

BURLINGTON RESOURCES

October 24, 1997

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

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

Davoil Inc.
PO Box 122269
Fort Worth, TX 76121

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

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

Gentlemen:

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

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

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

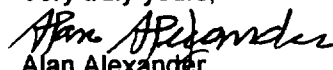
| Owner Name | Billing % |
|--------------------------------|------------|
| Great Western Drilling Company | 28.208250 |
| Davoil Inc. | 15.541750 |
| Taurus Exploration | 12.500000 |
| Conoco, Inc. | 43.750000 |
| TOTAL | 100.000000 |

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

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

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

Very truly yours,


Alan Alexander
Senior Land Advisor

AA:mb

xc: NM-236 Well File

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

Name: _____

Title: _____

Company: _____

AUTHORITY FOR EXPENDITURE

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

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

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

Recommend: _____ Date: _____ Recommend: _____ Date: _____
 MV Infill Team MV Infill Team
 Approved: _____ Date: _____ Approved: _____ Date: _____
 Regional Team Leader Regional Landman

Company Name: _____

Authorized By: _____ Date: _____

Title: _____

Burlington Resources
Facility Cost Estimate

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

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

Intangible Costs

Estimated Days: 4.0

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

Burlington Resources
Cost Estimate

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

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

Intangible Costs

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

Tangible Costs

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

| | |
|-------------------|----------------|
| Total Cost | 178,654 |
|-------------------|----------------|

Burlington Resources
Cost Estimate

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

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

Intangible Costs

| | | Estimated Days: 7.0 | Total Estimated Cost |
|-----------------------|-----------------------------------|--|----------------------------|
| Account Number | | | |
| 249 | | | |
| 03 | Location Cost | | 2,000 |
| 05 | Move-in, Move-out | | 3,000 |
| 07 | Rig Cost | 7.0 days @ \$1,980/day | 13,860 |
| 08 | Safety Equipment | | 0 |
| 10 | Air Drilling Fluid | (7 days @ \$1,075/day) | 7,525 |
| 16 | Stimulation Fluids | (2% KCL / MV 3000 bbls) | 12,000 |
| 17 | Bits | | 750 |
| 18 | Cementing | | 0 |
| 22 | Coring and Analysis | | 0 |
| 23 | Fuel | | 750 |
| 25 | Rentals (Subsurface) | | 0 |
| 26 | Fishing | | 0 |
| 28 | Other Rental (Surface) | (Fourteen 400 bbl frac tanks / misc equip) | 4,500 |
| 29 | Transportation | (frac tanks, misc equip) | 3,500 |
| 32 | Directional Svc. | | 0 |
| 33 | Inspection | | 0 |
| 34 | Logging Services | (GR/CBL and perforating) | 9,500 |
| 36 | Production Testing | | 0 |
| 37 | Swabbing, Snubbing, Coiled Tubing | | 0 |
| 39 | Stimulation | (MV-Two Stg X-link) | 45,000 |
| 43 | Consultants | (7 days @ \$450/day) | 3,150 |
| 44 | Technical Contract Svc. | | 250 |
| 45 | Roustabout Labor | | 2,500 |
| 46 | Miscellaneous | | 0 |
| 49 | Packer Rental | | 0 |
| 53 | Env. Cost | | 0 |
| 54 | Disposal Cost | | 375 |
| 60 | District Tools | | 0 |
| 72 | Overhead Rig Days - 249,\$134 | (7 days @ \$134/day) | 938 |
| | Total Intangibles | | 109,698 |
| Tangible Costs | | | |
| 80 | Casing | | 0 |
| 81 | Tubing | (5150ft @ \$3.75/ft) | 19,313 |
| 84 | Casing & Tubing Equipment | (1.81" Seat nipple and pump out plug) | 1,000 |
| 86 | Wellhead Equipment | | 5,800 |
| | Total Tangibles | | 26,113 |
| Total Cost | | | 135,711 |

BURLINGTON RESOURCES

San Juan 30-6 Unit #67A

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

Completion Procedure

Directions to Location:

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

Project Objective:

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

Rigless Stimulation:

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

Deliver to location following equipment:

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

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

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

Day One: Prep for Stimulation

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

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

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

Day Two: Rigless Stimulation

Schedule Vendor for timing for Day 2 as follows:

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

Wireline ready to perforate at 7:00 am.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(26 total holes, 518' of gross interval)

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

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

Clean out Procedure:

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

Compiled By: _____

S. C. Woolverton
Production Engineer

Approval: _____

Regional Engineer

Drilling Superintendent

Engineers

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

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

Frac Consultants

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

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

VENDORS:

CASED HOLE:
STIMULATION:
FRAC VALVE:

SERVICE COMPANY
BASIN -
Halliburton
District Tools

PHONE NUMBER
327-5244
325-3575

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BURLINGTON RESOURCES

SAN JUAN DIVISION

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

September 29, 1997

Royalty and ORRI Owners
(see attached list)

**RE: Increased Density Study - Mesaverde formation
Sec. 1, T30N, R11W
Sec. 36, T31N, R11W
Sec. 31, T31N, R10W
Sec. 6, T30N, R10W
San Juan County, New Mexico**

Ladies & Gentlemen:

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

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

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

Very truly yours,



Alan Alexander
Senior Land Advisor

AA/cj
xc: NM-10484

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

ORRI & RI OWNERS

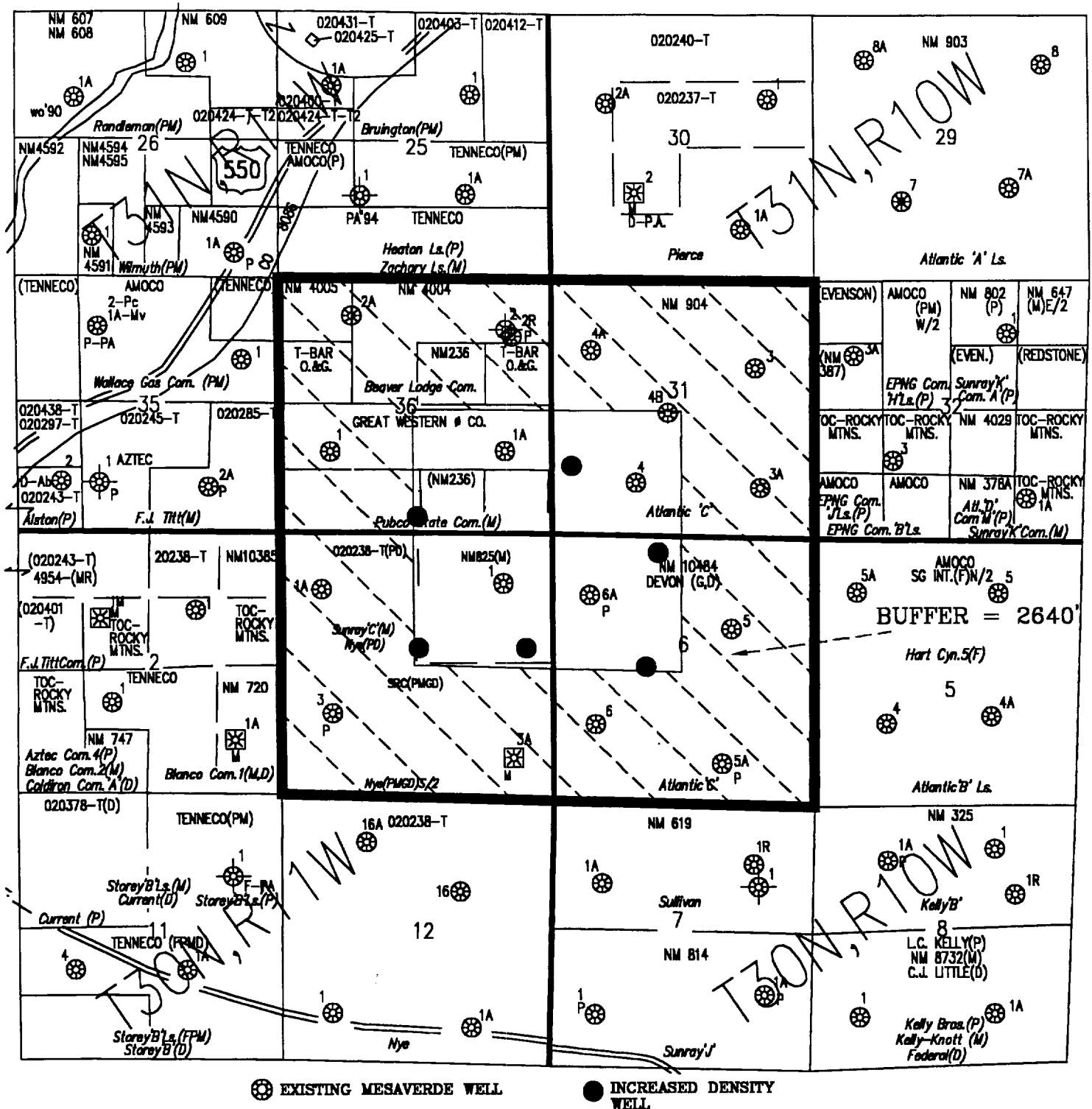
| INT TYPE | BA NAME | BA ADDRESSEE NAME |
|-----------------|---|---------------------------|
| ORRI | ANDREA COLLEEN WIGGINS | |
| ORRI | BARBARA BERNSTEIN | |
| ORRI | BILLIE-DALE NEWBRO WILLIAMS | |
| ORRI | BRADFORD L KIMPLE | |
| ORRI | CARROLL D BRANYON | |
| ORRI | CHARLES H BRADSHAW | |
| ORRI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

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

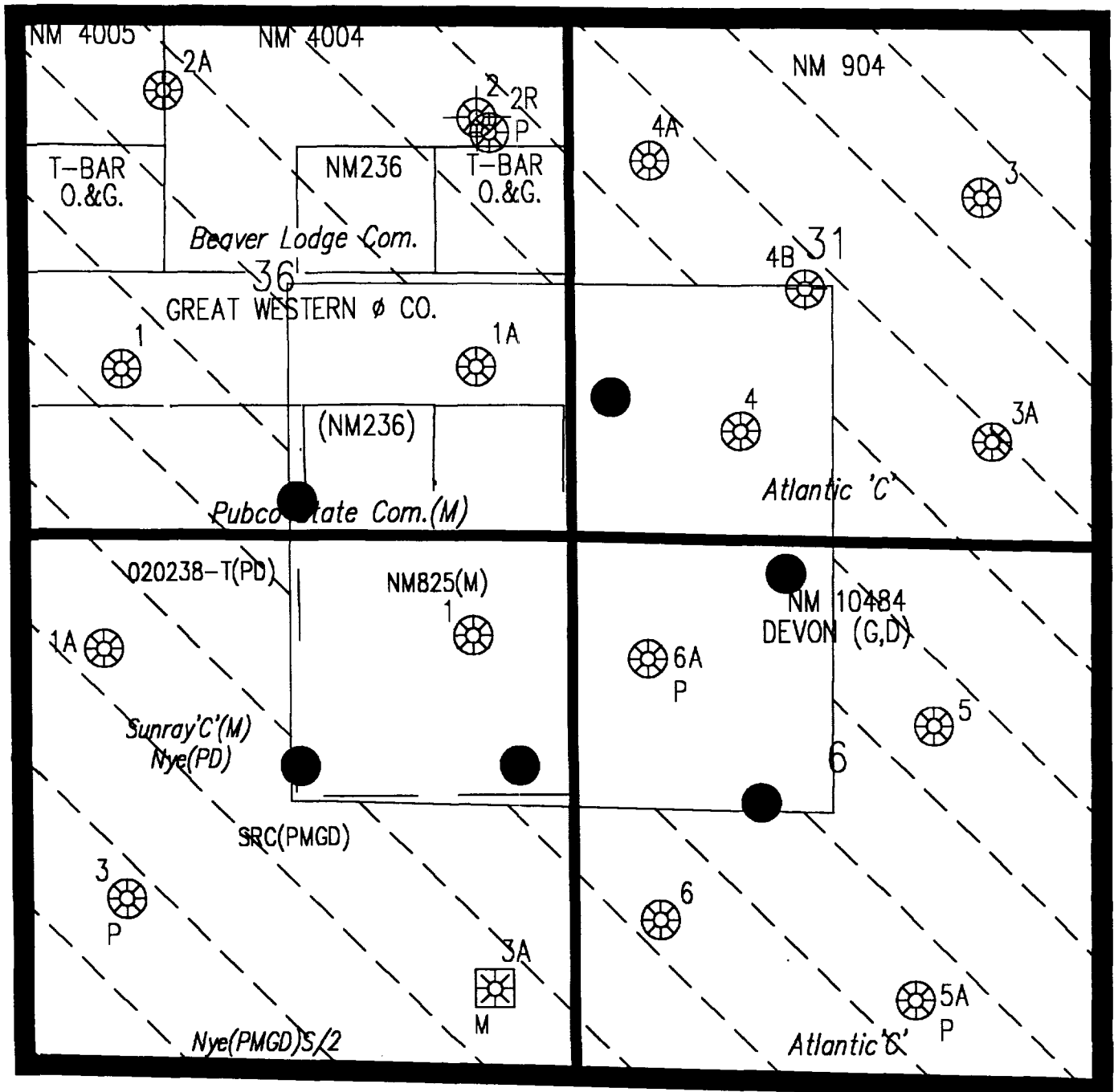
ORRI & RI OWNERS

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

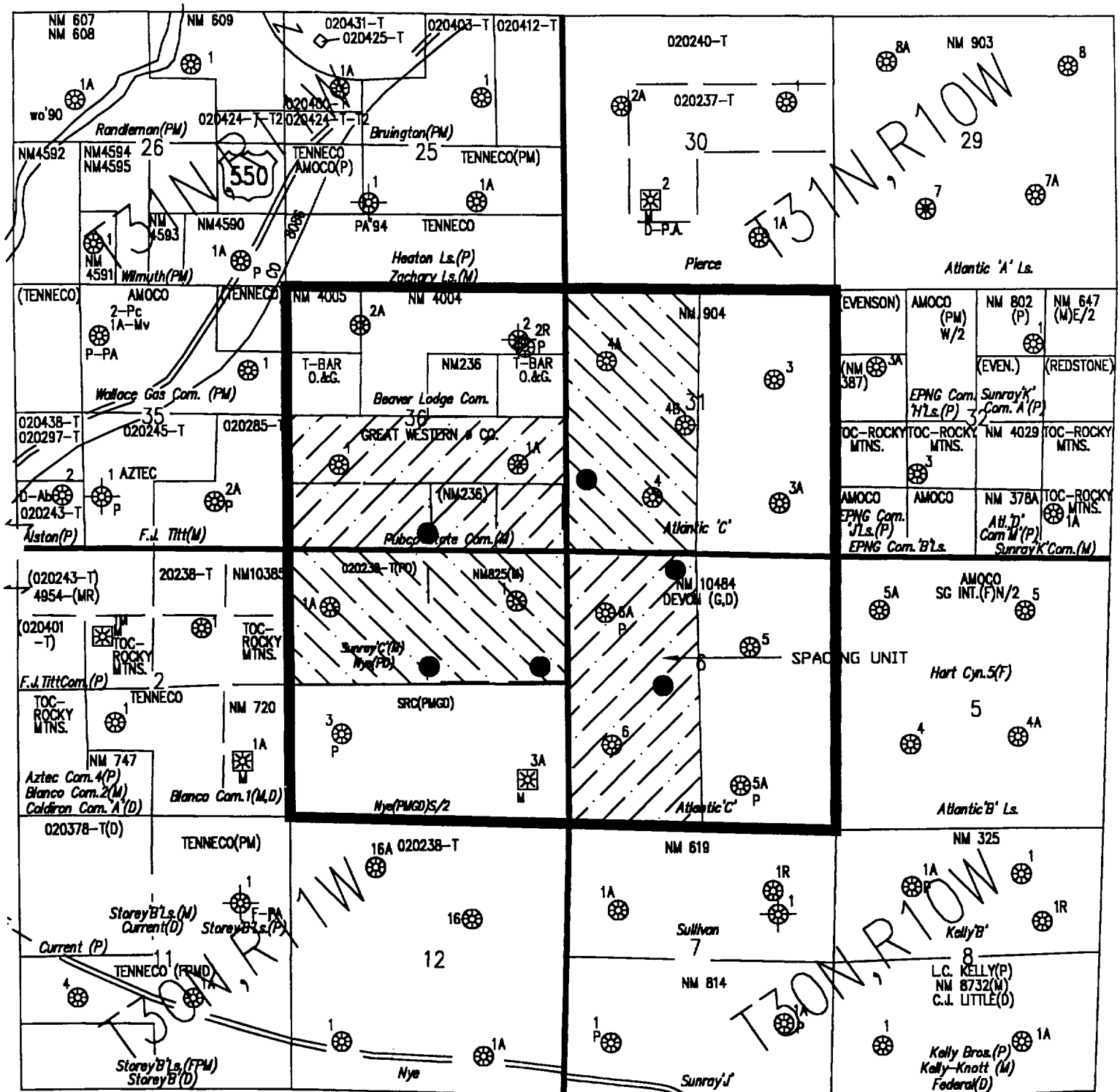
INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



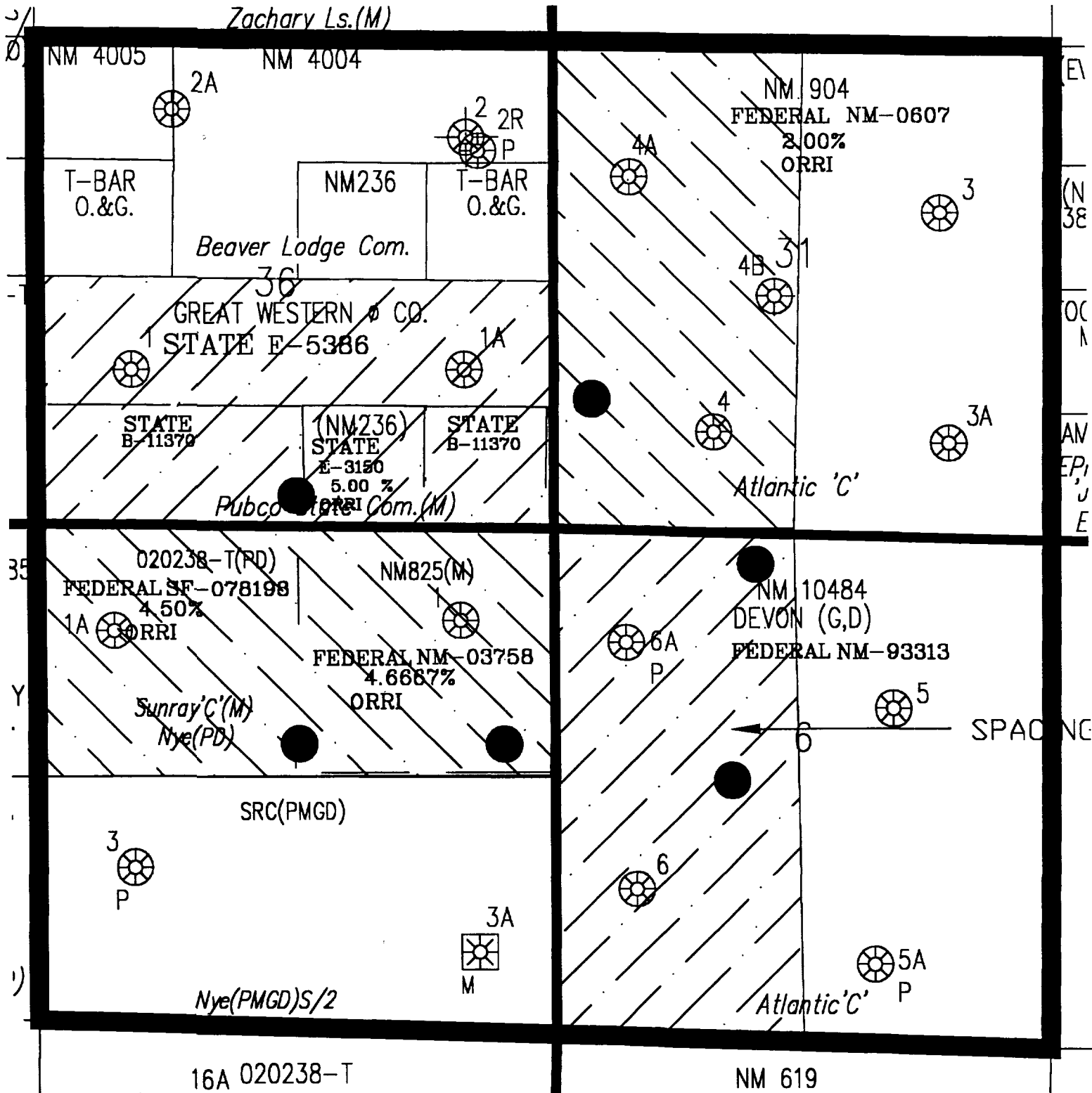
EXISTING MESAVERDE WELL

INCREASED DENSITY WELL

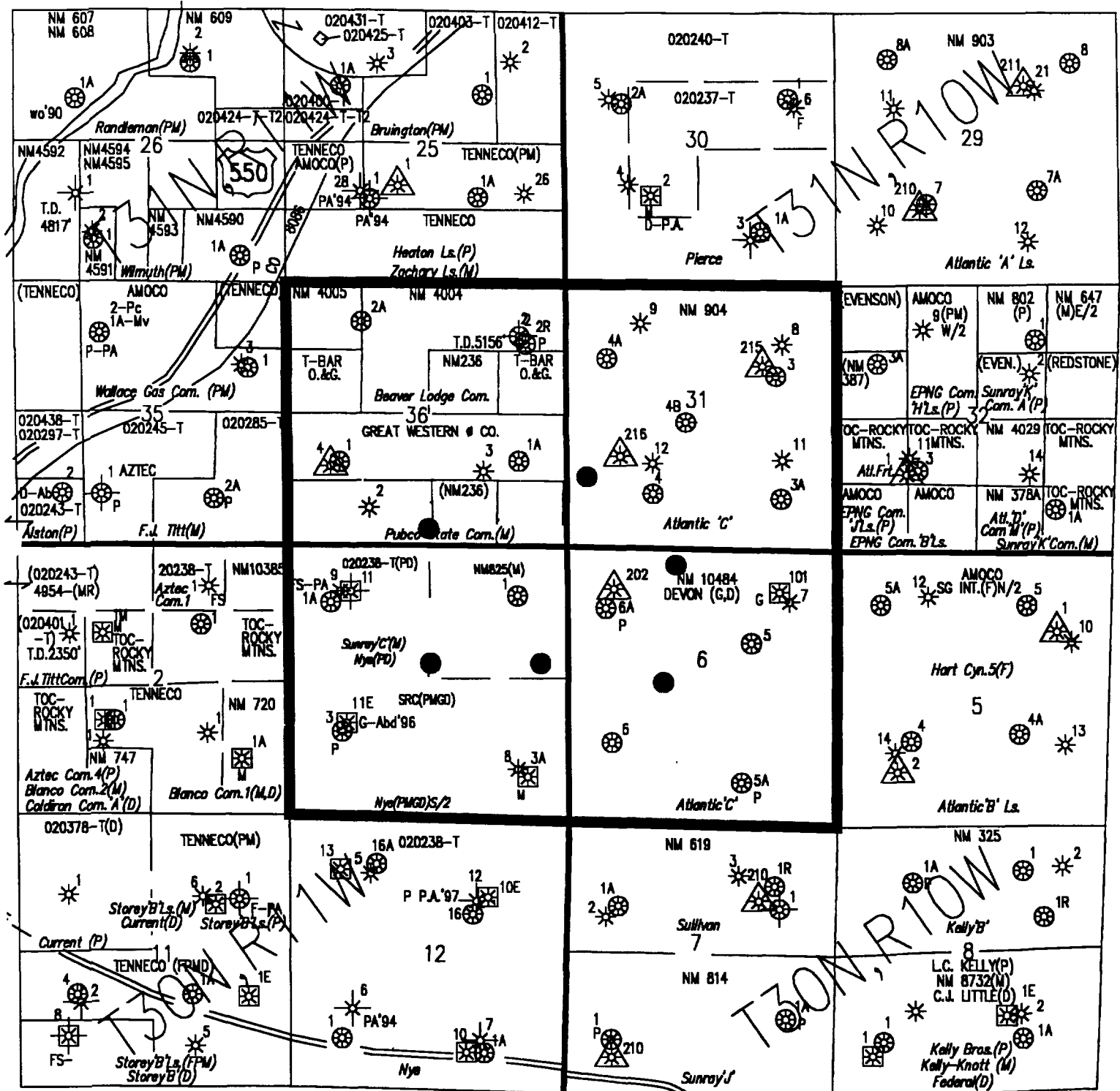


PROJECT AREA

Zachary Ls.(M)



INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



- FRUITLAND SAND
- FRUITLAND COAL
- PICTURED CLIFFS
- EXISTING MESAVERDE WELL
- DAKOTA
- GALLUP

● INCREASED DENSITY WELL



PROJECT AREA

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT W ULMER
2157 SHADY GROVE DR
BEDFORD TX 76021

4a. Article Number

P 358 637 260

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

X Robert W. Ulmer

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT L ZORICH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON TX 77002

4a. Article Number

P 358 637 261

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Karen Sherrod

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SAMUEL D HAAS
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON TX 77002

4a. Article Number

P 358 637 262

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Karen Sherrod

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 358 637 265

4b. Service Type

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

7. Date of Delivery

10-6

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCOTT A ARNOLD III
PO BOX 10
TUNICA MS 38676

4a. Article Number

P 358 637 264

4b. Service Type

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

7. Date of Delivery

10-6

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SAN JUAN BASIN POOL LTD
BOX 1237
PANHANDLE TX 79068

4a. Article Number

P 358 637 263

4b. Service Type

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

7. Date of Delivery

10-6

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SHEFFIELD GORDON REVOCABLE TR
MARCELINE D GORDON TRUSTEE
5000 SOUTH EAST END AVE #3A
CHICAGO IL 60615

4a. Article Number
P 358 637 266

4b. Service Type

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

7. Date of Delivery 6

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X James Williams

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

STEVEN H GORDON
3841 N 38TH AVE
HOLLYWOOD FL 33021

4a. Article Number
P 358 637 268

4b. Service Type

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

7. Date of Delivery 10/10

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Honor Escobar

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUZANNE MARTHA NEWBRO
P O BOX 1355
POST FALLS ID 83854

4a. Article Number
P 358 637 269

4b. Service Type

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

7. Date of Delivery 10-4-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Wayne Koshi

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

Consult postmaster for fee.

3. Article Addressed to:

SYRIL ANN JAMES
4078 EAST BLVD
LOS ANGELES CA 90066

4a. Article Number

P 358 637 270

4b. Service Type

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

7. Date of Delivery

10/3

5. Received By: (Print Name)

Syril James

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 358 637 272

4b. Service Type

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

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

Karen Sherrod

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 358 637 273

4b. Service Type

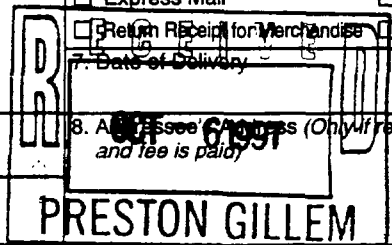
- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

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

Preston Gillem

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 049 501 314

4b. Service Type

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

7. Date of Delivery

OCT - 6 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Denali Ventures, Inc.

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

Agent for MMS

PS Form 3811, December 1994

Domestic Return Receipt

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 358 637 271

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 358 637 267

4b. Service Type

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

7. Date of Delivery

OCT 6 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLIAM HALL NEWBRO JR
534 E CORNELL DR
BURBANK CA 91504

4a. Article Number

P 358 637 277

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

WILLIAM HALL NEWBRO, JR

6. Signature: (Addressee or Agent)

William Hall Newbro

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W B ULMER JR
212 LUCY LN
WYLIE TX 75098

4a. Article Number

P 358 637 279

4b. Service Type

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

7. Date of Delivery

10-4

5. Received By: (Print Name)

W B Ulmer

6. Signature: (Addressee or Agent)

X *W B Ulmer*

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

PS Form 3811, December 1994

Domestic Return Receipt

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THOMPSON G GARRETT SR DECD
STEPHEN P GARRETT EXECUTOR
5888 S MAIN POINT BLVD
OGDEN UT 84405

4a. Article Number

P 358 637 280

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Stephen P. Garrett

6. Signature: (Addressee or Agent)

X *Stephen P. Garrett*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the

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Is your RETURN ADDRESS completed on the reverse side?

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 553 309 180

4b. Service Type

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

7. Date of Delivery

10-10-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *P. M. Berke*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PRISCILLA ANN MILBURN
P O BOX 141
MIDLAND TX 79702

4a. Article Number

Z 082 204 968

4b. Service Type

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

7. Date of Delivery

OCT - 6 1997

5. Received By: (Print Name)

P. A. Milburn

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RITA AND DON F SHEEHAN
JOINT TENANTS
P O BOX 159
MATTAWAN MI 49071

4a. Article Number

P 358 637 259

4b. Service Type

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

7. Date of Delivery

10-4-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *R. F. Sheehan*

PS Form 3811, December 1994

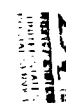
Domestic Return Receipt

Thank you for using Return Receipt Service.

0, June 1991

9-29-97 - Mesaverde Drillblock
ORRI & P1 Owners
Jensity Study notification
Inceas

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



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

P. 049 501 313

| | |
|---|----|
| Postage and Insurance Fee | |
| Additional Insurance Fee | |
| Return Receipt (Showing to Whom & Date Delivered) | |
| Return Receipt (Showing to Whom & Date Delivered) | |
| Return Receipt (Showing to Whom & Date Delivered) | |
| TOTAL Postage & Fees | \$ |

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 789 921 810

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

5. Signature: (Addressee or Agent)

X

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

Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAUL AND LAURA ALBRIGHT
5205 REXTON LN
DALLAS TX 75214

4a. Article Number

P 358 636 741

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

5. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

Consult postmaster for fee.

3. Article Addressed to:

PALMER L LONG
6352 REUBENS DRIVE
HUNTINGTON BEACH CA 92647

4a. Article Number

P 049 501 312

4b. Service Type

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

7. Date of Delivery

10-14-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Palmer L Long*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

MELVIN A ASTRAHAN
11401 KENSINGTON RD
LOS ALAMITA CA 90720

4a. Article Number

P 049 501 288

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

Melvin A Astrahan

6. Signature: (Addressee or Agent)

X *Melvin A Astrahan*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

MARATHON OIL COMPANY
PO BOX 552
MIDLAND TX 79702

4a. Article Number

P 049 501 287

4b. Service Type

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

7. Date of Delivery

10-14-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

Consult postmaster for fee.

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

4a. Article Number
P 049 501 352

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

7. Date of Delivery
10-6

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

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

4a. Article Number
P 049 501 353

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

7. Date of Delivery
10/7

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

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

4a. Article Number
P 049 501 355

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the

LESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

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

2. ☐ Restricted Delivery

Consult postmaster for fee.

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

4a. Article Number

P 049 501 308

4b. Service Type

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

7. Date of Delivery

OCT 07

5. Received By: (Print Name)

Jeanie Dawson

6. Signature: (Addressee or Agent)

X Jeanie Dawson

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

LLOYD E COX JR TRUST
BANK ONE FORT WORTH
PO BOX 2050
FT WORTH TX 76113-2050

4a. Article Number

P 049 501 309

4b. Service Type

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

7. Date of Delivery

OCT 06 1997

5. Received By: (Print Name)

Leon Terigan

6. Signature: (Addressee or Agent)

X Leon Terigan

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 049 501 351

4b. Service Type

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

7. Date of Delivery

OCT 06 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

L. DUPREE

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

2. ☐ Restricted Delivery
Consult postmaster for fee.

3. **Article Number**
P 049 501 306

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

5. **Date of Delivery**
10/2

6. **Received By: (Print Name)**
[Signature]

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

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

PS Form 3811, December 1994

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

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

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

4. **Article Number**
P 358 637 274

5. **Service Type**
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

6. **Date of Delivery**
10/2

7. **Received By: (Print Name)**
[Signature]

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

9. **Addressee's Address (Only if requested and fee is paid)**
[Address]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

4. **Article Number**
P 049 501 307

5. **Service Type**
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

6. **Date of Delivery**
10/2

7. **Received By: (Print Name)**
[Signature]

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

9. **Addressee's Address (Only if requested and fee is paid)**
[Address]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

ILENE GROSS
BOX 660 COOPER STA
NEW YORK NY 10276

4a. Article Number

P 049 501 354

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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:

JEAN B JR & ALINE G MILLER TR
1915 HOLIDAY
NEWPORT BEACH CA 92660

4a. Article Number

P 049 501 304

4b. Service Type

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

7. Date of Delivery

10-4-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

JEAN BURROUGHS
9350 ARROYA LN
COLORADO SPRINGS CO 80908

4a. Article Number

P 049 501 305

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GAYNOR NEWBRO WILLSON
2115 S BENSON
ONTARIO CA 91762

4a. Article Number

Z 082 204 833

4b. Service Type

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

7. Date of Delivery

10/4

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Gaynor Newbro Willson*

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 082 204 832

4b. Service Type

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

7. Date of Delivery

OCT 06 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *E. DUPREE*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 082 204 831

4b. Service Type

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

7. Date of Delivery

10-7-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Barry Sherrod*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FIRST PRESBYTERIAN CHURCH
200 E BOUTZ ROAD
LAS CRUCES NM 88005

4a. Article Number
Z 082 204 836

4b. Service Type

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

7. Date of Delivery
10/16/97

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number
Z 082 204 835

4b. Service Type

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

7. Date of Delivery
10/20/97

5. Received By: (Print Name)
Roy PETERSON

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number
Z 082 204 834

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)
Karen Sherrod

6. Signature: (Addressee or Agent)
X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 082 204 839

4b. Service Type

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

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

Karen Sherrod

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 082 204 838

4b. Service Type

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

7. Date of Delivery

10/5/97

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

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 082 204 837

4b. Service Type

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

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

Pat DeBogory

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

ELLIS W DARBY
PO BOX 128
TUNICA MS 38676

4a. Article Number

Z 082 204 830

4b. Service Type

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

7. Date of Delivery

10/6/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

PS Form 3811, December 1994

Domestic Return Receipt
Nam

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH A JOHNSON
PO BOX 640
TUNICA MS 38676

4a. Article Number

Z 082 204 829

4b. Service Type

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

7. Date of Delivery

10/8/97

5. Received By: (Print Name)

ELIZABETH JOHNSON

6. Signature: (Addressee or Agent)

X 

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 049 301 356

4b. Service Type

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

7. Date of Delivery

10/6/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

D MARTIN PHILLIPS & LIANE M
PHILLIPS
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON TX 77002

4a. Article Number

P 358 636 723

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Karen Sherrod

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID G NEWBRO
2016 VISTA CAJON
NEWPORT BEACH CA 92660

4a. Article Number

P 358 636 724

4b. Service Type

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

7. Date of Delivery

10-4-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DORIS WALDMAN
6422 PARK CENTRAL WAY
INDIANAPOLIS IN 46260

4a. Article Number

P 358 636 725

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

CHARLES R WIGGINS
PO BOX 10862
MIDLAND TX 79702

4a. Article Number

P 358 1037 215

4b. Service Type

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

7. Date of Delivery

10-7-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Charles R. Wiggins

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CHARLES SIAU
1017 W SPRUCE
PORTALES NM 88130

4a. Article Number

P 358 636 721

4b. Service Type

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

7. Date of Delivery

10-3-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Charles Siau

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CLINTON C CARNEY JR TRUST
3210 FOREST GLEN
SPRING TX 77380

4a. Article Number

P 358 636 722

4b. Service Type

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

7. Date of Delivery

10-4-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X John Carney

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

BRADFORD L KIMPLE
C/O SCOTT C KIMPLE
THE WARRINGTON NO 8-E
3831 TURTLE CREEK BLVD
DALLAS TX 75219

4a. Article Number

P 358 636 718

4b. Service Type

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

7. Date of Delivery

10-6

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

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CARROLL D BRANYON
641 LAKE MUREX CIR
SANIBEL FL 33957

4a. Article Number

P 358 636 719

4b. Service Type

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

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

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CHARLES H BRADSHAW
JOHN C BRADSHAW AIF
REV LIVING TRST DTD 7-15-71
PO BOX 1938
SIMPSONVILLE SC 29681-1938

4a. Article Number

P 358 636 720

4b. Service Type

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

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

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANDREA COLLEEN WIGGINS
PO BOX 50331
MIDLAND TX 79710

4a. Article Number
P 358 637 276

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 Domestic Return

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number
P 358 636 716

4b. Service Type

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

7. Date of Delivery
10-4-97

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number
P 358 636 717

4b. Service Type

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

7. Date of Delivery
OCT 06 1997

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

BURLINGTON RESOURCES

SAN JUAN DIVISION

September 5, 1997

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

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

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

**RE: Increased Density Study - Mesaverde formation
Sec. 1, T30N, R11W
Sec. 36, T31N, R11W
Sec. 31, T31N, R10W
Sec. 6, T30N, R10W
San Juan County, New Mexico**

Gentlemen:

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

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

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

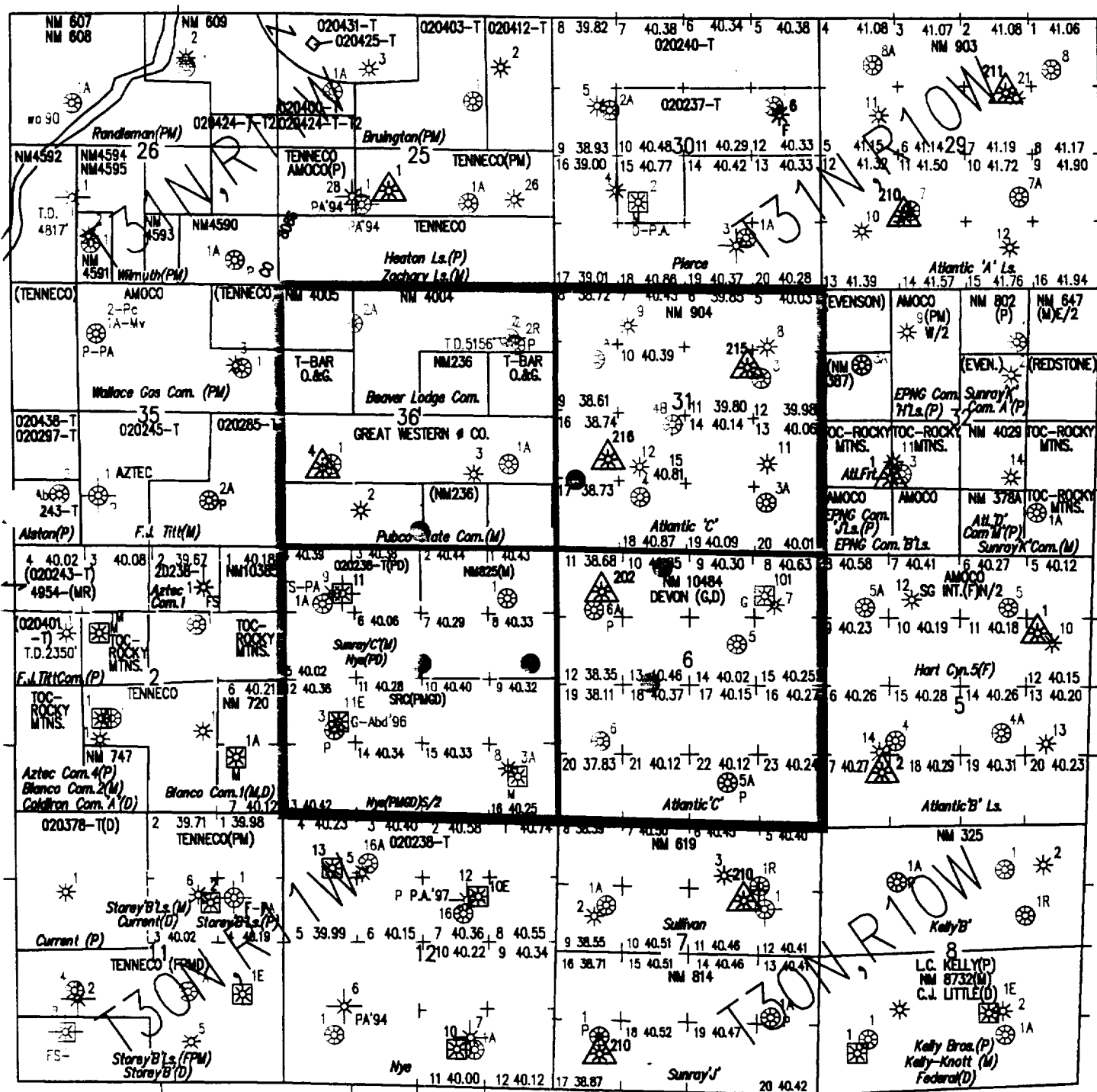
Very truly yours,



Alan Alexander
Senior Land Advisor

AA/cj
xc: NM-10484
Tom Kellahin

INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



- △ FRUITLAND SAND
- MESAVERDE
- △ FRUITLAND COAL
- DAKOTA
- ☆ PICTURED CLIFFS
- ◇ GALLUP

- INCREASED DENSITY WELL

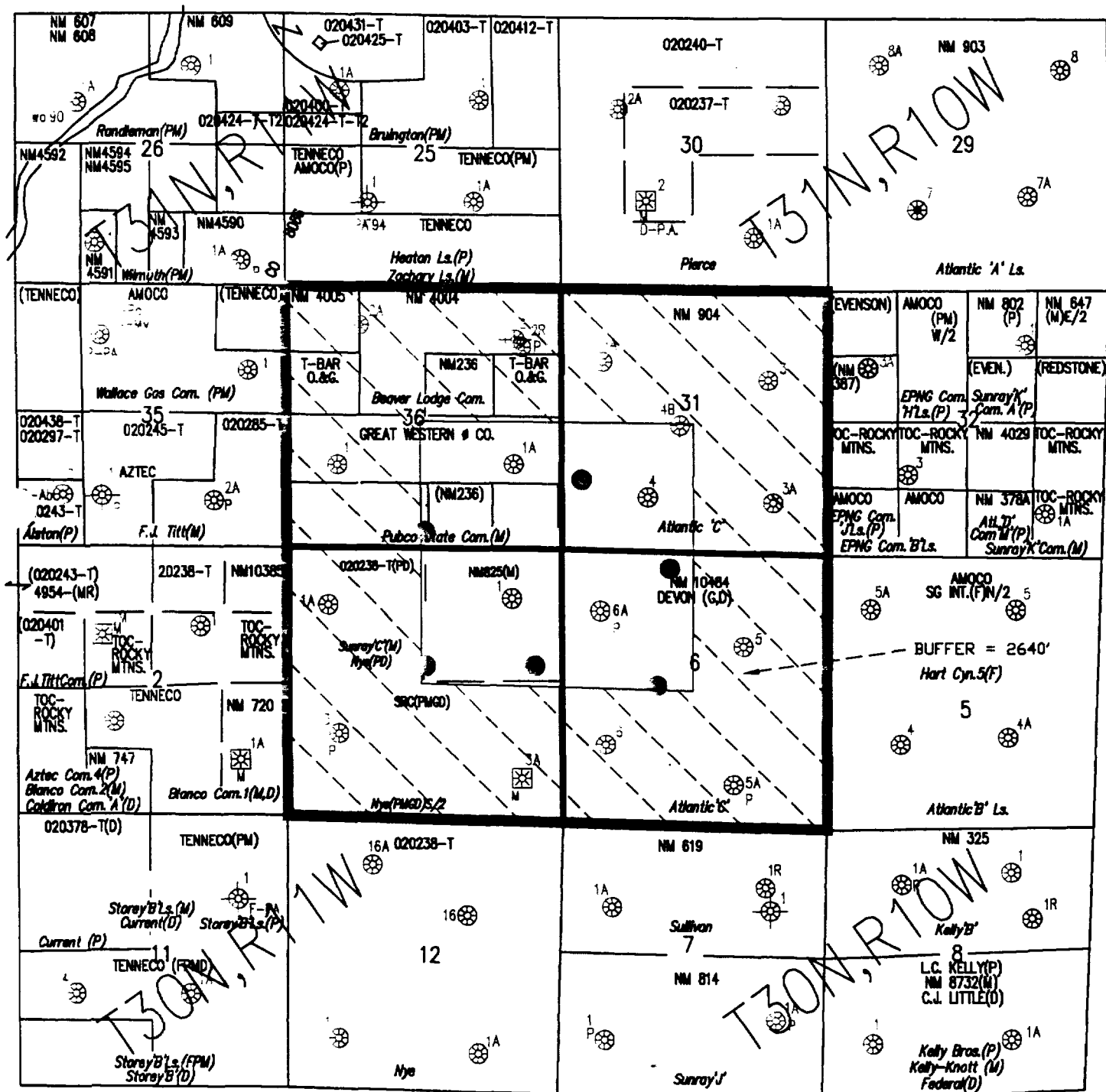
The map displays the T30N, R10W township in New Mexico, showing land parcels, owners, and various landmarks. The map is divided into sections 25, 26, 30, 31, 35, 36, and 37. Key features include:

- Section 25:** Tenneco (P), Heaton Ls. (P), Zachary Ls. (M), Tenneco (P), and Tenneco (P).
- Section 26:** Tenneco (P), AMOCO (P), Wallace Gas Com. (P), and Tenneco (P).
- Section 30:** Atlantic 'A' Ls., Atlantic 'C', and Atlantic 'C'.
- Section 31:** Atlantic 'C', Atlantic 'C', and Atlantic 'C'.
- Section 35:** Atlantic 'C', Atlantic 'C', and Atlantic 'C'.
- Section 36:** Atlantic 'C', Atlantic 'C', and Atlantic 'C'.
- Section 37:** Atlantic 'C', Atlantic 'C', and Atlantic 'C'.

The map also shows various landmarks such as the Rio Grande, the New Mexico-Colorado border, and the town of Lordsburg. The map is oriented with North at the top and is labeled with 'T30N, R10W' in the bottom right corner.

● INCREASED DENSITY
WELL

INCREASE DENSITY STUDY AREA MESAVERDE FORMATION



⊗ MESAVERDE

● INCREASED DENSITY WELL



INCREASED DENSITY
WELL