

BEFORE THE OIL CONSERVATION DIVISION  
NEW MEXICO ENERGY, MINERALS AND  
NATURAL RESOURCES DEPARTMENT

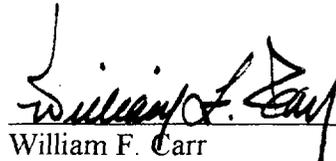
APPLICATION OF VANCO OIL & GAS CORP. AND  
ITS AFFILIATE CBS OPERATING CORP. FOR  
AMENDMENT OF DIVISION ORDER NO. R-11435 TO  
AUTHORIZE A PRESSURE MAINTENANCE  
PROJECT IN THE NORTH SQUARE LAKE UNIT  
AREA, ESTABLISH PROCEDURES FOR APPROVAL  
OF ADDITIONAL INJECTION WELLS, AND FOR  
QUALIFICATION OF THE PROJECT AREA FOR THE  
RECOVERED OIL TAX RATE PURSUANT TO THE  
ENHANCED OIL RECOVERY ACT, EDDY COUNTY,  
NEW MEXICO.

CASE NO. 12112 (REOPENED)

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of VANCO Oil & Gas Corp. and its affiliate, CBS Operating Corp., 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 F. Carr

SUBSCRIBED AND SWORN to before me this 19<sup>th</sup> day of February 2002.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

August 23, 2005

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. 12112 (Reopened) Exhibit No. 9  
Submitted by:  
VANCO OIL & GAS CORP.  
Hearing Date: March 7, 2002

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ 1.03  
 Certified Fee 2.10  
 Return Receipt Fee (Endorsement Required) 1.50  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.63



Sent To  
 Donald B. Anderson  
 Street, Apt. No., or PO Box No.  
 Roswell, NM 88202  
 City, State, ZIP+4  
 WFC 46195.0001  
 PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Donald B. Anderson  
 Roswell, NM 88202

2. Article Number (Copy from service label)  
 7001 1140 0002 5600 3307

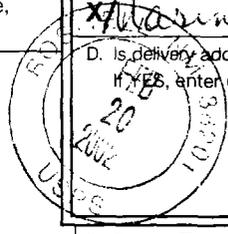
**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **MARINA MAHAN**  
 B. Date of Delivery **2/20/02**

C. Signature *Marina Mahan*  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ 1.03  
 Certified Fee 2.10  
 Return Receipt Fee (Endorsement Required) 1.50  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.63



Sent To  
 BHW, LLC  
 Street, Apt. No., or PO Box No.  
 101 South 4th Street  
 Artesia, NM 88210  
 City, State, ZIP+4  
 WFC 46196.0001  
 PS Form 3800

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 BHW, LLC  
 101 South 4th Street  
 Artesia, NM 88210

2. Article Number (Copy from service label)  
 7001 1140 0002 5600 4816

A. Received by (Please Print Clearly)  
 B. Date of Delivery **021902**

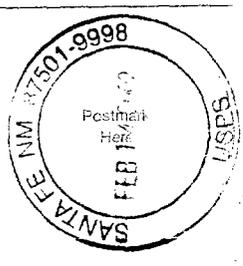
C. Signature *X M Ward*  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 1.03  
 Certified Fee 2.10  
 Return Receipt Fee (Endorsement Required) 1.50  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.63

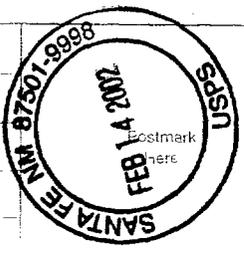


Sent To  
 Borland, Inc.  
 #9 Westwood  
 Dothan, AL 36303  
 WFC 46195.0001

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>4.63</b>



**MAN RETURNED**

**Sent To**  
 Bulldog Energy Corp.  
 P. O. Box 668  
 Artesia, NM 88211  
 WFC 46195.0001

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>4.63</b>



**Sent To**  
 C. Y. Production, LLC  
 P. O. Box 563  
 Boerne, TX 78006  
 WFC 46195.0001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 C. Y. Production, LLC  
 P. O. Box 563  
 Boerne, TX 78006

2. Article Number (Copy from service label)  
 7001 1140 0002 5600 3277

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>Bette</i>	B. Date of Delivery <i>2-27-02</i>
C. Signature <i>Bette Post</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>4.63</b>



**Sent To**  
 Chase Oil Corp.  
 P. O. Box 1767  
 Artesia, NM 88211  
 WFC 46195.0001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Chase Oil Corp.  
 P. O. Box 1767  
 Artesia, NM 88211

2. Article Number (Copy from service label)  
 7001 1140 0002 5600 3260

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>EFFIE LOCK</i>	B. Date of Delivery <i>2-19-02</i>
C. Signature <i>Effie Lock</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>



**Sent To**  
 Charles H. Coll  
 P. O. Box 1818  
 Roswell, NM 88202  
 WFC 46195.000

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles H. Coll  
 P. O. Box 1818  
 Roswell, NM 88202

A. Received by (Please Print Clearly) *Ray Owen* B. Date of Delivery *2-21-02*

C. Signature *Ray Owen*  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7001 1140 0002 5600 4823

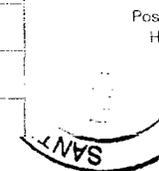
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>



**Sent To**  
 Jon F. Coll  
 P. O. Box 1818  
 Roswell, NM 88202  
 WFC 46195.0001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jon F. Coll  
 P. O. Box 1818  
 Roswell, NM 88202

A. Received by (Please Print Clearly) *Ray Owen* B. Date of Delivery *2-21-02*

C. Signature *Ray Owen*  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7001 1140 0002 5600 3239

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>



**Sent To**  
 Max W. Coll, II  
 Route 9, Box 72F  
 Santa Fe, NM 87505  
 WFC 46195.0001

MAIL  
 RETURNED

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage: 1.03  
 Certified Fee: 2.10  
 Return Receipt Fee (Endorsement Required): 1.50  
 Restricted Delivery Fee (Endorsement Required):  
 Total Postage & Fees: 4.63



Sent To: David C. Collier  
 3400 West 8th Street  
 Roswell, NM 88201  
 WFC 46195.0001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 David C. Collier  
 3400 West 8th Street  
 Roswell, NM 88201

2. Article Number (Copy from service label): 7001 1140 0002 5600 3345

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly): Mrs. Collier  
 B. Date of Delivery: 2/16/02

C. Signature: *Mrs. Collier*  
 Agent  
 Addressee

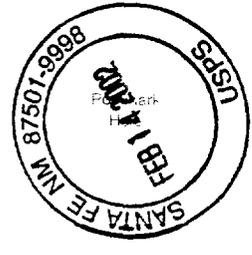
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage: 1.03  
 Certified Fee: 2.10  
 Return Receipt Fee (Endorsement Required): 1.50  
 Restricted Delivery Fee (Endorsement Required):  
 Total Postage & Fees: 4.63

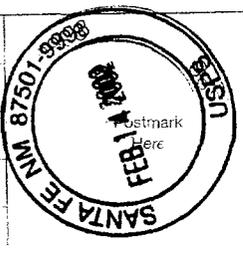


Sent To: GBN, Inc.  
 2503 Elmwood Circle North  
 Wichita Falls, TX 76308  
 WFC 46195.0001

MAIL RETURNED

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage: 1.03  
 Certified Fee: 2.10  
 Return Receipt Fee (Endorsement Required): 1.50  
 Restricted Delivery Fee (Endorsement Required):  
 Total Postage & Fees: 4.63



Sent To: Robert S. Gleason  
 P. O. Box 798  
 Artesia, NM 88211  
 WFC 46195.0001

MAIL RETURNED

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage)*

In stage	1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>4.63</b>



Sent To: **R. Mace Holman, Jr.**  
 Street, Apt. No. or PO Box No.: **P. O. Box 1414**  
 City, State, ZIP+: **Dothan, AL 36302**  
 WFC 46195.000

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
**R. Mace Holman, Jr.**  
**P. O. Box 1414**  
**Dothan, AL 36302**

2. Article Number (Copy from service label) **7001 1140 0002 5600 3314**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **2-20-02**

C. Signature  
 X *R. Mace Holman*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage)*

Postage	1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>4.63</b>



Sent To: **J. L. Smith Co., Inc.**  
 Street, Apt. No. or PO Box No.: **4204 S. Park Avenue**  
 City, State, ZIP+: **Dothan, AL 36301**  
 WFC 46195.0001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
**J. L. Smith Co., Inc.**  
**4204 S. Park Avenue**  
**Dothan, AL 36301**

2. Article Number (Copy from service label) **7001 1140 0002 5600 3321**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **2/19/02**

C. Signature  
 X *J. L. Smith*  Agent  Addressee

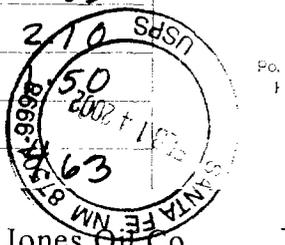
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage)*

Postage	1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>4.63</b>



Sent To: **K. M. Jones Oil Co.**  
 Street, Apt. No. or PO Box No.: **5121 McKinney Avenue**  
 City, State, ZIP+: **Dallas, TX 75205**  
 WFC 46195.0001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
**K. M. Jones Oil Co.**  
**5121 McKinney Avenue**  
**Dallas, TX 75205**

2. Article Number (Copy from service label) **7001 1140 0002 5600 3178**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **2/25/02**

C. Signature  
 X *K. Jones*  Agent  Addressee

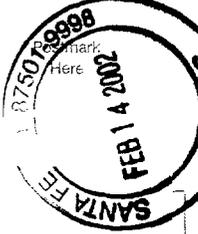
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>

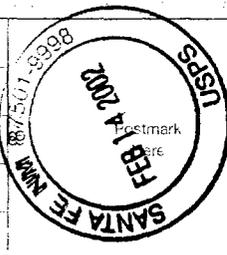


MAIL  
RETURNED

Sent To: Kennedy Oil Co.  
 Street, Apt. No. or PO Box No.:  
 City, State, ZIP+4: Artesia, NM 88210  
 WFC 46195.0001

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

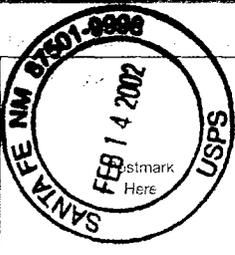
Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>



Sent To: Lathrop Diamond Bit.  
 Street, Apt. No. or PO Box No.: 5080 Spectrum Drive, LB 51  
 City, State, ZIP+4: Dallas, TX 75248-4621  
 WFC 46195.0001

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

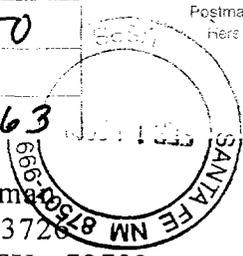
Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>



MAIL  
RETURNED

Sent To: C.V. Lyman Testamentary Trust  
 Street, Apt. No. or PO Box No.: P. O. Box 3726  
 City, State, ZIP+4: Midland, TX 79702  
 WFC 46195.0001

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

Postage	1.03	
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>4.63</b>	

**Sent To**  
 Rachel Lyme  
 P. O. Box 3726  
 Midland, TX 79702  
 WFC 46195.0001

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

Postage	1.03	
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>4.63</b>	

**Sent To**  
 Marbob Energy Corp.  
 P. O. Drawer 217  
 Artesia, NM 88210  
 WFC 46195.0001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Marbob Energy Corp.  
 P. O. Drawer 217  
 Artesia, NM 88210

2. Article Number (Copy from service label)  
 7001 1140 0002 5600 3284

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *MISTI McLurg* B. Date of Delivery *2-19-02*

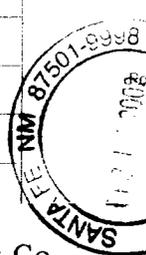
C. Signature *x MISTI McLurg*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
*PO 227*  
*ARTESIA, NM 88211*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

Postage	1.03	
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>4.63</b>	

**Sent To**  
 Pride Energy Co.  
 P. O. Box 701602  
 Tulsa, OK 74170  
 WFC 46195.0001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Pride Energy Co.  
 P. O. Box 701602  
 Tulsa, OK 74170

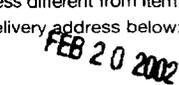
2. Article Number (Copy from service label)  
 7001 1140 0002 5600 3208

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Dawnielle Franklin* B. Date of Delivery *2/19/02*

C. Signature *x Dawnielle Franklin*  Agent  Addressee

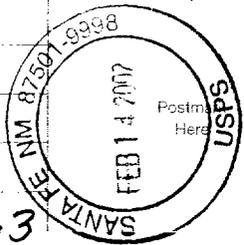
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
  


3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 1.03  
 Certified Fee 2.10  
 Return Receipt Fee (Endorsement Required) 1.50  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.63



Sent To  
 RBP Land Company  
 Street, Apt. No. or PO Box No. P. O. Box 10392  
 City, State, ZIP+4 Midland, TX 79702  
 WFC 46195.0001

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 1.03  
 Certified Fee 2.10  
 Return Receipt Fee (Endorsement Required) 1.50  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.63



Sent To  
 SE Com & Equipment Co.  
 Street, Apt. No. or PO Box No. P. O. Box 1646  
 City, State, ZIP+4 Dothan, AL 36302  
 WFC 46195.0001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 SE Com & Equipment Co.  
 P. O. Box 1646  
 Dothan, AL 36302

2. Article Number (Copy from service label)  
 7001 1140 0002 5600 4830

**COMPLETE THIS SECTION ON DELIVERY**

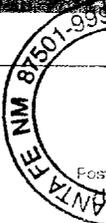
A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 X *Kathie Guter*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 1.03  
 Certified Fee 2.10  
 Return Receipt Fee (Endorsement Required) 1.50  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.63



Sent To  
 Square Lake Partners, LLC  
 Street, Apt. No. or PO Box No. P. O. Box 50682  
 City, State, ZIP+4 Midland, TX 79710  
 WFC 46195.0001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Square Lake Partners, LLC  
 P. O. Box 50682  
 Midland, TX 79710

2. Article Number (Copy from service label)  
 7001 1140 0002 5600 3154

A. Received by (Please Print Clearly) B. Date of Delivery  
*George M... 2-20-02*

C. Signature  
 X *George M...*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>

Sent To: **Staples Oil Co.**  
 5121 McKinney Avenue  
 Dallas, TX 75205  
 WFC 46195.0001

SANTA FE NM 87501-9998  
 FEB 14 2002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Staples Oil Co.  
 5121 McKinney Avenue  
 Dallas, TX 75205

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 \_\_\_\_\_ 2/19/02

C. Signature  
 X *W. Watson*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 1140 0002 5600 3192

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

Postage	\$ 1.03
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.63</b>

Sent To: **W. Watson, Inc.**  
 P. O. Box 2253  
 Midland, TX 79702  
 WFC 46195.0001

SANTA FE NM 87501-9998  
 FEB 19 2002

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 W. Watson, Inc.  
 P. O. Box 2253  
 Midland, TX 79702

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery  
 \_\_\_\_\_ FEB 19 2002

C. Signature  
 X *W. Watson*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 1140 0002 5600 3246

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952



7001 1140 0002 5600 4793



# HOLLAND & HART LLP

ATTORNEYS AT LAW

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

~~Robert S. Gleason  
P. O. Box 798  
Artesia, NM 88211~~

*Handwritten:*  
~~Robert S. Gleason~~  
MARKING WITH

*Postmark:*  
INSUFFICIENT PAYMENT  
MOVED TO POST OFFICE  
NO SUFFICIENT POSTAGE  
RECEIVED  
NO POSTAGE  
NECESSARY  
IF MAILED IN THE  
UNITED STATES  
NO POSTAGE  
NECESSARY  
IF MAILED IN THE  
UNITED STATES

**RETURN RECEIPT  
REQUESTED**

*Handwritten:*  
8-14

CERTIFIED MAIL



7001 1140 0002 5600 3215



*BE*

# HOLLAND & HART LLP

ATTORNEYS AT LAW

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

Max W. Coll, II  
Route 9, Box 72F  
Santa Fe, NM 87505

*No such #  
per [unclear]*

### Mail Deliverable As Addressed

- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Refused
- Attempted-Not Known
- No Such Street  Number
- Vacant  Illegible
- No Mail Receipts
- Box Closed-No Order
- Returned For Better Address
- Postage Due \_\_\_\_\_

**RETURN RECEIPT  
REQUESTED**



0002 5600 3291

FEB 21 2002

1ST NOTICE  
2ND NOTICE  
RETURN

**HOLLAND & HART** LLP

ATTORNEYS AT LAW

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

RETURNED TO SENDER  
NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

*Handwritten:* 11/13/01  
2/21/02  
L.H.B.

GBN, Inc.  
2503 Elmwood Circle North  
Wichita Falls, TX 76308

RETURN RECEIPT REQUESTED



INSUFFICIENT ADDRESS  
 MOVED LEFT NO ADDRESS  
 NO SUCH NUMBER  
 UNCLAIMED  
 NO SUCH STREET  
 NO SUCH CITY  
 ZIP CODE NOT KNOWN  
 NO POSTAGE TAGS  
 UNDELIVERABLE AS  
 RETURNED TO SENDER

**RETURN RECEIPT  
REQUESTED**

**HOLLAND & HART LLP**  
ATTORNEYS AT LAW

P.O. BOX 2208  
 SANTA FE, NEW MEXICO 87504-2208  
 110 NORTH GUADALUPE, SUITE 1  
 SANTA FE, NEW MEXICO 87501-6525

Bulldog Energy Corp.  
 P. O. Box 668  
 Artesia, NM 88211

*Paul & JF*

*2-14*

CELESTIAL MAIL



7001 1140 0002 5600 3338



01 1140 0002 5600 4809

**HOLLAND & HART LLP**  
ATTORNEYS AT LAW

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

~~Kennedy Oil Co.~~

Artesia, NM 88210

MOVED, LEFT NO ADDRESS  
 NOT DELIVERABLE AS ADDRESSEE  
 UNABLE TO FORWARD  
 UNCLAIMED - NOT KNOWN  
 NO SUCH STREET - NUMBER  
 NO NOT REMAIN IN THIS ENVELOPE  
 INSUFFICIENT ADDRESS  
 BOX CLOSED NO PROFF

RETURNED TO  
 SENDER

15  
2ND  
RET

RECEIVED  
FEB 15 1988



7001 1140 0002 5600 3185

**NOT DELIVERABLE  
AS ADDRESSED,  
UNABLE TO FORWARD**

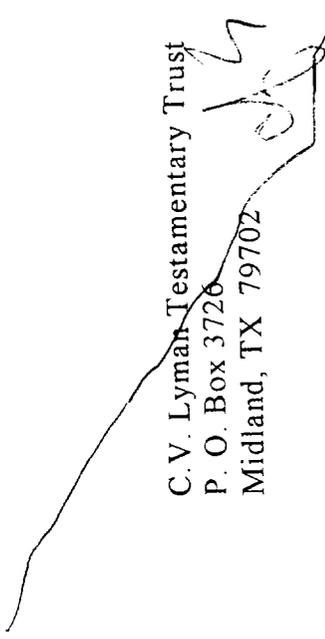


# HOLLAND & HART LLP

ATTORNEYS AT LAW

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

C.V. Lyman Testamentary Trust  
P. O. Box 3726  
Midland, TX 79702



**RETURN RECEIPT  
REQUESTED**

1ST NOTICE  
~~MAR~~ 02 2002