BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF COSTILLA ENERGY, INC. FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 12,029**

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
COUNTY OF SANTA FE) ss.

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing them, by certified mail, a copy of the Application. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of August, 1998, by James Bruce.

Notary Public

My Commission Expires:
3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 8
CASE NO.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

SUITE B
612 OLD SANTA FE TRAIL
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

July 30, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Dear Sirs:

Enclosed is a copy of an application for compulsory pooling filed with the New Mexico Oil Conservation Division by Costilla Energy, Inc. regarding the S½ of Section 33, Township 16 South, Range 26 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, August 20, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

James Bruce

Attorney for Costilla Energy, Inc.

EXHIBIT
A

EXHIBIT A

FUNK "49" WELL NO. 1

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210
Attention: Douglas W. Hurlbut

John A. Yates Individually and
as Personal Representative of the
Estate of Peggy A. Yates, Deceased
105 South Fourth Street
Artesia, New Mexico 88210

Sharbro Oil, Ltd. Co.
P.O. Box 840
Artesia, New Mexico 88211-0840
Attention: Douglas W. Hurlbut

Barbara H. Hannifin
P.O. Drawer 2588
Roswell, New Mexico 88202

Robert H. Hannifin
P.O. Drawer 218
Midland, Texas 79702

Morris E. and Holly K. Schertz
301 North Missouri Avenue
Roswell, New Mexico 88201

Ralph Nix, a Partnership
P.O. Box 440
Artesia, New Mexico 88211

Betty A. Lamb, Individually and as
Personal Representative of the
Estate of N. Raymond Lamb, Deceased,
and Trustee of the Residuary Trusts
u/w/o N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

Janet Luke Wilson Nolan
FRD #1, Box 188
Laurelton Road
Mt. Kisco, New York 10549

Jessie MacGregor Wilson Peck
14318 Cleveland Heights Blvd.
Cleveland, Ohio 44121

Francis Cushman Wilson, II
P.O. Box 1297
Santa Fe, New Mexico 87504

Tom B. Moore
P.O. Box 3389
Sherman, Texas 75091

Estate of Edith C. Wheeler, Deceased
c/o Ann D. Allison
P.O. Box 64035
Lubbock, Texas 79464

Mary J. McWhorter
769 Canyon Road
Logan, Utah 84321

David H. Arrington
1502 North "D" Street
Midland, Texas 79701

Michael H. Moore
14850 Oaks North Place
Dallas, Texas 75240

Ann D. Allison
P.O. Box 64035
Lubbock, Texas 79464

Parker Wilson, Jr.
4872 Viejo Drive
Santa Barbara, California 93110

Nancy Jeanne Lamb, Trustee
of the Residuary Trusts u/w/o
N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

Sally Lamb Chumbley, Trustee
of the Residuary Trusts u/w/o
N. Raymond Land, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

Noelle Lucille Lamb, Trustee
of the Residuary Trusts u/w/o
N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

Penelope Ann Lamb, Trustee
of the Residuary Trusts u/w/o
N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 434 586 924

Sent to
Noelle Lucille Lamb, Trustee
of the Residuary Trusts u/w/o
N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	JUL 30 1998

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:

Noelle Lucille Lamb, Trustee
of the Residuary Trusts u/w/o
N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

4a. Article Number
Z 434 586 924

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

7. Date of Delivery
8-3-98

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

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

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

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 434 586 920

Sent to
Ann D. Allison
P.O. Box 64035
Lubbock, Texas 79464

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	JUL 30 1998 SANTA FE NM 87

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:

Ann D. Allison
P.O. Box 64035
Lubbock, Texas 79464

4a. Article Number
Z 434 586 920

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

7. Date of Delivery
8-8

5. Received By: *(Print Name)*
Ann D. Allison

6. Signature: *(Addressee or Agent)*
X Ann D. Allison

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

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Janet Luke Wilson Nolan
FRD #1, Box 188
Laurelton Road
Mt. Kisco, New York 10549

Z 434 586 912

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:
Estate of Edith C. Wheeler, Deceased
c/o Ann D. Allison
P.O. Box 64035
Lubbock, Texas 79464

4a. Article Number
Z 434 586 916

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

7. Date of Delivery
8-8

5. Received By: *(Print Name)*
Ann D. Allison

6. Signature: *(Addressee or Agent)*
X Ann D. Allison

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

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PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Estate of Edith C. Wheeler, Deceased
c/o Ann D. Allison
P.O. Box 64035
Lubbock, Texas 79464

Z 434 586 916

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	SANTA FE, NM JUL 30

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:
Janet Luke Wilson Nolan
FRD #1, Box 188
Laurelton Road
Mt. Kisco, New York 10549

4a. Article Number
Z 434 586 912

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

7. Date of Delivery
8/3/96

5. Received By: *(Print Name)*

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 434 586 925

Sent to
Penelope Ann Lamb, Trustee
of the Residuary Trusts u/w/o
N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:

Sally Lamb Chumbley, Trustee
of the Residuary Trusts u/w/o
N. Raymond Land, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

4a. Article Number
Z 434 586 923

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

7. Date of Delivery
8-3-98

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

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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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:

Penelope Ann Lamb, Trustee
of the Residuary Trusts u/w/o
N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

4a. Article Number
Z 434 586 925

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

7. Date of Delivery
8-3-98

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

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 434 586 923

Sent to
Sally Lamb Chumbley, Trustee
of the Residuary Trusts u/w/o
N. Raymond Land, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Z 434 586 911

Sent to	Betty A. Lamb, Individually and as Personal Representative of the Estate of N. Raymond Lamb, Deceased, and Trustee of the Residuary Trusts u/w/o N. Raymond Lamb, Deceased 119 South Roselawn Avenue Artesia, New Mexico 88210
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:

Betty A. Lamb, Individually and as Personal Representative of the Estate of N. Raymond Lamb, Deceased, and Trustee of the Residuary Trusts u/w/o N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

4a. Article Number: Z 434 586 911

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

7. Date of Delivery: 8-3-98

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

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

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

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 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:

Nancy Jeanne Lamb, Trustee of the Residuary Trusts u/w/o N. Raymond Lamb, Deceased
119 South Roselawn Avenue
Artesia, New Mexico 88210

4a. Article Number: Z 434 586 922

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

7. Date of Delivery: 8-3-98

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

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

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

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Z 434 586 922

Sent to	Nancy Jeanne Lamb, Trustee of the Residuary Trusts u/w/o N. Raymond Lamb, Deceased 119 South Roselawn Avenue Artesia, New Mexico 88210
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	NM 87501 JUL 30 1998

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 434 586 915

Sent to
Tom B. Moore
P.O. Box 3389
Sherman, Texas 75091

Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.96
Postmark or Date	

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:

Barbara H. Hannifin
P.O. Drawer 2588
Roswell, New Mexico 88202

4a. Article Number
Z 194 413 372

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

7. Date of Delivery

5. Received By: *(Print Name)*
Maurice E. Schertz

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

6. Signature: *(Addressee or Agent)*
X Maurice E. Schertz

PS Form **3811**, December 1994 CEI #2 102595-98-B-0229 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:

Tom B. Moore
P.O. Box 3389
Sherman, Texas 75091

4a. Article Number
Z 434 586 915

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

7. Date of Delivery
8-3-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Tom B Moore

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, March 1993

Z 194 413 372

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

Sent to
Barbara H. Hannifin
P.O. Drawer 2588
Roswell, New Mexico 88202

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	JUL 30 1998 NM 87501

PS Form **3800**, April 1995

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.90
Postmark or Date	SANTA FE NM 87501 JUL 30

Sent to
Michael H. Moore
14850 Oaks North Place
Dallas, Texas 75240

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 434 586 914

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:

Francis Cushman Wilson, II
P.O. Box 1297
Santa Fe, New Mexico 87504

4a. Article Number
Z 434 586 914

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

7. Date of Delivery
AUG 3 1998

5. Received By: *(Print Name)*
T. Wint U. Squires

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

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

SANTA FE, NM $1.30 AUG 3 1998 USPS

PS Form **3811**, December 1994 CEI # 1 102595-98-B-0229 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.
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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:

Michael H. Moore
14850 Oaks North Place
Dallas, Texas 75240

4a. Article Number
Z 434 586 919

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

7. Date of Delivery
8/1/98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 CEI # 1 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.80
Postmark or Date	SANTA FE NM 87501 AUG 1

Sent to
Francis Cushman Wilson, II
P.O. Box 1297
Santa Fe, New Mexico 87504

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 434 586 914

PS Form **3800**, March 1993

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	8/2

Sent to
Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210
Attention: Douglas W. Hurlbut

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

Z 194 413 369

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:

Mary J. McWhorter
769 Canyon Road
Logan, Utah 84321

4a. Article Number Z 434 586 917

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

7. Date of Delivery 8/19/95

5. Received By: *(Print Name)* Mary J McWhorter

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

6. Signature: *(Addressee or Agent)* X Mary J McWhorter

PS Form **3811**, December 1994 CEI#1 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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

Consult postmaster for fee.

3. Article Addressed to:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210
Attention: Douglas W. Hurlbut

4a. Article Number Z 194 413 369

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

7. Date of Delivery 07319?

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

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

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

PS Form **3811**, December 1994 CEI#1 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	JUN 8 1995

Sent to
Mary J. McWhorter
769 Canyon Road
Logan, Utah 84321

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 434 586 917

PS Form **3800**, March 1993

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

Z 194 413 374

Sent to	Morris E. and Holly K. Schertz 301 North Missouri Avenue Roswell, New Mexico 88201
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:

Sharbro Oil, Ltd. Co.
P.O. Box 840
Artesia, New Mexico 88211-0840
Attention: Douglas W. Hurlbut

4a. Article Number: Z 194 413 371

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

7. Date of Delivery: 7-31-98

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

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

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

PS Form **3811**, December 1994 CGI # 1 102595-98-B-0229 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Morris E. and Holly K. Schertz
301 North Missouri Avenue
Roswell, New Mexico 88201

4a. Article Number: Z 194 413 374

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

7. Date of Delivery: 7-31-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 CGI # 1 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

PS Form **3800**, March 1993

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

Z 194 413 371

Sent to	Sharbro Oil, Ltd. Co. P.O. Box 840 Artesia, New Mexico 88211-0840 Attention: Douglas W. Hurlbut
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, March 1993

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

Sent to
Ralph Nix, a Partnership
P.O. Box 440
Artesia, New Mexico 88211

Z 194 413 375

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

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:
John A. Yates Individually and
as Personal Representative of the
Estate of Peggy A. Yates, Deceased
105 South Fourth Street
Artesia, New Mexico 88210

4a. Article Number
Z 194 413 370

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

7. Date of Delivery
07 31 98

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

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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

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

Consult postmaster for fee.

3. Article Addressed to:
Ralph Nix, a Partnership
P.O. Box 440
Artesia, New Mexico 88211

4a. Article Number
Z 194 413 375

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

7. Date of Delivery
JUL 31 1998

5. Received By: *(Print Name)*
Ralph Nix JA

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 CI #1 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, March 1993

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	JUL 30 1998 SANTA FE, NM 87501

John A. Yates Individually and
as Personal Representative of the
Estate of Peggy A. Yates, Deceased
105 South Fourth Street
Artesia, New Mexico 88210

Z 194 413 370

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

PS Form **3800**, April 1995

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.90
Postmark or Date	AUG 30 1998

Sent to
Jessie MacGregor Wilson Peck
14318 Cleveland Heights Blvd.
Cleveland, Ohio 44121

Do not use for International Mail (See reverse)
No Insurance Coverage Provided.

US Postal Service
Receipt for Certified Mail

Z 434 586 913

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:

Robert H. Hannifin
P.O. Drawer 218
Midland, Texas 79702

4a. Article Number: Z 194 413 373

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 Robert H. Hannifin

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 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:

Jessie MacGregor Wilson Peck
14318 Cleveland Heights Blvd.
Cleveland, Ohio 44121

4a. Article Number: Z 434 586 913

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

7. Date of Delivery: 8-3-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X J. M. W. Peck

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, March 1993

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 3.80
Postmark or Date	AUG 30 1998

Sent to
Robert H. Hannifin
P.O. Drawer 218
Midland, Texas 79702

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

Receipt for Certified Mail

Z 194 413 373

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:

Parker Wilson, Jr.
4872 Viejo Drive
Santa Barbara, California 93110

4a. Article Number
Z 434 586 921

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

7. Date of Delivery
8-4

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 CEI #1 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to
Parker Wilson, Jr.
4872 Viejo Drive
Santa Barbara, California 93110

Z 434 586 921

Postage	$ .53
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	SANTA FE NM 87501 JUL 30 1997

Z 434 586 918

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to

David H. Arrington
1502 North "D" Street
Midland, Texas 79701

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

SANTA FE NM