

BEFORE THE
OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case No. 12049 Exhibit No. 7

Submitted by: Manzano Oil Corporation

Hearing Date: October 8, 1998

BEFORE

OIL CONSERVATION

NEW MEXICO DEPARTMENT OF ENERGY, MINES AND

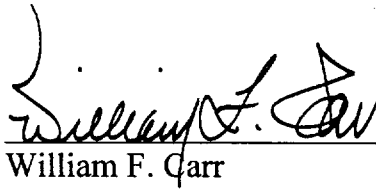
IN THE MATTER OF THE APPLICATION
OF MANZANO OIL CORPORATION
FOR COMPULSORY POOLING
AND AN UNORTHODOX WELL LOCATION,
LEA COUNTY, NEW MEXICO.

CASE NO. 12049

AFFIDAVIT

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

William F. Carr, authorized representative of Manzano Oil Corporation, the Applicant herein, being first duly sworn, upon oath, states that in accordance with the notice provisions of Division rules, the Applicant has attempted to find the correct addresses of all interested persons entitled to receive notice of this application and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of October, 1998 by
William F. Carr.



Notary Public

My Commission Expires:

August 19, 1999

EXHIBIT A

Convalescent Aid Society
3255 East Foothill Boulevard
Pasadena, CA 91107

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

Joseph Day
Post Office Box 230
La Mesa, CA 91944

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

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

Benny E. Teas and Katherine Teas
Lovington, NM 88260

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

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

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

Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103

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

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

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

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

T.G. Richardson
East Star Route Box 30
Lovington, NM 88260

Lillian Macubbin
230 S. Eureka Street
Redlands, Ca 92373

Lula Sewell
3266 Paseo Gallita
San Clemente, CA 92672

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

Louis Warn
160 Kanaka Flaps Road
Jacksonville, OR 97530

Peter A. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

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

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

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

Barbara Ann Patterson
19188-7 Index Street
Northridge, CA 91326

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

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

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDWEERT
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

August 27, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

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

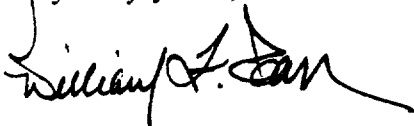
Gentlemen:

This letter is to advise you that Manzano Oil Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the surface 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 at an unorthodox location 1149 feet from the South line and 1370 feet from the East line of said Section 2.

This application has been set for hearing before a Division Examiner on September 17, 1998. You are not required to attend this hearing, but as an owner of an interest that may be affected by this 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.

Z 211 156 431

US Postal Service

Receipt for Certified Mail

Convalescent Aid Society
3255 East Foothill Boulevard
Pasadena, CA 91107

PS Form 3800 April 1995

Postage	\$
Certified Fee	
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	\$3.94
Postmark or Date	AUG 11 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.
- 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 211 156 431

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

A. L. WILLIAMS

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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

LAWYERS

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

NOT PREPARED AS ADDRESSED
UNABLE TO FORWARD

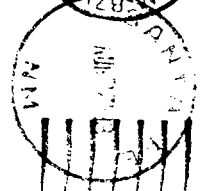
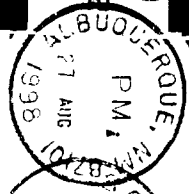


Robert S. Leonard
Post Office Box 254
Lakehead, CA 96051

CERTIFIED

Z 211 156 432

MAIL



RECEIVED

SEP - 8 1998

CAMPBELL, CARR, et. al.

1ST NOTICE 9-5-98
2ND NOTICE _____
RETURN _____

Z 211 156 432

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 for 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

AUG 27 1998
USPS - 87594

Z 211 156 433

US Postal Service

Receipt for Certified Mail

Joseph Day
Post Office Box 230
La Mesa, CA 91944

Postage	\$ 32
Certified Fee	1 35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1 15
Return Receipt Showing to Whom Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2 77
Postmark or Date	AUG 27 1998

PS Form 3800, April 1995

USPS - 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Joseph Day
Post Office Box 230
La Mesa, CA 91944

4a. Article Number

Z 211 156 433

4b. Service Type

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

7. Date of Delivery

SEP 0 - 1998

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED

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

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

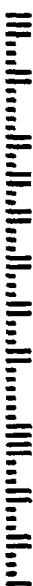
Z 211 156 434

MAIL



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

62236-0463



RAU-463 622363601 1697 16 09/02/98
FORWARD TIME EXP RTN TO SEND
: RAU GLENNON 7-5-98
1170 E MILL ST
WATERLOO IL 62296-1516
RETURN TO SENDER URN

Z 211 156 434

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 to Whom & Date Received	1.10
Return Receipt Showing to Whom Date, & Address	
TOTAL Postage & Fees	\$ 2.77
Postmark	AUG 27 1998

PS Form 3800, April 1995

7 211 156 435
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 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 (Date)	AUG 27 1998

PS Form 3800, April 1995

NOT NOTED
2ND NOTICE
RETURN

9 14

2012 LET NO NO

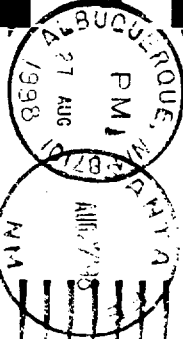
☐ Other
Beverly Powers, Estate of
Earl C. Peterson
Carrier 7143 Shenandoah Ave.
ZIP Code 90008 Los Angeles, CA 90056

- ☐ No Such Street
☐ No Such Number
☐ Insufficient Address
☐ Attempted Not Known
☐ Not Deliverable as Addressed
☐ Unable to Forward

CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

MAIL

CERTIFIED



2 211 156 436

US Postal Service

Receipt for Certified Mail

Benny E. Teas and Katherine Teas
Lovington, NM 88260

Postage	\$ 32
Certified Fee	1 35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1 100
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2 77
Postmark or Date	

PS Form 3800, April 1995

Stamp: AUG 27 1988, SANTA FE, NM, USPS - 87594

1ST NOTICE
2ND NOTICE
RETURN

Benny E. Teas and Katherine Teas
Lovington, NM 88260

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

2 211 156 436

MAIL



Z 211 156 437 -

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	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	AUG 27 1998

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 211 156 437

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)

E.D. Baring-Gould
PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 211 156 438

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	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	AUG 27 1998

PS Form 3800, April 1995

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

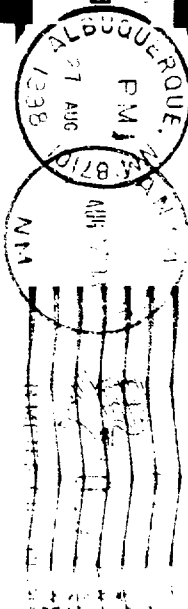
LAWYERS

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

CERTIFIED

Z 211 156 439

MAIL



RECEIVED

SEP 20 1998

CAMPBELL, CARR, et. al.

3348

ST NOTICE 9 25
1st NOTICE
RETURN

UNCLAIMED
FROM 75217-9998

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

Mail
1st Notice 8-3
2nd Notice 9-11
Return 4-19

75233X2523

Z 211 156 439

US Postal Service

Receipt for Certified Mail

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

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	USPS - 87594 AUG 27 1998

PS Form 3800, April 1995

Z 211 156 441

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 Whom & Date Delivered	10
Return Receipt Showing Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.77
Postmark or Date	SEP 27 1998

USPS - 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103

4a. Article Number

Z 211 156 441

4b. Service Type

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

7. Date of Delivery

SEP - 1 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 211 156 442

US Postal Service

Receipt for Certified Mail

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

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	AUG 27 1998

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Chad Michael Madrick
~~19862 Lombardy Lane~~
Yorba Linda, CA ~~92886-2855~~ 92887
6130 Salem Rd

4a. Article Number

Z 211 156 442

4b. Service Type

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

7. Date of Delivery

9-11-98

5. Received By: (Print Name)

X Chad Madrick

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 211 156 443

US Postal Service

Receipt for Certified Mail

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

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	AUG 27 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.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 211 156 443

4b. Service Type

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

7. Date of Delivery

8-27-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Wanda J. Taylor

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

Z 211 156 445

CERTIFIED

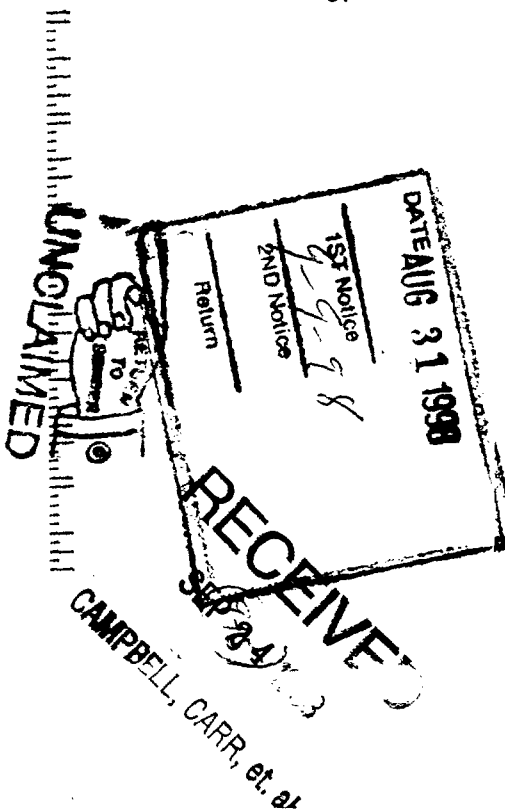
MAIL



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

1ST NOTICE 9 23
2ND NOTICE _____
RETURN _____

75090X3221 07



Z 211 156 445

US Postal Service

Receipt for Certified Mail

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

Postage	\$ 52
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, & Post Office's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark of date	

PS Form 3800, April 1995

Z 211 156 446

US Postal Service

Receipt for Certified Mail

T.G. Richardson
East Star Route Box 30
Lovington, NM 88260

Postage	\$ 2.22
Certified Fee	1.55
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	3.77
Postmark or Date	AUG 27 1998 USPS - 87594

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

T.G. Richardson
East Star Route Box 30
Lovington, NM 88260

4a. Article Number

Z 211 156 446

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 211 156 447

US Postal Service

Receipt for Certified Mail

Lillian Macubbin
230 S. Eureka Street
Redlands, Ca 92373

Postage	\$ 3.32
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	4.67
Postmark or Date	AUG 27 1998 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lillian Macubbin
230 S. Eureka Street
Redlands, Ca 92373

4a. Article Number

Z 211 156 447

4b. Service Type

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

7. Date of Delivery

AUG 29 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 211 156 448

US Postal Service

Receipt for Certified Mail

Lula Sewell
3266 Paseo Gallita
San Clemente, CA 92672

Postage	\$ 3.50
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	\$5.35
Postmark or Date	AUG 27 1998

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:

Lula Sewell
3266 Paseo Gallita
San Clemente, CA 92672

4a. Article Number

Z 211 156 448

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

BRODLEY W. SEWELL

6. Signature: (Addressee or Agent)

X Brodley W. Sewell for Lula Sewell (encl)

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

Z 211 156 449

US Postal Service

Receipt for Certified Mail

Louis Warn
160 Kanaka Flaps Road
Jacksonville, OR 97530

Postage	\$ 3.50
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	\$5.35
Postmark or Date	AUG 27 1998

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.
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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:

Louis Warn
160 Kanaka Flaps Road
Jacksonville, OR 97530

4a. Article Number

Z 211 156 449

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Louis Warn

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 211 156 450

US Postal Service

Receipt for Certified Mail

Peter A. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

Postage	\$ 1.32
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	AUG 27 1998

PS Form 3800, April 1995

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Peter A. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

4a. Article Number

Z 211 156 450

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)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

Z 211 156 451

US Postal Service

Receipt for Certified Mail

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

Postage	\$ 1.32
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	AUG 27 1998

PS Form 3800, April 1995

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

Z 211 156 451

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)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 211 156 452

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		1.10
Return Receipt Showing to Whom & Date Delivered		
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):

- ☐ Addressee's Address
- ☐ 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 211 156 452

4b. Service Type

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

7. Date of Delivery

AUG 31 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

102595-97-B-0179

Domestic Return Receipt

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

LAWYERS

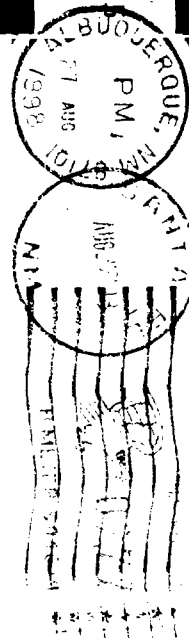
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 211 156 465

MAIL

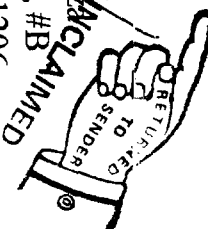


RECEIVED

OCT - 6 1998

CAMPBELL, CARR, et. al.

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



1st Notice 8-29

2nd Notice 9-19

Return 9-23

10-6

Z 211 156 465

US Postal Service

Receipt for Certified Mail

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

Postage	\$ 42
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 211 156 464

US Postal Service

Receipt for Certified Mail

Barbara Ann Patterson
19188-7 Index Street
Northridge, CA 91326

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	\$ 33.35
Postmark or Date	AUG 27 1998

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Barbara Ann Patterson
19188-7 Index Street
Northridge, CA 91326

4a. Article Number

Z 211 156 464

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)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

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

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

RECEIVED
SEP 30 1998

1ST NOTICE
2ND NOTICE
RETURN
30

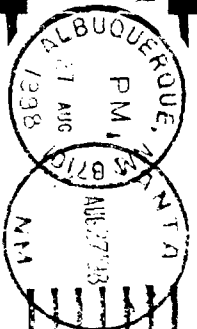
UNCLAIMED
TO RETURN TO SENDER

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

CERTIFIED

Z 211 156 466

MAIL



1st Notice 8-29
2nd Notice 9-18
Return 9-22

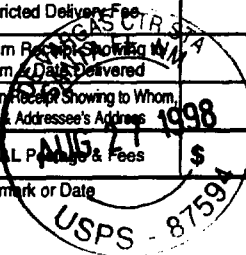
Z 211 156 466

US Postal Service
Receipt for Certified Mail

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

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 211 156 467

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 Fee	
Return Receipt Showing to Whom & Date Delivered	1998
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:

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

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

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

3. Article Addressed to:

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

4a. Article Number

Z 211 156 467

4b. Service Type

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

7. Date of Delivery

8-29-95

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Candace L Stevenson

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt