# CAMPBELL, CARR, BERGE 8 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 I - 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.

US Postal Service
Receipt for Certified Mail

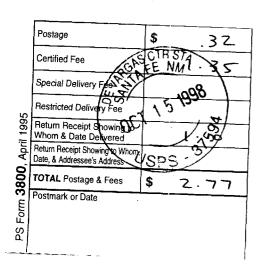
Convalescent Aid Society 3255 East Foothill Boulevard Pasadena, CA 91107

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| 6. Signature. (Addressee or Agent)  X  T  PS Form 3811, December 1994 | 5. Received By: (Print Name)                               |                    | Pasadena, CA 91107             | Convalescent Aid Society      | 3. Article Addressed to:        | ■ The Heturn Heceipt will show to whom the article was delivered and the date<br>delivered. | permit.  Write "Return Receipt Requested" on the mailpiece below the article number | <ul> <li>Attach this form to the front of the mailpiece, or on the back if space does not</li> </ul> | 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 |
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US Postal Service
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Joseph Day Post Office Box 230 La Mesa, CA 91944



Is your **RETURN ADDRESS** completed on the reverse side? Article Addressed to: Write "Return Receipt Requested" on the mailplece below the article rumber. The Return Receipt will show to whom the article was delivered and the date delivered. Print your name and address on the reverse of this form so that we can return this Joseph Day Post Office Box 230 Received By: (Print Name) La Mesa, CA 91944 102595-98-B-0229 4b. service ⊤ype
☐ Registered 7. Date of Delivery) (\*\* 4a. Article Number Z 559 541 753 ☐ Express Mail ☐ Return Receipt for Merchandise Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt I also wish to receive the following services (for an extra fee): Consult postmaster for fee □ Restricted Delivery Addressee's Address Insured Certified Thank you for using Return Receipt Service.

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Lakehead, CA 96051

Z 559 541 752

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

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

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

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# US Postal Service Receipt for Certified Mail

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US Postal Service
Receipt for Certified Mail

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

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| 8. Addressee's Address (Only if requested and fee is paid) and tee is paid)  102595-98-B-0229 Domestic Return Receipt | 4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise  Contified Return Receipt for Merchandise  COD  Sing | Lalso wish to receive the fellowing services (for an extra fee):  Addressee's Address  Addres |

### US Postal Service Receipt for Certified Mail

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# US Postal Service Receipt for Certified Mail

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

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US Postal Service
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Dallas, TX 75233

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US Postal Service Receipt for Certified Mail

Lloyd B. Hill 1860 Braemar Road Pasadena, CA 91103

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delivered. Pasadena, CA 91103 Attach this form to the front of the mailpiece, or on the back if space does not Lloyd B. Hill 1860 Braemar Road 102595-98-B-0229 Domestic Return Receipt 8. Addressee's Address (Only if requested 4b. Service Type 4a. Article Number Z 559 541 760 Date of Delivery ☐ Return Receipt for Merchandise ☐ Express Mail ☐ Registered and fee is paid) extra fee): Consult postmaster for fee. I also wish to receive the following services (for an 2. Mestricted Delivery ∆ Addressee's Address Certified Insured Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail

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

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US Postal Service
Receipt for Certified Mail

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

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

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SANTA FE, NEW MEXICO 87504-2208

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US Postal Service Receipt for Certified Mail

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

LAWYERS

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US Postal Service Receipt for Certified Mail

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2ND NOTICE \_\_

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US Postal Service
Receipt for Certified Mail

Lillian Macubbin 230 S. Eureka Street Redlands, CA 92373

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2ND NOTICE

POST OFFICE BOX 2208

CAMPBELL, CARR, BERGE

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SHERIDAN, P.A.

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SANTA FE, NEW MEXICO 87504-2208

Lula Sewell

3266 Paseo Gallita San Clemente, CA 92672

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# 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 PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail

Louis Warn 160 Kanaka Flaps Road Jacksonville, OR 97530

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| SF                               |   |      |          |
| ۵.                               |   |      |          |

| is your <u>RETURN</u>   | ADDRESS completed o  | n the reverse side?  |
|---|--|--|
| 6. Signature: (Addressee or Agent)  X  PS Form <b>3811</b> , December 1994                  | Louis Warn 160 Kanaka Flaps Road Jacksonville, OR 97530  | for additional services.  4b. ss on the reverse of this form so that we descent to the mailpiece, or on the back if space to the mailpiece and the mailpiece below the article was delivered and the mailpiece was delivered a |
| 8. Addressee's Address (Only requested and fee is paid)———————————————————————————————————— | 4b. Service Type  4b. Service Type    Registered   Certified   Certified   Certified   Condition   Con | I also wish to receive the following services (for an extra fee):  does not number: the date  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address consult postmaster for fee.  The data of the following services (for an extra fee):  1.  Addressee's Address consult postmaster for fee.  The data of the following services (for an extra fee):  1.  Addressee's Address consult postmaster for fee.  The data of the following services (for an extra fee):  1.  Addressee's Address consult postmaster for fee.  The data of the following services (for an extra fee):  1.  Addressee's Address consult postmaster for fee.  The data of the following services (for an extra fee):  2.  Addressee's Address consult postmaster for fee.  The data of the following services (for an extra fee):  2.  Addressee's Address consult postmaster for fee.  The data of the following services (for an extra fee):  2.  Addressee's Address consult postmaster for fee.  |

US Postal Service
Receipt for Certified Mail

Peter A. Panagopoulos 1805 Sandy Lane Carlsbad, NM 88220

|                                  | <b></b>  |              |
|----------------------------------|--|--------------|
|                                  | Postage  | \$ .32       |
|                                  | Certified Fee  | 1.35         |
|                                  | Special Delivery   | FENS         |
| ις.                              | Restricted Delivery Fee  |              |
| 1995                             | Return Receipt Shewing to Whom & Date Delivered                | 5 1998, . ), |
| , Apri                           | Return Receipt Showing to Whom,<br>Date, & Addressee's Address | -QA          |
| 800                              | TOTAL Postage & Fees -   | 873 2.77     |
| PS Form <b>3800</b> , April 1995 | Postmark or Date   |              |

| Is your <u>RE</u>  | TURN  | ADDF                | RES                                | <u>S</u> c                 | om                                | plet             | ed or                            | the  | e re  | ver   | se   | side?   | ? |
|--|---|---------------------|------------------------------------|----------------------------|-----------------------------------|------------------|----------------------------------|--|---|---|--|---|---|
| 6. Signature: (Addressee or Agent)  A Signature: (Addressee or Agent)  Bes Form 3811 - December 1994 | 5. Received By: (Print Name)                            |                     | Carlsbad, NM 88220                 | 1805 Sandy Lane            | reter A. Fanagopoulos             |                  | 3. Article Addressed to:         | The Return Hecept will show to whom the article was delivered and the date<br>delivered. | permit.  Write "Return Receipt Requested" on the mailpiece below the article number | eard to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not | Print your name and address on the reverse of this form so that we can return this | SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3 4a and 4b |   |
| Domestic Return Receipt  | Addressee's Address (Only if requested and fee is paid) | 7. Date of Delivery | Return Receipt for Merchandise COD | ☐ Express Mail ☐ Insured ☐ | ☐ Registered Certified Registered | 4b. Service Type | 4a. Article Number Z 559 541 768 | Consult postmaster for fee.  | number. 2.   Restricted Delivery  | 1. ☐ Addressee's Address  | extra fee):  | I also wish to receive the following services (for an                                   |   |

US Postal Service
Receipt for Certified Mail

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

|                          | Postage  | \$ .32    |  |  |  |  |  |
|--------------------------|--|-----------|--|--|--|--|--|
|                          | Certified Fee  | CTRSTA 35 |  |  |  |  |  |
|                          | Special Delivery Fee   | -08       |  |  |  |  |  |
| 10                       | Restricted Delivery Fee  | 15 1990   |  |  |  |  |  |
| 1995                     | Return Receipt Showing lev<br>Whom & Date Dalivered            | 1.5%      |  |  |  |  |  |
| Apri                     | Return Receipt Showing to Whom,<br>Date, & Addressee's Address | Sps       |  |  |  |  |  |
| 800                      | TOTAL Postage & Fees   | \$ 2.77   |  |  |  |  |  |
| PS Form 3800, April 1995 | Postmark or Date   |           |  |  |  |  |  |

| Is your <u>RETURN ADDRESS</u> completed on the reve   | erse side?  |
|---|---|
| Profession 18 County of the manipiece of the park in space of the referrit in the Receipt Helicus from the manipiece below the article number of the Return Receipt will show to whom the article show the article number of the Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  4a. Ar April S. Turner  Hobbs, NM 88240  5. Received By: (Print Name)  6. Signance: (Addressee on Agent)  Received By: (Print Name)  8. Addressee on Agent)  PS Form 3811, December 1994 | SENDER:  Complete items 1 and/or 2 for additional services.  Complete tems 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 his form to the front of the mailploce, or on the back if space does not |
| cicle Num Z 5 gistered orress Ma um Receip e of Deliv ressee's fee is pa  | I also wish to receive the following services (for an extra fee):  1. \( \subseteq \) Addresse's Address  |

US Postal Service
Receipt for Certified Mail

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

|                                  | <del></del>   |           |    |
|----------------------------------|---|-----------|----|
|                                  | Postage   | \$.       | 32 |
|                                  | Certified Fee   | STA<br>IM | 35 |
|                                  | Special Deliver   | 800,      | \  |
| i O                              | Restricted Belivery Fee                                     | 3 3       |    |
| 199                              | Return Receipt Showing to<br>Whom & Date Delivered          | 13/       | 18 |
| , Apri                           | Return Receipt Showing to Whom, Date, & Addressee's Address | 9         |    |
| 800                              | TOTAL Postage & Fees  | \$ 2.     | 77 |
| PS Form <b>3800</b> , April 1995 | Postmark or Date  |           |    |

| Is your R  | FIUHN  | ADDE                             | RESS (  | comple                                  | ted or                           | n the re   | ver  | se side?   |
|--|--|----------------------------------|---|---|----------------------------------|--|--|--|
| 6. Signature: (Addressee or Agent)  X () 12 V VVV  PS Form <b>3811</b> , December 1994 | 5. Received By: (Print Name)                               |                                  | Post Office Box 18496 Oklahoma City, OK 73154-0496                          | Chesapeake Operating, Inc.              | 3. Article Addressed to:         | <ul> <li>Write "Return Receipt Requested" on the malipiece below the article number</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul> | Action to you.      Attention of the mailpiece, or on the back if space does not be action.      Attention | 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 |
| 102595-98-B-0229 Domestic Return Receipt   | 8. Addressee's Address (Only if requested and fee is paid) | 7. Date of Delivery OCT 1 9 1998 | ☐ Express Mail ☐ Insured ☐ Insured ☐ Return Receipt for Merchandise ☐ COD ☐ | 4b. service Type  Registered  Certified | 4a. Article Number Z 559 541 770 | article number.  2. Restricted Delivery of and the date  Consult postmaster for fee.   | 1. Addressee's Address   | I also wish to receive the following services (for an extra fee):  |

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  | STA  |             |     |
| 2                                | Restricted Deliver Teef   | NM.  | 7           |     |
| 199                              | Return Receipt Sprwing to Whom & Date Delivered                 | , 19 | 38          | 10  |
| , Apri                           | Return Receipt Showing to Whorn,<br>Date, & Addressee's Rodress |      | 18/         |     |
| 800                              | TOTAL Postage & Fees  | \$   | <b>√</b> ₹. | .77 |
| PS Form <b>3800</b> , April 1995 | Postmark or Date USF  | פיי  | ,           |     |

| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Pornity 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 mallipiece, or on the back if space does not permit.  Write "Ferum Receipt Requested" on the malipiece below the article rumber.  The Return Receipt will show to whom the article was delivered and the date.  3. Article Addressed to:  Pamcla Mendoza  234 N. Jackson, #B  Glendale, CA 91206  S. Received By: (Print Name)  6. Signature: (Addressee or Agent)  6. Signature: (Addressee or Agent)  S. Received By: (Print Name)  6. Signature: (Addressee or Agent)  Absolute and the date of Delivery and fee is paid)  Addressee's Addressee's Address (Only if requestions)  A described Deliver of the service is paid)  8. Addressee's Address (Only if requestions)   | Is your <u>RET</u>                      |   | RESS comple   |                                  | = -   |   | se side?<br>■ ■ ■ <u>Ø</u>  |
|--|---|---|---|----------------------------------|---|---|---|
| n this little N Littl | (Addressee ox Agent)                    | Received By: (Print Name)   | Pamela Mendoza<br>234 N. Jackson, #B<br>Glendale, CA 91206                      | . Article Addressed to:          | bernit. Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered a delivered. | card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa | ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that v |
|  | 62595-98-B-0229 Domestic Return Receipt | 7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid) | 4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise  COD | 4a. Article Number Z 559 541 771 | icle number.  2.  Restricted Delivery and the date  Consult postmaster for fee.   | ice does not 1.   Addressee's Address   |   |

US Postal Service
Receipt for Certified Mail

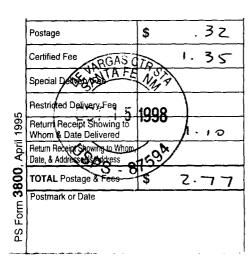
Barbara Ann Patterson 19188-7 Index St. Northridge, CA 91326

|                                  | <del></del>  |       |      |
|----------------------------------|--|-------|------|
|                                  | Postage  | \$    | .32  |
|                                  | Certified Fee  |       | .35  |
|                                  | Special Delivery Fee AS C7                                     | 2.62  |      |
| Ŋ                                | Restricted Deliver A Pac F E                                   | Mis   |      |
| 199                              | Return Receipt Showing to Whom & Date Delivered                | 1998  | 10   |
| , Apri                           | Return Receipt Annwing to Whom,<br>Date, & Addressee's Address |       |      |
| PS Form <b>3800</b> , April 1995 | TOTAL Postage & Fees   | \$167 | 2.77 |
| E 3                              | Postmark or Date 0 PS  | . 9/  |      |
| S Fo                             |  |       |      |
| α.                               |  |       |      |

| ls your RETURN   | I ADDRESS completed   | on the reverse side?   |
|--|---|--|
| S. Signature: (Addressee or Agent) S. Signature: (A | atterson<br>St.<br>A 91326  | Complete items 1 and/or 2 for additional services.  Complete items 3. 4a, and 4b.  Complete items 3. 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to: |
| 8. Addressee's Address (Only if requested and fee is paid)  That is a specific and fee is paid.  | 4b. Service type    Registered   Certified Return Receipt for Merchandise   COD   COD | t also wish to receive the following services (for an extra fee):  toes not  1.  Addressee's Address  2.  Restricted Delivery he date  Consult postmaster for fee.  Call Article Number  As Article Number   |

### US Postal Service Receipt for Certified Mail

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



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  | 076    |      |
|                                  | Restricted Determine A F  | NAS    |      |
| ril 1995                         | Return Receipt Showing to<br>Whom & Date Delivered              | 1998   | 1,10 |
| , Ap                             | Return Redeipt Shawing to Wribm,<br>Date, & Addressee's Address |        |      |
| 808                              | TOTAL Postage & Fees  | \$1500 | 2.77 |
| PS Form <b>3800</b> , April 1995 | Postmark or Date S -  | 817    |      |

| ls your <u>Ri</u>   | ETURN                                 | ADDRES                       | SS comple                                  | eted or                  | the reverse side?   |
|---|---------------------------------------|------------------------------|--|--------------------------|---|
| 8. Signature: (Addressee or Agent)  X 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 5. Received By: (Print Name)          | Santa Barbara, CA 93111-1424 | Candace Lynn Stevenson 619 Camino Cumpuna  | 3. Article Addressed to: | 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 |
| 595-98-B-0229   | 8. Addressee's Ad<br>and fee is paid) | 7. Date of Delivery          | 4b. Service Type  Registered  Express Mail | 4a. Article Number Z 559 | this:   |
| 102595-98-B-0229 Domestic Return Receipt                                    | dress (Only if requested              | Merchandise     COD          | Certified Insured                          | ser 541 774              | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  |
| ,   | hank y                                | ou for us                    | sing Retu                                  | H FRECE                  | eipt Service.   |

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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 AS CT   | R STA<br>NA | \     |
| 'n                  | Restricted Deliver ee  | Ran         | 7     |
| April 1995          | Return Receipt Showing to Whom & Date Delivered                | 2 1930      | 1./10 |
| Apri                | Return Receipt Showing to Whom,<br>Date, & Addressee's Address | 35          | 5/    |
| 800                 | TOTAL Postage & COSP   | \$ - 8      | 2.77  |
| PS Form <b>3800</b> | Postmark or Date   |             |       |

CAMPBELL, CARR, BERGE & SHERIDAN, P.A. SANTA FE, NEW MEXICO 87504-2208 POST OFFICE BOX 2208 LAWYERS Aprese Bobert S. Leonard Post Office Box 254 Lakehead, CA 96051

559 541 752

# CAMPBELL, CARR, BERGE POST OFFICE BOX 2208 LAWYERS & SHERIDAN, P.A.

SANTA FE, NEW MEXICO 87504-2208

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UNCLAIMED REFUSED
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SHERICIENT ADDRESS

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# US Postat Service Receipt for Certified Mail

Z 559 541 754

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

|                                  | Postage  | \$ | . 32 |
|----------------------------------|--|----|------|
|                                  | Certified Fee  |    | 1.35 |
|                                  | Special Delivery Fee   |    |      |
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| 199                              | Return Resilier Showing N. 2<br>William & Date Delivered       | *  | 1.10 |
| Apri                             | Return Against Showing to Wing.<br>Date, & Addressee's Address | 8  |      |
| 800                              | TOTAL Postage & Fees   | \$ | 2.77 |
| PS Form <b>3800</b> , April 1995 | Postman Quate 315  | 3/ |      |

Post Office Box 463 Columbia, IL 62236

Russell A. Braun

CAMPBELL, CARR, BERGE 8 SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Charles 1. 800 FM 1417, Apr. Sherman, TX 75090 Sherman, TX 76090 Sherman, TX 76090 Sherman, TX 75090 S

In the International Manhabitation of the International Contraction of the International Contractio SAME PAGE

|          | Postmark of Date                                       | PS Form 3800 |
|----------|--|--------------|
| LL.Z     | 200 Sepataoq JATOT                                     | 800          |
| S. S. S. | Return Receipt Showing to Whom Date, & Address Address | Apri         |
| 01.      | Petura Receipt Shwing to Whom's Date Delivered         | April 1995   |
| 865      | Restricted Delivery Fee                                | 5            |
| 6/0/     | Special Delivery Fee                                   |              |
| 28.1     | Certified Fee  |              |
| Z E ' \$ | Postage  |              |

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

US Postal Service
Receipt for Certified Mail

492 THS 655 Z

1ST NOTICE 6 

CAMPBELL, CARR, BERGE & SHERIDAN, 30

THE REPORT OF STATE O

Company to

2 1 1

States of Charles and

El Derade Ellis, C. 25675 Hilda St. Martin 1552 Hedland Place 0 1 3 3 U H D

NOTICE / 0-2 &

NOTICE

Z 559 541 763

# US Postal Service Receipt for Certified Mail

Estates of Charles and Hilda St. Martin 1652 Hedland Place

| Pristage  | \$             |                 | 32 |
|---|----------------|-----------------|----|
| Contilled Fee   |                | ١.              | 35 |
| Special Delivery Fee  | 010            | •               |    |
| restricted Delivery Free (  | FE N           | 224             | `  |
| Betwee Receipt Snowing to<br>Whilm & Date Delivered                   |                | ~~ <del> </del> | 10 |
| Federic Receipt Show <b>an</b> to Whom<br>Cales & Adderscee's Adderss |                | <del>550</del>  |    |
| TOTAL Postage & Fooss.  | \$             |                 | 47 |
| Postmark or Date 135.   | ٠ - <u>-</u> 5 | 57              |    |
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ST NOTICE METURN

Z 559 541 766

US Postal Service
Receipt for Certified Mail

Lula Sewell 3266 Paseo Gallita San Clemente, CA 92672

|                                  | P  |           |
|----------------------------------|--|-----------|
|                                  | Postage  | \$ .32    |
| PS Form <b>3800</b> , April 1995 | Certified Fee  | 1.35      |
|                                  | Special Delivery Fee   |           |
|                                  | Restricted Delivery Fee GAS C                                  | TRO       |
|                                  | Return Receipt Mewing to !<br>Whom & Date Delivered            | NA A      |
|                                  | Return Receipt Showing to Whom,<br>Date, & Addressee's Address | 1998      |
|                                  | TOTAL Postage & Fees   | \$ , 2/77 |
| PS Form 3                        | Postmark of Date   | - 3159    |

BO2572/8/88/8/273208

E266\* 926722014 1997 20 10/19/98 SLL'LULA EXP RYN TO SEND W MARQUITA #C CLEMENTE CA 92672-4730

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San Clemente, CA 92672 3266 Paseo Gallita Lula Sewell

CERTIFIED

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

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