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

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

**CASE NO. 11880** 

## CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

STATE OF NEW MEXICO )

SS
COUNTY OF SANTA FE )

Alan Alexander, being first duly sworn, hereby certifies that he is a senior landman for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-3054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the day of October, 1997, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing scheduled for November 6, 1997 and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case to all interested parties as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

Have Herander
Alan Alexander

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

Lynda Kellahin, Notary Public

My Commission Expires: June 14, 2000
OFFICIAL SEAL

#### KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIC BUILDING

117 NORTH GUADALUPE: POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

October 13, 1997

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

JASON KELLAHIN (RETIRED 1991)

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

W. THOMAS KELLAHIN\*

### CERTIFIED MAIL-RETURN RECEIPT REQUESTED

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

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

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

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

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

Very truly yours

W. Thomas 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 (160acre infill) provided in Order R-1670-T to a maximum of four (4) wells (80-acre infill) per gas proration and spacing unit for wells dedicated to the Blanco Mesaverde Gas Pool within said project area.

NMOCD application of Burlington Resources Oil & Gas Company Page 2

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

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

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

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

NMOCD application of Burlington Resources Oil & Gas Company Page 3

# "A. WELL ACREAGE AND LOCATION REQUIREMENTS

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

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

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

NMOCD application of Burlington Resources Oil & Gas Company Page 4

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

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

Respectfully submitted

W. Thomas Kellahin

KELLAHIN and KELLAHIN

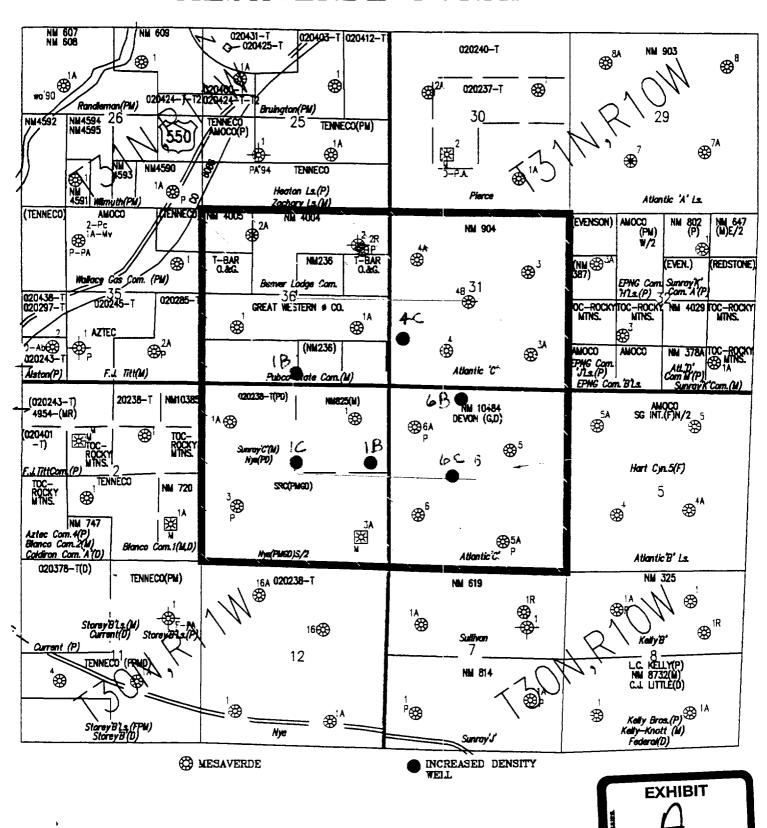
P. O. Box 2265

Santa Fe, New Mexico 87501

(505) 982-4285

Attorneys for Applicant

# INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



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

## ORRI & RI OWNERS

INT TYPE	BA NAME	BA ADDRESSEE NAME
ORRI	ANDREA COLLEEN WIGGINS	
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 ATLASS LIVING TRUST	
ORRI	THOMAS W PETILT	
ORRI	THOMPSON G GARRETT SR DECD	STEPHEN P GARRETT EXECUTOR
ORRI	W B ULMER JR	
ORRI	WILLIAM CARLISLE KIMPLE	
ORRI	WILLIAM HALL NEWBRO JR	
RI	MINERALS MANAGEMENT SERVICE	
RI	STATE OF NEW MEXICO	

	8	
	CCC I also wish to receive the C	
my deillbi	ocic I also wish to recently following services (for an	
SENDER: and/or 2 for additional services.	can return this extra fee):	
SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.  **Complete items 3, 4a, and 4b.  **Complete items 3, 4a, and address on the reverse of this form so that we are not the back if specific to the complete items of the back if specific to the complete items of the back if specific to the complete items of the back if specific to the complete items of the back if specific to the complete items of the back if specific to the complete items of the complete items	can return this extra 199).	
a complete name and addition	can return this extra fee):  a does not.  In number, and the date:  A. Article Number  Consult postmaster for fee.  A. Article Number  A. Article Number  A. Article Number	
E Print your name card to you.  Card to you.  Attach this form to the front of the mailpiece, or on the observation of the mailpiece, or on the mailpiece below the article which "Receipt Requested" on the mailpiece below the article was delivered as the "Return Receipt will show to whom the article was delivered as their was delivered.	te number. Indition the date   Consult postmaster for fee.	•
card to you.  **Affact this form to the front of the mailpiece below the affice permit.  **Write "Return Receipt Requested" on the mailpiece below the affice permit.  **Write "Return Receipt Will show to whom the article was delivered.  **The Return Receipt will show to whom the article was delivered.	Consult possult	•
Write Return Receipt will show to whom the	T48. Article Number	
delivered.	D 103 643 400	
3. Article Addressed to:	4b. Service Type Certified	
3. Allicio	Registered Insured	Ĕ
ANDREA COLLEEN WIGGINS PO BOX 50331 PO BOX 79710	☐ Registered ☐ Insured	5
ANDREA COLLEGE	☐ Express Mail ☐ Fleturn Receipt for Merchandise ☐ COD	ই
8 PO BOX 50331	Fletum Hecephita	3
MIDLAND TX 79710	7. Dake of Delivery	X
	Address (Only if requested	Thank you for using
MIDLAND TX /9110  5. Received By: (Print Warne)  6. Simpature/(Addressee or/Agent)	8. Addresse's Address (Only if requested	F
(Salat Name)	8. Addissessing and fee is paid)	
5. Received By: (Print Marne)		
H / Agenty	Domestic Return Receip	ot
6. Signature/(Addressee or/Agent)	Domestic Helum 1	·
	102595-97-B-0179 DOMESTIC	<del></del> '·
PS Form 3811, December 1994	also wish to receive the	
PS Form 3011,	following services (for an extra (ag):	1
this form as the first of	oxua idej.	. ø
E pariet.		s , <del>S</del>
Write*Return Receipt Requested* on the mailpiece below The Return Receipt will show to whom the article was deli	he article number.  2. Restricted Delivery	Š
o ————	Consult postmaster for fee.	ä
3. Article Addressed to:	4tt. Article Number	— <del>8</del>
3. Article Addressed to:  BARBARA BERNSTEIN 1 E SCHILLER ST APT 3-D	P103103 411	æ
BARBARA BERNSTEIN	4th. Service Type	— <b>Ē</b>
	<b>-</b> - '''	Ē
O CUICACO II CACIA		A E
CHICAGO IL 60610	C C C C C C C C C C C C C C C C C C C	` a
CITICAGO IL 60610	☐ Express Mail ☐ Insured	
CUICAGO IL 60610	☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD	rueing
ADDRES	☐ Express Mail ☐ Insured	for using
	☐ Express Mail ☐ Insured☐ Return Receipt for Merchandise ☐ COD  7. Date of Delivery ☐ ☐	you for using
	Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested)	A
5. Received By: (Print Name)	☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD	hank you for using
5. Received By: (Print Name)	Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested)	Thank you for using
5. Received By: (Print Name)	Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested)	Thank you for using
5. Received By: (Print Name)  6. Signature / Addressee or Agent	Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)	 Thank you
5. Received By: (Print Name)	Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested)	 Thank you
5. Received By: (Print Name)  6. Signature (Addresses or Agent)  Control of the Addresses of Agent)	Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)	 Thank you
5. Received By: (Print Name)  6. Signature (Addressee or Agent)  PS form 3811, December 1994	Express Mail   Insured   Insured   Return Receipt for Merchandise   COD   7. Date of Delivery	 Thank you
5. Received By: (Print Name)  6. Signature (Addressee or Agent)  PS form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.	Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)  102595-97-8-0179 Domestic Return Receipting Insured Code Code Code Code Code Code Code Co	Thank you
5. Received By: (Print Name)  6. Signature (Addressee or Agent)  PS form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.	Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)  102595-97-8-0179 Domestic Return Receipt I also wish to receive the following services (for an	Thank you
5. Received By: (Print Name)  6. Signature Addressee or Agent  PS form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form	Express Mail   Insured   Insured   Return Receipt for Merchandise   COD	Thank you
5. Received By: (Print Name)  6. Signature Addressee or Agent  PS form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this forms.	Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)  102595-97-8-0179 Domestic Return Receipt is also wish to receive the following services (for an extra fee):	Thank you
5. Received By: (Print Name)  6. Signature (Addressee or Agent)  PS form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this for card to you.  Attach this form to the front of the mailpiece, or on the permit.	Express Mail	Thank you
5. Received By: (Print Name)  6. Signature Addressee or Agent  PS from 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this for card to you.  Attach this form to the front of the mailpiece, or on the permit.	Return Receipt for Merchandise	not yuauk you
5. Received By: (Print Name)  6. Signature: Addressee or Agent PS form 3811, December 1994  SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this for card to you. Attach this form to the front of the mailpiece, or on the permit. With "Return Receipt Requested" on the mailpiece be The Return Receipt will show to whom the article was delivered.	Express Mail	not your Literature on your lite
5. Received By: (Print Name)  6. Signature Addressee or Agent)  PS form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this for card to you.  Attach this form to the front of the mailplece, or on the permit.  Wiftle "Return Receipt Requested" on the mailplece be the The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	not your Literature on your lite
5. Received By: (Print Name)  6. Signature: Addressee or Agent PS form 3811, December 1994  SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form to the form to you. Attach this form to the front of the mailpiece, or on the permit. Withis "Return Receipt Requested" on the mailpiece be The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	not your Literature on your lite
5. Received By: (Print Name)  6. Signature: Addressee or Agent  PS form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form to the front of the mailpiece, or on the permit.  "Write: "Return Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Return Receipt for Merchandise	not year.
5. Received By: (Print Name)  6. Signature: Addressee or Agent  PS form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form to the front of the mailpiece, or on the permit.  "Write: "Return Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	not year.
5. Received By: (Print Name)  6. Signature: Addressee or Agent  PS from 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this for complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this for complete items 6, and 4b.  "Attach this form to the front of the mailpiece, or on the permit.  "Witte "Return Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Return Receipt for Merchandise	not your diress only see.
5. Received By: (Print Name)  6. Signature: Addressee or Agent  PS from 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this for complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this for complete items 6, and 4b.  "Attach this form to the front of the mailpiece, or on the permit.  "Witte "Return Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Return Receipt for Merchandise  COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)  102595-97-8-0179 Domestic Return Receipt I also wish to receive the following services (for an extra fee):  9. back if space does not indevive and the date  Consult postmaster for fee  4a. Article Number  4b. Service Type    Registered   Receipt for Merchandise   COD     1 also wish to receive the following services (for an extra fee):  1.   Addressee's Address (Consult postmaster for fee	tress ery ee.
5. Received By: (Print Name)  6. Signature Addressee or Agent  PS from 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this forms to you.  Attach this form to the front of the mailpiece, or on the permit.  White "Return Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	tress ery ee.
5. Received By: (Print Name)  6. Signature/Addressee or Agent  PS from 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this for card to you.  Attach this form to the front of the mailpiece, or on the permit.  With: "Beturn Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	tress ery ee.
5. Received By: (Print Name)  6. Signature/Addressee or Agent  PS from 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this for card to you.  Attach this form to the front of the mailpiece, or on the permit.  With: "Beturn Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	artified sured
5. Received By: (Print Name)  6. Signature/Addressee or Agent  PS Rorm 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this for a complete items and address on the reverse of this form to the front of the mailplece, or on the permit.  White "Return Receipt Requested" on the mailplece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	artified sured
5. Received By: (Print Name)  6. Signature/Addressee or Agent  PS from 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this for card to you.  Attach this form to the front of the mailpiece, or on the permit.  With: "Beturn Receipt Requested" on the mailpiece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	artified sured
5. Received By: (Print Name)  6. Signature/Addressee or Agent  PS Rorm 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this for a complete items and address on the reverse of this form to the front of the mailplece, or on the permit.  White "Return Receipt Requested" on the mailplece be the Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Express Mail	artified sured
5. Received By: (Print Name)  6. Signature Addressee or Agent PS from 3811, December 1994  SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this for card to you. Witts Helum Receipt Requested on the mailpiece be service and the Receipt will show to whom the article was delivered.  3. Article Addressed to: Amoco Production Company Attn: Bruce Zimney P.O. Box 800 Denver, CO 80202	Express Mail	iress ery ee.

6. Signature: (Addressee or Agent)

X /

1.   Addressee's Addressee of the malpiece, or on the back if space does not written and the malpiece and the date was delivered and the date. Article Addressed to:    1.   Addressee's Addressee of the malpiece below the article number.	NDER: complete items 1 and/or 2 for additional services. complete items 3, 4a, and 4b. rint your name and address on the reverse of this form so tha and to you.		also wish to receive the following services (for an extra fee):
Article Addressed to:   A. Article Number   Article Addressed to:   A. Article Addressed to:   A. Article Addressed to:   A. Article Number   Article Addressed to:   A. Article Addressed to:	Itach this form to the front of the mailpiece, or on the back if s	pace does not	1. Addressee's Address
Article Addressed to:  ### ARLES H BRADSHAW  ### April 1938  ### April 1938  ### Addressed to:  ### Article Number  ### Ageistered  ### Addressed to:  #### Addressed to:  ##### Addressed to:  ##### Addressed to:  ##### Addressed to:  ##### Addressed to:  ###### Addressed to:  ###################################		rticle number.	2   Restricted Delivery
Article Addressed to:  HARLES H BRADSHAW OHN C BRADSHAW AIF EVELIVING TRST DTD 7-15-71 O BOX 1938 IMPSONVILLE SC 29681-1938  Require Received By: (Print Name)  Received By: (Print Nam	he Return Receipt will show to whom the article was delivered	d and the date	•
HARLES H BRADSHAW OHN C BRADSHAW AIF EV LIVING TRST DTD 7-15-71 O BOX 1938 IMPSONVILLE SC 29681-1938 IASIS WASH TO receive the following services (for an extra fee):  1 also wish to receive the following services (for an extra fee):  1 also wish to receive the following services (for an extra fee):  1 also wish to receive the following services (for an extra fee):  1 also wish to receive the following services (for an extra fee):  2 and fee is paid)  1 also wish to receive the foll			
HARLES H BRADSHAW AIF EV LIVING TRST DTD 7-15-71 O BOX 1938 IMPSONVILLE SC 29681-1938  Received By. (Print Name)  Received By. (Print Name)  Signature (Addressee or Agent)  White American Receipt and additional services.  Anticle Addressed to:  CARROLL D BRANYON  41 LAKE MUREX CIRCLE  ANIBEL FL 33957  Received By. (Print Name)  Signature (Addressee or Agent)  Addressee's Address (Only if requested and the date date of the services of the serv	Article Addressed to:		
OHN C BRADSHAW AIF EV LIVING TRST DTD 7-15-71 OBOX 1938 IMPSONVILLE SC 29681-1938  Received By: (Print Name)  Received By: (Print	HARLES H RRADSHAW		<u> </u>
EVILVING TRST DTD 7-15-71 O BOX 1938 IMPSONVILLE SC 29681-1938    Received By. (Print Name)			•
O BOX 1938  IMPSONVILLE SC 29681-1938  IMPSONVILLE SC 29681-1938  Redum Receipt for Merchandse	~	1 -	<i>—</i>
Received By: (Print Name)  Received By: (Print Name)  S. Addressee's Address (Only if requested and lee is paid)  S. Addressee's Address (Only if requested and lee is paid)  S. Form 3811, Determber 1994  S. Form 3811, Determber 1994  S. Addressee's Address (Only if requested and lee is paid)  S. Form 3811, Determber 1994  S. Addressee's Address (Only if requested and lee is paid)  S. Received By: (Print Name)  S. Received By: (Print Name)  S. Addressee's Address (Only if requested and lee is paid)  S. Received By: (Print Name)  S. Addressee's Address (Only if requested and lee is paid)		1	
Received By: (Print Name)  8. Addrassee's Address (Only if requested and lee is paid)  Signaturey (Addrassee or Agent)  Signaturey (Addrassee or Agent)  Signaturey (Addrassee)  Somplete learn 1 and/or 2 for additional services.  Complete learn 1 and/or 2 for additional services.  Somplete learn 1 and/or 2 for additional services.  Anticle Addressee or Agent in the malipiace below the article number.  The Return Receipt Requested on the malipiace below the article number.  CARROLL D BRANYON  41 LAKE MUREX CIRCLE  ANIBEL FL 33957  Addressee or Agent in Insured  Relum Receipt for Merchandiae   CoD  T. Data of Delivery  Consult postmaster for fee.  Septim your name and address on the reverse of this form so that we can return this cord to you.  Signature: (Addressee or Agent)  X Grant Services (Insured and fee is paid)  Septim your name and address on the reverse of this form so that we can return this cord to you.  Signature: (Addressee or Agent)  X Grant Services (Insured Services)  SENDER:  Complete Issens 1 and/or 2 for additional services.  Complete Issens 3, 4a, and 4b.  Service Type  Complete Issens 1, and/or 2 for additional services.  Complete Issens 1, and/or 2 for additional services.  SENDER:  Complete Issens 1, and/or 2 for additional services.  Complet		·	<del> </del>
Signature (Addressee or Agent)  Signature (Addressee or Agent)  Signature (Addressee or Agent)  Somplete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Service Type  I also wish to receive the following services (for an extra fee):  Altich his form to the front of the malipiece, or on the back if space does not persent.  Article Addressed to:  SENDER:  Consplete items 3, 4s, and 4b.  Article Addressed to:  Service Type  Registered  And Resemble Type  Registered  Service Type  Registered  Return Receive Teelure Recei	<del>-</del>		ivery
Signature (Addressed or Agent)  Addressed or Agent)  Signature (Addressed or Agent)  Signature		<del> </del>	
Signaturity (Addressee or Agent)  ENDER: Complete liems 1 and/or 2 for additional services.  Consult postmaster for fee.  Carrol Addressee or Agent)  Anticle Addressee or Agent)  Anticle Addressee or Agent)  Anticle Addressee or Agent)  Carrol Beturn Receipt Merchandse   Confident    Carrol Beturn	Received By: (Print Name)		
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Printing your name and address on the reverse of this form so that we can return this collection with the form of the malipiece, or on the back if space does not permit.  Article Addressed to:  CARROLL D BRANYON  41 LAKE MUREX CIRCLE  ANIBEL FL 33957  CARROLL D BRANYON  43 Acticle Addressed to:  CARROLL D BRANYON  44 LAKE MUREX CIRCLE  CARROLL D BRANYON  45 Service Type  CARROLL D BRANYON  46 Service Type  CARROLL D BRANYON  47 Consult postmaster for fee.  Complete items 1 and/or 2 for additional services.  Complete items 1 and/or 2 for additio	Signatura (Addresses or Agent)		
I also wish to receive the following services (for an extra flee):   Addressee's Address extra flee):   Addressee's Address extra flee):   Addressee's Address (for an extra flee):   Addressee's Addresse	Man Book		
I also wish to receive the following services (for an extra flee):   Addressee's Address extra flee):   Addressee's Address extra flee):   Addressee's Address (for an extra flee):   Addressee's Addresse	S Form 3811 December 1994	102595-97-B-1179	Domestic Return Receipt
Complete items 1 and/or 2 for additional services.   Complete items 3, 4a, and 4b.	From Out 1, December 1994	102390-97-0-3179	Domestic Hetarii Hecelpi
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.  Affacts this form to the front of the mailpiece, or on the back if space does not permit.  Affacts this form to the front of the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number.  Article Addressed to:  CARROLL D BRANYON  41 LAKE MUREX CIRCLE  ANIBEL FL 33957  42 Registered  Express Mail   Insured   Requested   Confided    Express Mail   Insured   Requested   Confided    Express Mail   Insured    Expr		block	I also wish to sooning the
Addressee's Address.  Article Addressed to:  CARROLL D BRANYON  41 LAKE MUREX CIRCLE  ANIBEL FL 33957  Aniber Beceived By: (Print Name)  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Service Type  Attach this form to the front of the mailpiece, or on the back if space does not permit.  White: Pleturn Receipt Requested on the mailpiece below the anicle number.  Article Addressed to:  CARROLL D BRANYON  41 LAKE MUREX CIRCLE  ANIBEL FL 33957  Aniber G Delivery  Description Merchandise COD  To Date of Delivery  Addressee's Address (Only if requested and the date of the date of the spaid)  Sender:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Services Type  Complete items 3, 4a, and 4b.  Services Type  Addressee's Address (Only if requested and the date of the mailpiece of the mailpiece below the article number.  Sender:  The Return Receipt Requested on the mailpiece below the article number.  The Return Receipt Requested on the mailpiece below the article number.  The Return Receipt Requested on the mailpiece below the article number.  Addressee's Address (Only if requested and the date of the dat	Complete items 3, 4a, and 4b.	-	following services (for an `
Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.  Article Addressed to:  Article Addressed to:  Article Addressed to:  ARROLL D BRANYON  ALLAKE MUREX CIRCLE  ANIBEL FL 33957  Beceived By: (Print Name)  B. Addressee's Address (Only if requested and if fee is paid)  B. Service Type  Registered  Express Mail  Insured and fee is paid)  B. Addressee's Address (Only if requested and fee is paid)  SENDER:  Complete items 1 and/or 2 for additional services.  Before them 3.4a, and 4b.  Before the single of the reverse of this form so that we can return this card to you.  The Return Receipt Requested on the reverse of this form so that we can return this card to you.  The Return Receipt Requested on the mailpiece, or on the back if space does not permit.  The Return Receipt Requested on the mailpiece below the article number.  The Return Receipt Requested on the mailpiece below the article number.  The Return Receipt Requested on the mailpiece below the article number.  The Return Receipt Requested to the mailpiece below the article number.  Addressee's Address (Only if requested and the date delivered.  Addressee's Address (Only if requested and fee is paid)  B. Addressee's Address (Only if requested and fee is paid)  B. Addressee's Address (Only if requested and fee is paid)		at we can return this	extra fee):
Article Addressed to:   2.   Restricted Delivery Consult postmaster for fee.	Attach this form to the front of the mailpiece, or on the back if	space does not	<ol> <li>Addressee's Address ,</li> </ol>
The Return Receipt will show to whom the article was delivered and the date    Consult postmaster for fee.	Write "Return Receipt Requested" on the mailpiece below the		2. Restricted Delivery
ARROLL D BRANYON  41 LAKE MUREX CIRCLE ANIBEL FL 33957  Begistered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery  SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Pattach this form to the front of the mailpiece, or on the back if space dose not permit. With 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.  3. Article Addressed to:  CHARLES R WIGGINS PO BOX 10862 MIDLAND TX 79702  B. Addressee's Address (Only if requested on the permit. Return Receipt will show to whom the article was delivered and the date consult postmaster for fee.  Registered Certified Express Mail I also wish to receive the following services (for an extra fee):  1. I also wish to receive the following services (for an extra fee):  2. Restricted Delivery 2. Restricted Delivery 2. Registered Express Mail I Insur Return Receipt for Merchandise   COD 7. Date of Delivery 2.2 1937  8. Addressee's Address (Only if requested and fee is paid)		ed and the date	
ARROLL D BRANYON  41 LAKE MUREX CIRCLE  ANIBEL FL 33957  45. Received By: (Print Name)  3. Signature: (Addressee or Agent)  And L D D D D D D D D D D D D D D D D D D	. Article Addressed to:	4a, Article Nu	
ANIBEL FL 33957    Registered   Express Mail   Insured   Relum Receipt for Merchandige   COD		1P10	3 693 415
ANIBEL FL 33957    Registered   Express Mail   Insured   Relum Receipt for Merchandize   COD	ARROLL D BRANYON	4b. Service T	уре
Express Mail   Insured   Return Receipt for Merchandise   COD   T. Data of Delivery   P. Data of Delivery	41 LAKE MUREX CIRCLE		
Received By: (Print Name)  3. Signature: (Addressee or Agent)  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Por Print your name and address on the reverse of this form so that we can return this card to you.  White 'Return Receipt Requested' on the mailpiece, or on the back if space does not permit.  White 'Return Receipt Requested' on the mailpiece below the article number.  The Return Receipt Requested on the article was delivered and the date delivered.  3. Article Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  MIDLAND TX 79702  Return Receipt for Merchandise   Continued to the continued to th	ANIBEL FL 33957	1	- 1
7. Data of Delivery  7. Data of Delivery  7. Data of Delivery  8. Addressee's Address (Only if requested and fee is paid)  8. Sighasture: (Addressee or Agent)  8. Addressee's Address (Only if requested and fee is paid)  8. Sighasture: (Addressee or Agent)  8. Addressee's Addresse (Only if requested and fee is paid)  8. Addressee's Addresse (Only if requested and fee is paid)  9. Sender:  9. Complete items 1 and/or 2 for additional services.  9. Complete items 3, 4a, and 4b.  9. Print your name and address on the reverse of this form so that we can return this card to you.  9. Altach this form to the front of the mailpiece, or on the back if space does not permit.  9. Write 'Return Receipt Requested' on the mailpiece below the article number.  9. CHARLES R WIGGINS  1. Addressee's Addresse		1 '	- ·
8. Addresse's Address (Only if requested and fee is paid)  8. Signature: (Addressee or Agent)  8. Addressee's Address (Only if requested and fee is paid)  8. SENDER:  9. Complete items 1 and/or 2 for additional services.  9. Complete items 3, 4a, and 4b.  9. Print your name and address on the reverse of this form so that we can return this card to you.  9. Attach this form to the front of the mailpiece, or on the back if space does not permit.  9. Write "Return Receipt Requested" on the mailpiece below the article number.  1. Addressee's Ad			·
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.  3. Article Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  MIDLAND TX 79702  And fee is paid)  I also wish to receive the following services (for an extra fee):  1. Addressee's Add			0/21/97
SENDER:  "Complete items 1 and/or 2 for additional services."  "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 below the article number.  "With's "Return Receipt Requested" on the mailpiece below the article number.  "Atticle Addressed to:  "Atticle Addressed to:  "A Article Number  "Charles R WIGGINS  PO BOX 10862  MIDLAND TX 79702  "A Return Receipt for Merchandise COD  To Date of Delivery 2 2 1997  S. Received By: (Print Name)  8. Addressee's Address (Only if requested and fee is paid)	. Received By: (Print Name)		
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 dose 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.  3. Article Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  MIDLAND TX 79702  The Return Receipt for Merchandise Control of the mailpiece delivery 2 2 1007  S. Received By: (Print Name)  8. Addressee's Address (Only if requested and fee is paid)		anci iee is	paid)
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 thu date delivered.  3. Article Addressed to:  4a, Article Number  P 103 693 437  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  Registered  Registered  Registered  Registered  Return Receipt for Merchandise COD  7. Date of Delivery 2 2 1997  5. Received By: (Print Name)  8. Addressee's Address (Only if requested and fee is paid)	Signature: (Addressee or Agent)	-	
SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so that 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 thu date delivered.  3. Article Addressed to:  4a, Article Number  P 103 693 437  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  Registered  Registered  Registered  Registered  Return Receipt for Merchandise COD  7. Date of Delivery 2 2 1997  5. Received By: (Print Name)  8. Addressee's Address (Only if requested and fee is paid)	March & Dramon		
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 dose 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.  3. Article Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  MIDLAND TX 79702  The Return Receipt for Merchandise Control of the mailpiece below the article number.  Addressee's Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  Registered  Registered  Return Receipt for Merchandise Control of the mailpiece below the article number.  Addressee's Addressee's Addressee's Address (Only if requested and fee is paid)	'S Form <b>3811</b> , December 1994	102595-97-3-0179	Domestic Heturn Heceip
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 dose 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.  3. Article Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  MIDLAND TX 79702  The Return Receipt for Merchandise Control of the mailpiece below the article number.  Addressee's Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  Registered  Registered  Return Receipt for Merchandise Control of the mailpiece below the article number.  Addressee's Addressee's Addressee's Address (Only if requested and fee is paid)			
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 dose 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.  3. Article Addressed to:  CHARLES R WIGGINS  PO BOX 10862  MIDLAND TX 79702  MIDLAND TX 79702  The Return Receipt for Merchandise Control of the mailpiece below the article number.  Attach this form to the front of the mailpiece below the article number.  Consult postmaster for fee.  4a, Article Number  Consult postmaster for fee.  Certification of Pelivery  Attach this form to the front of the mailpiece below the article number.  Consult postmaster for fee.  Certification of Pelivery  Attach this form to the front of the mailpiece below the article number.  Consult postmaster for fee.  Certification of Pelivery  Attach this form to the front of the mailpiece below the article number.  Consult postmaster for fee.  Consult postmaste			
■ 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.  3. Article Addressed to:    CHARLES R WIGGINS   PO BOX 10862   Registered   Registered   Registered   Registered   Registered   Resum Receipt for Merchandise   COD	SENDER: MU CEIL  Complete items 1 and/or 2 for additional services.	100CE	
card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Byrite 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and this date delivered.  3. Article Addressed to:  CHARLES R WIGGINS PO BOX 10862 MIDLAND TX 79702  Begistered Registered Receipt for Merchandise Consult postmaster for fee.  4a. Article Number Pi03 693 437  4b. Service Type Registered Registered Receipt for Merchandise COD T. Date of Delivery Requested and fee is paid)	■ Complete items 3, 4a, and 4b.	o that we can return th	
permit.  Write 'Return Receipt Requested' on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and this date  Consult postmaster for fee.  3. Article Addressed to:  4a Article Number  P 103 693 437  4b. Service Type  Registered  Registered  Restricted Delivery  Consult postmaster for fee.  4 Article Number  P 103 693 437  4b. Service Type  Registered  Registered  Return Receipt for Merchandise  COD  7. Date of Delivery  2 2 1997  5. Received By: (Print Name)  8. Addressee's Address (Only if requester and fee is paid)	card to you.		CAUCIOO).
The Return Receipt will show to whom the article was delivered and thu date  Consult postmaster for fee.  3. Article Addressed to:  CHARLES R WIGGINS PO BOX 10862 MIDLAND TX 79702  Registered Express Mail Return Receipt for Merchandise COD  Return Receipt for Merchandise COD  Received By: (Print Name)  8. Addressee's Address (Only if requeste and fee is paid)	permit.		· -
3. Article Addressed to:  CHARLES R WIGGINS PO BOX 10862 MIDLAND TX 79702  Description of the image of the im			1
CHARLES R WIGGINS PO BOX 10862 MIDLAND TX 79702  Begistered Registered Registered Return Receipt for Merchandise COD T. Date of Delivery Return Receipt for Merchandise COD T. Date of Delivery Return Receipt for Merchandise Addressee's Address (Only if requeste and fee is paid)	delivered.		· · · · · · · · · · · · · · · · · · ·
MIDLAND TX 79702    Express Mail   Insur   Return Receipt for Merchandise   COD   7. Date of Delivery 2 2 1997    S. Received By: (Print Name)   8. Addressee's Address (Only if requester and fee is paid)	3. Article Addressed to:	4g. Article	$\sim 100107$
MIDLAND TX 79702    Express Mail   Insur   Return Receipt for Merchandise   COD   7. Date of Delivery 2 2 1997    S. Received By: (Print Name)   8. Addressee's Address (Only if requester and fee is paid)	-	1.7 10	
MIDLAND TX 79702    Express Mail   Insur   Return Receipt for Merchandise   COD   7. Date of Delivery 2 2 1997    S. Received By: (Print Name)   8. Addressee's Address (Only if requester and fee is paid)	CHARLES R WIGGINS		"
MIDLAND TX 79702    Express Mail   Insur   Return Receipt for Merchandise   COD   7. Date of Delivery 2 2 1007     5. Received By: (Print Name)   8. Addressee's Address (Only if requeste and fee is paid)	PO BOX 10862	1	<b>**</b> .
Return Receipt for Merchandise	MIDLAND TX 79702	1 - '	
7. Date of Delivery 2 2 1997  5. Received By: (Print Name)  8. Addressee's Address (Only if requeste and fee is paid)  6. Signature: (Addressee of Agent)		II Return	<del></del>
5. Received By: (Print Name)  8. Addressee's Address (Only if requeste and fee is paid)  6. Signature: (Addressee or Agent)		<u> </u>	DOLIVORY D A COM
6. Signature: (Addressee of Agent)		<u> </u>	. not z z 1991
6. Signatura: (Addressee of Agent)	5. Received By: (Print Name)	7. Date of	
	5. Received By: (Print Name)	7. Date of	

6. Signature: (Addressee of Agent)

ENDER:   Complete items 1 and/or 2 for additional services.   Complete items 3, 4a, and 4b.   Print your name and address on the reverse of this form so that w		l also wish to receive the following services (for an extra fee):
card to you.  Attach this form to the front of the mailpiece, or on the back if spa permit.  White "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered a delivered.	de number.	<ol> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Consult postmaster for fee.</li> </ol>
3. Article Addressed to:	4a. Article Nu	mber 423
E C FIEDOREK DEFINED BENEFIT PLAN 119 W SHORE DR RICHARDSON TX 75080	4b. Service T  [] Registered  [] Express N  [] Return Rec  7. Date of De	d Certified  Aail Insured eipt for Merchandise COD
5. Received By: (Print Name)	8. Addressee and fee is	's Address (Only if requested paid)
6. Signature: (Addressee or Agent)  X  C  C  PS Form 3811, December 1994	102595-97-B-0179	Domestic Return Receip
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the mailpiece, or on the back if sepermit.  Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.	pace does not rtick number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  ELIZABETH A JOHNSON PO BOX 640 TUNICA MS 38676	4b. Service Registe Express Return F	Type  Type
5. Received By: (Print Name)    Color   Color   Color	8. Address and fee	see's Address (@ily if requested is paid)  9 Domestic Return Rece
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 th card to you.  Attach this form to the front of the mailpiece, or on the back if permit.	at we can return thi space does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Addresse. 2.  Restricted Delivery
*Write *Return Receipt Requested* on the mailpiece below the *The Return Receipt will show to whom the article was delivered delivered.		Consult postmaster for fee.
#Write*Return Receipt Requested* on the mailpiece below the  The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  ELLIS W DARBY PO BOX 128 TUNICA MS 38676	4a Article 4b. Service Registr	Consult postmaster for fee.  Number  3 (93 425)  e Type  ered  s Mail   Insure  Receipt for Merchandise   COD
The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  ELLIS W DARBY PO BOX 128	4a Article 4b. Servic Begiste Expres Return I 7. Date of	Consult postmaster for fee.  Number  3 (93 425)  e Type  ered  s Mail   Insure  Receipt for Merchandise   COD

the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.		l also wish to receive the following services (for an extra fee):  1.  Addressee's Address
ther	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	e number. d the date	2. A Restricted Delivery
DDRESS completed on	3. Article Addressed to:	4a. Article N	Consult postmaster for fee.
lete	<del>-</del> . •	7 10	31/93 478 E
Ĕ	EUGENE DEBOGORY ESTATE FRANCES H ROSI & PETER E	4b. Service	Type
ŭ Wi	DEBOGORY SUCC CO-TRUSTEES:	☐ Registere	ed Certified
8	907 BAMBI DR	☐ Express	Mail Insured .
ä	DESTIN FL 32541-1801		ceipt for Merchandise 🔲 COD
9		7. Date of De	elivery
雪	5. Received By: (Print Name)	·	(-18.97
r BETUBN	Laige Derranru	and fee is	Consult postmaster for fee.  umber 3 693 428  Type ed
s your	6. Signature! (Addressee or Agent)  X  OOR OOD  OOR		_
_	PS Form <b>3811</b> , December 1994	595-97-B-0179	Domestic Return Receipt
* Ide	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	COC return this	I also wish to receive the following services (for an
reverse	card to you.  **Attach this form to the front of the mailpiece, or on the back if space		extra fee):
Ž	permit.		1. Addressee's Address
on the	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>		Consult mantenantor for for
ğ	3. Article Addressed to:	4a. Article N	
支	EST LOUIS T KIMPLE DECD		3013421
dwoo	ROSALEE F KIMPLE IND ADM	4b. Service	Type
-	3131 MAPLE AVE #14F	☐ Registere ☐ Express	ed Certified E
DOBESS	DALLAS TX 75201	I — +	ceipt for Merchandise COD
DO		7. Date of D	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
	5 Deschied But / Oriet Name)	8 Aridresse	e's Address (Only if requested
	5. Received By (Print Name)	and fee is	
your BETU	6. Signature: (Add/aseer/bd/Agent)		
		2595-97-8-0179	Domestic Return Receipt
Tebis es	SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so that we card to you.	•	I also wish to receive the following services (for an extra fee):
Ž	**Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address
RETURN ADDRESS completed on the reverse	■Write*Return Receipt Requested* on the mailpiece below the article  The Return Receipt will show to whom the article was delivered an delivered.	e number. d the date	1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.    Restricted Delivery   Restricted Delivery Delivery Delivery   Restricted Delivery Deliv
5	3. Article Addressed to:	4a. Article N	lumber
ş	J. Allicia Auditasad (U.	377	3/03 47/0 =
ם	ENCAP INVEST LC PROFIT SHARING	4b. Service	Type
8	TRUSTEES OF	☐ Register	ed 😾 Certified 🕰
SS	C/O ENCAP INVESTMENTS LC AGENT	☐ Express	Mail Insured
Ħ	1100 LOUISIANA STE 3150		ceipt for Merchandise 🗆 COD
AD	HOUSTON TX 77002	7. Date of D	elivery 27 70 7
젊		100	0 103 19 1
림	5. Received By: (Print Name) /	8. Addresse and fee is	e's/Address (Only if requested
H H	6. Signature: (Addressee or Agent)	-	

102594-97-8-0179 Domestic Return Receipt

6. Signature: (Addressee or Agent)

6. Signature: (Addressee or Agent)

is your <u>RETURN ADORESS</u> completed on the reverse side?	6. Signature: (Addresses or Agent)	can return this a does not number. I the date  4a. Article N 4b. Service Registere Express Return Re 7. Date of De and fee is	Type  ed
	<b>ES Form 3811,</b> December 1994	5 <del>95-97-</del> B <del>-017</del> 9	Domestic Return Receipt
റുപൂeted 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 deard to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:	can return this does not number, the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.
lquison.	SPRINGS PKWY  AA CITY OK 731\$-0116	4b. Service T Registere Express N Return Rec	ype   d   Certified   Mail   Insured
RN &		7. Date of De	D~/7
your BETU	5. Received By: (Print Name)  6. Signatura: (Addressee or Agent)  All All All All All All All All All Al	8. Addressee and fee is	e's Address (Only if requested 품 paid)
•	PS Form 3811, December 1994 1025	596-97-8-0179	Domestic Return Receipt
the reverse side?	SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  "Attach this form to the front of the mailpiece, or on the back if space permit.  "Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	can return this a does not a number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.
vour RETURN ADDRESS completed on	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 N  4b. Service  Register  Express  Return Re  7. Date of D	Type red (Certified Mail Insured Secipt for Merchandise COD
ETURN	5. Received By: (Print Name)	8. Addresse and fee is	ee's Address (Only if requested s paid)
vour RI	6. Signature: (Addressee or Agent)  K  GARY HOLT	1	F

Pomestic Return Receipt

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the mailpiece, or on the back if sp permit.  Write "Return Receipt Requested" on the mailpiece below the ari  The Return Receipt will show to whom the article was delivered delivered.	ace does not  1.  Addressee's Address \ \frac{3}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MELVIN A ASTRAHAN 11401 KENSINGTON RD LOS ALAMITA CA 90720	And the date    Consult postmaster for fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X (how distribute)  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  102595-97-8-0179 Domestic Return Receipt
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so card to you.  Attach this form to the front of the mailpiece, or on the back permit.  Write 'Return Receipt Requested' on the mailpiece below the "The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MARATHON OIL COMPANY PO BOX 552  MIDLAND TX 79702	if space does not  1.  Addressee's Address e article number.  2.  Restricted Delivery
PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services."  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so card to you.  "Attach this form to the front of the mailpiece, or on the back permit.  "Write "Return Receipt Requested" on the mailpiece below the article was delivered.  3. Article Addressed to:  M SEAN SMITH  C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150  HOUSTON TX 77002	if space does not le article number, le article number, le article number, le article number le articl
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's Address (Only if requested and fee is paid)

100505 07 P 0170 Domestic Return Receipt

Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so the card to you.		0AUG 100).	oran \
■ Attach this form to the front of the mailpiece, or on the back if permit. ■ Write 'Return Receipt Requested' on the mailpiece below the ■ The Return Receipt will show to whom the article was delivered.	article number	1.	Address belivery for fee.
3. Article Addressed to: PERRY M BERKE C/O BASKIN SERVER BERKE & WEINSTEIN 20 N WACKER DR #1900 CHICAGO IL 60606  5. Received By: (Print Name) 6. Signature: (Addressee or Agent)  R Storm 3811, December 1994	4b. Service Register Express Return Re 7. Date of D  8. Addresse and fee is	Type ed Mail sceipt for Merchandise	Certified I Insured I COD
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so card to you.  Attach this form to the front of the mailpiece, or on the bacipernit.  Write 'Return Receipt Requested' on the mailpiece below if  The Return Receipt will show to whom the article was delinged.	k if space does not he article number.	I also wish to rece following services extra fee):  1.  Addresse 2.  Restricted Consult postmast	(for an e's Address d Delivery
3. Article Addressed to:  PAUL AND LAURA ALBRIGHT 5205 REXTON LN DALLAS TX 75214	4b. Servi		53
DALLAS TX 75214  5. Received By: (Print Name)  6. Signature: (Arthressee or Agent)	Return 7. Date of		97
5. Received By: (Print Name)  6. Signature: (Addressee of Agent).  PS Form 3811, December 1994	Expre   Return   7. Date of   8. Addre   and fe	iss Mail Receipt for Merchandise of Delivery ssee's Address (Only i e is paid)	Insured COD
5. Received By: (Print Name)  6. Signature: (Arthressee or Agenti)	Return 7. Date of 8. Addres and fe  102595-97-B-0  to that we can return ck if space does not the article number. livered and the date  4a. Artic  4b. Ser  Reg  Exp	I also wish to rect following services extra fee):  1. □ Addresse (Consult postmasse Number 103 (93)	Insured COD  frequested  urn Receipt eive the stand Delivery ster for fee.  Certific Insure se COD

ENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that vicard to you.	we can return this	I also wish to re following service extra fee):	es (for an
Attach this form to the front of the mailpiece, or on the back if spa permit.  Write 'Return Receipt Requested' on the mailpiece below the arti The Return Receipt will show to whom the article was delivered a delivered.	icle number.	Address     Restrict     Consult postma	•
3. Article Addressed to:	4a. Article N		457
ROBERT L ZORICH	4b. Service	<u> </u>	101
C/O ENCAP INVESTMENTS LC AGENT	☐ Register	ed .	
1100 LOUISIANA STE 3150	☐ Express	Mail ,	☐ Insured
HOUSTON TX 77002		ceipt for Merchandi	œ/□ COD
	7. Date of D	0 Z3/	97
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only paid)	y if requested
X	102595-97-B-0179	Domestic Re	eturn Receip
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.	,	I also wish to re following service	
<ul> <li>Print your name and address on the reverse of this form so that is card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if sp.</li> </ul>		extra fee):	\ 
permit.			see's Address
<ul> <li>Write: "leturn Receipt Requested" on the mailpiece below the artis</li></ul>		2.  Restrict Consult postma	-
3. Article Addressed to:	4a Article N	l	Ster 101 166.
	77 10		456
RITA AND DON F SHEEHAN	4b Service	Туре	700
JOINT TENANTS	☐ Register	edi	Certified
P O BOX 159 MATTAWAN MI 49071	☐ Express		☐ Insured
MATTAWAN MI 490/I	7. Date of D	ceipt for Merchandi	se □ COD
	). Date of D	10.20-9	77
5. Received By: (Print Name)  Rita Sheehan	8. Addresse and fee is	e's Address (Onl s paid)	y if requested
6. Signature: (Addressee or Agent)			
PS Form <b>3811</b> , December 1994	102595-97-8-0179	Domestic Re	eturn Receip
SENDER: MY Deithlo	~		
<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> </ul>	at we can return th	OADA 100).	rices (for an
Attach this form to the front of the mailpiece, or on the back if permit.	•	1	essee's Addre
"Write "Return Receipt Requested" on the mailpiece below the same Return Receipt will show to whom the article was delivered.			icted Delivery
delivered.	<u> </u>		naster for fee.
3. Article Addressed to:	4a. Article	Number	URE
PRISCILLA ANN MILBURN	4b. Servic	$\frac{\mathcal{Q}}{\mathcal{Q}}$	700
P O BOX 141	☐ Regist	••	☑ Certifie
A PERSON AND PROPERTY MARKET	☐ Expres		☐ Insure
MIDLAND TX 79702	· · · ·	Danaint fan tilansk an	dise 🗆 COD
MIDLAND TX 79702	1 - '	Heceipt for Merchan	- COD
MIDLAND TX 79702	1 - '		
■ Print your name and address on the reverse of this form so the card to you.  ■ Attach this form to the front of the mailpiece, or on the back if permit.  ■ Write "Return Receipt Requested" on the mailpiece below the endetwered.  3. Article Addressed to:  PRISCILLA ANN MILBURN POBOX 141 MIDLAND TX 79702	7. Date of	Delivery	r.

your RETURN ADDRESS completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write **Petum Receipt Requested** on the mailpiece below the article at the Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  SAN JUAN BASIN POOL LTD  BOX 1237  PANHANDLE TX 79068	can return this a does not e number. d the date  4a. Article N D Ab. Service  Registere Express	Type ed	for using Return Receipt Service.
Is your BETURN	5. Received By: (Print Name)  ELAINE PHILLIPS  6. Signature: (Addressee or Agent)  Annual Phillips	and fee is		Thank you for
	PS Form <b>3811</b> , December 1994 //	2 <b>59</b> 5-97-B-0179	Domestic Heturn Hecelpt	
erse side?	SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so that we card to you.  "Attach this form to the front of the mailpiece, or on the back if space.	e can return this	OALU 100).	. 8
n the rev	permit.  *Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered at delivered.	le number.	Addressee's Address     Restricted Delivery     Consult postmaster for fee.	alot Servi
ADDRESS completed on the reverse side	3. Article Addressed to:  SAMUEL D HAAS C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON TX 77002	4b. Service Register Express Return Re 7. Date of D	Type red	Vol. for using Beturn Beceipt Service
your RETURN	5. Received By: (Print Name)  9 AN NE PARK  6. Signature: (Addressee or Agent)	8. Addresse and fee	ee's Address Only if requested	Then .
2		02595-97-B-0179	Domestic Return Receip	ī
on the reverse	EComplete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not	following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	S. toi
ETURN ADDRESS completed	3. Article Addressed to:  ROBERT W ULMER 2157 SHADY GROVE DR BEDFORD TX 76021	4a. Article N  D  4b. Service  Registere  Express  Return Re  7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD	Thank you for using Return Receipt
Is your BETUR	6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested paid)	Thank yo

SENDER: NV DEILLIA	~K	
Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	<b>س</b> ر میں میں ا	I also wish to receive the following services (for an
Print your name and address on the reverse of this form so that a card to you.  Attach this form to the front of the mailpiece, or on the back if spenmit.  Write "Return Receipt Requested" on the mailpiece below the arti		extra fee):
Attach this form to the front of the mailpiece, or on the back if spi permit.	ace does not	1.  Addressee's Address 2.  Restricted Delivery
Write Return Receipt Requested on the mailpiece below the arti-		
Gelivered,		Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	
SUZANNE MARTHA NEWBRO	<u> </u>	<u>13 693 466                               </u>
P O BOX 1355	4b. Service	Type
POST FALLS ID 83854	Register	ed Certified C
	☐ Express	regint for Merchandise CL COD
	7. Date of D	pelivery 5
	1	elivery se's Address (Only if requested s paid)
5. Received By: (Print Name)		e's Address (Only if requested
SUZANNE NEWBAS	and fee is	s paid)
6. Signature: (Addressee or Agent)		·
PS-Form 3814), December 1994	10 <b>2595</b> -97-B-0179	Domestic Return Receipt
SENDER: WV Dell Dock		I also wish to receive the
Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that w	a can return this	following services (for an \
and to you.  Attach this form to the front of the mailpiece, or on the back if spa	l	extra fee):
permit.  Write "Return Receipt Requested" on the mailpiece below the artic		1. Addressee's Address
The Return Receipt will show to whom the article was delivered at delivered.		2. Restricted Delivery
3. Article Addressed to:	4a. Article No	Consult postmaster for fee.
	1 2 1 K	3 1093 465
STEVEN H GORDON	4b. Service T	Type
3841 N 38TH AVE HOLLYWOOD FL 33021	☐ Registere	d Certified
DULLI WUUD FI. 11071		
THE RESERVE	☐ Express I	Mail Insured
trouble state of the state of t	Return Red	Mail Insured Speipt for Merchandise COD
**************************************	i – ·	Mail Insured Sept for Merchandise COD Selivery
GROCE .	Return Red 7. Date of De	Mail Insured Sept for Merchandise COD Solivery  OCT 2 0 1007
**************************************	Return Red 7. Date of De	e's Address (Only if requested 글
GROSS.	Return Rec 7. Date of De 8. Addressee	e's Address (Only if requested 글
5. Received By: (Print Name)	Return Rec 7. Date of De 8. Addressee	e's Address (Only if requested 글
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  CONO PS	Return Rec 7. Date of De 8. Addressee	e's Address (Only if requested 글
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X LONO - SOM	7. Date of De 8. Addressee and fee is	e's Address (Only if requested Zepaid)
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	7. Date of De 8. Addressee and fee is	Domestic Return Receipt
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  1. SENDER:  Complete Items 1 and/or 2 for additional services.  Complete Items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is	Domestic Return Receipt  I also wish to receive the following services (for an
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addressee and fee is 02595-97-B-0179	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addressee and fee is 02595-97-B-0179	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addresses and fee is  02595-97-8-0179  Aut we can return to space does not article number.	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  1. SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addresses and fee is  02595-97-8-0179  at we can return to space does not article number. and and the date	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  1. SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addresses and fee is  02595-97-8-0179  at we can return to space does not article number. and and the date	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  1. SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is 02595-97-B-0179  Calculation article number, article number, and the date  4a. Article  4a. Article	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.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  1. SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is 02595-97-B-0179  CK hat we can return to article number, and the date 4a. Article 4b. Servi	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.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addressee and fee is 02595-97-B-0179  Cat we can return to article number, and and the date 4a. Article 4b. Servi	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.  Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addressee and fee is 02595-97-B-0179  Cat we can return to a receive and the date 4a. Article 4b. Servi Regis Expre	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.  Properties Mail Certified Insured
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec  7. Date of De  8. Addresses and fee is  02595-97-B-0179  Cat we can return to space does not article number. ed and the date  4a. Article Article Description of the date  4b. Servi Description Registion Return Return Return Recturn Return Recturn Return Recturn Rect	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.  Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  5. SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	Return Rec  7. Date of De  8. Addresses and fee is  02595-97-B-0179  Cat we can return to space does not article number. ed and the date  4a. Article Article Description of the date  4b. Servi Description Registion Return Return Return Recturn Return Recturn Return Recturn Rect	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.  Revenue Type  Stered Certified  Ses Mail Insured  Receipt for Merchandise COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  5. SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is  02595-97-B-0179  Cat we can return to space dose not article number, and the date  4a. Article Description of Register Control Recturn 7. Date of Description of Return 8. Addressee	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.  8 Number C3 693 463 ce Type stered  Certified as Mail Insured as Mail COD  Dipolivery 21 91 ssee's Address (Only if requested
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addressee and fee is  02595-97-B-0179  Cat we can return to space dose not article number, and the date  4a. Article Description of Register Control Recturn 7. Date of Description of Return 8. Addressee	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.  8 Number C3 693 463 ce Type stered  Certified ass Mail  Insured as Receipt for Merchandise  COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addressee and fee is  02595-97-B-0179  Calculation article number, article number, article number, article number.  4a. Article 4b. Servi Regis Return 7. Date of 8. Addressee and fee	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.  8 Number C3 693 463 ce Type stered  Certified as Mail Insured as Mail COD  Dipolivery 21 91 ssee's Address (Only if requested
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Return Rec 7. Date of De 8. Addressee and fee is  02595-97-B-0179  Calculation article number, article number, article number, article number.  4a. Article 4b. Servi Regis Return 7. Date of 8. Addressee and fee	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.  8 Number C3 693 463 ce Type stered  Certified as Mail Insured as Mail COD  Dipolivery 21 91 ssee's Address (Only if requested

is your <u>RETURN ADDRESS</u> 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't to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  SYRIL ANN JAMES  4078 EAST BLVD  LOS ANGELES CA 90066  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X. M.M. JAMES	4a. Article N  The Service Registere Return Re  7. Date of De	Type ed Mail ceipt for Merchandise elivery e's Address (Only if paid)	(for an e's Address of Delivery or for fee.    Delivery or for fee.   1   200
n the reverse side?	PS Form 38/11, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so that we can return this card to you.  "Attach this form to the front of the mailpiece, or on the back if space does not permit.  "Witte "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 receifollowing services	eive the
is your <u>RETURN ADDRESS</u> completed on the	3. Article Addressed to:  SCOTT C KIMPLE THE WARRINGTON NO 8-E 3831 TURTLE CREEK DALLAS TX 75219	4b. Service Register Express	Number 103 693 6 Type red Mail sceipt for Metchendise	Certified Insured
	PS Form <b>3811</b> , December 1994	and fee i		Ĕ
<b>Z</b>	5. Received By: (Print Name)	e can return this e does not e number. d the date  4a. Article No 4b. Service T  Registered Express M  Return Reco 7. Date of Del	ype d Alail eight for Merchandise (	e's Address  I Delivery or for fee.  Certified Insured COD O
* your	Signature: (Addressee or Agent)  X  M  M  M  M  M  M  M  M  M  M  M  M	ан <b>и 100 is</b> р.	aid)	Than

Domestic Return Receipt

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return thicard to you.			I also wish to following serv extra fee):	
Attach this form to the front of the mail	piece, or on the back if s	pace does not	1. 🗆 Addre	ssee's Addre
permit.  Write "Return Receipt Requested" on the	ne mailpiece below the a	rticle number.	2. 🗆 Restr	icted Delivery
The Return Receipt will show to whom delivered.	the article was delivered	d and the date	Consult postn	naster for fee
3. Article Addressed to:		4a. Article I	Number	
	= =	PIC	B 693	417
WILLIAM HALL NEWB	RO JR	4b. Service	Туре	
534 E CORNELL DR	<u>.</u> .	☐ Registe	CA CA	Cert
BURBANK CA 91504	4 144 	☐ Express		□ Insu
			eceipt for Megchan	<b>dise</b> □ col
		7. Date of	Obliver	9
_				<u> </u>
5. Received By: (Print Name)		8. Address	ad Address (C	aly if request
Writing HALL NEW	Bro In	and fee	is paid)	
PS Form 3811, December 199	4 (W)	102596-97-B-0179	Domestic I	Return Red
PS Form 3811, December 1994 SENDER:  Complete items 1 and/or 2 for additional complete items 3, 4s, and 4b.	DEILIBIOCIC		I also wish to re	eceive the
Print your name and address on the reviced to you.	DEITOCK services.	we can return this	I also wish to refollowing service extra fee):	eceive the coes (for an
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4a, and 4b.  Print your name and address on the revicerd to you.  Attach this form to the front of the mailpipermit.	4 Deillock I services.  erse of this form so that the second or on the back if spin	we can return this	I also wish to refollowing service extra fee):	eceive the Ges (for an
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4a, and 4b.  Print your name and address on the reviced to you.  Attach this form to the front of the mailpipermit.  Write "Return Receipt Requested" on the The Return Receipt will show to whom the complete of the complet	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict	eceive the speed for an essee's Addrested Delivery
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4s, and 4b.  Print your name and address on the revicerd to you.  Attach this form to the front of the mailpi permit.  Write *Return Receipt Requested* on the The Return Receipt will show to whom to delivered.	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not ticle number, and the date	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postm	eceive the (ces (for an essee's Addrested Delivery
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4a, and 4b.  Print your name and address on the reviced to you.  Attach this form to the front of the mailpipermit.  Write "Return Receipt Requested" on the The Return Receipt will show to whom the complete of the complet	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not	I also wish to refollowing service extra fee):  1.  Address 2.  Restrice Consult postmi	eceive the cost of
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4s, and 4b.  Print your name and address on the revicerd to you.  Attach this form to the front of the mailpi permit.  Write *Return Receipt Requested* on the The Return Receipt will show to whom to delivered.	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not ticle number, and the date	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber 3 693	eceive the cost of
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4a, and 4b.  Print your name and address on the revicerd to you.  Attach this form to the front of the mailpi permit.  Write **Return Receipt Requested** on the The Return Receipt will show to whom to delivered.  3. Article Addressed to:	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not ticle number, and the date  4a_Article N  4b. Service	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber 3 693	eceive the ces (for an essee's Addrected Delivery aster for fee.
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4s, and 4b.  Print your name and address on the revicerd to you.  Attach this form to the front of the mailpipermit.  Write *Return Receipt Requested* on the The Return Receipt will show to whom to delivered.  3. Article Addressed to:  W B ULMER JR	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not ticle number, and the date  4a. Article N  4b. Service	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber 3 693	eceive the coes (for an essee's Addrected Delivery aster for fee.
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4s, and 4b.  Print your name and address on the reviced to you.  Attach this form to the front of the mailpipermit.  Write "Return Receipt Requested" on the The Return Receipt will show to whom to delivered.  3. Article Addressed to:  W B ULMER JR 212 LUCY LN	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not licle number, and the date  4a_Article N  4b. Service  Registere  Express	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber Jogs Type ad Mail	eceive the ces (for an essee's Addrected Delivery aster for fee.
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4s, and 4b.  Print your name and address on the reviced to you.  Attach this form to the front of the mailpipermit.  Write "Return Receipt Requested" on the The Return Receipt will show to whom to delivered.  3. Article Addressed to:  W B ULMER JR 212 LUCY LN	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not licle number, and the date  4a_Article N  4b. Service  Registere  Express  Return Re	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber J 693 Type ad Mail ceipt for Merchand	eceive the coses (for an essee's Addrected Delivery aster for fee.
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4s, and 4b.  Print your name and address on the reviced to you.  Attach this form to the front of the mailpipermit.  Write "Return Receipt Requested" on the The Return Receipt will show to whom to delivered.  3. Article Addressed to:  W B ULMER JR 212 LUCY LN	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not licle number, and the date  4a_Article N  4b. Service  Registere  Express	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber J 693 Type ad Mail ceipt for Merchand	eceive the ces (for an essee's Addrected Delivery aster for fee.
PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional Complete items 3, 4s, and 4b.  Print your name and address on the reviced to you.  Attach this form to the front of the mailpipermit.  Write "Return Receipt Requested" on the The Return Receipt will show to whom to delivered.  3. Article Addressed to:  W B ULMER JR 212 LUCY LN	DETTOOK services. erse of this form so that to see, or on the back if spine a mailpiece below the art	we can return this lace does not licle number, and the date  4a. Article N  4b. Service  Registere  Express  Return Re  7. Date of D	I also wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postmumber J 693 Type ad Mail ceipt for Merchand	eceive the cost (for an essee's Addrected Delivery aster for fee.  Control of the cost of

#### SEP EP9 E01 9

US Postal Service

## **Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

GAYNOR NEWBRO WILLSON 2115 S BENSON ONTARIO CA 91762

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

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

### P 103 693 473

**US Postal Service** 

### Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

[Sent to

WILLIAM CARLISLE KIMPLE 3711 PRINCETON AVE DALLAS TX 75205

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

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