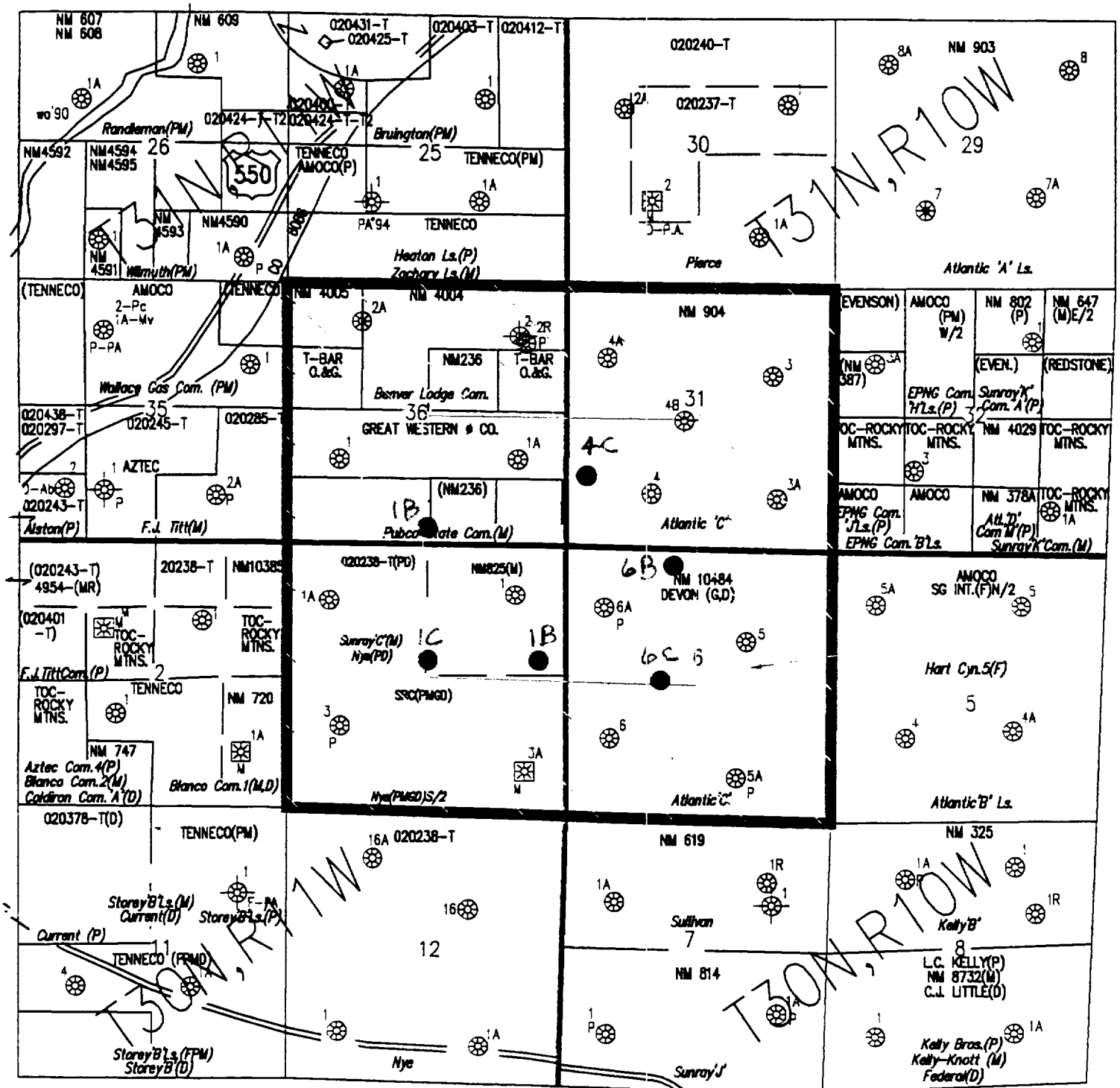
WHEREFORE Applicant requests that this matter be set for hearing on November 6, 1997 before a duly appointed Examiner of the Oil Conservation Division and that after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted



W. Thomas Kellahin  
KELLAHIN and KELLAHIN  
P. O. Box 2265  
Santa Fe, New Mexico 87501  
(505) 982-4285  
Attorneys for Applicant

# INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



● MESAVERDE

● INCREASED DENSITY WELL

EXHIBIT

A

**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	
ORRI	RITA AND DON F SHEEHAN	



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

**ORRI & RI OWNERS**

ORRI	ROBERT L ZORICH	
ORRI	ROBERT W ULMER	
ORRI	SAMUEL D HAAS	
ORRI	SAN JUAN BASIN POOL LTD	
ORRI	SCOTT A ARNOLD III	
ORRI	SCOTT C KIMPLE	
ORRI	SHEFFIELD GORDON REVOCABLE TR	MARCELINE D GORDON TRUSTEE
ORRI	STEVEN H GORDON	
ORRI	SUZANNE MARTHA NEWBRO	
ORRI	SYRIL ANN JAMES	
ORRI	THE IRISH FAMILY TRUSTS	JAMES L IRISH III TRUSTEE
ORRI	THERESA B ATCLASS 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	

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

3. Article Addressed to:  
 ANDREA COLLEEN WIGGINS  
 PO BOX 50331  
 MIDLAND TX 79710

4a. Article Number  
 P 103 693 438

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

7. Date of Delivery  
 10/23

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

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3. Article Addressed to:  
 Amoco Production Company  
 Attn: Bruce Zimney  
 P.O. Box 800  
 Denver, CO 80202

4a. Article Number  
 P 160 090 603

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

7. Date of Delivery  
 10/20/97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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mv drill block

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:

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

4a. Article Number

P 103 693 412

4b. Service Type

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

7. Date of Delivery

10-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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mv drill block

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

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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 103 693 413

4b. Service Type

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

7. Date of Delivery

OCT 20 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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2. ☐ Restricted Delivery

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3. Article Addressed to:

BUREAU OF LAND MANAGEMENT  
ATTN DUANE SPENCER  
1235 LA PLATA HIGHWAY  
FARMINGTON NM 87499

4a. Article Number

P 103 693 414

4b. Service Type

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

7. Date of Delivery

10-16-97

5. Received By: (Print Name)

Donna M. Randall

6. Signature: (Addressee or Agent)

X

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

Donna M. Randall

Thank you for using Return Receipt Service.

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**SENDER:**

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*mv drill block*

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- ☐ Restricted Delivery

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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 103 693 416*

4b. Service Type

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

7. Date of Delivery

*20*

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*X Alan Bradshaw*

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102595-97-B-3179

Domestic Return Receipt

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**SENDER:**

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*mv drill block*

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

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- ☐ Restricted Delivery

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3. Article Addressed to:

CARROLL D BRANYON  
641 LAKE MUREX CIRCLE  
SANIBEL FL 33957

4a. Article Number

*P 103 693 415*

4b. Service Type

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

7. Date of Delivery

*10/21/97*

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*X Carroll D Branyon*

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102595-97-3-0179

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*mv drill block*

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:

CHARLES R WIGGINS  
PO BOX 10862  
MIDLAND TX 79702

4a. Article Number

*P 103 693 437*

4b. Service Type

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

7. Date of Delivery

*OCT 22 1997*

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*X Charles R. Wiggins*

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102595-97-B-3179

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3. Article Addressed to:  D MARTIN & LIANE M PHILLIPS C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002		4a. Article Number P 103 693 420	
5. Received By: (Print Name) JEANNE PARK		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>Jeanne Park</i>		7. Date of Delivery 10/23/97	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-97-B-0173 Domestic Return Receipt	

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3. Article Addressed to:  CONOCO INC 10 DESTA DRIVE STE 100W MIDLAND TX 79705-4500		4a. Article Number P 103 693 419	
5. Received By: (Print Name) <i>Conita Gonzalez</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>Conita Gonzalez</i>		7. Date of Delivery 10-22-97	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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.		<b>MU drill block</b> 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:  CLINTON C CARNEY JR TRUST 3210 FOREST GLEN SPRING TX 77380		4a. Article Number P 103 693 418	
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>Clinton Carney</i>		7. Date of Delivery 10-22-97	
		8. Addressee's Address (Only if requested and fee is paid)	
		Domestic Return Receipt	

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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.		<b>mv drathblock</b> 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 103 693 421	
		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 10-20-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Rudy Nash			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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.		<b>mv Drathblock</b> 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:  DAVOIL INC PO BOX 122269 FORT WORTH TX 76121		4a. Article Number P 103 693 468	
		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 10-22-97	
5. Received By: (Print Name) P. Rushing		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X P. Rushing			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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.		<b>mv Drathblock</b> 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 103 693 422	
		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 OCT 20 1997	
5. Received By: (Print Name) D. Waldman		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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.		<b>mv drill block</b> 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:  E C FIEDOREK DEFINED BENEFIT PLAN 119 W SHORE DR RICHARDSON TX 75080		4a. Article Number P 103 693 423	
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>E C Fiedorek</i>		7. Date of Delivery 10-20-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to:  ELIZABETH A JOHNSON PO BOX 640 TUNICA MS 38676		4a. Article Number P 103 693 424	
5. Received By: (Print Name) Elizabeth Johnson		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>Elizabeth Johnson</i>		7. Date of Delivery 10-20-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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.		<b>mv drill block</b> 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:  ELLIS W DARBY PO BOX 128 TUNICA MS 38676		4a. Article Number P 103 693 425	
5. Received By: (Print Name) Ellis W. Darby		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>Ellis W. Darby</i>		7. Date of Delivery 10-20-97	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

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

*no draft block*

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:**

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

**4a. Article Number**

*P 103 693 428*

**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**

*10-18-97*

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

*Paige DeBogory*

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

*X Paige DeBogory*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

*no draft block*

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:**

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

**4a. Article Number**

*P 103 693 427*

**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**

*10/20/97*

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

*Scott C. Kimple*

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

*X [Signature]*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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*no draft block*

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:**

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

**4a. Article Number**

*P 103 693 426*

**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**

*10/23/97*

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

*JEANNE PARK*

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

*X Jeanne Park*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

Consult postmaster for fee.

3. Article Addressed to:

GARY R PETERSEN  
C/O ENCAP INVESTMENTS LC AGENT  
1100 LOUISIANA STE 3150  
HOUSTON TX 77002

4a. Article Number

P 103 693 431

4b. Service Type

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

7. Date of Delivery

10/23/97

5. Received By: (Print Name)

JEANNE PARK

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

FRANKLIN NEWBRO -  
SECTION F  
VETERANS HOME OF CALIFORNIA  
P O BOX 1200  
YOUNTVILLE CA 94599-1297

4a. Article Number

P 103 693 430

4b. Service Type

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

7. Date of Delivery

10/20/97

5. Received By: (Print Name)

ROY PETERSON

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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

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

Consult postmaster for fee.

3. Article Addressed to:

FIRST PRESBYTERIAN CHURCH  
200 E BOUTZ ROAD  
LAS CRUCES NM 88005

4a. Article Number

P 103 693 429

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)

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

*MV Drillblock*

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:

H MICHAEL HEISEY  
C/O ENCAP INVESTMENTS LC AGENT  
1100 LOUISIANA STE 3150  
HOUSTON TX 77002

4a. Article Number

*P 103 693 434*

4b. Service Type

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

7. Date of Delivery

*10/23/97*

5. Received By: (Print Name)

*JEANNE PARK*

6. Signature: (Addressee or Agent)

*X [Signature]*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

*MV Drillblock*

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:

GREAT WESTERN DRILLING  
ATTN: MIKE HEATHINGTON  
PO BOX 1659  
MIDLAND TX 79702

4a. Article Number

*P 103 693 471*

4b. Service Type

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

7. Date of Delivery

*OCT 22 1997*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X [Signature]*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

*MV Drillblock*

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:

GLADYS K VERRILL TRUST  
TX COMMERCE BK DALLAS TRUST  
PO BOX 200890  
HOUSTON TX 77216-0890

4a. Article Number

*P 103 693 433*

4b. Service Type

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

7. Date of Delivery

*OCT 22 1997*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X GARY HOLT*

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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.		<b>mv drillblock</b> 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:  JOSEPH E & TWILA M GOODING LIVING TRUST TWILA M. GOODING, TRUSTEE 1009 CRESTVIEW CIRCLE FARMINGTON NM 87401		4a. Article Number P 103 693 449	
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>Joseph Gooding</i>		7. Date of Delivery 10/1/94	
PS Form 3811, December 1994		102595-97-E-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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.		<b>mv drillblock</b> 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 103 693 436	
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>Jean B Miller</i>		7. Date of Delivery 10-20-97	
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

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3. Article Addressed to:  ILENE GROSS BOX 660 COOPER STA NEW YORK NY 10276		4a. Article Number P 103 693 435	
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>Ilene Gross</i>		7. Date of Delivery OCT 20 1997 USPS	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- NO drill block*
- 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 103 693 441*

4b. Service Type

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

7. Date of Delivery **OCT 21 1997**

5. Received By: (Print Name)

*Leon Jernigan*

6. Signature: (Addressee or Agent)

*X Leon Jernigan*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- NO drill block*
- 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:

KEYS M ARNOLD  
PO BOX 189  
TUNICA MS 38676

4a. Article Number

*P 103 693 440*

4b. Service Type

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

7. Date of Delivery

*10/30/97*

5. Received By: (Print Name)

*Jeanie Dawson*

6. Signature: (Addressee or Agent)

*X Jeanie Dawson*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- NO drill block*
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  - Complete items 3, 4a, and 4b.
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  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

KAREN KIMPLE NOBREGA  
1506 W 32ND ST  
AUSTIN TX 78703-1410

4a. Article Number

*P 103 693 439*

4b. Service Type

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

7. Date of Delivery

*10/21/97*

5. Received By: (Print Name)

*KAREN K. NOBREGA*

6. Signature: (Addressee or Agent)

*X Karen K. Nobrega*

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *MU drill block*

- 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:

LOUIS T KIMPLE JR EST  
MARJORIE SUE MOORE ADMIN  
17708 CHALET CIR  
LEANDER TX 78641

4a. Article Number  
*P 103 693 444*

4b. Service Type

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

7. Date of Delivery  
*10/21*

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *MU drill block*

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

US NATURAL GAS CORP  
SPRINGS PKWY  
1A CITY OK 73101-0116

4a. Article Number  
*P 103 693 443*

4b. Service Type

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

7. Date of Delivery  
*10-17*

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *MU drill block*

- 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:

LOUIE KIMPLE TR #2  
TX COMM BANK DALL TR #2 TRSTE  
ATTN TRUST DEPT  
PO BOX 200890  
HOUSTON TX 77216-0890

4a. Article Number  
*P 103 693 442*

4b. Service Type

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

7. Date of Delivery  
*Oct 22 1997*

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  MELVIN A ASTRAHAN 11401 KENSINGTON RD LOS ALAMITA CA 90720		4a. Article Number P 103 693 447	
		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 10-21-97	
5. Received By: (Print Name) M. Chen		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Chen Astrahan			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  MARATHON OIL COMPANY PO BOX 552 MIDLAND TX 79702		4a. Article Number P 103 693 446	
		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 OCT 23 1997	
5. Received By: (Print Name) M. Chen		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  M SEAN SMITH C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002		4a. Article Number P 103 693 445	
		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 10/23/97	
5. Received By: (Print Name) JEANNE PARK		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- no dent block*
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, 4a, and 4b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
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  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

*P 103 693 451*

4b. Service Type

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

7. Date of Delivery

*18 October 1997*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X Patricia C Gordon*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- no dent block*
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, 4a, and 4b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
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  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

PALMER L LONG  
6352 REUBENS DRIVE  
HUNTINGTON BEACH CA 92647

4a. Article Number

*P 103 693 450*

4b. Service Type

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

7. Date of Delivery

*10/20/97*

5. Received By: (Print Name)

*CHARLEY E LONG*

6. Signature: (Addressee or Agent)

*X Charley E Long*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- no dent block*
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  - Complete items 3, 4a, and 4b.
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  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

*P 103 693 448*

4b. Service Type

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

7. Date of Delivery

*OCT 20 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

102595-97-B-0179

Domestic Return Receipt

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my drailbook

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:

PERRY M BERKE  
C/O BASKIN SERVER BERKE &  
WEINSTEIN  
20 N WACKER DR #1900  
CHICAGO IL 60606

4a. Article Number

P 103 693 454

4b. Service Type

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

7. Date of Delivery

10-21-97

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

102595-97-B-0179

Domestic Return Receipt

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

3. Article Addressed to:

PAUL AND LAURA ALBRIGHT  
5205 REXTON LN  
DALLAS TX 75214

4a. Article Number

P 103 693 453

4b. Service Type

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

7. Date of Delivery

10-21-97

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

102595-97-B-0179

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

my drailbook

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:

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

4a. Article Number

P 103 693 452

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)

Domestic Return Receipt

Thank you for using Return Receipt Service.



Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <u>MV Dentblock</u> ■ 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 <u>P 103 693 457</u> 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 <u>10/23/97</u>	Thank you for using Return Receipt Service.
5. Received By: (Print Name) <u>FRANNE PARK</u>	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <u>X</u> <u>Frane</u>		
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <u>MV Dentblock</u> ■ 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:  RITA AND DON F SHEEHAN JOINT TENANTS P O BOX 159 MATTAWAN MI 49071	4a. Article Number <u>P 103 693 456</u> 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 <u>10-20-97</u>	Thank you for using Return Receipt Service.
5. Received By: (Print Name) <u>Rita Sheehan</u>	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <u>X</u> <u>Rita Sheehan</u>		
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <u>MV Dentblock</u> ■ 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:  PRISCILLA ANN MILBURN P O BOX 141 MIDLAND TX 79702	4a. Article Number <u>P 103 693 455</u> 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 <u>OCT 23 1997</u>	Thank you for using Return Receipt Service.
5. Received By: (Print Name) <u>P. Ann Milburn</u>	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <u>X</u> <u>P. Ann Milburn</u>		
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  SAN JUAN BASIN POOL LTD BOX 1237 PANHANDLE TX 79068	4a. Article Number P 103 693 460	7. Date of Delivery 10/22/97
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) ELAINE PHILLIPS	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Elaine Phillips		

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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 103 693 459	7. Date of Delivery 10/23/97
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) LEANNE PARK	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Leanne Park		

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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 103 693 458	7. Date of Delivery 10/21/97
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) ROBERT W. ULMER	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Robert W Ulmer		

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> MV Drillblock <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, 4a, and 4b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li><li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		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 103 693 466	
		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) SUZANNE NEWBRO		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Suzanne Newbro			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

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Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> MV Drillblock <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, 4a, and 4b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li><li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		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 103 693 465	
		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 OCT 20 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Leonora Escobar			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

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<b>SENDER:</b> MV Drillblock <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, 4a, and 4b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li><li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		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 103 693 463	
		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 10/21/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X William Escobar			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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.		<b>NO Drillblock</b> 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:  SYRIL ANN JAMES 4078 EAST BLVD LOS ANGELES CA 90066		4a. Article Number <b>P 103 693 467</b>	
		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) <b>X</b> <i>Syril James</i>			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to:  SCOTT C KIMPLE THE WARRINGTON NO 8-E 3831 TURTLE CREEK DALLAS TX 75219		4a. Article Number <b>P 103 693 462</b>	
		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 <b>OCT 18 1997</b> <b>OCT 20 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Scott Kimple</i>			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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.		<b>NO Drillblock</b> 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:  SCOTT A ARNOLD III PO BOX 10 TUNICA MS 38676		4a. Article Number <b>P 103 693 461</b>	
		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 <b>10/20/97</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Scott Arnold</i>			
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  THERESA B ATLESS LIVING TRUST NORTHERN TRUST CO - SUNDRY PO BOX 92980 CHICAGO IL 60675-2303	4a. Article Number P 103 693 470	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 REGISTRY SECTION		
5. Received By: (Print Name) Km	8. Addressee's Address (Only if requested and fee is paid) OCT 20 1997	
6. Signature: (Addressee or Agent) X	KIM MARION	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  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 103 693 469	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 10/23/97		
5. Received By: (Print Name) JEANNE PARK	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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<b>SENDER:</b> ■ 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:  STATE OF NEW MEXICO PO BOX 1148 SANTA FE NM 87504-1148	4a. Article Number P 103 693 464	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 10/17/97		
5. Received By: (Print Name) [Signature]	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		

Thank you for using Return Receipt Service.

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *no dnitblock*

- 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 103 693 417*

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 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *no dnitblock*

- 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 103 693 472*

4b. Service Type

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

7. Date of Delivery  
*10-15-97*

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

P 103 693 432

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

GAYNOR NEWBRO WILLSON  
2115 S BENSON  
ONTARIO CA 91762

800, 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	\$

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

P 103 693 473

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

WILLIAM CARLISLE KIMPLE  
3711 PRINCETON AVE  
DALLAS TX 75205

300, 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	\$

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