BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF DAVID H. ARRINGTON OIL & GAS, INC. FOR AN UNORTHODOX WELL LOCATION, LEA COUNTY, NEW MEXICO.

CASE NO. 12078

AFFIDAVIT

| STATE OF NEW MEXICO |) |
|---------------------|------|
| |) ss |
| COUNTY OF SANTA FE |) |

William F. Carr, attorney in fact and authorized representative of David H. Arrington Oil & Gas, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

William R. Carr

SUBSCRIBED AND SWORN to before me this 4% day of November, 1998.

My Commission Expires:

June 23, 2002

Notary Public

BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico

Case Nos. <u>12078</u> Exhibit No. <u>3</u>

Submitted by: <u>David H. Arrington Oil & Gas, Inc.</u>

Hearing Date: November 5, 1998

EXHIBIT A

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

Anson Gas Corporation Post Office Box 24060 Oklahoma City, OK 73124

J.C. Mansker, aka James Cilisto Mansker 425 Eastwood Avenue Fort Worth, TX 76107

Kaye Mansker Cummings 4329 Winding Way Fort Worth, TX 76126

Patsy Mansker Capps 9806 Highland Drive Dallas, TX 75238

Mr. and Mrs. Jack Aduddell Rt. 1, Box 52 Lovington, NM 88260

Packard Energy Group, Inc. Post Office Box 10866 Midland, TX 79702

Douglas L. Cone Post Office Box 93355 Lubbock, TX 79413

Clifford R. Cone Post Office Box 1629 Lovington, NM 88260

AFFIDAVIT Page 2

Kenneth G. Cone Post Office Box 11310 Midland, TX 79702

Tom R. Cone Post Office Box 778 Jay, OK 74363

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

LAWYERS

MICHAEL B CAMPBELL
WILLIAM F CARR
BRADFORD G BERGE
MARK F 5HERIDAN
MICHAEL H FELDEWERT
ANTHONY F MEDE ROS
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. CCDSDa@ix.netcom.com

October 15, 1998

CERTIFIED MAIL RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: Application of David H. Arrington Oil & Gas, Inc. for an unorthodox well location, Lea County, New Mexico

Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking approval of an unorthodox gas well location for its Prince Nymph Well No. 1 to be drilled to test the Strawn and Wolfcamp formations at an unorthodox well location 2446 feet from the South line and 1006 feet from the East line of Section 29, Township 15 South, Range 36 East, NMPM, Lea County, New Mexico. The E/2 SE/4 of said Section 29 will be dedicated to the well.

This 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 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 DAVID H. ARRINGTON OIL & GAS, INC.

WFC:mlh

Enc.

US Postal Service Receipt for Certified Mail

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

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US Postal Service Receipt for Certified Mail

Anson Gas Corporation Post Office Box 24060 Oklahoma City, OK 73124

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US Postal Service
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J.C. Mansker, aka James Cilisto Mansker 425 Eastwood Avenue Fort Worth, TX 76107

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US Postal Service
Receipt for Certified Mail

Kaye Mansker Cummings 4329 Winding Way Fort Worth, TX 76126

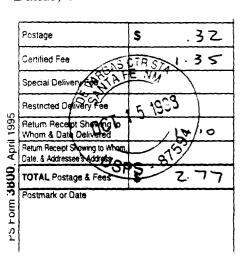
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559 541 779 Ζ

US Postal Service
Receipt for Certified Mail

Patsy Mansker Capps 9806 Highland Drive Dallas, TX 75238



2ND NOTICE . RETURN -79806 Highland Drive Dallas, TX 75238 Patsy Mansker Capps

CAMPBELL, CARR, BERGE

8 SHERIDAN, P.A.

SANTA FE. NEW MEXICO 87504-2208

POST OFFICE BOX 2208

LAWYERS

600 A 12 B 200 Co.

US Postal Service Receipt for Certified Mail

Mr. and Mrs. Jack Aduddell Rt. 1, Box 52 Lovington, NM 88260

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Receipt for Certified Mail

Packard Energy Group, Inc. Post Office Box 10866 Midland, TX 79702

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Douglas L. Cone Post Office Box 93355 Lubbock, TX 79413

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US Postal Service Receipt for Certified Mail

Clifford R. Cone Post Office Box 1629 Lovington, NM 88260

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Kenneth G. Cone Post Office Box 11310 Midland, TX 79702

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US Postal Service Receipt for Certified Mail

Tom R. Cone Post Office Box 778 Jay, OK 74363

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US Postal Service Receipt for Certified Mail

Samuel Carlton Alexander, Jr. Rt. 1, Box 293-A Swoope, VA 24479

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BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF DAVID H. ARRINGTON OIL & GAS, INC. FOR AN UNORTHODOX WELL LOCATION, LEA COUNTY, NEW MEXICO.

CASE NO. 12078

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of David H. Arrington Oil & Gas, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

William R. Carr

SUBSCRIBED AND SWORN to before me this $\frac{4\%}{100}$ day of November, 1998.

Notary Public

My Commission Expires:

June 23, 2002

EXHIBIT A

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

Anson Gas Corporation Post Office Box 24060 Oklahoma City, OK 73124

J.C. Mansker, aka James Cilisto Mansker 425 Eastwood Avenue Fort Worth, TX 76107

Kaye Mansker Cummings 4329 Winding Way Fort Worth, TX 76126

Patsy Mansker Capps 9806 Highland Drive Dallas, TX 75238

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Clifford R. Cone Post Office Box 1629 Lovington, NM 88260

AFFIDAVIT Page 2

Kenneth G. Cone Post Office Box 11310 Midland, TX 79702

Tom R. Cone Post Office Box 778 Jay, OK 74363

| BEFORE EXAMINER CATANACH |
|---------------------------|
| OIL CONSERVATION DIVISION |
| EXHIBIT NO. 3 |
| CASE NO. 12078 |

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: Application of David H. Arrington Oil & Gas, Inc. for an unorthodox well

location, Lea County, New Mexico

Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking approval of an unorthodox gas well location for its Prince Nymph Well No. 1 to be drilled to test the Strawn and Wolfcamp formations at an unorthodox well location 2446 feet from the South line and 1006 feet from the East line of Section 29, Township 15 South, Range 36 East, NMPM, Lea County, New Mexico. The E/2 SE/4 of said Section 29 will be dedicated to the well.

This 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 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 DAVID H. ARRINGTON OIL & GAS, INC.

WFC:mlh

Enc.

US Postal Service Receipt for Certified Mail

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

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| the reverse side? | 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. |
|----------------------|--|---|--|
| ADDRESS completed on | Chesapeake Operating, Inc. Post Office Box 18496 Oklahoma City, OK 73154 | 4a. Article Number Z 559 541 775 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery OCT 1 9 199 | |
| Is your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressed or Agent) X PS Form 3811, December 1994 | 8. Addresse and fee is 2595-98-B-0229 | pe's Address (Only if requested s paid) Domestic Return Receipt |

Z 559 541 776

US Postal Service Receipt for Certified Mail

Anson Gas Corporation Post Office Box 24060 Oklahoma City, OK 73124

| | Postage | \$ | .32 |
|----------------------------------|--|-----|--------|
| | Certified Fee | | 1.35 |
| | Special Delivery Fee | SE | R STA |
| 10 | Restricted Delivery Fee | | 200 |
| PS Form 3800 , April 1995 | Return Receipt Showing to Whom & Date Delivered | ~~ | 5 1350 |
| April | Return Receipt Showing to Willom, Date, & Addressee's Address | | /,5/ |
| 800 | TOTAL Postage & Fees | SP) | 5 2347 |
| Ē. | Postmark or Date | | |
| S Fo | | | |
| | | - | ĺ |

| n the reverse side? | 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. |
|----------------------|---|--|---|
| ADDRESS completed on | 06 cty Ob 7311kg | 4a. Article Number Z 559 541 776 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery | |
| your RETURN | Received By: (Print Name) Signature: (Addressed of Agent) X | 8. Addresse and fee is | e's Address (Only if requested paid) |
| <u>s</u> | PS Fort a 3811 , December 1994 102 | 595-98-B-0229 | Domestic Return Receipt |

US Postal Service

Receipt for Certified Mail J.C. Mansker, aka James

Cilisto Mansker 425 Eastwood Avenue Fort Worth, TX 76107

| | Postage | \$ | . 32 |
|--------------------------|--|---------|------|
| | Certified Fee | ι. | 35 |
| | Special Delivery FreAS CT | RSTA | |
| 10 | Restricted Delivers Lee | W. | |
| 199 | Return Receipt Showing to Whom & Date Delivered | 1998 (. | ıø |
| PS Form 3800, April 1995 | Return Receipt Showing to Whom, Date, & Addressee's Address | 13/ | |
| 800 | TOTAL Postage & Faes | \$3/2 | 7 |
| E 3 | Postmark or Date | | |
| SFo | | | |
| 4 | | | |

| the reverse side | 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. | | Consult postmaster for fee. | ceipt Service. |
|----------------------|--|---|--|-------------------------|
| ADDRESS completed on | J.C. Mansker, aka James Cilisto Mansker 425 Eastwood Avenue Fort Worth, TX 76107 | 4b. Service Register Express | Z 559 541 777 Type ed Certified Mail Insured ceipt for Merchandise COD | ou for using Return Rec |
| Is your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 | 8. Addresse and fee is 2595-98-B-0229 | e's Address (Only if requested s paid) Domestic Return Receipt | Thank |

Z 559 541 778

US Postal Service Receipt for Certified Mail

Kaye Mansker Cummings 4329 Winding Way Fort Worth, TX 76126

| | Postage | \$. 3 |
|----|--|-------------|
| | Certified Fee | 1-3 |
| | Special Delivery Fee | AGAS CTRS |
| , | Restricted Delivery Fee 5 | AL A |
| | Return Receipt Showing C Whom & Date Delivered C | T 1 5 19980 |
| ļ. | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| | TOTAL Postage & Fees | 8 8123 |
| | Postmark or Date | |

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|----------------------|--|---|--|-----------------------|
| on the reverse side? | ■ 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 3. Article Addressed to | | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | - Coming |
| ADDRESS completed | Kaye Mansker Cummings 4329 Winding Way Fort Worth, TX 76126 | 4a. Article N 4b. Service ☐ Registere ☐ Express ☐ Return Rec 7. Date of De | Z 559 541 778 Type ed Certified Mail □ Insured Reipt for Merchandise □ COD |)r using Return Recei |
| ₀ . | 5. Received By: (Print Name) 6. Signature: (Addressee of Agent) X MM MM 6 PS Form 3811 December 1994 | 8. Addressee and fee is | D-26-98 e's Address (Only if requested paid) | Thank you for |
| | 1029 (1029 | 595-9 8-B -0229 | Domestic Return Receipt | |

Z 559 541

US Postal Service
Receipt for Certified Mail

Patsy Mansker Capps 9806 Highland Drive Dallas, TX 75238

| | , , , , , , , , , , , , , , , , , , , | | |
|----------------------------------|--|------------|----|
| | Postage | \$. 3 | 2 |
| | Certified Fee | TRST 1 · 3 | 5 |
| | Special Delivery | ENM | |
| 10 | Restricted Delivery Fee | F 1858 | |
| PS Form 3800 , April 1995 | Return Receipt Sharing to Whom & Date Delivered | 12/ | 0 |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | 407 | |
| 800 | TOTAL Postage & Fees | Z | די |
| E | Postmark or Date | | |
| For | | | |
| PS | | | |
| | | | |

PAID NOTICE

9806 Highland Drive Patsy Mansker Capps

Dallas, TX 75238

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

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

minute of the second se

US Postal Service
Receipt for Certified Mail

Mr. and Mrs. Jack Aduddell Rt. 1, Box 52 Lovington, NM 88260

| | Postage | 32 |
|--|--|-----------|
| | Certified Fee | AFE NO 35 |
| | Special Delivery Fee | 1 E 4000 |
| | Restricted Delivery Fee | 1 5 1998 |
| | Return Receipt Showing to Whom & Date Deliver | 150% |
| | Return Receipt Showing to Whom Date, & Addressee's Address | - 312 |
| | TOTAL Postage & Fees | \$ 2.77 |
| | Postmark or Date | |
| | | |
| | | |

| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse or 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. | Receipt Service. |
|--|--------------------------------|--|------------------|
| 3. Article Addressed to: Mr. and Mrs. Jack Aduddell Rt. 1, Box 52 Lovington, NM 88260 | 4b. Service Register Express | Type red Certified Mail Insured receipt for Merchandise COD | for using Return |
| 5. Received By: (Print Name) 6. Signature: (Addressee of Agent) X PS Form 3811, December 1994 | 8. Addresse and fee i | e's Address <i>(Only if requested</i> s paid) Domestic Return Receipt | - Thank you |

US Postal Service Receipt for Certified Mail

Packard Energy Group, Inc. Post Office Box 10866 Midland, TX 79702

| | Postage | \$.32 |
|----------------------------------|--|-----------|
| | Certified Fee | 1.35 |
| | Special Delivery Fee | 3.00 |
| S. | Restricted Delivery Fee TA | FENS |
| 199 | Return Receipt Showing to Whom & Date Delivered | 1.10 |
| PS Form 3800 , April 1995 | Return Receipt Showing to Whom, Date, & Addressee's Address | 5 1883 |
| 3800 | TOTAL Postage & Fees | \$ 077.77 |
| orm | Postmark or Date S - | 373 |
| PS F | | |
| | | |

| 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. | | Addressee's Address Restricted Delivery Consult postmaster for fee. | |
|----------------------|--|---|---|-----------------------------|
| ADDRESS completed on | Packard Energy Group, Inc. Post Office Box 10866 Midland, TX 79702 | 4a. Article N 4b. Service Register Express Return Re 7. Date of D | Z 559 541 781 Type ed | ou for using Return Receipt |
| Is your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 | 8. Addresse and fee is | e's Address <i>(Only if requested</i> s paid) Domestic Return Receipt | Thank y |

Z 559 541 782

US Postal Service Receipt for Certified Mail

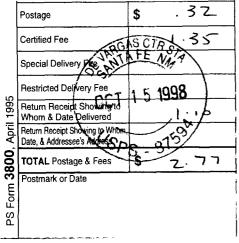
Douglas L. Cone Post Office Box 93355 Lubbock, TX 79413

| | Postage | SECTRS: 32 |
|---|--|------------|
| | Certified Fee | AFE MAR 35 |
| | Special Delivery/Fee | 1 5 1998 |
| , | Restricted Delivery Fee | |
| 2 | Return Receipt Showing to Whom & Date Delivered | 3163/10 |
| | Return Receipt Showing to Whom, Date, & Addressee's Address | 0-9 |
| | TOTAL Postage & Fees | \$ 7.77 |
| ' | Postmark or Date | |
| : | | |
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US Postal Service

Receipt for Certified Mail

Clifford R. Cone Post Office Box 1629 Lovington, NM 88260



| Is your RETURN ADDRESS completed on the reverse side? | 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. | |
|---|--|---|--|--|
| | Clifford R. Cone Post Office Box 1629 Lovington, NM 88260 | 4b. Service Register Express Return Re 7. Date of D | Z 559 541 783 Type ed Mail Certified Cer | |
| | 5. Received By: (Print Name) 6. Signature: (Addressee of Agent) X PS Form 3811 December 1994 | 8. Addresse and fee is | e's Address (Only Vegy ested spaid) Domestic Return Receipt | |

Z 559 541 784

US Postal Service

Receipt for Certified Mail

Kenneth G. Cone Post Office Box 11310 Midland, TX 79702

| Postage | \$ | . 32 |
|--|---|--|
| Certified Fee | | 1.35 |
| Special Delivery Fee | | |
| Restricted Delivery Fee | ASCE | > |
| Return Receipt Showing to Whom & Date Democracy | AFE | 100 |
| Return Receipt Showing to Whom Date, & Addressee's Address | 4 - 4 | 000 |
| TOTAL Postage & Fees | \$31 | 990.77 |
| Postmark or Dale | S - 81 | 59th |
| | Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivery to Whom, Date, & Addresse's Address. TOTAL Postage & Fees | Certified Fee Special Delivery Fee Restricted Delivery Fee |

| QE | :NI | | ο. | |
|----|-----|--|----|--|

- Complete items 1 and/or 2 for additional services
- Complete items 1 arroro 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

- Adam this form to the find of the manipiece, of or the back it 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 Z 559 541 784 |
|---|--|
| Kenneth G. Cone Post Office Box 11310 Midland, TX 79702 | 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery |
| 5. Received By: (Print Name) | 8. Address sames Conly if requested |
| 6. Signature: (Addressee or Agent) X Whynia | is in work |
| PS Form 3811 December 1994 | 102595-98-B-0229 Domestic Return Receipt |

US Postal Service Receipt for Certified Mail

Tom R. Cone Post Office Box 778 Jay, OK 74363

| | Postage QGAS C | STA .3Z |
|--------------------------|--|--------------|
| | Certified Fee | 10981/35 |
| | Special Delivery Fee | 2 122 |
| | Restricted Dalivery Fee | |
| 1995 | Return Receipt Showing to Whom & Date Delivered S | 05 -3/1 - 10 |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800, | TOTAL Postage & Fees | \$ 2.77 |
| PS Form 3800, April 1995 | Postmark or Date | |

| 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. | does not enumber. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. |
|--|---|--|
| 3. Article Addressed to: Tom R. Cone Post Office Box 778 Jay, OK 74363 | 4b. Service Register Express | Iumber 7,559 541 785 |
| 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994 | 8. Address and fee s 595-98-B-0229 | Domestic Return Receipt |

Z 211 156 533

US Postal Service Receipt for Certified Mail

Samuel Carlton Alexander, Jr. Rt. 1, Box 293-A Swoope, VA 24479

| | Postage | | 32 |
|----------------------------------|---|-------|------|
| | Certified Fee | CTRS | . 35 |
| | Special Delivery Fee | AT A | |
| | Restricted Deli G CFee 1 | 1998 | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | / N/ | 10 |
| April | Return Receipt Should by Whom, Date, & Addressee's Address | 3159 | |
| 800, | TOTAL Postage & Fees | \$ 2. | דר |
| PS Form 3800 , April 1995 | Postmark or Date | | |

| in 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. | | Receipt Service. |
|----------------------|--|--|--|--|--------------------|
| ADDRESS completed on | Samuel Carlton Alexander, Jr. Rt. 1, Box 293-A Swoope, VA 24479 | 4b. Service Registere Express Return Rec | a. Article Number Z 211 156 533 b. Service Type Registered Express Mail Return Receipt for Merchandise Date of Delivery | | u for using Return |
| Is your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressee of Agent) PS Form 3811, December 1994 102 | 8. Addresse and fee is | e's Address (Only paid) Domestic Retu | | Thank yo |