BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF RICKS EXPLORATION, INC. FOR POOL CREATION AND SPECIAL POOL RULES, LEA COUNTY, NEW MEXICO. **Case No. 12,538**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing them, by certified mail, copies of the Application. Copies of the notice letters and certified return receipts are attached hereto as Exhibits A and B.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 14th day of November, 2000, by James Bruce.

Notary Public

My Commission Expires:

3/14/2001

NEW MEXICO OIL CONSERVATION DIVISION

EXHIBIT 3

CASE NO.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

October 25, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Interest owners in the SE¼ §22-12S-38E
Burrus Well No. 1

Ladies and Gentlemen:

Enclosed is a copy of an application for pool creation and special pool rules, filed with the New Mexico Oil Conservation Division by Ricks Exploration, Inc., regarding the SE¼ of Section 22, Township 12 South, Range 38 East, NMPM, Lea County, New Mexico. The application will be heard at 8:15 a.m. on Thursday, November 16, 2000, at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Ricks
Exploration, Inc.

EXHIBIT A

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:

DAN FIELD
P O BOX 1105
LOVINGTON, NEW MEXICO 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ 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)*
7000 0600 0025 0308 3576

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

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

7000 0600 0025 0308 3712

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
DISCOVERY EXPLORATION
Street, Apt. No. 410 NORTH MAIN
City, State, ZIP+4 MIDLAND, TEXAS 79701

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0600 0025 0308 3576

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
DAN FIELD
Street, Apt. No. P O BOX 1105
City, State, ZIP. LOVINGTON, NEW MEXICO 88260

PS Form 3800, February 2000 See Reverse for Instructions

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:

DISCOVERY EXPLORATION
410 NORTH MAIN
MIDLAND, TEXAS 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/30/00

C. Signature
X ☐ 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)*
7000 0600 0025 0308 3712

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

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

7000 0600 0025 0308 3446

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 30 2000 SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No. JASHA CULTRERI
601 NORTH MARIENFELD, STE 500

City, State, ZIP+4 MIDLAND, TEXAS 79701

PS Form 3800, February 2000 — See Reverse for Instructions

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:

FIELD IRWIN
P O BOX 350
FORT SUMNER, NEW MEXICO 88119

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ 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)* 7000 0600 0025 0308 3613

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

R

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:

JASHA CULTRERI
601 NORTH MARIENFELD, STE 500
MIDLAND, TEXAS 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Cathy Rose — B. Date of Delivery 10/30/00

C. Signature
X Cathy Rose ☐ Agent ☐ Addressee

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

10-30-00
SMO

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)* 7000 0600 0025 0308 3446

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

R

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

7000 0600 0025 0308 3613

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 30 2000 SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No. FIELD IRWIN
P O BOX 350

City, State, ZIP+4 FORT SUMNER, NEW MEXICO 88119

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3644

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

OCT 5 2000 SANTA FE NM 87502 Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
WILLIAM C DEAN
Street, Apt. No.; or PO Box No. 1504 BRIGHTON AVE
City, State, ZIP+4 OKLAHOMA CITY, OKLAHOMA 73120

PS Form 3800, February 2000 See Reverse for Instructions

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:

JIMMY P HODGE D/B/A JPH OIL
PRODUCERS
P O BOX 665
LOVINGTON, NEW MEXICO 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ 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)* 7000 0600 0025 0308 3644

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

R

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 C DEAN
1504 BRIGHTON AVE
OKLAHOMA CITY, OKLAHOMA 73120

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ 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)* 7000 0600 0025 0308 3644

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

R

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

7000 0600 0025 0308 3750

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

SANTA FE Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
JIMMY P HODGE D/B/A JPH OIL
Street, Apt. No.; or PO Box No. PRODUCERS
P O BOX 665
City, State, ZIP+4 LOVINGTON, NEW MEXICO 88260

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0600 0025 0308 3767

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3-20

USPS SANTA FE NM 87502 Postmark Here

Recipient's Name DIANA WICKHAM
Street, Apt. No.; or *C/O ARNOLD OIL PROPERTIES*
4323 NW 63RD
SUITE 200
City, State, ZIP+4 OKLAHOMA CITY, OKLAHOMA 73116

PS Form 3800, February 2000 See Reverse for Instructions

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:

CLAUDIA J ROEBUCK
C/O ARNOLD OIL PROPERTIES
4323 NW 63RD
SUITE 200
OKLAHOMA CITY, OKLAHOMA 73116-1513

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/30

C. Signature
X Diana Wickham ☒ 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)* 7000 0600 0025 0308 3514

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

R

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:

DIANA WICKHAM
C/O ARNOLD OIL PROPERTIES
4323 NW 63RD
SUITE 200
OKLAHOMA CITY, OKLAHOMA 73116

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/30

C. Signature
X Diana Wickham ☐ 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)* 7000 0600 0025 0308 3767

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

R

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

7000 0600 0025 0308 3514

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3-20

USPS SANTA FE NM 87502 Postmark Here

Recipient's Name CLAUDIA J ROEBUCK
Street, Apt. No.; *C/O ARNOLD OIL PROPERTIES*
4323 NW 63RD
SUITE 200
City, State, ZIP+4 OKLAHOMA CITY, OKLAHOMA 73116-1513

PS Form ... See Reverse for Instructions

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

7000 0600 0025 0308 3491

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here — SANTA FE NM 87502 OCT 30 2000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
JOE H PATE
Street, Apt. No.; or 3625 GOODGER DRIVE SUITE A
City, State, ZIP+4 OKLAHOMA CITY, OKLAHOMA 73112

PS Form 3800, February 2000 — See Reverse for Instructions

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:

ROBERT C CALLAN JR
3000 OKLAHOMA TOWER
210 PARK AVENUE
OKLAHOMA CITY, OKLAHOMA 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 10/31

C. Signature
X J Howard ☐ 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)* 7000 0600 0025 0308 3499

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

R

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:

JOE H PATE
3625 GOODGER DRIVE SUITE A
OKLAHOMA CITY, OKLAHOMA 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 10/30/00

C. Signature
X C. LaCava ☐ 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)* 7000 0600 0025 0308 3491

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

R

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

7000 0600 0025 0308 3499

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here — SANTA FE NM 87502 OCT 30 2000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ROBERT C CALLAN JR
Street, Apt. No., or P 3000 OKLAHOMA TOWER
210 PARK AVENUE
City, State, ZIP+4 OKLAHOMA CITY, OKLAHOMA 73102

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3538

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here: OCT 25 2000 SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (to be completed by mailer)
TROPICAL MINERALS INC
Street, Apt. No.; or P O BOX 770481
OKLAHOMA CITY, OKLAHOMA 73177
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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:

CENTERPOINT RESOURCES INC
P O BOX 1821
MIDLAND, TEXAS 79702

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

MIDLAND TX DOWNTOWN STA OCT 30 2000 USPS

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)* 7000 0600 0025 0308 3743

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

R

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:

TROPICAL MINERALS INC
P O BOX 770481
OKLAHOMA CITY, OKLAHOMA 73177

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

OKLAHOMA CITY OK OCT 30 2000 USPS

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)* 7000 0600 0025 0308 3538

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

R

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

7000 0600 0025 0308 3743

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here: OCT 25 2000 SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (to be completed by mailer)
CENTERPOINT RESOURCES INC
Street, Apt. No.; or P O BOX 1821
MIDLAND, TEXAS 79702
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3736

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

USPS OCT 27 00 SANTA FE NM 87502 Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ENERSTAR RESOURCES O&G LLC
Street, Apt. No.
P O BOX 606
CARLSBAD, NEW MEXICO 88221
City, State, ZIP

PS Form 3800, February 2000 — See Reverse for Instructions

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:

OGALLALA RESOURCES INC
441 CACTUS ROAD
YUKON, OKLAHOMA 73099

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 10/28

C. Signature
X [signature] ☐ 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)* 7000 0600 0025 0308 3637

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

R

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:

ENERSTAR RESOURCES O&G LLC
P O BOX 606
CARLSBAD, NEW MEXICO 88221

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 10 30 00

C. Signature
X [signature] ☐ 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)* 7000 0600 0025 0308 3736

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

R

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

7000 0600 0025 0308 3637

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

USPS OCT 27 00 SANTA FE NM 87502 Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
OGALLALA RESOURCES INC
Street, Apt. No.,
441 CACTUS ROAD
YUKON, OKLAHOMA 73099
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3781

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here: USPS OCT 23 2002 SANTA FE NM 87502

Recipient's Name (Please Print Clearly)
Street, Apt. No.; or PO Box No.: CLAUDE C ARNOLD REVOC LIV TR
4323 N W 63RD ST SUITE 200
City, State, ZIP+4: OKLAHOMA CITY, OKLAHOMA 73116

PS Form 3800, February 2000 — See Reverse for Instructions

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:

LEO BOYD ELLIOTT JR
600 STILL HOLLOW ROAD
EDMOND, OKLAHOMA 73034

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Carol Elliott ☐ 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)* 7000 0600 0025 0308 3651

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

R

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:

CLAUDE C ARNOLD REVOC LIV TR
4323 N W 63RD ST SUITE 200
OKLAHOMA CITY, OKLAHOMA 73116

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 10/30

C. Signature
X Carla Wilson ☑ 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)* 7000 0600 0025 0308 3781

PS Form 3811, July 1999

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

7000 0600 0025 0308 3651

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here: USPS OCT 23 2002 SANTA FE NM 87502

Recipient's Name (Please Print Clearly)
Street, Apt. No.; or PO Box No.: LEO BOYD ELLIOTT JR
600 STILL HOLLOW ROAD
City, State, ZIP+4: EDMOND, OKLAHOMA 73034

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3828

Postage	$ 2.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 30 2000 SANTA FE NM 87508

Recipient's Name (Please Print Clearly) (to be completed by mailer)

JAMES D PATE JR TRUST
DATED 8-8-86

Street, Apt. No.; or PO Box No.: 3625 GOODGER DR SUITE D

City, State, ZIP+4: OKLAHOMA CITY, OKLAHOMA 73112

PS Form 3800, February 2000 — See Reverse for Instructions

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:

BLAKE ARNOLD
4323 N W 63RD STREET SUITE 200
OKLAHOMA CITY, OKLAHOMA 73116

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 10/30

C. Signature
X Dana Williams ☒ 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)*: 7000 0600 0025 0308 3784

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

R

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 D PATE JR TRUST
DATED 8-8-86
3625 GOODGER DR SUITE D
OKLAHOMA CITY, OKLAHOMA 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 10/30/00

C. Signature
X C. LaCava ☐ 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)*: 7000 0600 0025 0308 3828

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

R

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

7000 0600 0025 0308 3774

Postage	$ 2.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 30 2000 SANTA FE NM 87508

Recipient's Name (Please Print Clearly) (to be completed by mailer)

BLAKE ARNOLD

Street, Apt. No.; or PO Box No.: 4323 N W 63RD STREET SUITE 200

City, State, ZIP+4: OKLAHOMA CITY, OKLAHOMA 73116

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3583

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 28 2000 SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (To be completed by mailer)
MIKE FIELD
Street, Apt. No.; or 2112 INDIANA AVE
City, State, ZIP+4 LUBBOCK, TEXAS 79410

PS Form 3800, February 2000 — See Reverse for Instructions

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:

LARRY FENITY
2301 BROOKSIDE AVENUE
EDMOND, OKLAHOMA 73034

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

EDMOND OKLA 730 OCT 28 2000

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)* 7000 0600 0025 0308 3804

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

R

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:

MIKE FIELD
2112 INDIANA AVE
LUBBOCK, TEXAS 79410

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 10-30-0

C. Signature
X [signature] ☐ 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)* 7000 0600 0025 0308 3583

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

R

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

7000 0600 0025 0308 3804

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 28 2000 SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (To be completed by mailer)
LARRY FENITY
Street, Apt. No.; or PO 2301 BROOKSIDE AVENUE
City, State, ZIP+4 EDMOND, OKLAHOMA 73034

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3668

Postage	$ 0.53
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here: SANTA FE NM 87502 OCT 25 2000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
KENT JOHNSON
Street, Apt. No., or PO Box No.: 3008 W HEFNER
City, State, ZIP+4: OKLAHOMA CITY, OKLAHOMA 73120

PS Form 3800, February 2000 — See Reverse for Instructions

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:

1ST NATL BKOF BROWNFIELD TX
TRTEE OF ANITA FIELD IRR TRS
DATED APRIL 3 1986
P O BOX 1067
BROWNFIELD, TEXAS 79316

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Maurice Hudson — B. Date of Delivery: 10-30-00

C. Signature: X Maurice Hudson — ☐ 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)* 7000 0600 0025 0308 3569

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

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:

KENT JOHNSON
3008 W HEFNER
OKLAHOMA CITY, OKLAHOMA 73120

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Leonna Johnson — B. Date of Delivery

C. Signature: X Leonna Johnson — ☐ Agent ☐ Addressee

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

USPS OKLAHOMA CITY OK VILLAGE BR OCT 31 2000

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)* 7000 0600 0025 0308 3668

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

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

7000 0600 0025 0308 3569

Postage	$ 0.53
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here: SANTA FE NM 87502 OCT 25 2000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
1ST NATL BKOF BROWNFIELD TX
Street, Apt. No., or PO Box No.: TRTEE OF ANITA FIELD IRR TRS
DATED APRIL 3 1986
City, State, ZIP+4: P O BOX 1067
BROWNFIELD, TEXAS 79316

PS Form [illegible] — See Reverse for Instructions

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

7000 0600 0025 0308 3675

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here — SANTA FE NM 87502 — Oct 30 2000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
MATRIX PRODUCTION COMPANY
Street, Apt. No.; or PO Box No. 1650 HIGHWAY 6 - SUITE 120
City, State, ZIP+4 SUGAR LAND, TEXAS 77478

PS Form 3800, February 2000 — See Reverse for Instructions

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:

ENVIRONMENTAL RISK REDUCTION
INC (TOM ROBERTSON)
3000 OKLAHOMA TOWER
210 PARK AVENUE
OKLAHOMA CITY, OKLAHOMA 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10-30-00

C. Signature: X J Howard — ☐ 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)* 7000 0600 0025 0308 3682

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

R

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:

MATRIX PRODUCTION COMPANY
1650 HIGHWAY 6 - SUITE 120
SUGAR LAND, TEXAS 77478

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Debby Harding — B. Date of Delivery: 10/30/00

C. Signature: X Debby Harding — ☐ 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)* 7000 0600 0025 0308 3675

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

R

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

7000 0600 0025 0308 3682

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here — SANTA FE NM 87502 — Oct 30 2000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ENVIRONMENTAL RISK REDUCTION
INC (TOM ROBERTSON)
3000 OKLAHOMA TOWER
Street, Apt. No.; or PO Box No. 210 PARK AVENUE
City, State, ZIP+4 OKLAHOMA CITY, OKLAHOMA 73102

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3798

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

SANTA FE NM 87502

Recipient's N (To be completed by mailer)
CARDINAL RIVER FARM INC
Street, Apt. N 3000 OKLAHOMA TOWER
210 PARK AVENUE
City, State, Zil OKLAHOMA CITY, OKLAHOMA 73102

PS Form 3800, February 2000 — See Reverse for Instructions

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:

PEAK INVESTMENTS
P O BOX 3130
MIDLAND, TEXAS 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Adelina Rodriguez — B. Date of Delivery NOV 1 2000

C. Signature X Adelina Rodriguez ☐ 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)* 7000 0600 0025 0308 3729

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

R

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:

CARDINAL RIVER FARM INC
3000 OKLAHOMA TOWER
210 PARK AVENUE
OKLAHOMA CITY, OKLAHOMA 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 10-30-00

C. Signature X J Howard ☐ 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)* 7000 0600 0025 0308 3798

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

R

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

7000 0600 0025 0308 3729

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

SANTA FE NM 87502

Recipient's Name *(Please Print Clearly)* (to be completed by mailer)
PEAK INVESTMENTS
Street, Apt. No., or P O BOX 3130
MIDLAND, TEXAS 79702
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3507

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

SANTA FE NM 87502 NOV 13 '00

Recipient's Name (Please print clearly) (to be completed by mailer)

J DURNOOD PATE
5817 N GRAND BOULEVARD
OKLAHOMA CITY, OKLAHOMA 73118

Street, Apt. No., or

City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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:

MONARCH RESOURCES LLC
3000 OKLAHOMA TOWER
210 PARK AVENUE
OKLAHOMA CITY, OKLAHOMA 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10-30-00

C. Signature: X J Howard ☐ 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)* 7000 0600 0025 0308 3545

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

R

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:

J DURNOOD PATE
5817 N GRAND BOULEVARD
OKLAHOMA CITY, OKLAHOMA 73118

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 11/2/00

C. Signature: X C. LaCava ☐ 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)* 7000 0600 0025 0308 3507

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

R

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

7000 0600 0025 0308 3545

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

USPS SANTA FE NM 87501 NOV 13 '00

Recipient's Name (Please print clearly) (to be completed by mailer)

MONARCH RESOURCES LLC
3000 OKLAHOMA TOWER
210 PARK AVENUE
OKLAHOMA CITY, OKLAHOMA 73102

Street, Apt. No.; or

City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3705

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 2.20

OCT 23 2000 SANTA FE NM 87502 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
JON G MASSEY
P O BOX 57697
NEW ORLEANS, LOUISIANA 70157

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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:

HENRY J FREEDE
430 NW 13TH
OKLAHOMA CITY, OKLAHOMA 73103

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: JERRY PAPPAS — B. Date of Delivery: 10-30-00

C. Signature: X [signature] ☐ 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)* 7000 0600 0025 0308 3811

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

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:

JON G MASSEY
P O BOX 57697
NEW ORLEANS, LOUISIANA 70157

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

OCT 30 2000 POST OFFICE BOX SECTION

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)* 7000 0600 0025 0308 3705

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

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

7000 0600 0025 0308 3811

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

OCT 30 2000 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
HENRY J FREEDE
430 NW 13TH
OKLAHOMA CITY, OKLAHOMA 73103

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0600 0025 0308 3477

Postage	$ 0.37
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.52

Postmark Here: SANTA FE NM 87501 OCT 31 2000

Recipient's Name (Please print clearly) (To be completed by mailer)
Street, Apt. No., or PO Box No.: BLUE MOUNTAIN LLC ATTN: BOB KELLY 3000 OKLAHOMA TOWER 210 PARK AVENUE
City, State, ZIP+4: OKLAHOMA CITY, OKLAHOMA 73102

PS Form 3800, February 2000 — See Reverse for Instructions

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:

RICKS EXPLORATION II LP
3000 OKLAHOMA TOWER
210 PARK AVENUE
OKLAHOMA CITY, OKLAHOMA 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery: 10-30-00

C. Signature: X J Howard ☐ 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) 7000 0600 0025 0308 3521

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

R

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:

BLUE MOUNTAIN LLC
ATTN: BOB KELLY
3000 OKLAHOMA TOWER
210 PARK AVENUE
OKLAHOMA CITY, OKLAHOMA 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery: 10-30-00

C. Signature: X J Howard ☐ 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) 7000 0600 0025 0308 3477

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

R

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

7000 0600 0025 0308 3521

Postage	$ 0.37
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.52

Postmark Here: SANTA FE NM 87501 OCT 31 2000

Recipient's Name (Please print clearly) (To be completed by mailer)
Street, Apt. No., or PO Box No.: RICKS EXPLORATION II LP 3000 OKLAHOMA TOWER 210 PARK AVENUE
City, State, ZIP+4: OKLAHOMA CITY, OKLAHOMA 73102

PS Form 3800, February 2000 — See Reverse for Instructions

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:

GERALDINE HISEL
N HIGHWAY 84
FORT SUMNER, NEW MEXICO 88119

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Geraldine Hisel
B. Date of Delivery 11-2-20

C. Signature
X Geraldine Hisel ☐ 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)* 7000 0600 0025 0308 3620

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

R

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

Postage	$ 0.55
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

SANTA FE NM 87502 Postmark Here

7000 0600 0025 0308 3620

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*

Street, Apt. No., GERALDINE HISEL
N HIGHWAY 84
City, State, ZIP+4 FORT SUMNER, NEW MEXICO 88119

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0025 0308 3460

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

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.53

Postmark Here

USPS SANTA FE NM 87503 OCT 2 2000

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*
DAVID C STORY
C/O THE OKLAHOMA PUBLISHING CO
9000 N BROADWAY
OKLAHOMA CITY, OKLAHOMA 73114

Street, Apt. No.
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

7000 0600 0025 0308 3552

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

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.53

Postmark Here

USPS SANTA FE NM 87503 OCT 2 2000

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*
87 RANCH MINERAL LTD PARTNSHP
C/O SARAH K BURRUS
ROUTE 1 BOX 27
PLAINS, TEXAS 79355

Street, Apt.
City, State,

PS Form 3800, February 2000 — See Reverse for Instructions

7000 0600 0025 0308 3453

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

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 27 2000
USPS SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ELEVEN SANDS EXPLORATION INC.
C/O OPUSCO
Street, Apt. No.; c 9000 N BROADWAY
OKLAHOMA CITY, OKLAHOMA 73114
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

7000 0600 0025 0308 3484

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

Postage	$ 0.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

OCT 27 2000
USPS SANTA FE NM 87502

Recipient's Name (Please Print Clearly) (to be completed by mailer)
REHOBOTH INC
Street, Apt. No.; or 2600 W COFFEE CREEK RD
EDMOND, OKLAHOMA 73003
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

October 25, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

J.P.H. Oil Producers
P.O. Box 565
Lovington, New Mexico 88260

Mark Mladenka
Estate of Charles B. Gillespie , Jr.
P.O. Box 8
Midland, Texas 79701

Ladies and Gentlemen:

Enclosed is a copy of an application for pool creation and special pool rules, filed with the New Mexico Oil Conservation Division by Ricks Exploration, Inc., regarding the SE¼ of Section 22, Township 12 South, Range 38 East, NMPM, Lea County, New Mexico. The application will be heard at 8:15 a.m. on Thursday, November 16, 2000, at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an offset operator, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Ricks
Exploration, Inc.

EXHIBIT B

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

7000 0600 0025 0308 3415

Postage	$ 0.55
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark: SANTA FE NM 87502 OCT 25 2000

Recipient's Mark Mladenka
Estate of Charles B. Gillespie , Jr.
Street, Apt. N P.O. Box 8
Midland, Texas 79701
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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:

Mark Mladenka
Estate of Charles B. Gillespie , Jr.
P.O. Box 8
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: OCT 31 2000

C. Signature: X [signature] ☐ 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)* 7000 0600 0025 0308 3415

102595-00-M-0952

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:

J.P.H. Oil Producers
P.O. Box 565
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: X [signature] ☐ 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)* 7000 0600 0025 0308 3439

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

R2

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

7000 0600 0025 0308 3439

Postage	$ 0.55
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark: SANTA FE NM 87502 OCT 25 2000

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*
J.P.H. Oil Producers
Street, Ap P.O. Box 565
Lovington, New Mexico 88260
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions