

BEFORE THE
NEW MEXICO OIL CONSERVATION DIVISION
OF THE NEW MEXICO

APPLICATION OF GILLESPIE OIL, INC.
FOR UNIT EXPANSION, STATUTORY
UNITIZATION, AND QUALIFICATION
OF EXPANDED UNIT AREA FOR THE
RECOVERED OIL TAX RATE AND
CERTIFICATION OF A POSITIVE
PRODUCTION RESPONSE PURSUANT
TO THE "NEW MEXICO ENHANCED
OIL RECOVERY ACT," LEA COUNTY,
NEW MEXICO.

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 10
CASE NO. 12289

No. _____

AFFIDAVIT OF MAILING

STATE OF COLORADO)
)SS.
COUNTY OF ADAMS)

Paul S. Conner, being first duly sworn on oath, deposes and says: That he is a citizen of the United States, over the age of eighteen years, not a party to, nor interested in, the above entitled action.

That on the 28th day of October, 1999, this affiant did deposit in the United States Post Office at Northglenn, Colorado, true and correct copies of the Application for Unit Expansion, Statutory Unitization, and Qualification of Expanded Unit Area for the Recovered Oil Tax Rate and Certification of a positive production response pursuant to the "New Mexico Enhanced Recovery Act". Notice was mailed to all interest owners in the expanded unit area as described in Division Order No. R-10864-A.

That the documents with postage prepaid, certified with return receipt requested, were mailed to the persons listed on Exhibit "A" attached hereto to be served at their last known post office address. The return receipts are attached to this affidavit.

Further Affiant sayeth not.

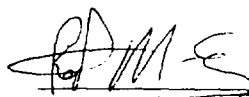
Dated this 16th day of November, 1999.


Paul S. Conner

Subscribed and sworn to before me this 16th day of November, 1999, by Paul S. Conner

My Commission Expires

11-15-2000


Notary Public

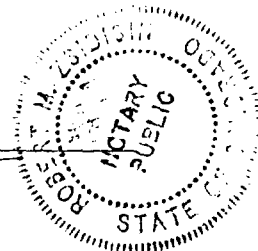


EXHIBIT "A"

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS

MR. MARK MLADENKA
GILLESPIE OIL, INC. (O)
P. O. BOX 2557
MIDLAND, TX 79702

ATTN: KENNETH GRAY
ENERGEN RESOURCES CORP
3300 N. "A" ST., BLDG 4, #100
MIDLAND, TX 79705

LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762

LAND DEPARTMENT
ADIA ENTERPRISES INC.
4209 CARDINAL LANE
MIDLAND, TX 79707

WILLIAM R. CROW
5007 CANTERBURY DR.
MIDLAND, TX 79705

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
UNLEASED ROYALTY OWNERS

GERALDINE ANDERSON HILL
30357 PALO VERDE DRIVE E.
RANCHO PALO VERDE, CA 90274

LEONARD S. ANDERSON, JR.
71-332 SAN GARGONIO ROAD
RANCHO MIRAGE, CA 92270

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY OWNERS

MR. EARL CUNNINGHAM
DISTRICT MANAGER
BUREAU OF LAND MANAGEMENT
2909 W. 2ND
ROSWELL, NM 88201

JUNE DANGLADE SPEIGHT
P. O. DRAWER 1687
LOVINGTON, NM 88206

DOROTHY LEE LUSK
P. O. BOX 537
TESUQUE, NM 87574

MARJORIE SMART, TRUSTEE OF THE
MARJORIE C. SMART REVOCABLE
TRUST DATED 5/9/90
1238 PALISADE CIR.
HEBER SPRINGS, AR 72543

CLARENCE V. SHELTER
ROUTE 1, BOX 248-A
SAN ANTONIO, TX 78223

ANNIE LAURA STURDIVANT
ROUTE 1, BOX 1219
PINEVILLE, MO 64856

TEDDIE DARRELL SHELTER
4508 SKYLARK WAY
EL PASO, TX 79922

ROY G. BARTON, JR., TRUSTEE
OF THE ROY G. BARTON, SR. &
OPAL BARTON REVOCABLE TRUST
1919 N. TURNER ST.
HOBBS, NM 88240-2712

RICHARD H. POWER
207 W. AVENUE M
LOVINGTON, NM 88260

JEAN BENSON
816 168TH PLACE NE
BELLEVUE, WA 98008

BETTY LOUISE PIEPER
APARTMENT 1701
5200 BRITTANY DR. SOUTH
ST. PETERSBURG, FL 33715

ROBERT L. BROWN
17 WOODRUFF ROAD
EDISON, NJ 08820-2601

EFFIE SHELTER
801 WOODLAWN DR.
ABILENE, TX 79603-5713

JAMES DARRELL SHELTER
665 SHELTON
ABILENE, TX 79603

JANE BOWERS STONEMAN
525 E. CHERRY LYNN ROAD
PHOENIX, AZ 85012

RICKIE DON THOMPSON
1600 W. PERSIMMON ST., #17
ROGERS, AR 72756-334

TREVA JOYCE THOMPSON
c/o WILLIAM H. THOMPSON
798 HICKORY DRIVE
ROGERS, AR 72756

PENELOPE LOUISE HOLCOMB
1122 READING DRIVE
ACWORTH, GA 30101

SUZANNE M. CHAMBERS
MARGOT S. M. CHAMBERS
~~2332 S. 34TH STREET~~
~~ABILENE, TX 79602~~

CHERIE WEICHEL
6943 MELDRUM
IRA TOWNSHIP, MI 48023

MONTY D. MCLAINE
P. O. BOX 9451
MIDLAND, TX 79708

DAVID GRAHAM MCDONALD
5513 AURORA AVENUE, #12
DES MOINES, IA 50310-231

HARVARD STADWICK, JR.
c/o LOIS STADWICK
39904 SHORELINE DRIVE
HARRISON, MI 48042

LAVERNE W. COLBY
1540 SYKES CREEK DRIVE
MERRITT ISLAND, FL 32953

ANITA M. MCDONALD
1301 SUNNY HILL COURT
BETTENDORF, IA 52722

JOHN STADWICK
c/o LOIS STADWICK
39904 SHORELINE DRIVE
HARRISON, MI 48042

LESTER F. COLBY
4619 FILLMORE STREET
HOLLYWOOD, FL 33021

KELLY H. BAXTER
P. O. BOX 1649
AUSTIN, TX 78767

KEITH STADWICK
c/o LOIS STADWICK
39904 SHORELINE DRIVE
HARRISON, MI 48042

DOROTHY C. FELTZ
5 GATES STREET
CRYSTAL LAKE, IL 60014

HENRY W. LAWTON
P. O. BOX 161
PORTVILLE, NY 14770

SNYDER RANCHES, INC.
P. O. BOX 2158
HOBBS, NM 88241

PATRICK J. CESARANO
REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

JOAN SERMAK
1401 QUAIL CANYON
SAN BERNADINO, CA 92404

FIRST INTERSTATE BANK OF
ALBUQUERQUE, TRUSTEE OF THE
L. JAY ROOT ROYALTY TRUST
AGREEMENT DATED 4/28/83
P. O. BOX 2468
ROSWELL, NM 88202

FRANCIS J. MOYNIHAN, JR.
135 OLD WARREN RD
FREWSBURG, NY 14738

NANCY O'CONNOR
10756 MAIN ST. #201
FAIRFAX, VA 22030

BERKELEY N. MOYNIHAN
448 WINDSWEPT VIEW
ASHEVILLE, NC 28801

LEWIS E. MCLAUGHLIN
LOIS M. MCLAUGHLIN
20110 MELOS COURT
PORT CHARLOTTE, FL 33954

UNITED BANK OF LEA COUNTY,
TRUSTEE FOR CHAD L. & NORMA
B. WILEY
P. O. BOX 2468
ROSWELL, NM 88202

BARBARA M. GALLAGHER
44 WILLIAM STREET
LINCOLN PARK, NJ 07035

MICHAEL STADWICK, LOIS H.
STADWICK, ROBERT STADWICK
TODD STADWICK
39904 SHORELINE DR.
HARRISON, MI 48045

MARY KATHERINE GARRETT NOBLE
613 PASEO DEL MAR NE
ALBUQUERQUE, NM 87123

BILLIE GARRETT LYTLE 24466 COUNTY ROAD EAST CORTEZ, CO 81321	DOROTHY FULLER LUNDEEN 4304 HARBOR HOUSE DR. TAMPA, FL 33615	<u>WEST LOVINGTON (STRAWN) UNIT</u> <u>LEA COUNTY, NEW MEXICO</u> <u>OVERRIDING ROYALTY OWNERS</u>
JOSEPH E. & TWILA M. GOODDING LIVING TRUST c/o TWILA M. GOODDING TRUSTEE 1009 CRESTVIEW CIRCLE FARMINGTON, NM 87401	RUSSELL & ANN PANG 1831 ORANGE AVENUE COSTA MESA, CA 92627	RANDALL CAPPS, dba XERIC OIL & GAS CORP. P. O. BOX 352 MIDLAND, TX 79702
THOMAS W. PETTIT 151 W. TRINITY RD. GLEN ELLEN, CA 95442	HEIDI C. BARTON 502 E. YESO HOBBS, NM 88240	LAND DEPARTMENT GPC OIL & GAS CORP. P. O. BOX 50982 MIDLAND, TX 79710
FAYE L. LIPSETT KLEIN P. O. BOX 1503 HOBBS, NM 88241	BRETT C. BARTON 11904 VAIL DRIVE OKLAHOMA CITY, OK 73162	DONALD R. CURRY 905 FT. WORTH CLUB BLDG. FT. WORTH, TX 76102
GRACE STARMER c/o WILLIAM C. HUNTER P. O. BOX 1047 HEALDSBURG, CA 95448	ROY G. BARTON, III P. O. BOX 572565 HOUSTON, TX 77257	KEVIN L. & PATRICIA WIDNER 2510 CULPEPPER MIDLAND, TX 79705
ELAINE G. & MILTON KRASNE 9821 SEWARD STREET OMAHA, NE 68114	ROY G. BARTON, JR., INDIVIDUALLY 1919 N. TURNER ST. HOBBS, NM 88240-2712	ERNESTINE GILLESPIE P. O. BOX 13387 SCOTTSDALE, AZ 85267
THE GROOMS TRUST uad 12/15/82 P. O. BOX 2328 ROSWELL, NM 88202	NORMA J. CHANLEY P. O. BOX 729 HOBBS, NM 88241	LAWRENCE J. SERIGHT P. O. BOX 5361 MIDLAND, TX 79704
VANCE LEE MASON 7487 HARTLEY ROAD VACACILLE, CA 95688	JOAN LOUISE YARNELL RINE 2120 ANDRE AVENUE LOS OSOS, CA 93402	<u>WEST LOVINGTON (STRAWN) UNIT</u> <u>LEA COUNTY, NEW MEXICO</u> <u>NON PARTICIPATING ROYALTY</u> <u>OWNERS</u>
MARY RANDALL FREDERICKSON & NORAH BAKER (J/T) 1382 VALLOMBROSA AVENUE CHICO, CA 95926	WILLIAM ROBERT YARNELL c/o JOAN LOUISE YARNELL RINE 2120 ANDRE AVENUE LOS OSOS, CA 93402	LAND DEPARTMENT PARALLEL PETROLEUM CORP P. O. BOX 10587 MIDLAND, TX 79702

LAND DEPARTMENT
REBEL OIL COMPANY
P. O. BOX 309
HOBBS, NM 88241

C. R. & ARLENE ALDERSON
P. O. BOX 1408
GRAND ISLAND, NE 68802

LAND DEPARTMENT
TARA-JON CORPORATION
6003 MEADOW VIEW LANE
MIDLAND, TX 79707

ROBERT H. HANNIFIN
P. O. BOX 218
MIDLAND, TX 79702

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS
EXPANSION NO. 1

LAND DEPARTMENT
VISA INDUSTRIES OF ARIZONA
9215 NORTH 14TH STREET
PHOENIX, AZ 85020

EVA H. & EPHRAIM G. MATSON

No Address Found

ATTN: LAND DEPARTMENT
VIERSEN OIL & GAS COMPANY
P. O. BOX 280
OKMULGEE, OK 74447

LAND DEPARTMENT
HANLEY OAD, LTD., II
HANLEY PETROLEUM, INC.
415 W. WALL
MIDLAND, TX 79701

EMILY I. & THOMAS S. PARK

No Address Found

ATTN: LAND DEPARTMENT
PATHFINDER EXPLORATION
COMPANY
4306 CRESTGATE
MIDLAND, TX 79707

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY
EXPANSION NO. 1

WINFIELD S. CARSON

No Address Found

WILLIAM CROW & LISA CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79705

NATIONSBANK OF TEXAS, N.A.,
TRUSTEE OF THE MARILYN
MAXWELL CHANDLER TRUST
#8436-00
P. O. BOX 830308
DALLAS, TX 77289-0503

WILBUR W. & JAMAEAH S. IRVIN
4208 BECKLAND DR.
FARMINGTON, NM 87402

ROGER T. ELLIOTT & HOLLY L.
ELLIOTT
3907 CRESTGATE
MIDLAND, TX 79707

LANIS PALMER

No Address Found

LAND DEPARTMENT
CANNON EXPLORATION CO.
3608 SCR 1184
MIDLAND, TX 79701

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
OVERRIDING ROYALTY OWNERS
EXPANSION NO. 1

SELMA PAULK

No Address Found

LAND DEPARTMENT
HOLLYHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
PIONEER NATURAL RESOURCES
USA, INC.
1400 WILLIAMS SQUARE WEST
5205 NORTH O'CONNOR BLVD.
IRVING, TX 75039

RUBY GIBSON CORLEY
2511 WILLOWICK, APT. 335
HOUSTON, TX 77027

LAND DEPARTMENT
RIO PECOS CORPORATION
4501 GREENTREE BOULEVARD
MIDLAND, TX 79701

STANLEY H. FOX
2514 LOCKHEED
MIDLAND, TX 75039

LAND DEPARTMENT
PARALLEL PETROLEUM CORP.
P. O. BOX 10587
MIDLAND, TX 79702

ATTN: LAND DEPARTMENT
WOOD OIL COMPANY
401 SOUTH BOSTON AVE.
TULSA, OK 74103

WYLIE G. BASHAM
3317 HAYNES
MIDLAND, TX 79707

DONALD S. MULLINS,
c/o SMITH BARNEY, INC.
IRA CUSTODIAN
#216-62697-1-8-791
P.O. BOX 3937
WESTLAKE VILLAGE, CA 91359-9976

ATTN: LAND DEPARTMENT
RAMCO OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

MARVIN E. KRAFT
367 FAIRWAY
WICHITA, KS 67212

ATTN: LAND DEPARTMENT
PHILWELL, INC.
SUITE 1910
320 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

CHARLES T. SLACK
1131 MAUS LANE
WICHITA, KS 67212

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS
EXPANSION NO. 2

ROBERT D. SNOW & BILL RAYMOND
SNOW, TRUSTEES OF THE ROBERT D.
SNOW LIVING TRUST UNDER TRUST
DECLARATION OF TRUST DATED
5-27-1993
SUITE 1910
320 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

JAMES W. ROGERS
3922 EDGEBROOK CT.
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
PERMIAN BASIN LAND ASSOCIATES,
INC.
401 WEST TEXAS, SUITE 917
MIDLAND, TX 79701

BRETT K. BRACKEN
4505 MOCKING BIRD
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
DAVID ARRINGTON OIL AND GAS, INC.
P.O. BOX 2071
MIDLAND, TX 79702

ATTN: LAND DEPARTMENT
RB OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
NON-PARTICIPATING ROYALTY
OWNERS
EXPANSION NO. 1

ATTN: LAND DEPARTMENT
CHESAPEAKE OPERATING, INC.
P.O. BOX 54525
OKLAHOMA CITY, OK 73154-1525

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
SUITE 1420
500 WEST TEXAS
MIDLAND, TX 79701

J. HIRAM MOORE, LTD.
310 W. WALL, SUITE 404
MIDLAND, TX 79701

ATTN: LAND DEPARTMENT
ANSON ENERGY COMPANY
P.O. BOX 24060
OKLAHOMA CITY, OK 73124

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
301 SOUTH MAIN STREET
WICHITA, KS 67202

ATTN: LAND DEPARTMENT
ACORN RESOURCES, INC.
P.O. BOX 9665
TULSA, OK 74157

ATTN: CHUCK MORAN
YATES PETROLEUM CORPORATION
105 SOUTH 4TH STREET
ARTESIA, NM 88210

ATTN: LAND DEPARTMENT
MARKS AND GARNER PRODUCTION
LIMITED COMPANY
P.O. BOX 70
LOVINGTON, NM 88260

ATTN: LAND DEPARTMENT HONEYSUCKLE EXPLORATION No Address Found	MARY FRANCES DOW BYERS No Address Found	<u>WEST LOVINGTON (STRAWN) UNIT</u> <u>LEA COUNTY, NEW MEXICO</u> <u>LEASED BASIC ROYALTY OWNERS</u> <u>EXPANSION NO. 2</u>
ATTN: LAND DEPARTMENT PHILLIPS PETROLEUM COMPANY 4001 PEMBROOK ODESSA, TX 79762	JAMES L. DOW P.O. BOX 128 CARLSBAD, NM 88220	STATE OF NEW MEXICO 2040 SOUTH PACHECO SANTA FE, NM 87505
ATTN: LAND DEPARTMENT PERRY & PERRY INC. P.O. BOX 371 MIDLAND, TX 79702	BOBBIE ANN DOW LOGAN P.O. BOX 128 CARLSBAD, NM 88220	MICHAEL MARK ESTLACK c/o LAYTON J. ESTLACK 1205 CAMINA VEGA FARMINGTON, NM 87401
ATTN: LAND DEPARTMENT RESOURCES INVESTMENT COMPANY No Address Found	JAMES A. GIBBS, dba JEB ROYALTIES 4925 GREENVILLE AVE. ONE ENERGY SQUARE DALLAS, TX 75206	VERA DICKSON & R.S. DICKSON 902 NORTH MAIN, #26 SAN ANGELO, TX 76903
<u>WEST LOVINGTON (STRAWN) UNIT</u> <u>LEA COUNTY, NEW MEXICO</u> <u>UNLEASED BASIC ROYALTY OWNERS</u> <u>EXPANSION NO. 2</u>	EDWARD G. BOONE 1513 TINSDALE NASHVILLE, AR 71852	LILA HUGHES 206 RADIO BLVD. CARLSBAD, NM 88220
UNKNOWN HEIRS OF ROSE BOYD No Address Found	ELLEN B. SCHWETHELM P.O. BOX 6716 SAN ANTONIO, TX 78209-6716	L. RUTH PRITCHARD & JAMES R. PRITCHARD, SR. 1400 ALAMOGORDO STREET DEMING, NM 88030
GEORGE W. ESTLACK & RUBY DELL ESTLACK P.O. BOX 640 CLARENDON, TX 79226	SUSAN HUGHES P.O. BOX 1491 TRINITY, TX 75862	PAUL E. POWELL, AIF FOR E.E. POWELL 4159 STECK AVE. #125 AUSTIN, TX 78759
C.E. BOYD & MARGUERITE BOYD No Address Found	JANET EVERS 3209 BRIDLEPATH AUSTIN, TX 78703	DAVID L. ESTLACK, AIF FOR EUGENE H. ESTLACK 2002 SURREY DRIVE ROUND ROCK, TX 78644
ATTN: LAND DEPARTMENT SNYDER RANCHES, INC. P.O. BOX 2158 HOBBS, NM 88241	SHIRLEY MADELEY P.O. BOX 248 BALMORHEA, TX 79718	LEE BRIXEY EASTLAKE, AKA LEE BRIXEY ESTLACK 1701 GRANT STREET WICHITA FALLS, TX 76309

DONNA ESTLACK HICKS, HEIR OF
MARY ATHLYA ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

IRA JEAN ESTLACK CHUNN HEIR
OF ALFRED D. ESTLACK
5114 CROCKETT
AMARILLO, TX 79110

GARY NELSON JOINER
~~2020 CEDARWOOD~~
~~BRYAN, TX 77807~~

ALLEN H. ESTLACK, HEIR OF MARY
ATHLYA
P.O. BOX 596
CLARENDON, TX 79226

PATRICIA ESTLACK SAMMONS
HEIR OF ALFRED D. ESTLACK
P.O. BOX 524
PETERSBURG, TX 79520

BARBARA GAIL YOUNG
6719 AVENUE B
BELLAIRE, TX 77401

THOMAS W. BOYD HEIR OF ROSE
BOYD
~~P.O. BOX 270~~
~~LUBBOCK, TX 79414~~

ALLEN H. ESTLACK HEIR OF
ALFRED D. ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

J.E. SIMMONS TRUSTS A&B
BEULAH H. SIMMONS TRUSTS A&B,
NORWEST BANK OF TEXAS, N.A.
TRUSTEES
c/o TRUST DIVISION
P.O. BOX 1241
LUBBOCK, TX 79408-1241

CHARLES W. BOYD HEIR OF ROSE
BOYD
6968 S. MADISON WAY
LITTLETON, CO 80122

DANA ESTLACK SHEA HEIR OF
ALFRED D. ESTLACK
1062 NORTH LINDEN
WAHOO, HE 68066

OPAL N. STOUT HEIR OF ROSE
BOYD
1904 AVE. M
SNYDER, TX 79549

BARBARA ESTLACK BROCK HEIR OF
ALFRED D. ESTLACK
P.O. BOX 951
CHESTER, CA 96020

GEORGE ALLEN THOMAS
3601 FM 608
ROSCOE, TX 79545-3219

JERRY D. BOYD HEIR OF ROSE
BOYD
2734 MEADOW TREE LANE
SPRING, TX 77388

CHESTER A. BEADLE & MARGARET
BEADLE
1104 NORTH 8TH STREET
CARLSBAD, NM 88220

JACKIE IRENE THOMAS
WALTERS
2401 CREEKSIDE CIR. SOUTH
IRVING, TX 75063-3356

DOROTHY TEAGUE HEIR OF
ROSE BOYD
4712 40TH STREET
LUBBOCK, TX 79423

DONNA J. ADAMS & PHILLIP
GLENN ADAMS, SR.
14 A. CARLSON ROAD
SANTA FE, NM 87505

CLIFFORD G. BURNETT
P.O. BOX 508
ROSCOE, TX 79545

NORMA BOYD HEIR OF ROSE
BOYD
2121 73RD STREET
LUBBOCK, TX 79423

THELMA EVA GORNEY
3808 ALDERWOOD
EL PASO, TX 79927

CLYDE PARKS THOMAS
No Address Found

JOE BOYD HEIR OF ROSE BOYD
~~P.O. BOX 270~~
~~LUBBOCK, TX 79414~~

JAY NEIL JOINER
5908 GARY DRIVE
AUSTIN, TX 78757

ATTN: LAND DEPARTMENT
SNYDER RANCHES, INC.
P.O. BOX 2158
HOBBS, NM 88241

ROBERT J. BAER
21422 WILLOW DRIVE
KATY, TX 77450-4817

BRADFORD A. CHRISTMAS
BOX 173
WAGON MOUND, NM 88752

JULIA CULP, HARVEY CULP, LEORA
LEE & ZENA RUTH PEARCE
No Address Found

KARL E. BAER REVOCABLE TRUST
8-11-88
3109 EAST 48TH STREET
TULSA, OK 74105-5312

BILL MATHIS & BETTY LOU MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

B.A. CHRISTMAS & ANNIE CHRISTMAS
No Address Found

JUNE D. SPEIGHT
P.O. DRAWER 1687
LOVINGTON, NM 88206

JOYCE ANN BROWN SANDERS, JOYCE
CHRISTMAS BROWN
909 NORTH ALAMEDA
LAS CRUCES, NM 88001

S.P. JOHNSON & FRANCES G. JOHNSON
No Address Found

JULIA CULP
P.O. BOX 363
LOVINGTON, NM 88260

SANDRA LEE PONDER BARBEE
2630 77TH STREET
LUBBOCK, TX 79423

DOCIA BAIN BOWMAN
No Address Found

J. EDWARD WOOD, AKA JERRY E.
WOOD
P.O. BOX 760
ROSWELL, NM 88201

WILLIAM G. PONDER
1209 BERKELEY
RICHARDSON, TX 75080

DAVID CHAVEZ, JR. & GENEVIEVE T.
CHAVEZ
No Address Found

MARY RUTH McCRORY & WILLIAM
THOMAS REED, IND. EXECUTORS OF
THE ESTATE OF J.L. REED, DEC.
~~P.O. BOX 444~~
~~LOVINGTON, NM 88260~~

POWHATAN & EFFIE CARTER
No Address Found

W.M. CHAMBERS & MATTIE E.
CHAMBERS
No Address Found

ZENA RUTH PEARCE
No Address Found

JOHN NICKSON BEERS
20579 MISSIONARY RIDGE
WALNUT, CA 91789

H. DILLARD SCHENCK & L. KIRBY
SCHENCK
No Address Found

LEORA CULP LEE
P.O. BOX 363
LOVINGTON, NM 88620

JOSEPH RICHARD NICKSON
205 WEST 19TH STREET
NEW YORK, NY 10011

L.H. PUCKETT & LELA W. PUCKETT
No Address Found

NELSON H. JAMES & VIRGINIA H.
JAMES, EUNICE GRAY & WAILES
GRAY
No Address Found

MARTHA NICKSON
P.O. BOX 10352
MIDLAND, TX 79702

W.E. GRISSO & MAGGIE GRISSO
No Address Found

GORDON M. CONE & KATHLENE
CONE
No Address Found

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
NON-PARTICIPATING ROYALTY
EXPANSION NO. 2

ROBERT M. KEY
P.O. DRAWER 22
SHREVEPORT, LA 71161

MRS. W.L. LEMMONS, ELVA D.
LEMMONS, ELLAS LEMMONS
UNDERWOOD, ZELLA LEMMONS
CALVERLEY
No Address Found

CHARLES R. WIGGINS
P.O. BOX 10862
MIDLAND, TX 79702

ROY F. PEARCE, JR.
No Address Found

R.R. CULBERTSON
No Address Found

ATTN: PHIL FLEETWOOD
TCMAP 1995-C
P.O. BOX 407
MARLOW, OK 73055

LEE FAMILY TRUST DATED 4/13/93
P.O. BOX 363
LOVINGTON, NM 88260

A.E. PETTY & JOSIE PETTY
No Address Found

ATTN: LAND DEPARTMENT
BAYOU BLACK ROYALTY COMPANY,
INC.
1107 HUDSON LANE, SUITE B
MONROE, LA 71201

BILL L. LEE
HC 60 BOX 465
LOVINGTON, NM 88260

DONALD B. HEARD
P.O. BOX 2009
PITTSBURG, PA 15213

WILBUR P. DAVIS
P.O. BOX 1330
EL DORADO, AR 71731

FRED PEARCE
No Address Found

PHILLIP E. CARR
P.O. BOX 13387
SCOTTSDALE, AZ 85267

ATTN: LAND DEPARTMENT
MID CONTINENTAL ENERGY, INC.
SUITE 450
100 WEST 5TH STREET
TULSA, OK 74103-4287

MARY THERESA CHRISTMAS
~~P.O. BOX 20204~~
ARLINGTON, TX 76006-1204

THE PROTESTANT EPISCOPAL
CHURCH FOUNDATION
OF THE DIOCESE OF OKLAHOMA
924 NORTH ROBINSON
OKLAHOMA CITY, OK 73102

W.K. GRIFFIN, JR., TRUSTEE OF THE
W.K. GRIFFIN, JR. CHILDREN'S
IRREVOCABLE TRUST
P.O. BOX 12274
JACKSON, MS 39236

CANDY CHRISTMAS ALEWINER
~~P.O. BOX 64278~~
LUBBOCK, TX 79464

ARLINE P. SCHREIBER
~~5622 SHERATON OAKS~~
~~HOUSTON, TX 77094~~

BARRON J. O'NEAL
SUITE 204
2210 LINE AVE
SHREVEPORT, LA 87104

HELEN JANE CHRISTMAS, TRUSTEE
OF THE HELEN JANE CHRISTMAS
BARBY TRUST UNDER AGREEMENT
DATED 2-14-92
P.O. BOX 425
OKARCHE, OK 79762

DONALD F. DUNCAN
c/o PHIL FLEETWOOD
P.O. BOX 407
MARLOW, OK 73055

STEPHEN NELSON JAMES
No Address Found

HUNTER WOLFLIN PUCKETT
2116 ONG
AMARILLO, TX 79109

BEVERLY T. CARTER, TRUSTEE OF
THE POWHATTAN AND BEVERLY
T. CARTER REVOCABLE TRUST
UNDER TRUST AGREEMENT DATED
9/25/81
P.O. BOX 328
FORT SUMMER, NM 88119

MIKE FIELD
2112 INDIANA
LUBBOCK, TX 79408

JOSEPH SHELBY PUCKETT
15 ALPINE COURT
BELLAIRE, TX 77401

DAN FIELD
P.O. BOX 1105
LOVINGTON, NM 88260

BRENDA BERRY
498 HUDSON #3
NEW YORK, NY 10014

THE TRUSTEES OF THE CHARLES
AND BEVERLY OVERTON REVOCABLE
TRUST UNDER TRUST AGREEMENT
12/15/93
P.O. BOX 32
YESO, NM 88136

PJC LIMITED PARTNERSHIP
1409 SOUTH SUNSET
ROSWELL, NM 88201

KYLE KENNETH BERRY
#8 EDGEWATER COVE
MAUMELLE, AR 72113

S.P. JOHNSON III AND BARBARA JO
JOHNSON, TRUSTEES OF THE S.P.
JOHNSON, II AND BARBARA JO
JOHNSON REVOCABLE TRUST UNDER
TRUST AGREEMENT DATED 1/24/85
P.O. BOX 1641
ROSWELL, NM 88202

NANCY DAWKINS
P.O. BOX 7
STORY BROOK, NY 11790

POWHATTAN CARTER, III
No Address Found

MARSHALL T. DAWKINS
P.O. BOX 1394
AMARILLO, TX 79105

RODNEY CARTER
5977 WILLOWROSS WAY
PLANO, TX 75093

RITA D. SCHENCK, KLEIN BANK,
SPRING TEXAS, AND WILLIAM CARL
SCHENCK, CO-TRUSTEES UNDER
KIRBY D. SCHENCK AND RITA D.
SCHENCK REVOCABLE TRUST
AGREEMENT DATED 10/2/91
P.O. BOX 1627
LOVINGTON, NM 88260

LELA DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

ANDERSON CARTER
P.O. BOX 998
LAS CRUCES, NM 88004

JOHN E. DAWKINS
#24 CALLE DEL NORTE
PLACITAS, NM 87043

ANDERSON CARTER, FOR LIFE,
REMAINDER TO HIS ISSUE
P.O. BOX 998
LAS CRUCES, NM 88004

PATTILOU PUCKETT DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

DEVON ENERGY CORPORATION
(NEVADA)
SUITE 1500
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

FIRST NATIONAL BANK AND TRUST
COMPANY OF OKLAHOMA CITY,
TRUSTEE UNDER TRUST AGREEMENT
DATED 12/8/66 FOR THE GRISSE
FAMILY TRUST
P.O. BOX 25189
LAS CRUCES, NM 88004

CATHIE CONE McCOWN
P.O. BOX 658
DRIPPING SPRINGS, TX 78620

ATTN: LAND DEPARTMENT
McMILLIAM PRODUCTION CO., INC.
118 WEST 1ST STREET
ROSWELL, NM 88201

BILLY W. ROBINSON
~~1123 NORTH GILA~~
HOBBS, NM 88240

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
OVERRIDING ROYALTY OWNERS
EXPANSION NO. 2

MARY KATHRYN GRISSE
P.O. BOX 10716
MIDWEST CITY, OK 73110

LEECO ENERGY & INVESTMENTS,
INC.
SUITE 1420
400 WEST ILLINOIS
MIDLAND, TX 79701

GEORGE D. ZIMMERMAN & PATRICIA
C. ZIMMERMAN
3808 STANOLIND
MIDLAND, TX 79707

HARRY J. SCHAFER, JR. TRUSTEE OF
THE MARY E. GRISSE TRUST NO. 1
UNDER TRUST AGREEMENT DATED
8/28/79
P.O. BOX 14700
OKLAHOMA CITY, OK 73113

KITTIE D. LEMMONS
No Address Found

ERNEST L. MARKS
P.O. BOX 1234
LOVINGTON, NM 88260-1234

JOE MELANIE CALVERLY
No Address Found

JAMES H. GARNER
P.O. BOX 841
LOVINGTON, NM 88260-0841

MARILYN CONE, TRUSTEE FOR THE
C.D. TRUST
P.O. BOX 64244
LUBBOCK, TX 79464

THEORA CALVERLY, AKA ZELLA
THEORA CALVERLY, DEC., NORMA
JEAN HESTER, IND. EXEC. NORMA
JEAN HESTER, IN FEE
~~P.O. BOX 38~~
~~GARDEN CITY, TX 79739~~

ATTN: LAND DEPARTMENT
BTA OIL PRODUCERS
104 SOUTH PECOS
MIDLAND, TX 79701

CLIFFORD CONE
P.O. BOX 1629
LOVINGTON, NM 88260-1629

BILL MATHIS & BETTY LOU
MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

TOM R. CONE
P.O. BOX 778
JAY, OK 74346

OLIVE D. FIX
No Address Found

OLSER C. HUTSON
No Address Found

KENNETH G. CONE
P.O. BOX 11310
MIDLAND, TX 79702

SAMERY ELLA UNDERWOOD
No Address Found

RICHARD F. SPENCER
No Address Found

EDWEL B. NEFF, JR.
403 TIERRA BERRENDIA
ROSWELL, NM 88201

WEST LOVINGTON STRAWN UNIT AREA
COUNTY OF LEA
STATE OF NEW MEXICO

EVIDENCE OF CERTIFIED RETURN RECEIPTS

HEARING BEFORE THE NEW MEXICO OIL CONSERVATION
DIVISION

November 16, 1999

ed 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

3. Article Addressed to:

JUNE DANGLADE SPEIGHT
 P. O. DRAWER 1687
 LOVINGTON, NM 88206

4a. Article Number

2415 630 180

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Shirine Henderson

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN

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

3. Article Addressed to:

JULIA CULP
 P.O. BOX 363
 LOVINGTON, NM 88260

4a. Article Number

2415 630 002

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Phillip Fry

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN A

verse 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.

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

HELEN JANE CHRISTMAS, TRUSTEE
 OF THE HELEN JANE CHRISTMAS
 BARBY TRUST UNDER AGREEMENT
 DATED 2-14-92

P.O. BOX 425
 OKARCHE, OK 79762

article number,
and the date

4a. Article Number

2415 630 026

4b. Service Type

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

7. Date of Delivery

11/2/99

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

6. Signature (Addressee or Agent)

Jane Barby

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your f

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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☐ 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

3. Article Addressed to:

LILA HUGHES
206 RADIO BLVD.
CARLSBAD, NM 88220

4a. Article Number

2415 630 132

4b. Service Type

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

7. Date of Delivery

2 JUN

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

W. LOV 1/99

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

space does not
article number
and the date

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

FIRST INTERSTATE BANK OF
ALBUQUERQUE, TRUSTEE OF THE
L. JAY ROOT ROYALTY TRUST
AGREEMENT DATED 4/28/83
P. O. BOX 2468
ROSWELL, NM 88202

4a. Article Number

2415 630 164

4b. Service Type

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

7. Date of Delivery

1 JUN 1999

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 1/99

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
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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

3. Article Addressed to:

ROBERT L. BROWN
17 WOODRUFF ROAD
EDISON, NJ 08820-2601

4a. Article Number

2415 630 170

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

ROBERT L. BROWN

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

6. Signature (Addressee or Agent)

Robert L. Brown

PS Form 3811, December 1994

W. LOV 1/99

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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

3. Article Addressed to:

LEORA CULP LEE
 P.O. BOX 363
 LOVINGTON, NM 88620

4a. Article Number

2415 630 122

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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

3. Article Addressed to:

ATTN: LAND DEPARTMENT
 CHESAPEAKE OPERATING, INC.
 P.O. BOX 54525
 OKLAHOMA CITY, OK 73154-1525

4a. Article Number

2415 630 103

4b. Service Type

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

Date of Delivery

11-2-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

PAUL E. POWELL, AIF
 FOR E.E. POWELL
 4159 STECK AVE. #125
 AUSTIN, TX 78759

4a. Article Number

2415 630 134

4b. Service Type

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

Date of Delivery

11/1/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
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☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

MARJORIE SMART, TRUSTEE OF THE
MARJORIE C. SMART REVOCABLE
TRUST DATED 5/9/90
1238 PALISADE CIR.
HEBER SPRINGS, AR 72543

4a. Article Number

2415 630 178

Service Type

Registered ☒ Certified

Express Mail ☐ Insured

Return Receipt for Merchandise ☐ COD

Date of Delivery

11-2-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Anna Jewell

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
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☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

DANA ESTLACK SHEA HEIR OF
ALFRED D. ESTLACK
1062 NORTH LINDEN
WAHOO, HE 68066

4a. Article Number

2415 630 149

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-02-99 day

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Brad Heiny

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

ATTN: CHUCK MORAN
YATES PETROLEUM CORPORATION
MYCO INDUSTRIES, INC.
JOHN A. YATES
YATES DRILLING COMPANY
S.P. YATES
LOS CHICOS
ABO PETROLEUM CORPORATION
PEYTON YATES
RICHARD YATES
WEED OIL AND GAS
105 SOUTH 4TH STREET
ARTESIA, NM 88210

We can return this
card to you if space
does not permit.
Write the article number
and the date

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

4a. Article Number

2415 630 101

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-1-99

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

6. Signature (Addressee or Agent)

Joann Griggs

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
McMILLIAM PRODUCTION CO., INC.
118 WEST 1ST STREET
ROSWELL, NM 88201

4a. Article Number

2 415 630 039

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Jackie Powell

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. WOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
SNYDER RANCHES, INC.
P.O. BOX 2158
HOBBS, NM 88241

4a. Article Number

2 415 630 236

4b. Service Type

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

Date of Delivery

11-1-99

5. Received By: (Print Name)

LA

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. WOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b
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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

3. Article Addressed to:

SNYDER RANCHES, INC.
P. O. BOX 2158
HOBBS, NM 88241

4a. Article Number

2 415 630 163

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

LA

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. WOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

ing services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

THOMAS W. PETTIT
151 W TRINITY RD.
GLEN ELLEN, CA 95442

4a. Article Number

2 415 630 076

4b. Service Type

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

7. Date of Delivery

11-1-95

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

W. LOV 10/95

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

DOROTHY FULLER LUNDEEN
4304 HARBOR HOUSE DR.
TAMPA, FL 33615

4a. Article Number

2 415 630 069

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

JAMES DARRELL SHELTER
665 SHELTON
ABILENE, TX 79603

4a. Article Number

2 415 630 172

4b. Service Type

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

7. Date of Delivery

NOV 02 1999

5. Received By: (Print Name)

James D. Shelter

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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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.

3. Article Addressed to:

PJC LIMITED PARTNERSHIP
 1409 SOUTH SUNSET
 ROSWELL, NM 88201

4a. Article Number
 2415 630 027

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

4b. Date of Delivery
 11-2-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
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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.

3. Article Addressed to:

OPAL N. STOUT HEIR OF ROSE
 BOYD
 1904 AVE. M
 SNYDER, TX 79549

4a. Article Number
 2415 630 141

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

7. Date of Delivery
 11-2-99

5. Received By: (Print Name)
 OPAL STOUT

6. Signature (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 W. WV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JUNE D SPEIGHT
 P.O. DRAWER 1687
 LOVINGTON, NM 88206

4a. Article Number
 2415 629 975

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

7. Date of Delivery

5. Received By: (Print Name)
 June D Speight

6. Signature (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LEE FAMILY TRUST DATED 4/13/93
P.O. BOX 363
LOVINGTON, NM 88260

4a. Article Number

2 415 630 003

4b. Service Type

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

Date of Delivery

5. Received By: (Print Name)

Stephen Frey

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. COV 10/99 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
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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

3. Article Addressed to:

JAMES H. GARNER
P.O. BOX 841
LOVINGTON, NM 88260-0841

4a. Article Number

2 415 630 220

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Ernest L. Marks

6. Signature (Addressee or Agent)

ERNEST L. MARKS

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

PS Form 3811, December 1994 W. COV 10/99 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ERNEST L. MARKS
P.O. BOX 1234
LOVINGTON, NM 88260-1234

4a. Article Number

2 415 630 219

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Ernest L. Marks

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. COV 10/99 102595-99-8-0223 Domestic Return Receipt

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
SNYDER RANCHES, INC.
P.O. BOX 2158
HOBBS, NM 88241

4a. Article Number
2415 629 998

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

Date of Delivery
11-1-99

5. Received By: (Print Name)
L. F.

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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

3. Article Addressed to:

JACKIE IRENE THOMAS
WALTERS
2401 CREEKSIDE CIR. SOUTH
IRVING, TX 75063-3356

4a. Article Number
2415 630 000

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11/1/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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

3. Article Addressed to:

LEE BRIXEY EASTLAKE, AKA
LEE BRIXEY ESTLACK
1701 GRANT STREET
WICHITA FALLS, TX 76309

4a. Article Number
2415 630 136

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-1-99

5. Received By: (Print Name)

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

W. LOV 10/99

return Receipt

Thank you for using Return Receipt Service.

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

BEVERLY T. CARTER, TRUSTEE OF
 THE POWHATTAN AND BEVERLY
 T. CARTER REVOCABLE TRUST
 UNDER TRUST AGREEMENT DATED
 9/25/81
 P.O. BOX 328
 FORT SUMMER, NM 88119

ice does not
 ice number,
 and the date

I also wish to receive the follow-
 ing services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

4a. Article Number
 2 415 630 037

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

7. Date of Delivery

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

6. Signature (Addressee or Agent)

Is your R

PS Form 3811, December 1994 W. LOV 10/95 102595-99-B-0223 6 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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☐ The Return Receipt will show to whom the article was delivered and the date delivered

3. Article Addressed to:

J. HIRAM MOORE, LTD
 310 W. WALL, SUITE 404
 MIDLAND, TX 79701

4a. Article Number
 2 415 630 109

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

7. Date of Delivery

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

5. Received By. (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994 W. LOV 10/95 102595-99-B-0223 Domestic Return Receipt

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SENDER:

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☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

CLIFFORD G. BURNETT
 P.O. BOX 508
 ROSCOE, TX 79545

4a. Article Number
 2 415 629 999

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

7. Date of Delivery

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

5. Received By. (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994 W. LOV 10/95 102595-99-B-0223 Domestic Return Receipt

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☐ The Return Receipt will show to whom the article was delivered and the date delivered.

ing services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
 CANNON EXPLORATION CO.
 3608 SCR 1184
 MIDLAND, TX 79701

4a. Article Number

2 415 630 087

4b. Service Type

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

7. Date of Delivery

11/1/99 EF

5. Received By: (Print Name)

Todd M. Wilson

6. Signature (Addressee or Agent)

Todd M. Wilson

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

W. LOV 10/99

Thank you for using Return Receipt Service.

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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

3. Article Addressed to:

ANNIE LAURA STURDIVANT
 ROUTE 1, BOX 1219
 PINEVILLE, MO 64856

4a. Article Number

2 415 630 176

4b. Service Type

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

7. Date of Delivery

11-1-99 DB

5. Received By: (Print Name)

John Sturdivant

6. Signature (Addressee or Agent)

John Sturdivant

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

W. LOV 10/99

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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

3. Article Addressed to:

ATTN: LAND DEPARTMENT
 LARIO OIL & GAS COMPANY
 301 SOUTH MAIN STREET
 WICHITA, KS 67202

4a. Article Number

2 415 630 231

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Arlene Keller

6. Signature (Addressee or Agent)

Arlene Keller

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

W. LOV 10/99

Thank you for using Return Receipt Service.

Is your RETURN address indicated on the reverse side?

SENDER:

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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

3. Article Addressed to:

HENRY W. LAWTON
P. O. BOX 161
PORTVILLE, NY 14770

4a. Article Number

2 415 630 057

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

MARIE R. LAWTON

6. Signature (Addressee or Agent)

Marie R. Lawton

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

PS Form 3811, December 1994

W. WV 10/98

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN address indicated on the reverse side?

SENDER:

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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

3. Article Addressed to:

RUBY GIBSON CORLEY
2511 WILLOWICK, APT. 335
HOUSTON, TX 77027

4a. Article Number

2 415 630 093

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Ruby Gibson Corley

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. WV 10/98

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN address indicated on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b
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☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

CATHIE CONE McCOWN
P.O. BOX 658
DRIPPING SPRINGS, TX 78620

4a. Article Number

2 415 630 213

4b. Service Type

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

7. Date of Delivery

NOV 01 1999

5. Received By: (Print Name)

Cathie Cone

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. WV 10/98

102595-99-8-0223

Domestic Return Receipt

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SENDER:

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

RUSSELL & ANN PANG
1831 ORANGE AVENUE
COSTA MESA, CA 92627

4a. Article Number

2415 630 068

4b. Service Type

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

7. Date of Delivery

11-1

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/98

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
PERMIAN BASIN LAND ASSOCIATES,
INC.
401 WEST TEXAS, SUITE 917
MIDLAND, TX 79701

4a. Article Number

2415 630 105

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
ADIA ENTERPRISES INC.
4209 CARDINAL LANE
MIDLAND, TX 79707

4a. Article Number

2415 630 185

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
 HANLEY OAD, LTD., II
 HANLEY PETROLEUM, INC.
 415 W. WALL
 MIDLAND, TX 79701

4a. Article Number

2 415 630 082

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Barbara Reid

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

THE TRUSTEES OF THE CHARLES
 AND BEVERLY OVERTON REVOCABLE
 TRUST UNDER TRUST AGREEMENT
 12/15/93

P.O. BOX 32

YESO, NM 88136

space does not

article number
and the date

4a. Article Number

2 415 630 017

4b. Service Type

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

7. Date of Delivery

11-1-99

6. Signature (Addressee or Agent)

Korrie Moritt

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

MARVIN E. KRAFT
 367 FAIRWAY
 WICHITA, KS 67212

4a. Article Number

2 415 630 113

4b. Service Type

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

7. Date of Delivery

1 NOV 1999

5. Received By: (Print Name)

Marvin E. Kraft

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

DEVON ENERGY CORPORATION
(NEVADA)
SUITE 1500
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

4a. Article Number

2415 630 036

4b. Service Type

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

7. Date of Delivery

11-1

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

Is your RETURN

PS Form 3811, December 1994 W. LOV 10/99 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

CLARENCE V. SHELFER
ROUTE 1, BOX 248-A
SAN ANTONIO, TX 78223

4a. Article Number

2415 630 177

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-8-0223 Domestic Return Receipt

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

BRADFORD A. CHRISTMAS
BOX 173
WAGON MOUND, NM 88752

4a. Article Number

2415 630 123

4b. Service Type

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

7. Date of Delivery

11/01/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-8-0223 Domestic Return Receipt

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

DONALD R. CURRY
905 FT. WORTH CLUB BLDG.
FT. WORTH, TX 76102

4a. Article Number

2 415 630 058

b. Service Type

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

c. Date of Delivery

NOV - 1 1999

5. Received By: (Print Name)

DON CURRY

6. Signature (Addressee or Agent)

Donald Curry

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

PS Form 3811, December 1994

W. LCV 10/99

102595-99-B-0223

Domestic Return Receipt

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MIKE FIELD
2112 INDIANA
LUBBOCK, TX 79408

4a. Article Number

2 415 630 020

b. Service Type

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

c. Date of Delivery

11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Mike Field

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

PS Form 3811, December 1994

W. LCV 10/99

102595-99-B-0223

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BETTY LOUISE PIEPER
APARTMENT 1701
5200 BRITTANY DR. SOUTH
ST. PETERSBURG, FL 33715

4a. Article Number

2 415 630 169

b. Service Type

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

c. Date of Delivery

11-1-99

5. Received By: (Print Name)

Betty Pieper

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LCV 10/99

102595-99-B-0223

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 2. ☐ Restricted Delivery

3. Article Addressed to:

IRA JEAN ESTLACK CHUNN HEIR
 OF ALFRED D. ESTLACK
 5114 CROCKETT
 AMARILLO, TX 79110

4a. Article Number

2415 630 146

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

John Chunn

6. Signature (Addressee or Agent)

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

Is your RETURN

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

ANITA M. MCDONALD
 1301 SUNNY HILL COURT
 BETTENDORF, IA 52722

4a. Article Number

2415 630 055

Service Type

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

Date of Delivery

11-01-99

5. Received By: (Print Name)

Anita M. McDonald

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

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 2. ☐ Restricted Delivery

3. Article Addressed to:

C. R. & ARLENE ALDERSON
 P. O. BOX 1408
 GRAND ISLAND, NE 68802

4a. Article Number

2415 630 092

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Richard Alderson

6. Signature (Addressee or Agent)

Richard Alderson

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

Is your RETURN

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W. LOV 10/99

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2. ☐ Restricted Delivery

3. Article Addressed to:

GRACE STARMER
c/o WILLIAM C. HUNTER
P. O. BOX 1047
HEALDSBURG, CA 95448

4a. Article Number

2415 630 074

4b. Service Type

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

7. Date of Delivery

11/09/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

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W. LOV 10/99

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

JERRY D. BOYD HEIR OF ROSE
BOYD
2734 MEADOW TREE LANE
SPRING, TX 77388

4a. Article Number

2415 630 142

4b. Service Type

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

7. Date of Delivery

11/1/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

W. LOV 10/99

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

JOHN NICKSON BEERS
20579 MISSIONARY RIDGE
WALNUT, CA 91789

4a. Article Number

2415 630 128

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

W. LOV 10/99

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

NORMA BOYD HEIR OF ROSE
BOYD
2121 73RD STREET
LUBBOCK, TX 79423

4a. Article Number

2415 630 144

4b. Service Type

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

7. Date of Delivery

11-1

5. Received By: (Print Name)

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

Is your RETURN

Thank you for using Return Receipt Service.

Return Receipt

W. LOV 10/99

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
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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

J.E. SIMMONS TRUSTS A&B
BEULAH H. SIMMONS TRUSTS A&B.
NORWEST BANK OF TEXAS, N.A.
TRUSTEES
c/o TRUST DIVISION

P.O. BOX 1241
LUBBOCK, TX 79408-1241

number
the date

1. Article Number

2415 630 227

2. Service Type

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

7. Date of Delivery

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

6. Signature (Addressee or Agent)

R. Louie

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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on the reverse side?

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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):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

L. RUTH PRITCHARD & JAMES
R. PRITCHARD, SR.
1400 ALAMOGORDO STREET
DEMING, NM 88030

4a. Article Number

2415 630 133

4b. Service Type

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

7. Date of Delivery

10-30-99

5. Received By: (Print Name)

R. Ruth Pritchard

6. Signature (Addressee or Agent)

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

Is your RETURN

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

ed 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

3. Article Addressed to:

DONNA J. ADAMS & PHILLIP
GLENN ADAMS, SR.
14 A. CARLSON ROAD
SANTA FE, NM 87505

4a. Article Number

2415 630 152

4b. Service Type

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

7. Date of Delivery

10-30-99

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

W. COV 10/99

102595-99-B-0223

Domestic Return Receipt

Is your RETURN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
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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

3. Article Addressed to:

LEONARD S. ANDERSON, JR.
71-332 SAN GARGONIO ROAD
RANCHO MIRAGE, CA 92270

4a. Article Number

2415 630 182

4b. Service Type

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

7. Date of Delivery

11-1-99

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

W. COV 10/99

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse?

SENDER:

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

DAVID L. ESTLACK, AIF FOR EUGENE
H. ESTLACK
2002 SURREY DRIVE
ROUND ROCK, TX 78644

4a. Article Number

2415 630 135

4b. Service Type

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

7. Date of Delivery

11-1-99

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

W. COV 10/99

102595-99-B-0223

Domestic Return Receipt

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☐ The Return Receipt will show to whom the article was delivered and the date delivered.

ing services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

GEORGE ALLEN THOMAS
3601 FM 608
ROSCOE, TX 79545-3219

4a. Article Number

2415 630 001

b. Service Type

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

c. Date of Delivery

11-1-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

George Thomas

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

THE PROTESTANT EPISCOPAL
CHURCH FOUNDATION
OF THE DIOCESE OF OKLAHOMA
924 NORTH ROBINSON
OKLAHOMA CITY, OK 73102

4a. Article Number

2415 630 014

b. Service Type

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

c. Date of Delivery

11-1-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Emily A. Shurley

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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

3. Article Addressed to:

ALLEN H. ESTLACK, HEIR OF MARY
ATHLYA
P.O. BOX 596
CLARENDON, TX 79226

4a. Article Number

2415 630 138

b. Service Type

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

c. Date of Delivery

11-1-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Allen H. Estlack

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LAVERNE W. COLBY
1540 SYKES CREEK DRIVE
MERRITT ISLAND, FL 32953

4a. Article Number

Z 415 630 046

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
SUITE 1420
500 WEST TEXAS POBx155
MIDLAND, TX 79701

4a. Article Number

Z 415 630 230

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

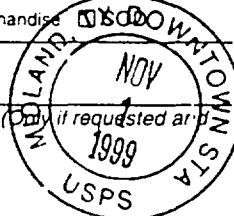
6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt



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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
GPC OIL & GAS CORP
P. O. BOX 50982
MIDLAND, TX 79710

4a. Article Number

Z 415 630 059

4b. Service Type

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

7. Date of Delivery

NOV - 1 1999

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

VERA DICKSON & R.S. DICKSON
902 NORTH MAIN, #26
SAN ANGELO, TX 76903

4a. Article Number

2 415 630 131

4b. Service Type

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

7. Date of Delivery

11-1

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Conn M. East

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

PS Form 3811, December 1994

W. LOV 10/95

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LEECO ENERGY & INVESTMENTS,
INC.
SUITE 1420
400 WEST ILLINOIS
MIDLAND, TX 79701

4a. Article Number

2 415 630 211

4b. Service Type

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

7. Date of Delivery

11-1-95

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Delecca Choo

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

PS Form 3811, December 1994

W. LOV 10/95

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762

4a. Article Number

2 415 630 186

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Gladis Nunez

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

PS Form 3811, December 1994

W. LOV 10/95

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762

4a. Article Number

2415 630 233

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Gladis Nunez

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

6. Signature (Addressee or Agent)

Gladis Nunez

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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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

3. Article Addressed to:

LESTER F. COLBY
4619 FILLMORE STREET
HOLLYWOOD, FL 33021

4a. Article Number

2415 630 047

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Kenneth M. Shaffer

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

MARTHA NICKSON
P.O. BOX 10352
MIDLAND, TX 79702

4a. Article Number

2415 630 130

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)

Martha Nickson

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: ATTN: LAND DEPARTMENT BTA OIL PRODUCERS 104 SOUTH PECOS MIDLAND, TX 79701	4a. Article Number 2 415 630 221	
	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 11-1-99	HCV 01 1999
5. Received By: (Print Name) R. Harrell	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) R. Harrell		
PS Form 3811, December 1994 W. LOV 10/98 102595-99-B-C223 Domestic Return Receipt		

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: ATTN: LAND DEPARTMENT MARKS AND GARNER PRODUCTION LIMITED COMPANY P.O. BOX 70 LOVINGTON, NM 88260	4a. Article Number 2 415 630 232	
	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	
	Date of Delivery	
5. Received By: (Print Name) L. Marks	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) L. Marks		
PS Form 3811, December 1994 W. LOV 10/98 102595-99-B-C223 Domestic Return Receipt		

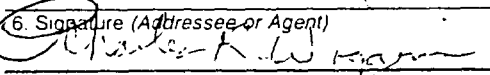
Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: HEIDI C. BARTON 502 E. YESO HOBBS, NM 88240	4a. Article Number 2 415 630 067	
	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	
	Date of Delivery	
5. Received By: (Print Name) Donna Rutledge	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) Donna Rutledge		
PS Form 3811, December 1994 W. LOV 10/98 102595-99-B-C223 Domestic Return Receipt		

Thank you for using Return Receipt Service.

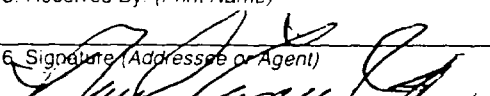
Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: CHARLES R. WIGGINS P.O. BOX 10862 MIDLAND, TX 79702		4a. Article Number 2 415 630 012	
		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	
		Date of Delivery 11-2-99	
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 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

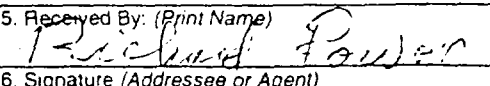
Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. RITA D. SCHENCK, KLEIN BANK, SPRING TEXAS, AND WILLIAM CARL SCHENCK, CO-TRUSTEES UNDER KIRBY D. SCHENCK AND RITA D. SCHENCK REVOCABLE TRUST AGREEMENT DATED 10/2/91 P.O. BOX 1627 LOVINGTON, NM 88260		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
		4a. Article Number 2 415 630 029	
		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)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) 			

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: RICHARD H. POWER 207 W. AVENUE M LOVINGTON, NM 88260		4a. Article Number 2 415 630 167	
		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) Richard H. Power		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) 			

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

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SENDER:

☐ Complete items 1 and/or 2 for additional services.
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☐ Write "Return Receipt Requested" on the mailpiece below the article number.

☐ The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. Article Addressed to:

JAMES A. GIBBS, dba JEB
ROYALTIES
4925 GREENVILLE AVE.
ONE ENERGY SQUARE
DALLAS, TX 75206

4a. Article Number
2 415 630 239

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11/1

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LUV 10/95 102595-99-B-0223 Domestic Return Receipt

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☐ Write "Return Receipt Requested" on the mailpiece below the article number.

☐ The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. Article Addressed to:

TOM R. CONE
P.O. BOX 778
JAY, OK 74346

4a. Article Number
2 415 630 215

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11/1

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LUV 10/95 102595-99-B-0223 Domestic Return Receipt

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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

3. Article Addressed to:

JAMES W. ROGERS
3922 EDGEBROOK CT.
MIDLAND, TX 79707

4a. Article Number
2 415 630 111

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
NOV - 3 1999

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LUV 10/95 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN addressed on the reverse side?

SENDER:

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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

3. Article Addressed to:

LELA DAWKINS
 3401 SOUTH AUSTIN
 AMARILLO, TX 79109

4a. Article Number

2415 630 034

4b. Service Type

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

7. Date of Delivery

11-2-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Patricia Dawkins

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

Is your RETURN addressed on the reverse side?

PS Form 3811, December 1994

W. LOV 10/98

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

HUNTER WOLFLIN PUCKETT
 2116 ONG
 AMARILLO, TX 79109

4a. Article Number

2415 630 022

4b. Service Type

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

7. Date of Delivery

11/2/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Julie P. Puckett

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

Is your RETURN addressed 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):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
 PARALLEL PETROLEUM CORP
 P. O. BOX 10587
 MIDLAND, TX 79702

4a. Article Number

2415 630 097

4b. Service Type

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

7. Date of Delivery

11-2-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Becky Burwell

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

Is your RETURN addressed on the reverse side?

PS Form 3811, December 1994

W. LOV 10/98

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

KYLE KENNETH BERRY
#8 EDGEWATER COVE
MAUMELLE, AR 72113

4a. Article Number

2415 630 030

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)

[Signature]

PS Form 3811, December 1994

W. WV 10/98

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

CHARLES T. SLACK
1131 MAUS LANE
WICHITA, KS 67212

4a. Article Number

2415 630 112

4b. Service Type

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

7. Date of Delivery

10-30-98

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

W. WV 10/98

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

CHARLES W. BOYD HEIR OF ROSE
BOYD
6968 S. MADISON WAY
LITTLETON, CO 80122

4a. Article Number

2415 630 140

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)

[Signature]

PS Form 3811, December 1994

W. WV 10/99

102595-99-B-0223

Domestic Return Receipt

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☐ Write "Return Receipt Requested" on the mailpiece below the article number
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
RAMCO OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

4a. Article Number

2415 630 099

4b. Service Type

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

5. Date of Delivery

11-2-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X. T. Lang

PS Form 3811, December 1994

W. LUV 10/99

102595-99-B-0223

Domestic Return Receipt

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SENDER:

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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

3. Article Addressed to:

ATTN: LAND DEPARTMENT
RB OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

4a. Article Number

2415 630 229

4b. Service Type

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

7. Date of Delivery

11-2-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X. T. Lang

PS Form 3811, December 1994

W. LUV 10/99

102595-99-B-0223

Domestic Return Receipt

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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

3. Article Addressed to:

ROBERT M. KEY
P.O. DRAWER 22
SHREVEPORT, LA 71161

4a. Article Number

2415 630 004

4b. Service Type

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

7. Date of Delivery

11-2-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Robert M. Key

PS Form 3811, December 1994

W. LUV 10/99

102595-99-B-0223

Domestic Return Receipt

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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

3. Article Addressed to:

ALLEN H. ESTLACK HEIR OF
ALFRED D. ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

4a. Article Number
2415 630 148

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

7. Date of Delivery
11-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Allen H. Estlack

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Is your RETURN

Thank you for using Return Receipt Service.

ed on the reverse side?

SENDER:

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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

3. Article Addressed to:

JOHN E. DAWKINS
#24 CALLE DEL NORTE
PLACITAS, NM 87043

4a. Article Number
2415 630 035

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)
John E. Dawkins

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Is your RETURN

Thank you for using Return Receipt Service.

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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

3. Article Addressed to:

DOROTHY TEAGUE HEIR OF
ROSE BOYD
4712 40TH STREET
LUBBOCK, TX 794

4a. Article Number
2415 630 148

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

7. Date of Delivery
11-2-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Dorothy Teague

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
 VISA INDUSTRIES OF ARIZONA
 9215 NORTH 14TH STREET
 PHOENIX, AZ 85020

4a. Article Number

2415 630 083

4b. Service Type

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

Date of Delivery

11/1/99

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

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

JANE BOWERS STONEMAN
 525 E. CHERRY LYNN ROAD
 PHOENIX, AZ 85012

4a. Article Number

2415 630 173

Service Type

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

Date of Delivery

10-30-99

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

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

MR. EARL CUNNINGHAM
 DISTRICT MANAGER
 BUREAU OF LAND MANAGEMENT
 P.O. BOX 1397 2909 W 2nd
 ROSWELL, NM 88201

4a. Article Number

2415 630 181

4b. Service Type

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

7. Date of Delivery

11-2-99

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

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

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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

3. Article Addressed to:

UNITED BANK OF LEA COUNTY,
 TRUSTEE FOR CHAD L. & NORMA
 B. WILEY
 P. O. BOX 2468
 ROSWELL, NM 88202

4a. Article Number

2415 630 080

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)

Kari Hester

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

ROY G. BARTON, JR., INDIVIDUALLY
 P. O. BOX 978
 HOBBS, NM 88241

4a. Article Number

2415 630 064

4b. Service Type

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

7. Date of Delivery

11-7-99

5. Received By: (Print Name)

BRENDA STEWART

6. Signature (Addressee or Agent)

Brenda Stewart

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN 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

3. Article Addressed to:

ROY G. BARTON, JR., TRUSTEE
 OF THE ROY G. BARTON, SR. &
 OPAL BARTON REVOCABLE TRUST
 P. O. BOX 978
 HOBBS, NM 88241-097

4a. Article Number

2415 630 166

4b. Service Type

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

7. Date of Delivery

11-2-99

5. Received By: (Print Name)

BRENDA STEWART

6. Signature (Addressee or Agent)

Brenda Stewart

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

CHESTER A. BEADLE & MARGARET
 BEADLE
 1104 NORTH 8TH STREET
 CARLSBAD, NM 88220

4a. Article Number

2415 630 151

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)

PS Form 3811, December 1994 W. LCV 10/98 102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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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

3. Article Addressed to:

WILLIAM ROBERT YARNELL
 c/o JOAN LOUISE YARNELL RINE
 2120 ANDRE AVENUE
 LOS OSOS, CA 93402

4a. Article Number

2415 630 061

4b. Service Type

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

Date of Delivery

11/2/99

5. Received By (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994 W. LCV 10/98 102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

RODNEY CARTER
 5977 WILLOWROSS WAY
 PLANO, TX 75093

4a. Article Number

2415 630 206

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)

PS Form 3811, December 1994 W. LCV 10/98 102595-99-B-0223

Domestic Return Receipt

See.

Is your RETURN completed on the reverse side?

SENDER:

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

BARBARA M. GALLAGHER
44 WILLIAM STREET
LINCOLN PARK, NJ 07035

4a. Article Number

2 415 630 052

4b. Service Type

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

7. Date of Delivery

11/1/99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Edward M. Gallagher
PS Form 3811, December 1994 W. LCV 10/99

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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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

3. Article Addressed to:

WILBUR P. DAVIS
P.O. BOX 1330
EL DORADO, AR 71731

4a. Article Number

2 415 630 009

4b. Service Type

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

7. Date of Delivery

11/1/99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Wilbur P. Davis
PS Form 3811, December 1994 W. LCV 10/99

102595-99-B-0223 Domestic Return Receipt

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

CHARLES B. GILLESPIE, JR. (O)
P. O. BOX 8
MIDLAND, TX 79702-0008

4a. Article Number

2 415 630 188

4b. Service Type

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

7. Date of Delivery

11/1/99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Charles B. Gillespie, Jr.
PS Form 3811, December 1994 W. LCV 10/99

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN completed on the reverse side?

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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

3. Article Addressed to

KARL E. BAER REVOCABLE TRUST
8-11-88
3109 EAST 48TH STREET
TULSA, OK 74105-5312

4a. Article Number

2415 627 976

4b. Service Type

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

7. Date of Delivery

11/11/95

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

W. LOV 10/95

102595-99-8-0223

Domestic Return Receipt

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to

DOROTHY LEE LUSK
P. O. BOX 537
TESUQUE, NM 87574

4a. Article Number

2415 630 179

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/95

102595-99-8-0223

Domestic Return Receipt

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

EDWARD G. BOONE
1513 TINSDALE
NASHVILLE, AR 71852

4a. Article Number

2415 630 240

4b. Service Type

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

7. Date of Delivery

NOV 03 1999

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

W. LOV 10/95

102595-99-8-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

PATRICIA ESTLACK SAMMONS
HEIR OF ALFRED D. ESTLACK
P.O. BOX 524
PETERSBURG, TX 79520

4a. Article Number

2415 630 147

b. Service Type

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

Date of Delivery

11-3-99

5. Received By: (Print Name)

PATRICIA SAMMONS

6. Signature (Addressee or Agent)

Patricia Sammons

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

PS Form 3811, December 1994

W. LOV 10/98

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
PERRY & PERRY INC.
P.O. BOX 371
MIDLAND, TX 79702

4a. Article Number

2415 630 234

b. Service Type

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

Date of Delivery

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

5. Received By: (Print Name)

ALFRED D. ESTLACK

Signature (Addressee or Agent)

Alfred D. Estlack

Form 3811, December 1994

W. LOV 10/98

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

JOAN LOUISE YARNELL RINE
2120 ANDRE AVENUE
LOS OSOS, CA 93402

4a. Article Number

2415 630 062

4b. Service Type

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

7. Date of Delivery

11/1/99

5. Received By: (Print Name)

JOAN LOUISE YARNELL RINE

6. Signature (Addressee or Agent)

Joan Louise Yarnell Rine

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

PS Form 3811, December 1994

W. LOV 10/98

102595-99-B-0223

Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to

MARILYN CONE, TRUSTEE FOR THE
C.D. TRUST
P.O. BOX 64244
LUBBOCK, TX 79464

4a. Article Number

2415 630 217

4b. Service Type

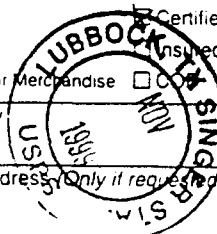
- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Certified
☐ Insured
☐ COD

7. Date of Delivery

5. Received By: (Print Name)

MARILYN CONE

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



Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to

MARSHALL T. DAWKINS
P.O. BOX 1394
AMARILLO, TX 79105

4a. Article Number

2415 630 033

4b. Service Type

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

7. Date of Delivery

NOV - 2 1999

5. Received By: (Print Name)

Marshall Dawkins

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

6. Signature (Addressee or Agent)

Marshall Dawkins

Bx 1399

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223 Domestic Return Receipt

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
PHILWELL, INC.
SUITE 1910
320 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

4a. Article Number

2415 630 098

4b. Service Type

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

7. Date of Delivery

11-1-99

5. Received By: (Print Name)

Philwell, Inc.

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

6. Signature (Addressee or Agent)

Philwell, Inc.

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223 Domestic Return Receipt

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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

3. Article Addressed to:

ROBERT H. HANNIFIN
P. O. BOX 218
MIDLAND, TX 79702

4a. Article Number

2415 630 095

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 W. LUV 10/99 102595-99-B-0223 Domestic Return Receipt

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

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

- 1 ☐ Addressee's Address
- 2 ☐ Restricted Delivery

3. Article Addressed to:

RANDALL CAPPS, dba
XERIC OIL & GAS CORP.
P. O. BOX 352
MIDLAND, TX 79702

4a. Article Number

2415 630 060

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 W. LUV 10/99 102595-99-B-0223 Domestic Return Receipt

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

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

- 1 ☐ Addressee's Address
- 2 ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
DAVID ARRINGTON OIL AND GAS, INC.
P.O. BOX 2071
MIDLAND, TX 79702

4a. Article Number

2415 630 104

b. 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 W. LUV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN completed on the reverse side?

SENDER:

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Complete items 3, 4a, and 4b

☐ Print your name and address on the reverse of this form so that we can return this card to you

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☐ Write "Return Receipt Requested" on the mailpiece below the article number

☐ The Return Receipt will show to whom the article was delivered and the date delivered

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

1 ☐ Addressee's Address

2 ☐ Restricted Delivery

3. Article Addressed to

LAND DEPARTMENT
PARALLEL PETROLEUM CORP
P. O. BOX 10587
MIDLAND, TX 79702

4a. Article Number
2415 630 107

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-2-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Dee J. Burrell

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

PS Form 3811, December 1994 W. COV 10 99 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN 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

3. Article Addressed to

STATE OF NEW MEXICO
2040 SOUTH PACHECO
SANTA FE, NM 87505

4a. Article Number
2415 630 118

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11/1/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Tom B. Burt

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

PS Form 3811, December 1994 W. COV 10 99 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN 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

3. Article Addressed to:

KEITH STADWICK
c/o LOIS STADWICK
39904 SHORELINE DRIVE
HARRISON, MI 48045

4a. Article Number
2415 630 162

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is 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 and the date

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

- 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

ATTN: LAND DEPARTMENT
 TAURUS EXPLORATION U.S.A., INC.,
 dba ENERGEN RESOURCES
 CORPORATION
 2101 SIXTH AVENUE NORTH
 BIRMINGHAM, AL 35203

4a. Article Number

2 415 630 187

4b. Service Type

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

7. Date of Delivery

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

E. J. Murphy

Is your

PS Form 3811, December 1994 W. LOV 10/95 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

3. Article Addressed to

LAWRENCE J. SERIGHT
 P. O. BOX 5361
 MIDLAND, TX 79704

4a. Article Number

2 415 630 043

4b. Service Type

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

7. Date of Delivery

11-3-99

5. Received By: (Print Name)

L. J. Seright

6. Signature (Addressee or Agent)

L. J. Seright

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

PS Form 3811, December 1994 W. LOV 10/95 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

3. Article Addressed to

KENNETH G. CONE
 P.O. BOX 11310
 MIDLAND, TX 79702

4a. Article Number

2 415 630 214

4b. Service Type

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

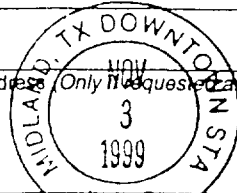
Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

K. Shapira

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



PS Form 3811, December 1994 W. LOV 10/95 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

ATTN: LAND DEPARTMENT
WOOD OIL COMPANY
401 SOUTH BOSTON AVE
TULSA, OK 74103

4a Article Number

2415 630 100

4b Service Type

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

7 Date of Delivery

11-1-99

5 Received By (Print Name)

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

7 Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV '99

10/29/94-B-225 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

ATTN: LAND DEPARTMENT
MIERSEN OIL & GAS COMPANY
P.O. BOX 280
OKMULGEE, OK 74440

4a Article Number

2415 630 091

4b Service Type

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

7 Date of Delivery

11-2-99

5 Received By (Print Name)

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

7 Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV '99

10/29/94-B-225 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

ATTN: LAND DEPARTMENT
ACORN RESOURCES, INC
P.O. BOX 9005
TULSA, OK 74107

4a Article Number

2415 630 108

4b Service Type

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

7 Date of Delivery

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

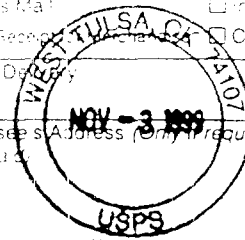
5 Received By (Print Name)

7 Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV '99

10/29/94-B-225 Domestic Return Receipt



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

DONNA ESTLACK HICKS, HEIR OF
MARY ATHLYA ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

4a. Article Number

2415 630 137

4b. Service Type

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

7. Date of Delivery

11-4-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Donna Estlack Hicks

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ROBERT J. BAER
21422 WILLOW DRIVE
KATY, TX 77450-4817

4a. Article Number

2415 627 997

4b. Service Type

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

7. Date of Delivery

11/4/99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Robert J. Baer

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

STANLEY H. FOX
2514 LOCKHEED
MIDLAND, TX 75039

4a. Article Number

2415 630 115

4b. Service Type

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

7. Date of Delivery

11.2.99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

Linda Fox

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and 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 it to you.
☐ Attach this form to the return mail piece or to the package's shipping label.
☐ Attach Return Receipt (PS Form 3811) to the package before the return of the item.
☐ The Return Receipt will be returned with the article or will be delivered at the address indicated.

3 Addressee Addressed to:

PATTILOU PUCKETT DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

4a Article Number

2415 630 031

4b Service Type

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

7 Date of Delivery

11-2-99

5 Received by (Print Name)

6 Signature (Addressee or Agent)

Pattilou Dawkins

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

PS Form 3811, December 1994

W. W. V. 10/99

102535-99-B 0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and 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 it to you.
☐ Attach this form to the return mail piece or to the package's shipping label.
☐ Attach Return Receipt (PS Form 3811) to the package before the return of the item.
☐ The Return Receipt will be returned with the article or will be delivered at the address indicated.

3 Addressee Addressed to:

ATTN: LAND DEPARTMENT
MID CONTINENTAL ENERGY INC
SUITE 450
110 WEST 5TH STREET
TULSA, OK 74103-4237

4a Article Number

2415 630 008

4b Service Type

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

7 Date of Delivery

NOV 01 1999

5 Received by (Print Name)

6 Signature (Addressee or Agent)

Sharon Fann

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

PS Form 3811, December 1994

W. W. V. 10/99

102535-99-B 0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and 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 it to you.
☐ Attach this form to the return mail piece or to the package's shipping label.
☐ Attach Return Receipt (PS Form 3811) to the package before the return of the item.
☐ The Return Receipt will be returned with the article or will be delivered at the address indicated.

ATTN: LAND DEPARTMENT
PIONEER NATURAL RESOURCES
USA, INC
1400 WILLIAMS SQUARE WEST
SUITE 300 NORTH O'CONNOR BLVD
IRVING, TX 75039

4a Article Number

2415 630 116

4b Service Type

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

7 Date of Delivery

11-3-99

5 Received by (Print Name)

6 Signature (Addressee or Agent)

Sharon Fann

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

PS Form 3811, December 1994

102535-99-B 0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

ed on the reverse side?

SENDER:

- ☐ I am enclosing a 1, 2, 3 for additional services
- ☐ I am enclosing 3, 4a and 4b
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

WILLIAM G. PONDER
1201 BERKELEY
RICHARDSON, TX 75081

4a Article Number
2415 630 127

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

5 Date of Delivery

6 Received By (Print Name)

William G. Ponder

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

Is your RETURN enclosed on the reverse side?

PS Form 3811, December 1994 IV. 600 10/95 Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN enclosed on the reverse side?

SENDER:

- ☐ I am enclosing a 1, 2, 3 for additional services
- ☐ I am enclosing 3, 4a and 4b
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

GEORGE W. ESTLACK & RUBY DELL
ESTLACK
P.O. BOX 640
DARENDON, TX 74226

4a Article Number
2415 630 235

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

5 Date of Delivery

6 Received By (Print Name)

George W. Estlack

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

Is your RETURN enclosed on the reverse side?

PS Form 3811, December 1994 IV. 600 10/95 Domestic Return Receipt

Thank you for using Return Receipt Service

ed on the reverse side?

SENDER:

- ☐ I am enclosing a 1 and 2 for additional services
- ☐ I am enclosing 3, 4a and 4b
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return
- ☐ I am enclosing a 1 and 2 on the reverse side of this form with the return

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

DONALD F. DUNCAN
c/o PHIL FLEETWOOD
P.O. BOX 417
MARLOW, OK 73055

4a Article Number
2415 630 005

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

5 Date of Delivery

6 Received By (Print Name)

Phil Fleetwood

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

Is your RETURN enclosed on the reverse side?

PS Form 3811, December 1994 IV. 600 10/95 Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN 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

3. Article Addressed to:

ATTN: PHIL FLEETWOOD
TCMAP 1995-C
P.O. BOX 407
MARLOW, OK 73055

4a. Article Number

2415 630 011

4b. Service Type

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

7. Date of Delivery

11-4-99

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

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

CHERIE WEICHEL
6943 MELDRUM
IRA TOWNSHIP, MI 48023

4a. Article Number

2415 630 159

Service Type

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

Date of Delivery

11-1-99

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

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ANDERSON CARTER
P.O. BOX 998
LAS CRUCES, NM 88004

4a. Article Number

2415 630 207

4b. Service Type

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

7. Date of Delivery

11-2-99

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

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

ANDERSON CARTER, FOR LIFE,
 REMAINDER TO HIS ISSUE
 P.O. BOX 998
 LAS CRUCES, NM 88004

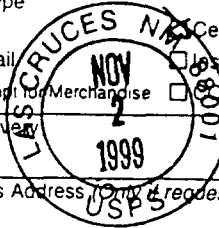
4a. Article Number

2 415 630 208

b. Service Type

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

c. Date of Delivery



5. Received By: (Print Name)

Judy Carter

6. Signature (Addressee or Agent)

Judy Carter

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

NORMA J. CHANLEY
 P. O. BOX 729
 HOBBS, NM 88241

4a. Article Number

2 415 630 063

b. Service Type

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

c. Date of Delivery

11-3-99

5. Received By: (Print Name)

Norma J Chanley

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

FRANCIS J. MOYNIHAN, JR.
 135 OLD WARREN RD
 FREWSBURG, NY 14738

4a. Article Number

2 415 630 050

b. Service Type

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

c. Date of Delivery

11/2/99

5. Received By: (Print Name)

FRANCIS J MOYNIHAN JR

6. Signature (Addressee or Agent)

Francis J Moynihan Jr

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN 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

3. Article Addressed to:

MARY RANDALL FREDERICKSON &
NORAH BAKER (J/T)
1382 VALLOMBROSA AVENUE
CHICO, CA 95926

4a. Article Number

2415 630 070

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

HARVARD STADWICK, JR.
c/o LOIS STADWICK
39904 SHORELINE DRIVE
HARRISON, MI 48045

4a. Article Number

2415 630 160

Service Type

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

7. Date of Delivery

11-4-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN 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

3. Article Addressed to:

JOHN STADWICK
c/o LOIS STADWICK
39904 SHORELINE DRIVE
HARRISON, MI 48045

4a. Article Number

2415 630 161

4b. Service Type

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

7. Date of Delivery

11-4-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN addressed 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

3. Article Addressed to:

JANET EVERS
3209 BRIDLEPATH
AUSTIN, TX 78703

4a. Article Number

2 415 630 243

4b. Service Type

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

7. Date of Delivery

11-9-99

5. Received By: (Print Name)

Janet W. Madley

6. Signature (Addressee or Agent)

JANET W. MADLEY

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

PS Form 3811, December 1994

W. COV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN addressed 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

3. Article Addressed to:

GERALDINE ANDERSON HILL
30357 PALO VERDE DRIVE E.
RANCHO PALO VERDE, CA 90274

4a. Article Number

2 415 630 183

4b. Service Type

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

7. Date of Delivery

11/10

5. Received By: (Print Name)

Geraldine Anderson Hill

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. COV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN addressed 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

3. Article Addressed to:

JOSEPH SHELBY PUCKETT
15 ALPINE COURT
BELLAIRE, TX 77401

4a. Article Number

2 415 630 021

4b. Service Type

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

7. Date of Delivery

11/8/99

5. Received By: (Print Name)

Joseph Shelby Puckett

6. Signature (Addressee or Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ATTN: LAND DEPARTMENT
ANSON ENERGY COMPANY
P.O. BOX 24060
OKLAHOMA CITY, OK 73124

4a. Article Number

2415 630 102

4b. Service Type

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

7. Date of Delivery

11/8/99

5. Received By: (Print Name)

R. Zander

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

CLIFFORD CONE
P.O. BOX 1629
LOVINGTON, NM 88260-1629

4a. Article Number

2415 630 216

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)

Clifford Cone

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BARRON J. O'NEAL
SUITE 204
2210 LINE AVE
SHREVEPORT, LA 70104

4a. Article Number

2415 630 006

4b. Service Type

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

7. Date of Delivery

11-8-99

5. Received By: (Print Name)

Cassie Nelson

6. Signature (Addressee or Agent)

Cassie Nelson

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

PS Form 3811, December 1994

W. LOV 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your return 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.

I also wish to receive the following services (for an extra fee):
 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

Article Number and the date

4a. Article Number
2415 630 081

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

7. Date of Delivery
11-5-99

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

6. Signature (Addressee or Agent)
Dyleric Sandoval

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your return 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

3. Article Addressed to:

4a. Article Number
2415 630 032

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

7. Date of Delivery
11-12-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your return 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

Article Number and the date

4a. Article Number
2415 630 205

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

7. Date of Delivery
11-12-99

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994 W. LOV 10/99 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

se side?

SENDER:

- ☐ Complete items 1 and 2 for additional services.
☐ Complete items 3, 4a, and 4b.

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

- 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

MICHAEL STADWICK
 LORE H. STADWICK
 ROBERT STADWICK
 TODD STADWICK
 39704 SHORELINE DR
 HARRISON, MI 48045

Article Number
 Service Type
 Registered ☐ Certified ☒
 Express Mail ☐ Insured ☐
 Return Receipt for Merchandise ☐ COD ☐

4a Article Number
 2415 630 158

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

7 Date of Delivery
 11-4-99

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

Is your RETURN

Signature (Addressee or Agent)

LORE H. STADWICK

PS Form 3811, December 1994

W. LOV 10/95

102595 99 B 0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

on the reverse side?

SENDER:

- ☐ Complete items 1 and 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 it 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

JOAN SERMAK
 1401 QUAIL CANYON
 SAN BERNADINO, CA 92404

4a Article Number
 2415 630 155

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

7 Date of Delivery

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

Is your RETURN

Received By (Print Name)

Joan Sermak

Signature (Addressee or Agent)

Joan Sermak

PS Form 3811, December 1994

W. LOV 10/95

102595 99 B 0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and 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 it 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

3 Article Addressed to:

BILLIE GARRETT LYTLE
 24466 COUNTY ROAD EAST
 CORTEZ, CO 81321

4a Article Number
 2415 630 078

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

7 Date of Delivery

11-9-99

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

5 Received By (Print Name)

Billie Lytle

6 Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/95

102595 99 B 0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN completed on the reverse side?

SENDER:
☐ Complete items 1 and 2 for additional services.
☐ Complete items 3, 4a, and 4b.

MICHAEL STADWICK
 LOIS H. STADWICK
 ROBERT STADWICK
 TODD STADWICK
 39904 SHORELINE DR.
 HARRISON, MI 48045

I also wish to receive the following services (for an extra fee):
 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

4a. Article Number: 2415 630 158

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

7. Date of Delivery: 11-4-99

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

9. Signature (Addressee or Agent): *Michael Stadwick*

PS Form 3811, December 1994 W LOV 10 95 02595 99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN completed on the reverse side?

SENDER:
☐ Complete items 1 and 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 it to you.
☐ Attach this form to the front of the mail piece, 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.

JOAN SERMAK
 1401 QUAIL CANYON
 SAN BERNADINO, CA 92404

I also wish to receive the following services (for an extra fee):
 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

4a. Article Number: 2415 630 155

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

7. Date of Delivery: NOV 8 1999

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

9. Signature (Addressee or Agent): *Joan Sermak*

PS Form 3811, December 1994 W. LOV 10 95 02595 99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
☐ Complete items 1 and 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 it to you.
☐ Attach this form to the front of the mail piece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 BILLIE GARRETT LYTTLE
 24400 COUNTY ROAD EAST
 CORTEZ, CO 81321

I also wish to receive the following services (for an extra fee):
 1 ☐ Addressee's Address
 2 ☐ Restricted Delivery

4a. Article Number: 2415 630 078

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

7. Date of Delivery: 11-9-99

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

9. Signature (Addressee or Agent): *Billie Lytle*

PS Form 3811, December 1994 W. LOV 10 95 02595 99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

WILBUR W. & JAMAEAH S. IRVIN
4208 BECKLAND DR.
FARMINGTON, NM 87402

4a. Article Number

2 415 630 094

4b. Service Type

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

5. Date of Delivery

11-3-99

5. Received By: (Print Name)

WILBUR W. IRVIN

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. L. V. 10/99

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.
- 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:

Keith Stadwick
c/o Lois Stadwick
39904 Lansing
Harrison Twp. MI 48042

4a. Article Number

2 415 630 102

4b. Service Type

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

7. Date of Delivery

11-4-99

5. Signature (Addressee)

Lois Stadwick

6. Signature (Agent)

LOIS STADWICK

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

W. L. V. 10/99

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

W.K. GRIFFIN, JR., TRUSTEE OF THE
W.K. GRIFFIN, JR. CHILDREN'S
IRREVOCABLE TRUST
P.O. BOX 12274
JACKSON, MS 39236

4a. Article Number

2 415 630 007

4b. Service Type

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

7. Date of Delivery

NOV 3 1999

5. Received By: (Print Name)

W.K. GRIFFIN, JR.

6. Signature (Addressee or Agent)

W.K. GRIFFIN, JR.

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

PS Form 3811, December 1994

U.S. GPO: 1993-352-714

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
REBEL OIL COMPANY
P. O. BOX 309
HOBBS, NM 88241

4a. Article Number

2 415 630 096

4b. Service Type

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

7. Date of Delivery

11/3/99

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

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
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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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
RIO PECOS CORPORATION
4501 GREENTREE BOULEVARD
MIDLAND, TX 79701

4a. Article Number

2 415 630 085

4b. Service Type

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

7. Date of Delivery

NOV - 5 1999

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

102595-99-B-0223

Domestic Return Receipt

W. WV 10/99

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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

3. Article Addressed to:

TEDDIE DARRELL SHELTER
4508 SKYLARK WAY
EL PASO, TX 79922

4a. Article Number

2 415 630 175

b. Service Type

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

7. Date of Delivery

9/2/00

5. Received By: (Print Name)

Teddle D. Shelter

6. Signature (Addressee or Agent)

Teddle D. Shelter

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

W. WV 10/99

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1 ☐ Addressee's Address
2 ☐ Restricted Delivery

3 Article Addressed to

NANCY O'CONNOR
10756 MAIN ST #201
FAIRFAX, VA 22030

4a Article Number

2415 630 156

b Service Type

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

c Date of Delivery

5 Received By (Print Name)

6 Signature (Addressee or Agent)

Nancy O'Connor

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

PS Form 3811, December 1994

W LOV 10/99

102535-99 8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed 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 delivered.

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

- 1 ☐ Addressee's Address
2 ☐ Restricted Delivery

3 Article Addressed to

MONTY D. MCLAINE
P O BOX 9451
MIDLAND, TX 79708

4a Article Number

2415 630 045

b Service Type

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

c Date of Delivery

5 Received By (Print Name)

6 Signature (Addressee or Agent)

Monty McLane

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

PS Form 3811, December 1994

W. Lov 1/99

102535-99 8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
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☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1 ☐ Addressee's Address
2 ☐ Restricted Delivery

3 Article Addressed to

JOSEPH RICHARD NICKSON
205 WEST 19TH STREET
NEW YORK, NY 10011

4a Article Number

2415 630 129

b Service Type

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

c Date of Delivery

NOV 3 1999

5 Received By (Print Name)

6 Signature (Addressee or Agent)

J.R. Nickson

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

PS Form 3811, December 1994

W. Lov 10/99

102535-99 8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b
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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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to

ROBERT T. ELLIOTT & HOLLY L.
ELLIOTT
3907 CRESTGATE
MIDLAND, TX 79707

4a. Article Number

2 415 630 088

4b. Service Type

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

7. Date of Delivery

5. Received By (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LAND DEPARTMENT
HOLLYHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

4a. Article Number

2 415 630 086

4b. Service Type

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

7. Date of Delivery

5. Received By (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

S.P. JOHNSON III AND BARBARA JO
JOHNSON, TRUSTEES OF THE S.P.
JOHNSON, II AND BARBARA JO
JOHNSON REVOCABLE TRUST UNDER
TRUST AGREEMENT DATED 1/24/85

P.O. BOX 1641
ROSWELL, NM 88202

Article does not
include number,
and the date

4a. Article Number

2 415 630 028

4b. Service Type

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

7. Date of Delivery

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

side?

SENDER:

☐ Complete items 1 and 2 for additional services

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

ROBERT D. SNOW & BILL RAYMOND
SNOW, TRUSTEES OF THE ROBERT D.
SNOW LIVING TRUST UNDER TRUST
DECLARATION OF TRUST DATED
5-27-1983

SUITE 110
120 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

Article Number

☐ Addressee's Address

☐ Restricted Delivery

☐ Signature
and the date

Article Number

2415 630 228

Article Number

☐ Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ Date of Delivery

☒ Certified

☐ Insured

☐ COD

Is your RETURN

5 Received By (Print Name)

6 Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOW 10/95 Domestic Return Receipt

Thank you for using Return Receipt Service.

Completed on the reverse side?

SENDER:

☐ Complete items 1 and 2 for additional services
☐ Complete items 1 and 2
☐ First-class letter and first-class return postage (this form, that will be returned to sender)
☐ Address change (this form, that will be returned to sender)
☐ Return Receipt for Merchandise (this form, that will be returned to sender)
☐ The Return Receipt will be returned to the addressee with the article number

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

☐ Addressee's Address

☐ Restricted Delivery

3 Article Addressed to

4a Article Number

2415 630 075

4b Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ Date of Delivery

☒ Certified

☐ Insured

☐ COD

FAYE L. LIPSETT KLEIN
P O BOX 1503
HOBBS NM 88241

Is your RETURN

5 Received By (Print Name)

6 Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOW 10/95 Domestic Return Receipt

Thank you for using Return Receipt Service.

side?

SENDER:

☐ Complete items 1 and 2 for additional services

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

DONALD S. MULLINS,
c/o SMITH BARNEY, INC
IRA CUSTODIAN
#216-62097-1-8-791
P.O. BOX 3937
WESTLAKE VILLAGE, CA 91359-9970

Article Number

☐ Addressee's Address

☐ Restricted Delivery

☐ Signature
and the date

Article Number

2415 630 106

Article Number

☐ Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ Date of Delivery

☒ Certified

☐ Insured

☐ COD

Is your RETURN

5 Received By (Print Name)

6 Signature (Addressee or Agent)

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

PS Form 3811, December 1994 W. LOW 10/95 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: EDWEL B. NEFF, JR. 403 TIERRA BERRENDIA ROSWELL, NM 88201		4a. Article Number 2415 630 883	
		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) Leashie W. Neff		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)			

PS Form 3811, December 1994 W. LOV '95 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: DAN FIELD P.O. BOX 1105 LOVINGTON, NM 88260		4a. Article Number 2415 630 019	
		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) Dan Field		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)			

PS Form 3811, December 1994 W. LOV '95 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: THE GROOMS TRUST uad 12/15/82 P. O. BOX 2328 ROSWELL, NM 88202		4a. Article Number 2415 630 072	
		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 11/1/99	
5. Received By: (Print Name) D. Grooms		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)			

PS Form 3811, December 1994 W. LOV '95 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

HARRY J. SCHAFER, JR. TRUSTEE OF
 THE MARY E. GRISSO TRUST NO. 1
 UNDER TRUST AGREEMENT DATED
 8/28/79
 P.O. BOX 14700
 OKLAHOMA CITY, OK 73113

Space does not

allow for the number and the date

4a. Article Number

2 415 630 218

4b. Service Type

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

7. Date of Delivery

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

6. Signature (Addressee or Agent)

HARRY J. Schaffer Jr

PS Form 3811, December 1994

W. LOV 10/94

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

LEWIS E. MCLAUGHLIN
 LOIS M. MCLAUGHLIN
 20110 MELOS COURT
 PORT CHARLOTTE, FL 33954

4a. Article Number

2 415 630 157

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)

L E M Laughlin

PS Form 3811, December 1994

W. LOV 10/94

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

GEORGE D. ZIMMERMAN & PATRICIA
 C. ZIMMERMAN
 3808 STANOLIND
 MIDLAND, TX 79707

4a. Article Number

2 415 630 038

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

W. LOV 10/94

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

ad 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

3. Article Addressed to:

JOSEPH E. & TWILA M. GOODDING
 LIVING TRUST
 c/o TWILA M. GOODDING TRUSTEE
 1009 CRESTVIEW CIRCLE
 FARMINGTON, NM 87401

4a. Article Number

2 415 630 077

4b. Service Type

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

7. Date of Delivery

RR 10-30-99

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

5. Received By: (Print Name)

Twila Goodding

6. Signature (Addressee or Agent)

Twila Goodding

PS Form 3811, December 1994

W. COV 10/99

102595-99-B-0223 Domestic Return Receipt

Is your RETURN

Thank you for using Return Receipt Service.

Is your RETURN

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

3. Article Addressed to:

BILL L. LEE
 HC 60 BOX 465
 LOVINGTON, NM 88260

4a. Article Number

2 415 630 023

4b. Service Type

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

7. Date of Delivery

11-1-99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

A. Jangle

PS Form 3811, December 1994

W. COV 10/99

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

ad 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

3. Article Addressed to:

MARY KATHERINE GARRETT NOBLE
 613 PASEO DEL MAR NE
 ALBUQUERQUE, NM 87123

4a. Article Number

2 415 630 079

4b. Service Type

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

7. Date of Delivery

10/30/99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

M. K. Noble

PS Form 3811, December 1994

W. COV 10/99

102595-99-B-0223 Domestic Return Receipt

Is your RETURN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

KELLY H. BAXTER
P. O. BOX 1649
AUSTIN, TX 78767

4a. Article Number

2 415 630 056

Service Type

Registered

☒ Certified

Express Mail

☐ Insured

Return Receipt for Merchandise

☐ COD

Date of Delivery

11-5-99

5. Received By: (Print Name)

SANDY TURNER

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BRENDA BERRY
498 HUDSON #3
NEW YORK, NY 10014

4a. Article Number

2 415 630 018

4b. Service Type

☐ Registered

☒ Certified

☐ Express Mail

☐ Insured

☐ Return Receipt for Merchandise

☐ COD

7. Date of Delivery

5. Received By: (Print Name)

E. AMIN

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

DOROTHY C. FELTZ
5 GATES STREET
CRYSTAL LAKE, IL 60014

4a. Article Number

2 415 630 048

Service Type

☐ Registered

☒ Certified

☐ Express Mail

☐ Insured

☐ Return Receipt for Merchandise

☐ COD

Date of Delivery

11-6-99

5. Received By: (Print Name)

DOROTHY C. FELTZ

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

W. LOV 10/99

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN address indicated 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

3. Article Addressed to:

WYLIE G. BASHAM
3317 HAYNES
MIDLAND, TX 79707

4a. Article Number
2415 630 114

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-2-89

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
W. Lov

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

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN address indicated 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

3. Article Addressed to:

ELLEN B. SCHWETHELM
P.O. BOX 6716
SAN ANTONIO, TX 78209-6716

4a. Article Number
2415 630 241

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
NOV 06 1999

5. Received By: (Print Name)
H. F. Schwethelm

6. Signature (Addressee or Agent)
H. F. Schwethelm

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

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN address indicated 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

3. Article Addressed to:

ATTN: LAND DEPARTMENT
BAYOU BLACK ROYALTY COMPANY,
INC.
1107 HUDSON LANE, SUITE B
MONROE, LA 71201

4a. Article Number
2415 630 010

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-2-89

5. Received By: (Print Name)
Linda Dener

6. Signature (Addressee or Agent)
Linda Dener

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

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN addressed 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

BARBARA ESTLACK BROCK HEIR OF
ALFRED D. ESTLACK
P.O. BOX 951
CHESTER, CA 96020

4a. Article Number

2415 630 150

4b. Service Type

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

7. Date of Delivery

11/12/99

5. Received By: (Print Name)

Kathy CARL

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 1099

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN addressed 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

3. Article Addressed to:

BERKELEY N. MOYNIHAN
448 WINDSWEPT VIEW
ASHEVILLE, NC 28801

4a. Article Number

2415 630 051

4b. Service Type

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

7. Date of Delivery

11-10-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

W. LOV 1099

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 415 630 015

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage
Do not use for International

PS Form 3800, April 1995

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
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	
Postmark or Date	10/99

PHILLIP E. CARR
P.O. BOX 13387
SCOTTSDALE, AZ 85267

Z 415 630 024

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage
Do not use for International

PS Form 3800, April 1995

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
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	
Postmark or Date	10/99

MARY THERESA CHRISTMAS
P.O. BOX 20204
ARLINGTON, TX 76006-1204

Z 415 630 042

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage
Do not use for International

PS Form 3800, April 1995

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
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	
Postmark or Date	10/99

ERNESTINE GILLESPIE
P. O. BOX 13387
SCOTTSDALE, AZ 85267

Z 415 630 C44

US Postal Service
Receipt for Certified MailNo Insurance Coverage
Do not use for International

Sent to

verse)

Street & Number
Post Office, State, &
Postage
Certified Fee
Special Delivery Fee
Restricted Delivery
Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address
TOTAL Postage
Postmark or Date

PENELOPE LOUISE HOLCOMB
1122 READING DRIVE
ACWORTH, GA 30101

W. COV 10/99

Z 415 630 C49

US Postal Service
Receipt for Certified MailNo Insurance Coverage
Do not use for International

Sent to

Street & Number
Post Office, State, & ZIP Code
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
Postmark or Date

PATRICK J. CESARANO
REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

W. COV 10/99

Z 415 630 066

US Postal Service
Receipt for Certified MailNo Insurance Coverage
Do not use for International

Sent to

Street & Number
Post Office, State, & ZIP Code
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
Postmark or Date

BRETT C. BARTON
11904 VAIL DRIVE
OKLAHOMA CITY, OK 73162

W. COV 10/99

Z 415 630 071

US Postal Service
Receipt for C

No Insurance Coverage
Do not use for Intern.

Sent to

Street & Number

Post Office, State, & ZIP

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

Postmark or Date

VANCE LEE MASON
7487 HARTLEY ROAD
VACACILLE, CA 95688

PS Form 3800, April 1995

W. WOV 10/99

Z 415 630 084

US Postal Service
Receipt for Certified Mail

No Insurance Coverage
Do not use for International

Sent to

Street & Number

Post Office, State, & ZIP Code

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

Postmark or Date

LAND DEPARTMENT
TARA-JON CORPORATION
6003 MEADOW VIEW LANE
MIDLAND, TX 79707

PS Form 3800, April 1995

W. WOV 10/99

Z 415 630 089

US Postal Service
Receipt for Certified Mail

No Insurance Coverage
Do not use for International

Sent to

Street & Number

Post Office, State, & ZIP Code

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

Postmark or Date

WILLIAM CROW & LISA CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79705

PS Form 3800, April 1995

W. WOV 10/99

Z 4J5 630 117

US Postal Service
Receipt for Certified MailNo Insurance Coverage
Do not use for Internal

Sent to	
Street & Number	
Post Office, State, & ZIP	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

MICHAEL MARK ESTLACK
c/o LAYTON J. ESTLACK
1205 CAMINA VEGA
FARMINGTON, NM 87401

W. COV 10/55

Z 4J5 630 124

US Postal Service
Receipt for Certified MailNo Insurance Coverage
Do not use for Internal

Sent to	
Street & Number	
Post Office, State, & ZIP C	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

BILL MATHIS & BETTY LOU MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

W. COV 10/55

Z 4J5 630 126

US Postal Service
Receipt for Certified MailNo Insurance Coverage
Do not use for Internal

Sent to	
Street & Number	
Post Office, State, & ZIP C	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

SANDRA LEE PONDER BARBEE
2630 77TH STREET
LUBBOCK, TX 79423

W. COV 10/55

US Postal Service

Receipt for Ce

No Insurance Coverage

Do not use for Internal

Sent to

Street & Number

Post Office, State, & ZIP Co

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date Delivered

TOTAL Postage & Fees

Postmark or Date

Z 415 630 1.53

THELMA EVA GORNEY
3808 ALDERWOOD
EL PASO, TX 79927

W. COV 10/59

US Postal Service

Receipt for Ce

No Insurance Coverage

Do not use for Internal

Sent to

Street & Number

Post Office, State, & ZIP Co

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date Delivered

TOTAL Postage & Fees

Postmark or Date

Z 415 630 1.54

JAY NEIL JOINER
5908 GARY DRIVE
AUSTIN, TX 78757

W. COV 10/59

US Postal Service

Receipt

No Insurance Coverage

Do not use for Internal

Sent to

Street & Number

Post Office, State, & ZIP Co

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date Delivered

TOTAL Postage & Fees

Postmark or Date

Z 415 630 1.74

RICKIE DON THOMPSON
1600 W. PERSIMMON ST., #17
ROGERS, AR 72756-334

W. COV 10/59

Mail

See reverse

h 2 i 0 E 9 5 T h Z

**US Postal Service
Permit for Certified Mail**

Additional Information:

Additional Mail (See reverse)

WILLIAM R. CROW
5007 CANTERBURY DR.
MIDLAND, TX 79705

Postmark or Date

W. 10/10/97

Z 415 630 210

**US Postal Service
Receipt for Certified Mail**

**No Insurance Cov
Do not use for Inte
Each is**

Inverse

MARY KATHRYN GRISSO
P.O. BOX 10716
MIDWEST CITY, OK 73110

Postmark or Date

W. W. V. 16/99

222 069 5th Z

**US Postal Service
Receipt for Carrier
No Insurance Coverage**

**No Insurance Coverage
Do not use for Internatio**

Sent to

Street & Number

Post Office, State, & ZIP Code

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Whom & Date Delivered

Date, & Addressee's Address

TOTAL Postage & Fees

5

BILL MATHIS & BETTY LOU
MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

Postmark or Date

W. C. W.

Z 415 630 226

US Postal Service

Receipt for Certified Mail

No Insurance Coverage

Do not use for International

Sent to

Street & Number

Post Office, State, & ZIP Code

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

Postmark or Date

BARBARA GAIL YOUNG
6719 AVENUE B
BELLAIRE, TX 77401

W. LOV 10/99

PS Form 3800, April 1995

Z 415 630 242

US Postal Service

Receipt for Certified Mail

No Insurance Coverage

Do not use for International

Sent to

Street & Number

Post Office, State, & ZIP Code

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

Postmark or Date

SUSAN HUGHES
P.O. BOX 1491
TRINITY, TX 75862

W. LOV 10/99

PS Form 3800, April 1995

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 415 630 153

MAIL

First Class Mail

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and/or 2 for additional services. 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 delivered.		3. Article Addressed to: THELMA EVA GORNEY 3808 ALDERWOOD EL PASO, TX 79927	
4a. Article Number 2415 630 153		5. Received By: (Print Name) _____	
6. Addressee's Address (Only if requested and fee is paid) _____		6. Signature (Addressee or Agent) _____	
7. Date of Delivery <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise		8. Addressee's Address (Only if requested and fee is paid) _____	

PS Form 3811, December 1994 102595-99-B-0223

THELMA EVA GORNEY
3808 ALDERWOOD
EL PASO, TX 79927

GORN808 799272006 1N 03 11/04/99
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER



NOV 12 1999
1st NOTICE
2nd NOTICE
RETURNED

W
11-12

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

2 15 530 0-5

MAIL

First Class Mail

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

3. Article Addressed to:		6. Signature (Addressee or Agent)	
PATRICK J. CESARANO REVOCABLE TRUST STATION 701 2100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
4a. Article Number		7. Date of Delivery	
2415 630 049			
b. Service Type		Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/>	
<input checked="" type="checkbox"/> Registered		<input type="checkbox"/> Insured	
<input type="checkbox"/> Express Mail		<input checked="" type="checkbox"/> Certified	
1. Addressee's Address		2. Restricted Delivery	

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

Complete items 1, 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 delivered.
The Return Receipt will show to whom the article was delivered and the date delivered.

LN 11-12



FORWARD ORDER EXPIRED

PATRICK J. CESARANO
REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

1st NOTICE NOV 1 2 1998
2nd NOTICE
RETURNED

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 415 630 065

MAIL

First Class Mail

**FORWARDING
ORDER
EXPIRED**

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and/or 2 for additional services. 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 delivered. The Return Receipt will show to whom the article was delivered and the date delivered.		3. Article Addressed to: ROY G. BARTON, III P.O. BOX 572565 HOUSTON, TX 77257	
4a. Article Number 2415 630 065		4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> 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 W. LCV			

**FORWARDING
ORDER
EXPIRED**

ROY G. BARTON, III

**FORWARDING
ORDER
EXPIRED**

Is your RETURN

sd on the reverse side?

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 415 630 025

MAIL

First Class Mail

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number delivered <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered		3. Article Addressed to: CANDY CHRISTMAS ALEWINER P.O. BOX 64278 LUBBOCK, TX 79464	
4a. Article Number 2 415 630 025		5. Received By: (Print Name) CANDY CHRISTMAS ALEWINER	
4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise		6. Signature (Addressee or Agent)	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811, December 1994 10/95 W. CV 102535-95 B 0223 Domestic Return Receipt	

CANDY CHRISTMAS ALEWINER
P.O. BOX 64278
LUBBOCK, TX 79464

CERTIFIED

MAIL

First Class Mail

THEORA CALVERLY, AKA ZELLA
THEORA CALVERLY, DEC., NORMA
JEAN HESTER, IND EXEC. NORMA
JEAN HESTER, IN FEE
P.O. BOX 38
GARDEN CITY, TX. 79739

[illegible]

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

PS Form 3811, December 1994 PS Form 3811, December 1994 PS Form 3811, December 1994		PS Form 3811, December 1994 PS Form 3811, December 1994 PS Form 3811, December 1994	
1. Signature (Addressee or Agent)		2. Received by (Name)	
3. Addressee's Address (Only if requested and fee is paid)		4. Addressee's Address (Only if requested and fee is paid)	
5. Date of Delivery		6. Date of Delivery	
7. Registered <input type="checkbox"/> Certified <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/>		8. Registered <input type="checkbox"/> Certified <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/>	
9. Service Type		10. Service Type	
11. Article Number		12. Article Number	
13. Restricted Delivery <input type="checkbox"/> Addresser's Address <input type="checkbox"/>		14. Restricted Delivery <input type="checkbox"/> Addresser's Address <input type="checkbox"/>	
15. Also wish to receive the following services (for an extra fee):		16. Also wish to receive the following services (for an extra fee):	

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 415 630 125

MAIL

First Class Mail

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		3. Article Addressed to: JOYCE ANN BROWN SANDERS, JOYCE CHRISTMAS BROWN 909 NORTH ALAMEDA LAS CRUCES, NM 88001	
4a. Article Number 2415 630 125		4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	
7. Date of Delivery		8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name)		6. Signature (Addressee or Agent)	
PS Form 3811, December 1994 W. 001 PSN 1025J5-99-B 0223 Domestic Return Receipt			

Is your RETURN

id on the reverse side?



C-20

☒ ATTEMPTED NOT KNOWN ☐ REFUSED
☐ RETURNED FOR BETTER ADD. ☐ VACANT
☐ ILLEGIBLE ☐ OUTSIDE DELIVERY LIMITS
☐ NO SUCH # ☐ NO MAIL RECEIPTABLE
☐ PWD. ORDER EXPIRED ☐ IN DISPUTE
☐ INSUFFICIENT ADDRESS ☐ UNCLAIMED
☐ NO SUCH STREET ☐ NO SUCH OFFICE

JOYCE ANN BROWN SANDERS, JOYCE
CHRISTMAS BROWN
909 NORTH ALAMEDA
LAS CRUCES, NM 88001

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 415 630 237

MAIL

First Class Mail

Thank you for using Return Receipt Service.

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> We're "Return Receipt Requested" on the mailpiece below the article number delivered. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		3. Article Addressed to: JAMES L. DOW P.O. BOX 128 CARLSBAD, NM 88220	
4a. Article Number 2415 630 237		5. Received By: (Print Name) JAMES L. DOW P.O. BOX 128 CARLSBAD, NM 88220	
6. Signature (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid)	
7. PS Form 3811, December 1994		9. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Insured <input type="checkbox"/> Restricted Delivery	
1. Addressee's Address		2. Restricted Delivery	



- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Undelivered - Return to Sender
- ☐ Addressed - Not Known
- ☐ No Such Number
- ☐ No Mail Privilege
- ☐ Box Closed - No Other
- ☒ No Delivery Code Entered

JAMES L. DOW
P.O. BOX 128
CARLSBAD, NM 88220

For

NOT A COPY

Fold at line over top of envelope to the right of the return address.

CEPHLEP

517 037 119

WAL

First Class Mail

SHIRELY MADELEY
P.O. BOX 248
BALMORHEA, TX 79718

Thank you for using Return Receipt Service.

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

1 ☐ Addressee's Address
2 ☐ Restricted Delivery

2. ☐ Restricted Delivery

4a. Article Number

ib Service Type

☐ Express Mail

☐ Return Receipt to

Date of Delivery

(fee is paid)

6. Signature (Addressee or Agent)

5. Received By: (Print Name)

BALTMOREA, TX 79718

P.O. BOX 248

SHIRELY MADELEY

3. Article Addressed to:

☐ 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 it to you.
☐ Mark this form to the front of the mailbox, or on the back if space does not allow.
☐ Write "Return Receipt Requested" on the mailbox below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

PS Form 3811, December 1994

102535-35-0-0223 25/01

UnitSource Incorporated
 11184 Huron Street, Suite 16
 Denver, Colorado 80234

Fold at line over top of envelope to
 the right of the return address

CERTIFIED

2 415 630 225

MAIL

First Class Mail

Thank you for using Return Receipt Service.

1 <input type="checkbox"/> Addressee's Address 2 <input type="checkbox"/> Restricted Delivery I also wish to receive the following services (for an extra fee):		3a. Article Number 2415 630 225		Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD Return Receipt for Merchandise		Date of Delivery		5. Received By: (Print Name) GARY NELSON JOINER 2020 CEDARWOOD BRYAN, TX 77807		6. Signature (Addressee or Agent)		PS Form 3811, December 1994 Domestic Return Receipt	
---	--	------------------------------------	--	---	--	------------------	--	---	--	-----------------------------------	--	--	--

RETURNED TO SENDER
 FORWARDING ORDER EXPIRED

GARY NELSON JOINER
 2020 CEDARWOOD
 BRYAN, TX 77807

Is your RETURN ADDRESS completed on the reverse side?

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address.

CERTIFIED

7 415 430 212

MAIL

First Class Mail

Thank you for using Return Receipt Service

PS Form 3811, December 1994 (Rev. 10/94) Domestic Return Receipt

4a Article Number 2415 630 212		4b Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt with Manifestation <input type="checkbox"/> COD		7 Date of Delivery	
8 Addressee's Address (Only if requested and fee is paid)		5 Received By (Print Name)		5 Signature (Addressee or Agent)	

1 ☐ Addressee's Address
2 ☐ Restricted Delivery
3 ☐ Return Receipt Requested (For an extra fee)

4 ☐ Complete items 1 and/or 2 for additional services
5 ☐ Print your name and address on the reverse of this form to mail the return receipt
6 ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit
7 ☐ While "Return Receipt Requested" on the mailpiece below the article number delivered
8 ☐ The Return Receipt will show to whom the article was delivered and the title

BILLY W. ROBINSON
1123 NORTH GILA
HOBBS, NM 88240

ROBINSON CHECKED
Robinson's initials
Robinson's Address
Robinson's phone number
Robinson's fax number

1st Notice
2nd Notice
3rd Notice

10-23-94
11/10/94

UnitSource Incorporated
 11184 Huron Street, Suite 10
 Denver, Colorado 80234

Fold at line over top of envelope to
 the right of the return address

CERTIFIED

2 415 630 073

MAIL

First Class Mail



**NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD**

FOE

ELAINE G. & MILTON KRASNE
 9821 SEWARD STREET
 OMAHA, NE 68114

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 W. W. 10/95 102595-99-B-0223 Domestic Return Receipt

3. Article Addressed to: ELAINE G. & MILTON KRASNE 9821 SEWARD STREET OMAHA, NE 68114	
4a. Article Number 2415 630 073	4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) 6. Signature (Addressee or Agent)	

Is your RETURN...
 id on the reverse side?

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ 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.

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 I also wish to receive the following services (for an extra fee):

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 415 630 053

MAIL

First Class Mail

NO ENCLOSURES
ATTACHED
OTHER DATE 11-3-99
RTM 576
ETD

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):
☐ 1 Addressee's Address
☐ 2 Restricted Delivery

Complete items 1 and/or 2 for additional services:
☐ Complete items 1, 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 delivered.

3. Article Addressed to: SUZANNE M. CHAMBERS MARGOT S. M. CHAMBERS 2332 S. 34TH STREET ABILENE, TX 79602	
5. Received By: (Print Name)	
6. Signature (Addressee or Agent)	
4a. Article Number 2415 630 053	4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994
102595-99-8-0233 Domestic Return Receipt
W. CV

CHAM332 796052002 IN 07 11/01/99
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

|||||

SUZANNE M. CHAMBERS
MARGOT S. M. CHAMBERS
2332 S. 34TH STREET
ABILENE, TX 79602

TEAM
1st
2nd
3rd

Is your RETURN
d on the reverse side?

ATTN: LAND DEPARTMENT
PATHFINDER EXPLORATION
COMPANY
4306 CRESTGATE
MIDLAND, TX 79707

MENT
ATION

UnitSource Incorporated
 11184 Huron Street, Suite 16
 Denver, Colorado 80234

Fold at line over top of envelope to
 the right of the return address

CERTIFIED

Z 15 630 013

MAIL

First Class Mail

Thank you for using Return Receipt Service.

SENDER: Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

ARLINE P. SCHREIBER
 5622 SHERATON OAKS
 HOUSTON, TX 77091

4a. Article Number
 Z 415 630 013

5. Received By: (Print Name)
 ARLINE P. SCHREIBER

6. Signature (Addressee or Agent)
 ARLINE P. SCHREIBER

7. Service Type
☒ Certified
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

8. Addressee's Address (Only if requested and fee is paid)
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

9. Date of Delivery
 10. Return Receipt for Merchandise

PS Form 3811, December 1994 W. W. V. 10 95 102595 2-8-2023 Domestic Return Receipt

ARLINE P. SCHREIBER
 5622 SHERATON OAKS
 HOUSTON, TX 77091

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 115 630 238

MAIL

First Class Mail

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 (Rev. 12-1-94)

1. Use with to receive the following services (for an extra fee):
1 ☐ Addressee's Address
2 ☐ Restricted Delivery

3. Article Addressed to:
BOBBIE ANN DOW LOGAN
P.O. BOX 128
CARLSBAD, NM 88220

4. Article Number: 2415 630 238

5. Service Type:
☒ Certified
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

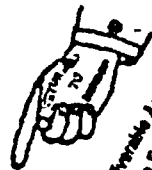
6. Date of Delivery

7. Received By: (Print Name)
BOBBIE ANN DOW LOGAN

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

9. Signature (Addressee or Agent)

PS Form 3811, December 1994 (Rev. 12-1-94)



- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Undelivered - Not Known
- ☐ No Such Street
- ☐ No Such Number
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Pending Order Expired

BOBBIE ANN DOW LOGAN
P.O. BOX 128
CARLSBAD, NM 88220

Is your RETURN ADDRESS completed on the reverse side?

OCT 9 1994

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

2 4 5 1 0 1 4

MAIL

First Class Mail

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-99-8-0223

3. Article Addressed to:		5. Received By: (Print Name)		6. Signature (Addressee or Agent)	
THOMAS W. BOYD HEIR OF ROSE P.O. BOX 270 LUBBOCK, TX 79414					
4a. Article Number 2415 630 139		4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)		9. Addressee's Address (Only if requested and fee is paid)		10. Addressee's Address (Only if requested and fee is paid)	
1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery		3. <input type="checkbox"/> Addressee's Address 4. <input type="checkbox"/> Restricted Delivery		5. <input type="checkbox"/> Addressee's Address 6. <input type="checkbox"/> Restricted Delivery	

Is your RETURN ADDRESS completed on the reverse side

UNCLAIMED

this Not at Record Tins

THOMAS W. BOYD HEIR OF ROSE
BOYD
P.O. BOX 270
LUBBOCK, TX 79414

UNCLAIMED

11-1-94

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address.

CERTIFIED

Z 415 430 145

MAIL

First Class Mail

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Is your RETURN addressee committed on the reverse side?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ 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 package, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the package below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 JOE BOYD HEIR OF ROSE BOYD
 P.O. BOX 270
 LUBBOCK, TX 79414

5. Received By: (Print Name)

6. Signature (Addressee or Agent):

7. Date of Delivery
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

4a. Article Number:
 2415 630145

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

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

4. Article Number:
 2415 630145

5. Received By: (Print Name)

6. Signature (Addressee or Agent):

7. Date of Delivery
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

4a. Article Number:
 2415 630145

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

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

4. Article Number:
 2415 630145

UNCLAIMED

*Received Bot
his to his*

JOE BOYD HEIR OF ROSE BOYD
P.O. BOX 270
LUBBOCK, TX 79414

UNCLAIMED
 1-1-99