

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
ANTHONY F. MEDEIROS
PAUL R. OWEN
KATHERINE M. MOSS

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: ccbspa@ix.netcom.com

October 15, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: *Amended Application of Manzano Oil Corporation for Compulsory Pooling and
an Unorthodox Well Location, Lea County, New Mexico*

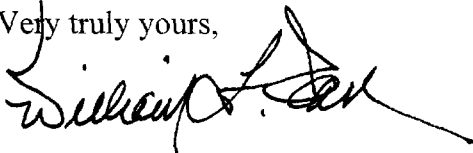
Gentlemen:

This letter is to advise you that Manzano Oil Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests in all formations developed on 80-acre spacing to the base of the Strawn formation in the S/2 SE/4 of Section 2, Township 16 South, Range 36 East, NMPM, Lea County, New Mexico. Manzano proposes to dedicate the referenced pooled unit to its Odyssey Well No. 1 to be drilled by reentering an existing wellbore located 487 feet from the South line and 1270 feet from the East line of Section 2 and directionally drilling to an unorthodox bottomhole location in the Strawn formation 1149 feet from the South line and 1370 feet from the East line of said Section 2.

This amended application has been set for hearing before a Division Examiner on November 5, 1998. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR
ATTORNEY FOR MANZANO OIL CORPORATION
Enc.

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:

Convalescent Aid Society
3255 East Foothill Boulevard
Pasadena, CA 91107

4a. Article Number

Z 559 541 751

4b. Service type

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

7. Date of Delivery

10/16

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

998 it requested

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 751

US Postal Service

Receipt for Certified Mail

Convalescent Aid Society
3255 East Foothill Boulevard
Pasadena, CA 91107

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

PS Form 3800, April 1995

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

SENDER:

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

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

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Joseph Day
Post Office Box 230
La Mesa, CA 91944

4a. Article Number

Z 559 541 753

4b. Service type

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

7. Date of Delivery

APR 15 1998

5. Received By: (Print Name)

6. Signature/Address of Addressee or Agent

PS Form 3800, December 1994

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

102565-96-B-0229

Domestic Return Receipt

Z 559 541 753

US Postal Service
Receipt for Certified Mail

Joseph Day
Post Office Box 230
La Mesa, CA 91944

Postage	\$.32
Certified Fee	\$.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

PS Form 3800 April 1995

Thank you for using Return Receipt Service.

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 752

MAIL

RECEIVED AS ADDRESS
UNABLE TO FORWARD

Robert S. Leonard
Post Office Box 254
Lakehead, CA 96051

1ST NOTICE
2ND NOTICE
RETURN

Z 559 541 752

US Postal Service

Receipt for Certified Mail

Robert S. Leonard
Post Office Box 254
Lakehead, CA 96051

Postage	\$ 32
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	2.77
Postmark or Date	

PS Form 3800, April 1995

CERTIFIED

Z 559 541 754

MAIL

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208



☒ MOVED LEFT NO ADDRESS
☒ NOT DELIVERABLE AS ADDRESSED

☐ UNABLE TO FORWARD

☐ ATTEMPTED - NOT KNOWN

☐ UNCLAIMED - REFUSED

☐ NO SUCH STREET - NUMBER

☐ DO NOT RE-MAIL IN THIS ENVELOPE

Insufficient address

OCT 24 1998

1ST NOTICE
2ND NOTICE
RETURN

Russell A. Braun
Post Office Box 463
Columbia, IL 62236

Z 559 541 754

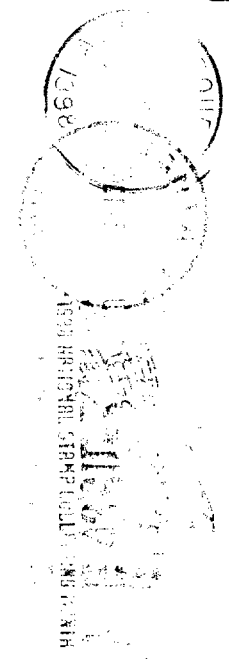
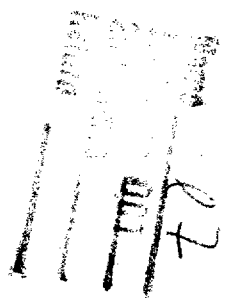
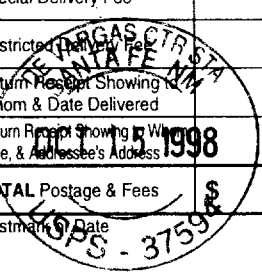
US Postal Service

Receipt for Certified Mail

Russell A. Braun
Post Office Box 463
Columbia, IL 62236

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	1.10
Return Receipt Showing Whom & Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark Date	

PS Form 3800, April 1995



Z 559 541 755

US Postal Service

Receipt for Certified Mail

Beverly Powers, Estate of
Earl C. Peterson
5215 Shenandoah Ave.
Los Angeles, CA 90056

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom Date, & Addressee's Address	1998
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	PS - 375942

PS Form 3800, April 1995

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 card to you.
- Attach this form to the front of the mail permit.
- Write "Return Receipt Requested" on the article number.
- The Return Receipt will show to whom the article was delivered.

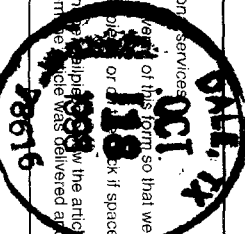
3. Article Addressed to:

Benny E. Teas and Katherine Teas
Rt.1, Box 329
Buchanan Dam, TX 78609

5. Received By: (Print Name)

6. Signature of Addressee or Agent

PS Form 3811, December 1994



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

- ☐ Addresssee's Address
- ☐ Restricted Delivery
- ☐ Consult postmaster for fee.

4a. Article Number
Z 559 541 756

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

7. Date of delivery
10-20-98 PD

102595-98-B-0229 Domestic Return Receipt

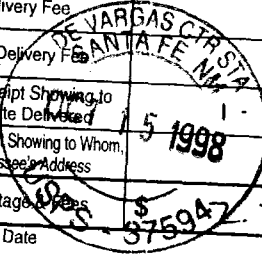
Thank you for using Return Receipt Service.

Z 559 541 756

US Postal Service
Receipt for Certified Mail

Benny E. Teas and Katherine Teas
Rt.1, Box 329
Buchanan Dam, TX 78609

Postage	\$.32
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	5 1998
TOTAL Postage & Fees	\$ 1.67
Postmark or Date	975942 77



PS Form 3800, April 1995

Z 559 541 757

US Postal Service

Receipt for Certified Mail

Estate of E.D. Baring-Gould
Post Office Box 50609
Santa Barbara, CA 93150

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.18
Return Receipt Showing to Whom Date, & Addressee's Address	OCT 15 1998
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	USPS - 87594

PS Form 3800, April 1995

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:

Louise Augereau
1080 Foxburg Rd., Apt. 2161
Seal Beach, CA 90740

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Louise M. Augereau

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

7. Date of Delivery

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

4a. Article Number
Z 559 541 758

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

☒ Certified
☐ Insured

Z 559 541 758

US Postal Service
Receipt for Certified Mail

Louise Augereau
1080 Foxburg Rd., Apt. 2161
Seal Beach, CA 90740

Postage	\$. 32
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	10/15/1998
TOTAL Postage & Fees	\$ 1. 77
Postmark or Date	SPS - 8759R

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Z 559 541 759

US Postal Service

Receipt for Certified Mail

International Church of the
Foursquare Gospel, Inc.
3516 Kiest Crest Drive
Dallas, TX 75233

PS Form 3800, April 1995

Postage	\$.32
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	\$2.77
Postmark or Date	

Stamp: DALLAS, TEXAS OCT 15 1998

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.
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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:

Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103

4a. Article Number
Z 559 541 760

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

5. Received By: (Print Name)

William C. Stevens

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

6. Signature: (Address or Agency)

X *William C. Stevens*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 760

US Postal Service
Receipt for Certified Mail

Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103

Postage	\$.32
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	\$ 2.77
Postmark or Date	OCT 15 1998 SPS - 315

PS Form 3800, April 1995

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:

4a. Article Number
Z559 541 761

Chad Michael Madrick
~~19862 Lombardy Lane~~ Paul
Yorba Linda, CA ~~92886~~ 285592887
6130 S/L EN

5. Received By: (Print Name)

Chad Michael Madrick

6. Signature: (Addressee or Agent)

X *Chad Michael Madrick*

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

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

Date of Delivery
OCT 15 1998

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

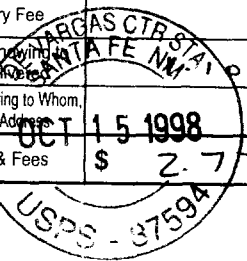
Z 559 541 761

US Postal Service

Receipt for Certified Mail

Chad Michael Madrick
19862 Lombardy Lane
Yorba Linda, CA 92886-2855

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	



PS Form 3800, April 1995

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

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Bill G. And Harvey R. Taylor 1106 N. Country Club Road Carlsbad, NM 88220		4a. Article Number Z 559 541 762	
5. Received By: (Print Name) Bill G. And Harvey R. Taylor		4b. Service type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X Bill G. And Harvey R. Taylor		7. Date of Delivery 10-17-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Z 559 541 762

US Postal Service

Receipt for Certified Mail

Bill G. And Harvey R. Taylor
 1106 N. Country Club Road
 Carlsbad, NM 88220

Postage	\$ 32
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	10-15-1998
TOTAL Postage & Fees	2.77
Postmark or Date	PS-37594

PS Form 3800, April 1995

PS Form 3800, April 1995

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 764

MAIL

Charles F. Aniser

800 FM 1417, Apt. 1225

Sherman, TX 75090

Charles F. Aniser
RETURNED TO SENDER
ATTEMPTED-NOT KNOWN

1ST NOTICE 10 22
2ND NOTICE _____
RETURN _____

US Postal Service
Receipt for Certified Mail

Z 559 541 764

Charles F. Aniser
800 FM 1417, Apt. 1225
Sherman, TX 75090

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom	
Whom & Date Delivered	.10
Return Receipt Showing to Whom	
Date, & Addressee's Address	
TOTAL Postage & Fees	2.77
Postmark or Date	

PS Form 3800, April 1995

PS Form **3811**, December 1994

102595-98-B-0229

Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return 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:

Lillian Macubbin
230 S. Eureka Street
Redlands, CA 92373

4a. Article Number
Z 559 541 765

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)

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

Z 559 541 765

US Postal Service
Receipt for Certified Mail

Lillian Macubbin
230 S. Eureka Street
Redlands, CA 92373

Postage	\$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

PS Form 3800, April 1995

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 766

MAIL

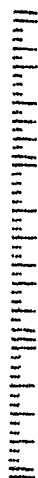
OCT 24 1998

1ST NOTICE
2ND NOTICE
RETURN

Lula Sewell
3266 Paseo Gallita
San Clemente, CA 92672

SEWELL, LULA A #C
133 W MARQUITA A
SAN CLEMENTE CA 92672-4730
FORWARD TIME EXP RTN TO SEND
OCT 24 1998
1ST NOTICE
2ND NOTICE
RETURN

92672-4730/2208



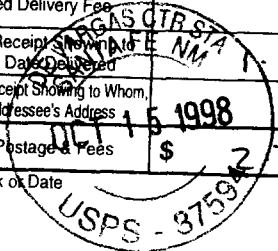
Z 559 541 766

US Postal Service

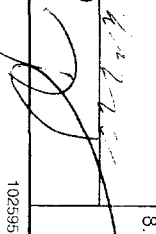
Receipt for Certified Mail

Lula Sewell
3266 Paseo Gallita
San Clemente, CA 92672

Postage	\$ 32
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	1-10
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	OCT 15 1998



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

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Louis Warn 160 Kanaka Flaps Road Jacksonville, OR 97530		4a. Article Number Z 559 541 767	
5. Received By: (Print Name) Louis Warn		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail OR <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery OCT 15 1998	
8. Addressee's Address (Only if requested and fee is paid) (Blank)		PS Form 3800, April 1995	

Thank you for using Return Receipt Service.

Z 559 541 767

US Postal Service
Receipt for Certified Mail

Louis Warn
 160 Kanaka Flaps Road
 Jacksonville, OR 97530

Postage	\$.32
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	\$ 2.77
Postmark or Date	OCT 15 1998

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.
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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:

Peter A. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

4a. Article Number
Z 559 541 768

4b. Service Type

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

7. Date of Delivery

10-15-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3800, December 1994

10256-98-B-0229

Domestic Return Receipt

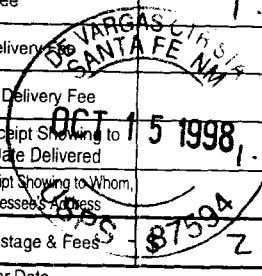
Thank you for using Return Receipt Service.

Z 559 541 768

US Postal Service
Receipt for Certified Mail

Peter A. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

Postage	\$.32
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	2.77
Postmark or Date	



PS Form 3800, April 1995

Z 559 541 769

US Postal Service
Receipt for Certified Mail

Sim H. Levy
401 S. Turner
Hobbs, NM 88240

Postage	\$.32
Certified Fee	35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

PS Form 3800 April 1995

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

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Sim H. Levy 401 S. Turner Hobbs, NM 88240		4a. Article Number Z 559 541 769	
5. Received By: (Print Name) [Signature]		4b. Service type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 10-26-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

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

SENDER:

- ☐ 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:

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154-0496

4a. Article Number
Z 559 541 770

- 4b. service type
- ☐ Registered
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☒ Certified
 - ☐ Insured
 - ☐ COD

7. Date of Delivery

OCT 19 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

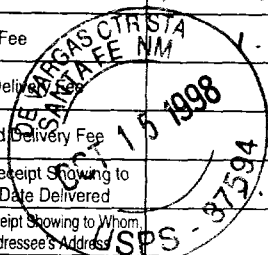
Z 559 541 770

US Postal Service

Receipt for Certified Mail

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154-0496

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
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:

Pamela Mendoza
234 N. Jackson, #B
Glendale, CA 91206

4a. Article Number
Z 559 541 771

4b. Service type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

PSN 95-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 771

US Postal Service

Receipt for Certified Mail

Pamela Mendoza
234 N. Jackson, #B
Glendale, CA 91206

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	5 1998 1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	46394
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	USPS

PS Form 3800, April 1995

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 Ann Patterson
19188-7 Index St.
Northridge, CA 91326

4a. Article Number

Z 559 541 772

4b. Service type

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

7. Date of Delivery

10-31-98

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

5. Received By: (Print Name)
Barbara Ann Patterson

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 772

US Postal Service
Receipt for Certified Mail

Barbara Ann Patterson
19188-7 Index St.
Northridge, CA 91326

Postage	\$.32
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	\$2.77
Postmark or Date	NOV 15 1998

PS Form 3800, April 1995

Z 559 541 773

US Postal Service

Receipt for Certified Mail

Susan Hummel
1009 N. Glendale Blvd., #B
Glendale, CA 91206

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	1.10
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressed Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

NEVARGAS QTR STA
SANTA FE NM
APR 15 1998
91206-87594

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:

Candace Lynn Stevenson
619 Camino Cumpuna
Santa Barbara, CA 93111-1424

4a. Article Number
Z 559 541 774

4b. service type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

10-17-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Candace Lynn Stevenson*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 774

US Postal Service

Receipt for Certified Mail

Candace Lynn Stevenson
619 Camino Cumpuna
Santa Barbara, CA 93111-1424

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

PS Form 3800, April 1995

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 752

MAIL

PLEASE AS ADDRESS
UNABLE TO FORWARD

Robert S. Leonard
Post Office Box 254
Lakehead, CA 96051

1ST NOTICE
2ND NOTICE
RETURN

Z 559 541 752

US Postal Service

Receipt for Certified Mail

Robert S. Leonard
Post Office Box 254
Lakehead, CA 96051

Postage	\$.32
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	2.77
Postmark or Date	

PS Form 3800, April 1995

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

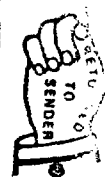
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 754

MAIL



1ST NOTICE
2ND NOTICE
RETURN
OCT 24 1998

MOVED LEFT NO ADDRESS
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
ATTEMPTED NOT KNOWN
UNCLAIMED REFUSED
NO SUCH STREET NUMBER
DO NOT REMAIL IN THIS ENVELOPE
SUFFICIENT ADDRESS

Russell A. Braun
Post Office Box 463
Columbia, IL 62236

Z 559 541 754

US Postal Service

Receipt for Certified Mail

Russell A. Braun
Post Office Box 463
Columbia, IL 62236

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	1.10
Return Receipt Showing Whom & Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark & Date	OCT 15 1998 PS - 3759

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 764

MAIL

Charles F. Aniser

800 FM 1417, Apt. 1225

Sherman, TX 75090

Charles F. Aniser

RETURNED TO SENDER
ATTEMPTED-NOT KNOWN

1ST NOTICE 10 25
2ND NOTICE _____
RETURN _____

3755872208

11

US Postal Service
Receipt for Certified Mail

Z 559 541 764

Charles F. Aniser
800 FM 1417, Apt. 1225
Sherman, TX 75090

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom	
Whom & Date Delivered	.10
Return Receipt Showing to Whom	
Date, & Address of Addressee	
TOTAL Postage & Fees	2.77
Postmark or Date	

PS Form 3800 April 1995

CERTIFIED

CAMPBELL, CARR, BERGE & SHERIDAN, P.C.

ATTORNEYS

Z 559 541 763

MAIL

NOT DELIVERABLE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
Estates of Charles and
Hilda St. Martin
1652 Hedland Place
El Dorado Hills, CA 95630

VIA AIR
RR-16

NOTICE / 0-2 36
NOTICE
TYPE

Z 559 541 763

US Postal Service
Receipt for Certified Mail

Estates of Charles and
Hilda St. Martin
1652 Hedland Place
El Dorado Hills, CA 95630

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	5-555-10
Return Receipt Showing to Whom Date & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	5-555-10

3800 A-1-1500

57504-220A

Postmark or Date

NOT DELIVERABLE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 766

MAIL

Lula Sewell
3266 Paseo Gallita
San Clemente, CA 92672

SEWELL, LULA A #C
133 W MARQUITA
SAN CLEMENTE CA 92672-4730

OCT 9 1998

1ST NOTICE
2ND NOTICE
RETURN

OCT 9 1998
1ST NOTICE
2ND NOTICE
RETURN

Z 559 541 766

US Postal Service
Receipt for Certified Mail

Lula Sewell
3266 Paseo Gallita
San Clemente, CA 92672

Postage	\$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom, Date, & Addressee's Address	1.10
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	OCT 15 1998 USPS - 3759

PS Form 3800, April 1995

92672-4730/2208

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