

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

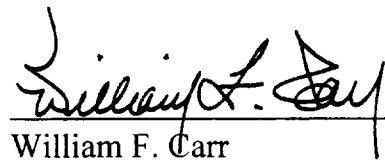
**IN THE MATTER OF THE APPLICATION OF ARCO  
PERMIAN FOR AMENDMENT OF SURFACE  
COMMINGLING DIVISION ORDER NO. PLC-143,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 12394**

**AFFIDAVIT**

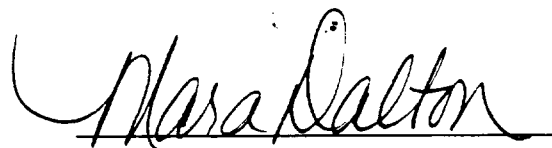
STATE OF NEW MEXICO        )  
  ) ss.  
COUNTY OF SANTA FE        )

William F. Carr, attorney in fact and authorized representative of ARCO Permian,  
the applicant herein, being first duly sworn, upon oath, states that notice has been given to  
all interested parties entitled to receive notice of this application under Oil Conservation  
Division rules, and that notice has been given at the addresses shown on Exhibit "A"  
attached hereto.

  
William F. Carr

SUBSCRIBED AND SWORN to before this 27<sup>th</sup>, day of April, 2000 by William F. Carr.



  
Mara Dalton, Notary Public

## EXHIBIT A

Edith C. Wheeler Estate  
P.O. Box 64035  
Lubbock, TX 79464

James R. McWhorter, AIF for  
Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321

Michael H. Moore  
P.O. Box 3389  
Sherman, TX 75091

Ann D. Allison  
P.O. box 64035  
Lubbock, TX 79464

Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

Brent W. McWhorter  
Trustee - McW Family Trust 2/89  
6140 East Voltaire  
Scottsdale, AZ 85254

Russell Trust  
First National Bank of Artesia  
P.O. Box AA  
Artesia, NM 88211-7526

Betty Lou Price  
5210 Churubusco Drive  
Austin, TX 78759

David H. Arrington  
David H. Arrington Oil & Gas  
P.O. Box 2071  
Midland, TX 79702

Balwick Limited Partnership  
2516 Lockheed  
Midland, TX 79701

Richard K. Davidson  
P.O. Box 387  
La Jara, CO 81140-0387

Tom B. Moore  
P.O. Box 3389  
Sherman, TX 75091-3389

Barbara Ann Kurz  
8727 Point Park Drive, Apt. #414  
Houston, TX 77095

Trust of John Olaf Larsaard and  
Sharon Larue Lasaard  
7627 146<sup>th</sup> Ave., East  
Sumner, WA 98390

Zanaida Ruth Griffen  
2808 Abingdon Parkway  
Birmingham, AL 35243

Fredric Charles Griffin  
P.O. Box 44941  
Phoenix, AZ 86064

Vicki Lynn Owens  
P.O. Box 696  
Eunice, NM 88231

Scott Charles Henson  
7143 Paladin Way  
Rio Linda, CA 95673

Steven Mark Henson  
7143 Paladin Way  
Rio Linda, CA 95673

Laura Patricia Lodewick  
511 Newell  
Dallas, TX 75223

John Widney Lodewick  
3305 Wentwood  
Dallas, TX 75225

Lillian O'Haco McNally  
2801 N. Kentucky Ave., Apt #249  
Roswell, NM 88201

William Richard Ballard  
11651 E. Calle Javelina  
Tucson, AZ 85748

Janice Gettys  
803 Smith Stratton Street  
Decatur, TX 76234

Elizabeth T. Greene  
200 East 22<sup>nd</sup>, Apt. #12  
Roswell, NM 88201

Conrad & Josephine Keyes  
Revocable Trust  
P.O. Box 156  
Ruidoso, NM 88345

David W. Thorne  
151 Johnarbor Drive, West  
Rochester, NY 14620-3628

Henry F. Thorne  
P.O. Box 36  
Long Pine, NE 69217-0036

John E. Thorne  
4575 Braungate Drive  
St. Louis, MO 63128

Larue White  
1776 Larch Ave., #303  
Cincinnati, OH 45224

Yates Brothers  
105 South Fourth Street  
Artesia, NM 88210

Joan A. Hudson  
8053 San Vista Circle  
Naples, FL 34109

Joan Ann Hudson Davis  
6770 Wolf Creek Court  
Rio Rancho, NM 87124

Robert Grant Keyes & Alerta N. Keyes  
H/w JTWROS, in Life Estate Remaindermen:  
Marsha A. Keyes (1/2) c/o Norwest Bank NM,  
Acct. #2213451  
400 N. Pennsylvania Ave.  
Roswell, NM 88201

Minerals Management Service  
Royalty Management Program  
Box 5810 TA  
Denver, CO 80217

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

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  
  
JACK M. CAMPBELL  
1916-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: law@westofpecos.com

April 13, 2000

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS:**

***Re: Application of ARCO Permian for amendment of surface commingling  
Order PLC-143, Eddy County, New Mexico.***

Ladies and Gentlemen:

This letter is to advise you that ARCO Permian has filed an application with the New Mexico Oil Conservation Division seeking an order amending Division Order PLC-143 to permit surface commingling of production based on well tests for wells located on the following leases located in Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico:

Red Lake "3" Federal Lease (Federal lease No. LC-028805-B) located in the SW/4 NW/4 of Section 3;

Vermillion "3" Federal Lease (Federal lease No. LC-055465-B) located in the SE/4 NW/4 of Section 3;

West Red Lake "4" Federal Lease (Federal lease No. LC-065478-A) located in the N/2 NW/4 of Section 4; and

Lago Rosa "4" Federal Lease (Federal lease No. NMNM-29280) located in the NW/4 SW/4 of Section 4.

April 13, 2000  
Page 2

This application has been set for hearing before a Division Examiner on May 4, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

*Original Signed by*  
*William F. Carr*  
William F. Carr  
ATTORNEY FOR ARCO PERMIAN

WFC/md

Enclosure

cc: Lee Scarborough  
ARCO Permian

7099 3220 0005 9425 1846

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

Article Sent To:

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required) 4.4  
 Total Postage & Fees \$ 2.98

Conrad & Josephine Keyes  
 Revocable Trust  
 P.O. Box 156  
 Ruidoso, NM 88345

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Conrad & Josephine Keyes  
 Revocable Trust  
 P.O. Box 156  
 Ruidoso, NM 88345

2. Article Number (Copy from service label)

PS Form 3811, July 1999

## COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X Ad
☐ Agent  
☐ Addressee  
☐ Yes  
☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

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

7099 3220 0005 9425 1846

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9417 5074

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

Article Sent To:

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required) 4.4  
 Total Postage & Fees \$ 2.98

John E. Thorne  
 4575 Braungate Drive  
 St. Louis, MO 63128

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John E. Thorne  
 4575 Braungate Drive  
 St. Louis, MO 63128

2. Article Number (Copy from service label)

PS Form 3811, July 1999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

## COMPLETE THIS SECTION ON DELIVERY

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

John E. Thorne

C. Signature

X John E. Thorne
☐ Agent  
☐ Addressee  
☐ Yes  
☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

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

7099 3220 0005 9417 5074

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9420 0554

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

Article Sent To:

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required) 4.4  
 Total Postage & Fees \$ 2.98

Tom B. Moore  
 P.O. Box 3389  
 Sherman, TX 75091-3389

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tom B. Moore  
 P.O. Box 3389  
 Sherman, TX 75091-3389

2. Article Number (Copy from service label)

PS Form 3811, July 1999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

## COMPLETE THIS SECTION ON DELIVERY

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

A-1700

C. Signature

X John E. Thorne
☐ Agent  
☐ Addressee  
☐ Yes  
☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

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

7099 3220 0005 9420 0554

Domestic Return Receipt

102595-99-M-1789

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

Article Sent To:  
**WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees **\$2.98**

Postmark  
APR 13 2000

Joan A. Hudson  
8053 San Vista Circle  
Naples, FL 34109

For Instructions

7099 3220 0005 9425 1587

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

Article Sent To:  
**WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees **\$2.98**

Yates Brothers  
105 South Fourth Street  
Artesia, NM 88210

SENDER: [REDACTED]  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

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

1. Article Addressed to:  
Yates Brothers  
105 South Fourth Street  
Artesia, NM 88210

2. Article Number (Copy from service label) **7099 3220 0005 9417 5098**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **JOANN GRIGGS** B. Date of Delivery **4-17-00**  
C. Signature **[Signature]** ☐ Agent ☒ Addressee  
D. Is delivery address different from item 1? ☒ Yes ☐ No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Article Sent To:  
**WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees **\$2.98**

Henry F. Thorne  
P.O. Box 36  
Long Pine, NE 69217-0036

SENDER: [REDACTED]  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

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

1. Article Addressed to:  
Henry F. Thorne  
P.O. Box 36  
Long Pine, NE 69217-0036

2. Article Number (Copy from service label) **7099 3220 0005 9417 5067**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **Henry Thorne** B. Date of Delivery **4-17-00**  
C. Signature **[Signature]** ☐ Agent ☒ Addressee  
D. Is delivery address different from item 1? ☒ Yes ☐ No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7099 3220 0005 9426 1135

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

Article Sent To:

WFC 352

Postage \$1.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$2.98

Robert Grant Keyes & Alerta N. Keyes  
H/w JTWROS, in Life Estate Remaindermen:  
Marsha A. Keyes (1/2) c/o Norwest Bank NM,  
Acct. #2213451  
400 N. Pennsylvania Ave.  
Roswell, NM 88201

## SENDER

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

## 1. Article Addressed to:

Robert Grant Keyes & Alerta N. Keyes  
H/w JTWROS, in Life Estate Remaindermen:  
Marsha A. Keyes (1/2) c/o Norwest Bank NM,  
Acct. #2213451  
400 N. Pennsylvania Ave.  
Roswell, NM 88201

## 2. Article Number (Copy from service label)

7099 3220 0005 9426 1135

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-179

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

## ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
4-17-00

C. Signature  
X *Robert Keyes* ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7099 3220 0005 9426 1128

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

Article Sent To:

WFC 352

Postage \$1.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$2.98

Minerals Management Service  
Royalty Management Program  
Box 5810 TA  
Denver, CO 80217

## SENDER: C

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

## 1. Article Addressed to:

Minerals Management Service  
Royalty Management Program  
Box 5810 TA  
Denver, CO 80217

## 2. Article Number (Copy from service label)

7099 3220 0005 9426 1128

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

## ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
David W. Thorne 4/19/00

C. Signature  
X *David W. Thorne* ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7099 3220 0005 9417 5050

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

Article Sent To:

WFC 352

Postage \$1.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$2.98

David W. Thorne  
151 Johnarbor Drive, West  
Rochester, NY 14620-3628

## SENDER:

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

## 1. Article Addressed to:

David W. Thorne  
151 Johnarbor Drive, West  
Rochester, NY 14620-3628

## 2. Article Number (Copy from service label)

7099 3220 0005 9417 5050

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789



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

Article Sent To: **WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Postmark Here: **APR 13 2003**

Fredric Charles Griffin  
P.O. Box 44941  
Phoenix, AZ 86064

1. Article Addressed to:  
Charles Griffin  
44941  
AZ 86064

2. Article Number (Copy from service label) **7099 3220 0005 9420 0592**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Postmark Here: **APR 13 2003**

Ann D. Allison  
P.O. box 64035  
Lubbock, TX 79464

1. Article Addressed to:  
Ann D. Allison  
P.O. box 64035  
Lubbock, TX 79464

2. Article Number (Copy from service label) **7099 3220 0005 9420 0462**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Postmark Here: **APR 13 2003**

Edith C. Wheeler Estate  
P.O. Box 64035  
Lubbock, TX 79464

1. Article Addressed to:  
Edith C. Wheeler Estate  
P.O. Box 64035  
Lubbock, TX 79464

2. Article Number (Copy from service label) **7099 3220 0005 9420 0431**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
APR 13 2000

Barbara Ann Kurz  
8727 Point Park Drive, Apt. #414  
Houston, TX 77095

For Instructions

7099 3220 0005 9420 0561

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
APR 13 2000

Trust of John Olaf Larsaard and Sharon Larue Lasaard  
7627 146<sup>th</sup> Ave., East  
Sumner, WA 98390

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Trust of John Olaf Larsaard and Sharon Larue Lasaard  
7627 146<sup>th</sup> Ave., East  
Sumner, WA 98390

2. Article Number (Copy from service label) **7099 3220 0005 9420 0574**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Sharon Larue Lasaard** B. Date of Delivery **4/17/00**

C. Signature **X** *Sharon Larue Lasaard* ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-17

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
APR 13 2000

Zanaida Ruth Griffen  
2808 Abingdon Parkway  
Birmingham, AL 35243

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Zanaida Ruth Griffen  
2808 Abingdon Parkway  
Birmingham, AL 35243

2. Article Number (Copy from service label) **7099 3220 0005 9420 0585**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **ZANAIDA RUTH GRIFFEN** B. Date of Delivery **APR 18 2000**

C. Signature **X** *Zanaida Ruth Griffen* ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-17

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

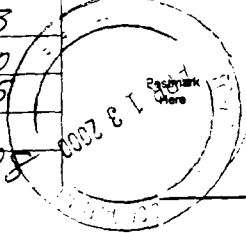
7099 3220 0005 9420 0509

Article Sent To:

WFC 352

Postage \$1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$2.98

Russell Trust  
 First National Bank of Artesia  
 P.O. Box AA  
 Artesia, NM 88211-7526



COMPLETE THIS SECTION

1, 2, and 3. Also complete Restricted Delivery if desired, and address on the reverse return the card to you, to the back of the mailpiece, if space permits.

to:  
 First National Bank of Artesia  
 AA  
 M 88211-7526

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 Phillip L. Lauer 4-12-00

C. Signature  
 Phillip L. Lauer ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9420 0509

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

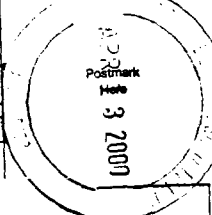
7099 3220 0005 9420 0523

Article Sent To:

WFC 352

Postage \$1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$2.98

Betty Lou Price  
 5210 Churubusco Drive  
 Austin, TX 78759



for instructions

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

7099 3220 0005 9420 0516

Article Sent To:

WFC 352

Postage \$1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$2.98

David H. Arrington  
 David H. Arrington Oil & Gas  
 P.O. Box 2071  
 Midland, TX 79702

SENDER: COM

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

1. Article Addressed to:

David H. Arrington  
 David H. Arrington Oil & Gas  
 P.O. Box 2071  
 Midland, TX 79702

A. Received by (Please Print Clearly) B. Date of Delivery  
 Shauna Slough 4-18-00

C. Signature  
 Shauna Slough ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9420 0523

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

**SENDER:**

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

1. Article Addressed to:

James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

**7099 3220 0005 9420 0486**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Lillian O'Haco McNally  
2801 N. Kentucky Ave., Apt #249  
Roswell, NM 88201

**SENDER:**

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

1. Article Addressed to:

Lillian O'Haco McNally  
2801 N. Kentucky Ave., Apt #249  
Roswell, NM 88201

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

**7099 3220 0005 9420 0653**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Steven Mark Henson  
7143 Paladin Way  
Rio Linda, CA 95673

**SENDER:**

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

1. Article Addressed to:

Steven Mark Henson  
7143 Paladin Way  
Rio Linda, CA 95673

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

**7099 3220 0005 9420 0622**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

Article Sent To: **WFC 352**

Postage \$ **1.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

SEND

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

1. Article Addressed to:  
Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

2. Article Number (Copy from service label) **7099 3220 0005 9420 0479**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **DAVIS A. COPPEDGE** B. Date of Delivery **4-17-00**  
C. Signature **[Signature]**  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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

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

Article Sent To: **WFC 352**

Postage \$ **.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Richard K. Davidson  
P.O. Box 387  
La Jara, CO 81140-0387

APR 13 2001

SENDER: **[Redacted]**

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

1. Article Addressed to:  
Richard K. Davidson  
P.O. Box 387  
La Jara, CO 81140-0387

2. Article Number (Copy from service label) **7099 3220 0005 9420 0317**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **RICHARD K. DAVIDSON** B. Date of Delivery **4-17-00**  
C. Signature **[Signature]**  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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

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

Article Sent To: **WFC 352**

Postage \$ **.33**  
Certified Fee **1.40**  
Return Receipt Fee (Endorsement Required) **1.25**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **2.98**

Larue White  
1776 Larch Ave., #303  
Cincinnati, OH 45224

SENDER: **[Redacted]**

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

1. Article Addressed to:  
Larue White  
1776 Larch Ave., #303  
Cincinnati, OH 45224

2. Article Number (Copy from service label) **7099 3220 0005 9417 5081**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **LARUE WHITE** B. Date of Delivery **4-17-00**  
C. Signature **[Signature]**  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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

7099 3220 0005 9420 0455

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Michael H. Moore  
P.O. Box 3389  
Sherman, TX 75091

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Michael H. Moore  
P.O. Box 3389  
Sherman, TX 75091

2. Article Number (Copy from service label) **7099 3220 0005 9420 0455**

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
**4-17-00**

C. Signature  
*[Signature]*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-99-M-1789

7099 3220 0005 9420 0639

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Laura Patricia Lodewick  
511 Newell  
Dallas, TX 75223

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Laura Patricia Lodewick  
511 Newell  
Dallas, TX 75223

2. Article Number (Copy from service label) **7099 3220 0005 9420 0639**

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
**4-17-00**

C. Signature  
*[Signature]*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-99-M-1789

7099 3220 0005 9420 0448

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

Article Sent To:  
**WFC 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

James R. McWhorter, AIF for  
Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

James R. McWhorter, AIF for  
Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321

2. Article Number (Copy from service label) **7099 3220 0005 9420 0448**

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
**4-17-00**

C. Signature  
*[Signature]*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-99-M-1789

7099 3220 0005 9425 1822

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

Article Sent To:  
**WFO 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark Here  
JAN 13 2000

Janice Gettys  
803 Smith Stratton Street  
Decatur, TX 76234

or Instructions

7099 3220 0005 9420 0646

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

Article Sent To:  
**WFO 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

John Widney Lodewick  
3305 Wentwood  
Dallas, TX 75225

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

John Widney Lodewick  
3305 Wentwood  
Dallas, TX 75225

2. Article Number (Copy from service label) **7099 3220 0005 9420 0646**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **John Lodewick** B. Date of Delivery **4-24-00**

C. Signature **[Signature]** ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-178

7099 3220 0005 9420 0660

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

Article Sent To:  
**WFO 352**

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

William Richard Ballard  
11651 E. Calle Javelina  
Tucson, AZ 85748

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

William Richard Ballard  
11651 E. Calle Javelina  
Tucson, AZ 85748

2. Article Number (Copy from service label) **7099 3220 0005 9420 0660**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **m. Ballard** B. Date of Delivery **4-17-00**

C. Signature **[Signature]** ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-178

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

Article Sent To: WFC 352

Postage \$ 1.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Balwick Limited Partnership  
2516 Lockheed  
Midland, TX 79701

SENDER: Balwick Limited Partnership  
2516 Lockheed  
Midland, TX 79701

1. Article Addressed to:

2. Article Number (Copy from service label) 7099 3220 0005 9420 0530

1, July 1999 Domestic Return Receipt 102595-99-M-1789

ON DELIVERY

A. Received by (Please Print Clearly) Vicki Owens B. Date of Delivery 4/15/00

C. Signature Vicki Owens ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Article Sent To: WFC 352

Postage \$ 1.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Brent W. McWhorter  
Trustee - McW Family Trust 2/89  
6140 East Voltaire  
Scottsdale, AZ 85254

SENDER: Brent W. McWhorter  
Trustee - McW Family Trust 2/89  
6140 East Voltaire  
Scottsdale, AZ 85254

1. Article Addressed to:

2. Article Number (Copy from service label) 7099 3220 0005 9420 0530

1, July 1999 Domestic Return Receipt 102595-99-M-1789

ON DELIVERY

A. Received by (Please Print Clearly) Vicki Owens B. Date of Delivery 4/15/00

C. Signature Vicki Owens ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Article Sent To: WFC 352

Postage \$ 1.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Vicki Lynn Owens  
P.O. Box 696  
Eunice, NM 88231

SENDER: Vicki Lynn Owens  
P.O. Box 696  
Eunice, NM 88231

1. Article Addressed to:

2. Article Number (Copy from service label) 7099 3220 0005 9420 0608

1, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Vicki Owens B. Date of Delivery 4/15/00

C. Signature Vicki Owens ☐ Agent ☒ Addressee

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

2. Article Number (Copy from service label) 7099 3220 0005 9420 0608

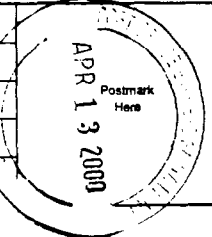


U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

WFC 352

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 2.98



Scott Charles Henson  
 7143 Paladin Way  
 Rio Linda, CA 95673

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse of an return the card to you. Attach to the back of the mailpiece, if space permits.

Sent to:

Charles Henson  
 7143 Paladin Way  
 Rio Linda, CA 95673

A. Received by (Please Print Clearly) B. Date of Delivery  
 Devin W. Henson 4/15/00

C. Signature  
 X Devin W. Henson ☐ Agent ☐ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9420 0615

PS Form 3811, July 1999

Domestic Return Receipt

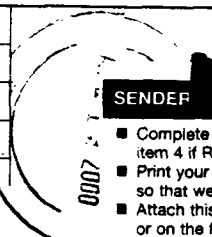
102595-99-M-178

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

Article Sent To:

WFC 352

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 2.98



Joan Ann Hudson Davis  
 6770 Wolf Creek Court  
 Rio Rancho, NM 87124

SENDER

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

1. Article Addressed to:

Joan Ann Hudson Davis  
 6770 Wolf Creek Court  
 Rio Rancho, NM 87124

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

C. Signature  
 X Lawrence P. Davis ☐ Agent ☐ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9426 1142

PS Form 3811, July 1999

Domestic Return Receipt

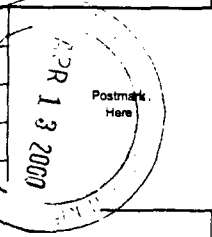
102595-99-M-178

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

Article Sent To:

WFC 352

Postage \$ 1.33  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 2.98



Elizabeth T. Greene  
 200 East 22<sup>nd</sup>, Apt. #12  
 Roswell, NM 88201

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse of an return the card to you. Attach to the back of the mailpiece, if space permits.

Sent to:

E. Greene  
 2<sup>nd</sup>, Apt. #12  
 NM 88201

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  
 X Elizabeth T. Johnson ☐ Agent ☐ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9425 1839

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178