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

Case No. 12563

2

APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION FOR TERMINATION OF GAS PRORATIONING IN THE JALMAT AND EUMONT GAS POOLS AND TO AMEND THE SPECIAL RULES GOVERNING BOTH POOLS, LEA COUNTY, NEW MEXICO.

AFFIDAVIT

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

Michael E. Stogner, authorized representative of the New Mexico Oil Conservation Division, the Applicant herein, being first duly sworn, upon oath, states that notice has been provided to all interested parties entitled to receive notice of this application under Division Rule 1207.A (4) (b), and that notice has been given at the address shown on Attachment "B" affixed hereto.

Michael E. Stogner

SUBSCRIBED AND SWORN to before me this 11th day of July, 2001.

Notary Public

My Commission Expires:
2/18/03

NMOCD EXHIBIT NO. 2
CASE NO. 12563

Attachment "A"

OPERATORS WITH NON-PLUGGED COMPLETIONS IN JALMAT AND EUMONT POOLS

EUMONT;YATES-7 RVRS-QUEEN (PRO GAS)

AMERADA HESS CORP
APACHE CORP
ARCH PETROLEUM INC
ARCO PERMIAN
BEC CORP
BURGUNDY OIL & GAS OF N M INC
CHANTREY CORPORATION
CHEVRON U S A INC
CITATION OIL & GAS CORP
CONOCO INC
DAVID H ARRINGTON OIL & GAS INC
DEVON ENERGY PRODUCTION COMPANY, LP
DOYLE HARTMAN
ERWIN OIL & GAS LTD CO
EXXON MOBIL CORPORATION
FALCON CREEK RESOURCES, INC.
FULFER OIL & CATTLE LLC
GRUY PETROLEUM MANAGEMENT CO.
HAL J RASMUSSEN OPER INC
HARVARD PETROLEUM CORPORATION
JACK HUFF
JOE MELTON DRLG CO INC
JOHN H HENDRIX CORP
KERR-MCGEE OIL & GAS ONSHORE LLC
LANEXCO INC
LEWIS B BURLESON INC
LINDENMUTH & ASSOCIATES INC
MARATHON OIL CO
MAYNARD OIL COMPANY
MCDONNOLD OPERATING INC
ME-TEX OIL & GAS INC
MEWBOURNE OIL CO
MILLARD DECK ESTATE
MIRAGE ENERGY INC
MOREXCO INC
OCCIDENTAL PERMIAN LTD
OIL & GAS OPERATIONS
OXY USA WTP LIMITED PARTNERSHIP
PECOS RIVER OP INC
PENROC OIL CORP
PERMIAN RESOURCES INC
PURE RESOURCES, LP
RALPH C BRUTON
SAGA PETROLEUM LIMITED LIABILITY CO.
SAPIENT ENERGY CORPORATION
TEXACO EXPLORATION & PRODUCTION INC
WILLIAM A & EDWARD R HUDSON
XERIC OIL & GAS CORP
ZACHARY OIL OPERATING CO
ZIA ENERGY INC

OPERATORS WITH NON-PLUGGED COMPLETIONS IN JALMAT AND EUMONT POOLS

JALMAT;TAN-YATES-7 RVRS (PRO GAS)

AMERICAN INLAND RESOURCES COMPANY LLC
APACHE CORP
ARCH PETROLEUM INC
ARCO PERMIAN
B BERNARD LANKFORD
BARGO PETROLEUM CORPORATION
BETTIS BOYLE & STOVALL
BRECK OPERATING CORP
BURLINGTON RESOURCES OIL & GAS CO
CHANCE PROPERTIES COMPANY
CHAPARRAL ENERGY INC
CHEVRON U S A INC
CLAYTON WILLIAMS ENERGY INC
CONOCO INC
DAVID H ARRINGTON OIL & GAS INC
DOYLE HARTMAN
DUKE OIL & GAS INC
DWIGHT A TIPTON
FULFER OIL & CATTLE LLC
G P II ENERGY INC
GRUY PETROLEUM MANAGEMENT CO.
JACK HUFF
JOE MELTON DRLG CO INC
KEVIN O BUTLER & ASSOC INC
LANEXCO INC
LEWIS B BURLESON INC
MACK ENERGY CORP
MARATHON OIL CO
MCCASLAND MANAGEMENT INC
MCDONNOLD OPERATING INC
MELROSE OPERATING COMPANY
MGM OIL & GAS CO
MIRAGE ENERGY INC
O H BERRY
OCCIDENTAL PERMIAN LTD
OXY USA WTP LIMITED PARTNERSHIP
PERMIAN RESOURCES INC
PRIMAL ENERGY CORPORATION
PRIME OPERATING CO
PRIZE OPERATING COMPANY
RAPTOR RESOURCES INC
ROCA PRODUCTION INC.
SABA ENERGY OF TEXAS INC
SAGA PETROLEUM LIMITED LIABILITY CO.
SDX RESOURCES INC
SEAY EXPLORATION INC
SOUTHWEST ROYALTIES INC
TENISON OIL CO
TEXACO EXPLORATION & PRODUCTION INC
WESTBROOK OIL CORP
WILL MCCASLAND IND
YARBROUGH OIL LP

Attachment B

495
AMERADA HESS CORP
PO BOX 2040
HOUSTON, TX 772522040

873
APACHE CORP
ONE POST OAK CENTRAL
2000 POST OAK BLVD STE 100
HOUSTON, TX 770564400

962
ARCH PETROLEUM INC
PO BOX 10340
MIDLAND, TX 797027340

990
ARCO PERMIAN
PO BOX 1089
EUNICE, NM 88231

1466
B BERNARD LANKFORD
#12 SADDLECLUB
MIDLAND, TX 79705

1958
BEC CORP
PO BOX 1392
MIDLAND, TX 79702

2175
BETTIS BOYLE & STOVALL
PO BOX 1240
GRAHAM, TX 76450

2799
BRECK OPERATING CORP
PO BOX 911
BRECKENRIDGE, TX 764240911

3044
BURGUNDY OIL & GAS OF N M INC
401 W TEXAS STE 1003
MIDLAND, TX 79701

4058
CHANCE PROPERTIES
1008 W. BROADWAY
HOBBS, NM 88240

4115
CHAPARRAL ENERGY INC
701 CEDAR LAKE BLVD
OKLAHOMA CITY, OK 73114

4323
CHEVRON U S A INC
PO BOX J SECTION 975R
CONCORD, CA 94524

4537
CITATION OIL & GAS CORP
PO BOX 690688
HOUSTON, TX 772690688

5073
CONOCO INC
10 DESTA DR W
MIDLAND, TX 79705

1/

5727
MCCASLAND MANAGEMENT INC
1008 W BROADWAY
HOBBS, NM 88240

5898
DAVID H ARRINGTON OIL & GAS INC
PO BOX 2071
214 W TEXAS S 400
MIDLAND, TX 79702

6137
DEVON ENERGY PRODUCTION COMPANY, LP
20 N BROADWAY
STE 1500
OKLAHOMA CITY, OK 73102

6473
DOYLE HARTMAN
PO BOX 10426
500 N MAIN
MIDLAND, TX 79702

7673
EXXON MOBIL CORPORATION
PO BOX 4721
HOUSTON, TX 772104721

8359
G P II ENERGY INC
PO BOX 50682
MIDLAND, TX 79710

9809
HAL J RASMUSSEN OPER INC
550 WEST TEXAS AVENUE
SUITE 200
MIDLAND, TX 79701

10155
HARVARD PETROLEUM CORPORATION
PO BOX 936
ROSWELL, NM 882020936

11916
JOE MELTON DRLG CO INC
PO BOX 4203
MIDLAND, TX 79704

12024
JOHN H HENDRIX CORP
PO BOX 3040
MIDLAND, TX 797023040

12558
KERR-MCGEE OIL & GAS ONSHORE LLC
PO BOX 25861
OKLAHOMA CITY, OK 73125

12627
KEVIN O BUTLER & ASSOC INC
500 W. TEXAS
STE 955
MIDLAND, TX 79701

13046
LANEXCO INC
PO BOX 2730
MIDLAND, TX 79702

13300
LEWIS B BURLESON INC
PO BOX 2479
MIDLAND, TX 79702

13343
LINDENMUTH & ASSOCIATES INC
510 HEARN ST
STE 200
AUSTIN, TX 78703

13837
MACK ENERGY CORP
PO BOX 960
ARTESIA, NM 882110960

14021
MARATHON OIL CO
PO BOX 552
MIDLAND, TX 79702

14372
MCDONNOLD OPERATING INC
505 N BIG SPRING SU 204
MIDLAND, TX 79701

14462
ME-TEX OIL & GAS INC
PO BOX 2070
HOBBS, NM 88240

14744
MEWBOURNE OIL CO
PO BOX 7698
TYLER, TX 75711

14771
MGM OIL & GAS CO
PO BOX 891
MIDLAND, TX 79702

14894
MILLARD DECK ESTATE
PO BOX 2546
FT WORTH, TX 76113

14995
MIRAGE ENERGY INC
7915 N LLEWELYN
HOBBS, NM 88242

15262
MOREXCO INC
P. O. BOX 1591
ROSWELL, NM 882021591

16265
O H BERRY
PO BOX 10317
MIDLAND, TX 79702

16696
OXY USA INC
PO BOX 50250
MIDLAND, TX 79710

17213
PENROC OIL CORP
PO BOX 5970
HOBBS, NM 88241

18099
PRIME OPERATING CO
3300 NORTH A ST
BLDG ONE STE 238
MIDLAND, TX 79705

3/6

18687
RALPH C BRUTON
3500 ACOMA
HOBBS, NM 88240

18703
ERWIN OIL & GAS LTD CO
PO BOX 1506
HOBBS, NM 882411506

20451
SDX RESOURCES INC
PO BOX 5061
MIDLAND, TX 79704

20473
SEAY EXPLORATION INC
PO BOX 953
MIDLAND, TX 79702

21355
SOUTHWEST ROYALTIES INC
PO BOX 11390
MIDLAND, TX 79702

22247
TENISON OIL CO
401 CYPRESS ST
STE 500
ABILENE, TX 79601

22351
TEXACO EXPLORATION & PRODUCTION INC
PO BOX 3109
MIDLAND, TX 79702

25092
WILL MCCASLAND IND
1008 W. BROADWAY
HOBBS, NM 88240

25111
WILLIAM A & EDWARD R HUDSON
616 TEXAS ST
FORT WORTH, TX 76102

25482
XERIC OIL & GAS CORP
PO BOX 352
MIDLAND, TX 79702

25504
YARBROUGH OIL LP
1008 W. BROADWAY
HOBBS, NM 88240

25593
ZACHARY OIL OPERATING CO
PO BOX 1969
EUNICE, NM 88231

25616
ZIA ENERGY INC
PO BOX 2510
HOBBS, NM 882412510

25706
CLAYTON WILLIAMS ENERGY INC
6 DESTA DR STE 3000
MIDLAND, TX 79705

4/6

25797
PERMIAN RESOURCES INC
PO BOX 590
MIDLAND, TX 79702

26485
BURLINGTON RESOURCES OIL & GAS CO
PO BOX 51810
MIDLAND, TX 79710

33016
MAYNARD OIL COMPANY
8080 N CNTL EXPY STE 660
DALLAS, TX 75206

34703
SABA ENERGY OF TEXAS INC
3000 WILCREST, STE 220
HOUSTON, TX 77042

36472
JACK HUFF
PO BOX 50190
MIDLAND, TX 79710

36671
WESTBROOK OIL CORP
PO BOX 2264
HOBBS, NM 88241

124768
MNA ENTERPRISES LTD CO
106 W ALABAMA
HOBBS, NM 88242

127535
OIL & GAS OPERATIONS
11507 COUNTY RD 52 WEST
MIDLAND, TX 79707

139274
CHANTREY CORPORATION
4830 BAGSDALE
HOBBS, NM 88240

141402
FULFER OIL & CATTLE LLC
PO BOX 578
JAL, NM 88252

142624
ROCA PRODUCTION INC.
PO BOX 10139
MIDLAND, TX 79702

148967
SAGA PETROLEUM LIMITED LIABILITY CO.
415 S WALL
STE 835
MIDLAND, TX 79701

150628
PURE RESOURCES, LP
500 W TEXAS
MIDLAND, TX 79701

154303
PRIMAL ENERGY CORPORATION
211 HIGHLAND CROSS
STE 227
HOUSTON, TX 77073

157984
OCCIDENTAL PERMIAN LTD
580 WESTLAKE PARK BLVD
P O BOX 4294
HOUSTON, TX 772104294

159645
DUKE OIL & GAS INC
319 W BROADWAY
STE A
ANDREWS, TX 79714

162683
GRUY PETROLEUM MANAGEMENT CO.
PO BOX 140907
IRVING, TX 750140907

162791
RAPTOR RESOURCES INC
901 RIO GRANDE ST
AUSTIN, TX 787012221

169415
FALCON CREEK RESOURCES, INC.
621 17TH STREET, SUITE 1800
DENVER, CO 80293

184860
MELROSE OPERATING COMPANY
5813 NW GRAND BLVD STE B
OKLAHOMA CITY, OK 73118

186468
BARGO PETROLEUM CORPORATION
700 LOUISIANA STE 3700
HOUSTON, TX 77002

188294
AMERICAN INLAND RESOURCES COMPANY LLC
PO BOX 50938/79710
24 SMITH RD SUITE 170
MIDLAND, TX 79705

6550
DWIGHT A. TIPTON
1008 W. BROADWAY
HOBBS, NM 88241

17081
PECOS RIVER OP INC.
550 W. TEXAS
STE. 720
MIDLAND, TX 79701

181403
PRIZE OPERATING COMPANY
20 EAST 5TH ST.
SUITE 1400
TULSA, OK 74103

189535
SAPIENT ENERGY CORPORATION
621 17TH STREET
SUITE 1800
DENVER, CO 80293-0621

6/6

Attachment "C"

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
Penroc Oil Corp.
P. O. Box 5970
Hobbs, NM 88241

4a. Article Number
7000 1670 0008 7529 1151

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

7. Date of Delivery JUN 19

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1151

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Penroc Oil Corp.
Street, Apt. No.; or PO Box No.
P. O. Box 5970
City, State, ZIP+4
Hobbs, NM 88241

PS Form 3800, May 2000 See Reverse for Instructions

FL +

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:
CO Permian
O. Box 1089
ice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Vicki Ortiz JUN 19 2001

C. Signature
X Vicki Ortiz ☒ 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 1670 0008 7529 1533

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 1670 0008 7529 1533

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SAN Postmark Here

Sent To
ARCO Permian
Street, Apt. No.; or PO Box No.
P. O. Box 1089
City, State, ZIP+4
Eunice, NM 88231

PS Form 3800, May 2000 See Reverse for Instructions

FL

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:

on Energy Production Co., LP
. Broadway, Ste. 1500
homa City, OK 73102

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 1670 0008 7529 1403

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 1670 0008 7529 1403

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

JUN 13 20

Sent To
Devon Energy Production Company, LP
Street, Apt. No.; or PO Box No.
20 N. Broadway, Ste. 1500
City, State, ZIP+4
Oklahoma City, OK 73102

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Erwin Oil & Gas Ltd. Co.
P. O. Box 1506
Hobbs, NM 88241-1506

4a. Article Number
7000 1670 0008 7529 1120

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

7. Date of Delivery 6/19

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1120

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Erwin Oil & Gas Ltd. Co.
Street, Apt. No., or PO Box No.
P. O. Box 1506
City, State, ZIP+4
Hobbs, NM 88241-1506

PS Form 3800, May 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:

'A Enterprises Ltd. Co.
3 W. Alabama
bbs, NM 88242

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* DANIEL M ALEXANDER B. Date of Delivery 6-18-01

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 1670 0008 7529 0932

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)

7000 1670 0008 7529 0932

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
MNA Enterprises Ltd. Co.
Street, Apt. No., or PO Box No.
106 W. Alabama
City, State, ZIP+4
Hobbs, NM 88242

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Me-Tex Oil & Gas Inc.
P. O. Box 2070
Hobbs, NM 88240

4a. Article Number
7000 1670 0008 7529 1236

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

7. Date of Delivery
06-19-01

5. Received By: *(Print Name)*
[signature]

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

6. Signature: *(Addressee or Agent)*
X [signature]

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811,** December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1236

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Me-Tex Oil & Gas Inc.
Street, Apt. No., or PO Box No.
P. O. Box 2070
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee): FV
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Zachary Oil Operating Co.
P. O. Box 1969
Eunice, NM 88231

4a. Article Number
7000 1670 0008 7529 1021

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Zachary Oil Operating Co.
Street, Apt. No., or PO Box No.
P. O. Box 1969
City, State, ZIP+4
Eunice, NM 88231

7000 1670 0008 7529 1021

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee): FV
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Zia Energy Inc.
P. O. Box 2510
Hobbs, NM 88241-2510

4a. Article Number
7000 1670 0008 7529 1014

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

7. Date of Delivery
6/19/01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Ken Bryton

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Zia Energy Inc.
Street, Apt. No., or PO Box No.
P. O. Box 2510
City, State, ZIP+4
Hobbs, NM 88241-2510

7000 1670 0008 7529 1014

PS Form 3800, May 2000 See Reverse for Instructions

FL

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:

aparral Energy Inc.
Cedar Lake Blvd.
lahoma City, OK 73114

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
x Brooke Kaercher ☐ 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 1670 0008 7529 1465

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 1670 0008 7529 1465

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: SANTA FE, NM JUN 28 2001

Sent To
Chaparral Energy Inc.
Street, Apt. No., or PO Box No.
701 Cedar Lake Blvd.
City, State, ZIP+4
Oklahoma City, OK 73114

PS Form 3800, May 2000 See Reverse for Instructions

FL

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:

rose Operating Company
3 NW Grand Blvd., Ste. B
ahoma City, OK 73118

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* MICHAEL J CORY | B. Date of Delivery 6/8/01

C. Signature
x Michael Cory ☐ 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 1670 0008 7529 0802

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 1670 0008 7529 0802

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Melrose Operating Company
Street, Apt. No., or PO Box No.
5813 NW Grand Blvd., Ste. B
City, State, ZIP+4
Oklahoma City, OK 73118

PS Form 3800, May 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:

ca Production Inc.
O. Box 10139
lland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): TBARTOL — B. Date of Delivery: 6-19-01

C. Signature: X Tbartol — ☐ 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 1670 0008 7529 0895

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 1670 0008 7529 0895

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Roca Production Inc.
Street, Apt. No.; or PO Box No.
P. O. Box 10139
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 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:

rgundy Oil & Gas of NM Inc.
W. Texas, Ste. 1003
lland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Reece Brown — B. Date of Delivery: 6/1

C. Signature: X Reece Brown — ☐ 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 1670 0008 7529 1489

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 1670 0008 7529 1489

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
SANTA FE

Sent To
Burgundy Oil & Gas of N M Inc.
Street, Apt. No.; or PO Box No.
401 W. Texas, Ste. 1003
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee): FV
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

3. Article Addressed to:

Xeric Oil & Gas Corp.
P. O. Box 352
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1045

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

7. Date of Delivery
JUN 18 2001

5. Received By: (Print Name)
MANDY PITTO

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

6. Signature: (Addressee or Agent)
X Mandy Pitto

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1045

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Xeric Oil & Gas Corp.
Street, Apt. No. or PO Box No.
P. O. Box 352
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 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:

os River Op Inc.
W. Texas, Ste. 720
land, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 6-19

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)
7099 3400 0018 3915 7354

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)

7099 3400 0018 3915 7354

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Pecos River Op Inc.
Street, Apt. No.; or PO Box No.
550 W. Texas, Ste. 720
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, February 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Marathon Oil Co.
P. O. Box 552
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1250

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

7. Date of Delivery JUN 18 2001

5. Received By: *(Print Name)* Frankie Vinson

6. Signature: *(Addressee or Agent)* X Frankie Vinson

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1250

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Marathon Oil Co.
Street, Apt. No.; or PO Box No.
P. O. Box 552
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee): FL
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Southwest Royalties Inc.
P. O. Box 11390
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1090

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

7. Date of Delivery JUN 19 2001

5. Received By: *(Print Name)* M. Merritt

6. Signature: *(Addressee or Agent)* X M. Merritt

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1090

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Southwest Royalties Inc.
Street, Apt. No.; or PO Box No.
P. O. Box 11390
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 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:

Breck Operating Co.
P. O. Box 911
Breckenridge, TX 76424-0911

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Christie Spencer — B. Date of Delivery: 6-18-01

C. Signature: X Christie Spencer — ☐ 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 1670 0008 7529 1496

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 1670 0008 7529 1496

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Breck Operating Co.
Street, Apt. No.; or PO Box No.
P.O. Box 911
City, State, ZIP+4
Breckenridge, TX 76424-0911

PS Form 3800, May 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:

Bettis, Boyle & Stovall
P. O. Box 1240
Graham, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 6-18-01

C. Signature: X Linda Wilcox — ☐ 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 1670 0008 7529 1502

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 1670 0008 7529 1502

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Bettis Boyle & Stovall
Street, Apt. No.; or PO Box No.
P.O. Box 1240
City, State, ZIP+4
Graham, TX 76450

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
John H. Hendrix Corp.
P. O. Box 3040
Midland, TX 79702-3040

4a. Article Number
7000 1670 0008 7529 1335

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

7. Date of Delivery JUN 19 2001

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
X

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1335

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
John H. Hendrix Corp.
Street, Apt. No., or PO Box No.
P. O. Box 3040
City, State, ZIP+4
Midland, TX 79702-3040

PS Form 3800, May 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:
Chantrey Corporation
5505 Highland Ct.
Midland, TX 79707-5017

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* J.W. Wann
B. Date of Delivery 6-27-01

C. Signature
X J. W. Wann ☐ Agent ☐ Addressee

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

OCA FD

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)*
P 176 013 309

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 1670 0008 7529 0918

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Chantrey Corporation
Street, Apt. No., or PO Box No.
4830 Bagsdale
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, May 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:

Citation Oil & Gas Corp.
P. O. Box 690688
Houston, TX 77269-0688

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X D.E. Hawes ☐ Agent ☐ Addressee

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

JUN 28 2001

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 1670 0008 7529 1441

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 1670 0008 7529 1441

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Citation Oil & Gas Corp.
Street, Apt. No.; or PO Box No.
P. O. Box 690688
City, State, ZIP+4
Houston, TX 77269-0688

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
SDX Resources Inc.
P. O. Box 5061
Midland, TX 79704

4a. Article Number
7000 1670 0008 7529 1113

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

7. Date of Delivery
6-28-01

5. Received By: (Print Name)
Bonnie Atwater

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

6. Signature: (Addressee or Agent)
X Bonnie Atwater

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1113

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
SDX Resources Inc.
Street, Apt. No.; or PO Box No.
P. O. Box 5061
City, State, ZIP+4
Midland, TX 79704

PS Form 3800, May 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:

id H. Arrington Oil & Gas Inc.
). Box 2071
and, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: S Slough — B. Date of Delivery: 6-20-01

C. Signature: X S Slough — ☐ Agent ☐ Addressee

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

TX DOWNTOWN STA MIDLAND USPS JUN 20 2001

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 1670 0008 7529 1410

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 1670 0008 7529 1410

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
David H. Arrington Oil & Gas Inc.
Street, Apt. No., or PO Box No.
P. O. Box 2071
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 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:

ze Operating Company
East 5th St., Suite 1400
lsa, OK 74103

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 6-20

C. Signature: X Marianne McKinney — ☐ 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 3400 0018 3915 7347

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)

7099 3400 0018 3915 7347

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Prize Operating Company
Street, Apt. No.; or PO Box No.
20 East 5th St., Suite 1400
City, State, ZIP+4
Tulsa, OK 74103

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:

hevron USA Inc.
. O. Box J Section 975R
oncord, CA 94524

COMPLETE THIS SECTION ON DELIVERY

FL

A. Received by *(Please Print Clearly)* B. Date of Delivery
JUN 19 2001

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 1670 0008 7529 1458

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 1670 0008 7529 1458

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

SAN

Sent To
Chevron USA Inc.
Street, Apt. No.; or PO Box No.
P. O. Box J Section 975R
City, State, ZIP+4
Concord, CA 94524

PS Form 3800, May 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:

ptor Resources Inc.
Rio Grande St.
stin, TX 78701-2221

COMPLETE THIS SECTION ON DELIVERY

FL

A. Received by *(Please Print Clearly)* B. Date of Delivery
A Smith 6/18/01

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 1670 0008 7529 0826

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 1670 0008 7529 0826

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Raptor Resources Inc.
Street, Apt. No.; or PO Box No.
901 Rio Grande St.
City, State, ZIP+4
Austin, TX 78701-2221

PS Form 3800, May 2000 See Reverse for Instructions

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Permian Resources Inc.
P. O. Box 590
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 0994

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

7. Date of Delivery
6-20-01

5. Received By: *(Print Name)*
B. Mallowsky

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

6. Signature: *(Addressee or Agent)*
X B. Mallowsky

PS Form **3811,** December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 0994

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Permian Resources Inc.
Street, Apt. No., or PO Box No.
P. O. Box 590
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 2000 See Reverse for Instructions

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Tenison Oil Co.
401 Cypress St., Ste. 500
Abilene, TX 79601

4a. Article Number
7000 1670 0008 7529 1083

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

7. Date of Delivery
6-19-01

5. Received By: *(Print Name)*
William B Tenison

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811,** December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1083

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Tenison Oil Co.
Street, Apt. No., or PO Box No.
401 Cypress St., Ste. 500
City, State, ZIP+4
Abilene, TX 79601

PS Form 3800, May 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:

Fulfer Oil & Cattle LLC
P. O. Box 578
Jal, NM 88252

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Kristin Fulfer
B. Date of Delivery: 6-20-01

C. Signature: X Kristin Fulfer
☐ 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 1670 0008 7529 0901

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 1670 0008 7529 0901

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
JUN 21 2001

Sent To
Fulfer Oil & Cattle LLC
Street, Apt. No.; or PO Box No.
P. O. Box 578
City, State, ZIP+4
Jal, NM 88252

PS Form 3800, May 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:

Primal Energy Corporation
211 Highland Cross, STe. 227
Houston, TX 77073

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: TIFFANY SNYDER
B. Date of Delivery: 6/18/01

C. Signature: X Tiffany Snyder
☑ 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 1670 0008 7529 0864

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 1670 0008 7529 0864

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Primal Energy Corporation
Street, Apt. No.; or PO Box No.
211 Highland Cross, Ste. 227
City, State, ZIP+4
Houston, TX 77073

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
Saba Energy of Texas Inc.
3000 Wilcrest, Ste. 220
Houston, TX 77042

4a. Article Number
7000 1670 0008 7529 0963

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*
Natalie White

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

6. Signature: *(Addressee or Agent)*
X Natalie White

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 0963

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Saba Energy of Texas Inc.
Street, Apt. No., or PO Box No.
3000 Wilcrest, Ste. 220
City, State, ZIP+4
Houston, TX 77042

PS Form 3800, May 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:
Gruy Petroleum Management Co.
P. O. Box 140907
Irving, TX 75014-0907

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 1670 0008 7529 0833

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 1670 0008 7529 0833

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Gruy Petroleum Management Co.
Street, Apt. No., or PO Box No.
P. O. Box 140907
City, State, ZIP+4
Irving, TX 75014-0907

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee): FV
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

William A. & Edward R. Hudson
616 Texas St.
Fort Worth, TX 76102

4a. Article Number
7000 1670 0008 7529 1052

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

7. Date of Delivery
6-18

5. Received By: (Print Name)
Beverly Holt

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

6. Signature: (Addressee or Agent)
X Beverly Holt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1052

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
William A. & Edward R. Hudson
Street, Apt. No.; or PO Box No.
616 Texas St.
City, State, ZIP+4
Fort Worth, TX 76102

PS Form 3800, May 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:

Duke Oil & Gas Inc.
319 W. Broadway, Ste. A
Andrews, TX 79714

COMPLETE THIS SECTION ON DELIVERY FV

A. Received by (Please Print Clearly) B. Date of Delivery 6-20-07

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 1670 0008 7529 0840

[redacted]eturn Receipt 102595-00-M-0952

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

7000 1670 0008 7529 0840

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Duke Oil & Gas Inc.
Street, Apt. No.; or PO Box No.
319 W. Broadway, Ste. A
City, State, ZIP+4
Andrews, TX 79714

PS Form 3800, May 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:

P II Energy Inc.
. O. Box 50682
idland, TX 79710

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: George Mitchell — B. Date of Delivery: 6-7k 01

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 1670 0008 7529 1373

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

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

JUN 18 2001

Sent To
G P II Energy Inc.
Street, Apt. No.; or PO Box No.
P. O. Box 50682
City, State, ZIP+4
Midland, TX 79710

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0008 7529 1373

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Mirage Energy Inc.
7915 N. Llewelyn
Hobbs, NM 88242

4a. Article Number
7000 1670 0008 7529 1199

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

7. Date of Delivery 21 2001

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X [signature]

PS Form **3811,** December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Mirage Energy Inc.
Street, Apt. No.; or PO Box No.
7915 N. Llewelyn
City, State, ZIP+4
Hobbs, NM 88242

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0008 7529 1199

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
Mewbourne Oil Co.
P. O. Box 7698
Tyler, TX 75711

4a. Article Number
7000 1670 0008 7529 1229

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

7. Date of Delivery
6-21-01

5. Received By: *(Print Name)*
HENRY GRANVILLE

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

6. Signature: *(Addressee or Agent)*
X Henry Granville

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 1229

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Mewbourne Oil Co.
Street, Apt. No.; or PO Box No.
P. O. Box 7698
City, State, ZIP+4
Tyler, TX 75711

PS Form 3800, May 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:
Amerada Hess Corp.
P. O. Box 2040
Houston, TX 77252-2040

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
JUN 21 2001

C. Signature
X GEE
☐ 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 1670 0008 7529 1564

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 1670 0008 7529 1564

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark
JUN 18 2001
USPS

Sent To
Amerada Hess Corp.
Street, Apt. No.; or PO Box No.
P. O. Box 2040
City, State, ZIP+4
Houston, TX 77252-2040

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Millard Deck Estate
P. O. Box 2546
Ft. Worth, TX 76113

4a. Article Number
7000 1670 0008 7529 1205

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

7. Date of Delivery
JUN 18 2001

5. Received By: *(Print Name)*
Nelson

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1205

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Millard Deck Estate
Street, Apt. No.; or PO Box No.
P. O. Box 2546
City, State, ZIP+4
Ft. Worth, TX 76113

PS Form 3800, May 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:
on Creek Resources, Inc.
17th Street
e 1800
ver, CO 80293

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
6-25-01

C. Signature
X WE Johnson ☐ 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 1670 0008 7529 0819

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 1670 0008 7529 0819

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Falcon Creek Resources, Inc.
Street, Apt. No.; or PO Box No.
621 17th Street, Suite 1800
City, State, ZIP+4
Denver, CO 80293

PS Form 3800, May 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:

stbrook Oil Corp.
O. Box 2264
bbs, NM 88241

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

HOBBS NM 882 JUN 2001

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 1670 0008 7529 0949

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)

7000 1670 0008 7529 0949

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
JUN 21 2001

Sent To
Westbrook Oil Corp.
Street, Apt. No.; or PO Box No.
P. O. Box 2264
City, State, ZIP+4
Hobbs, NM 88241

PS Form 3800, May 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:

cidental Permian Ltd.
O. Box 4294
uston, TX 77210-4294

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X GEE
JUN 18 2001
☐ 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 1670 0008 7529 0857

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 1670 0008 7529 0857

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Occidental Permian Ltd.
Street, Apt. No.; or PO Box No.
P. O. Box 4294
City, State, ZIP+4
Houston, TX 77210-4294

PS Form 3800, May 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:

ient Energy Corporation
17th Street, Suite 1800
ver, CO 80293-0621

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery: 6-25-01

C. Signature: X W E Johnson ☒ 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 3400 0018 3915 7330

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

7099 3400 0018 3915 7330

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*
Sapient Energy Corporation
Street, Apt. No.; or PO Box No.
621 17th Street, Suite 1800
City, State, ZIP+4
Denver, CO 80293-0621

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:

Apache Corp.
One Post Oak Central
2000 Post Oak Blvd. Ste. 100
Houston, TX 77056-4400

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery: 6/19

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 1670 0008 7529 1557

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

7000 1670 0008 7529 1557

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
E, NM 87502
[redacted]
USPS

Sent To
Apache Corp.
Street, Apt. No.; or PO Box No.
One Post Oak Central
City, State, ZIP+4
2000 Post Oak Blvd. Ste. 100

PS Form 3800, May 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:

arvard Petroleum Corporation
. O. Box 936
oswell, NM 88202-0936

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 6/18/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

JELL VM JUN 18 2001 PS

8. 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 1670 0008 7529 1359

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 1670 0008 7529 1359

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Harvard Petroleum Corporation
Street, Apt. No., or PO Box No
P. O. Box 936
City, State, ZIP+4
Roswell, NM 88202-0936

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Jack Huff
P. O. Box 50190
Midland, TX 79710

4a. Article Number
7000 1670 0008 7529 0956

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

7. Date of Delivery 6-19-01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X [signature]

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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

7000 1670 0008 7529 0956

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here JUN 18 2001 SAN

Sent To
Jack Huff
Street, Apt. No., or PO Box No
P. O. Box 50190
City, State, ZIP+4
Midland, TX 79710

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Morexco Inc.
P. O. Box 1591
Roswell, NM 88202-1591

4a. Article Number
7000 1670 0008 7529 1182

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

7. Date of Delivery
6-19-01

5. Received By: *(Print Name)*
Jennifer Baker

6. Signature: *(Addressee or Agent)*
X Jennifer Baker

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

USPS JUN 18 2001 ROSWELL NM 88201

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

7000 1670 0008 7529 1182

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Morexco Inc.
Street, Apt. No.; or PO Box No.
P. O. Box 1591
City, State, ZIP+4
Roswell, NM 88202-1591

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Prime Operating Inc.
3300 North A St.
Bldg. One, Ste. 238
Midland, TX 79705

4a. Article Number
7000 1670 0008 7529 1144

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

7. Date of Delivery
6-19-01

5. Received By: *(Print Name)*
Maria Aguirre

6. Signature: *(Addressee or Agent)*
X Maria Aguirre

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1144

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Prime Operating Co.
Street, Apt. No.; or PO Box No.
3300 North A St.
Bldg. One Ste.238
City, State, ZIP+4
Midland TX 79705

PS Form 3800, May 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:

cCasland Management Inc.
)08 W. Broadway
obbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Colleen Germany B. Date of Delivery 6/8/01

C. Signature
X Colleen Germany ☐ 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 1670 0008 7529 1427

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

7000 1670 0008 7529 1427

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
McCasland Management Inc.
Street, Apt. No.; or PO Box No.
1008 W. Broadway
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Maynard Oil Company
8080 N. Cntl. Expy.
Ste. 660
Dallas, TX 75206

4a. Article Number
7000 1670 0008 7529 0970

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

7. Date of Delivery 6-19

5. Received By: *(Print Name)* MARY FRANCIS

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

6. Signature: *(Addressee or Agent)*
X Mary Francis

PS Form **3811**, December 1994 102595-97-B-0179 **Domestic Return Receipt**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

7000 1670 0008 7529 0970

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Maynard Oil Company
Street, Apt. No.; or PO Box No.
8080 N. Cntl. Expy., Ste. 660
City, State, ZIP+4
Dallas, TX 75206

PS Form 3800, May 2000 See Reverse for Instructions

FL

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:

hance Properties
008 W. Broadway
obbs, NM 88240

1008 W. Broadway

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Colleen Bergman
B. Date of Delivery: 6-18-01

C. Signature
X Colleen Bergman
☐ 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 1670 0008 7529 1472

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 1670 0008 7529 1472

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Chance Properties
Street, Apt. No., or PO Box No.
1008 W. Broadway
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, May 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:

Hal J. Rasmussen Oper. Inc.
550 West Texas Avenue
Ste. 200
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Angela Hutchen
B. Date of Delivery: 6/15

C. Signature
X Angela Hutchen
☐ 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 1670 0008 7529 1366

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 1670 0008 7529 1366

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Hal J. Rasmussen Oper. Inc.
Street, Apt. No., or PO Box No.
550 West Texas Avenue, Ste. 200
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an *extra fee*):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Kevin O. Butler & Assoc. Inc.
500 W. Texas, Ste. 955
Midland, TX 79701

4a. Article Number
7000 1670 0008 7529 1311

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 1670 0008 7529 1311

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
JUN 19 2001
20912

Sent To
Kevin O. Butler & Assoc. Inc.
Street, Apt. No. or PO Box No.
500 W. Texas, Ste. 955
City, State, ZIP+4
Midlan, TX 79701

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Yarbrough Oil LP
1008 W. Broadway
Hobbs, NM 88240

4a. Article Number
7000 1670 0008 7529 1038

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*
Colleen Germany

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

6. Signature: *(Addressee or Agent)*
X Colleen Germany

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 1670 0008 7529 1038

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Yarbrough Oil LP
Street, Apt. No.; or PO Box No.
1008 W. Broadway
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, May 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:

yle Hartman
O. Box 10426
land, TX 79702

COMPLETE THIS SECTION ON DELIVERY

FL

A. Received by *(Please Print Clearly)*: Linda Land — B. Date of Delivery: 6/15/01

C. Signature: X Linda Land — ☑ 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 1670 0008 7529 1397

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 1670 0008 7529 1397

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Doyle Hartman
Street, Apt. No.; or PO Box No.
P. O. Box 10426
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 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:

Ralph C. Bruton
3500 Acoma
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: GAIL D BRUTON — B. Date of Delivery: 6-15

C. Signature: X Gail D Bruton — ☐ 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 1670 0008 7529 1137

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)

7000 1670 0008 7529 1137

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Ralph C. Bruton
Street, Apt. No.; or PO Box No.
3500 Acoma
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, May 2000 See Reverse for Instructions

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Kerr-McGee Oil & Gas Onshore L.L.C.
P. O. Box 25861
Oklahoma City, OK 73125

4a. Article Number: 7000 1670 0008 7529 1328

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

7. Date of Delivery

5. Received By: *(Print Name)* Judy Archer

6. Signature: *(Addressee or Agent)* X Judy Archer

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7000 1670 0008 7529 1328

Sent To
Kerr-McGee Oil & Gas Onshore LLC
Street, Apt. No.; or PO Box No.
P. O. Box 25861
City, State, ZIP+4
Oklahoma City, OK 73125

PS Form 3800, May 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:

ght A. Tipton
8 W. Broadway
bs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Colleen Germany
B. Date of Delivery 7-18-01

C. Signature
X Colleen Germany
☐ 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 3400 0018 3915 7361

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

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7099 3400 0018 3915 7361

Recipient's Name (Please Print Clearly, to be completed by mailer)
Dwight A. Tipton
Street, Apt. No., or PO Box No.
1008 W. Broadway
City, State, ZIP+4
Hobbs, NM 88241

PS Form 3800, February 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Joe Melton Drlg. Co. Inc.
P. O. Box 4203
Midland, TX 79704

4a. Article Number
7000 1670 0008 7529 1342

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

7. Date of Delivery 6-19-01

5. Received By: *(Print Name)* Karen Allen

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

6. Signature: *(Addressee or Agent)*
X Karen Allen

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1342

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Joe Melton Drlg. Co. Inc.
Street, Apt. No., or PO Box No.
P. O. Box 4203
City, State, ZIP+4
Midland, TX 79704

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Mack Energy Corp.
P. O. Box 960
Artesia, NM 88211-0960

4a. Article Number
7000 1670 0008 7529 1267

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

7. Date of Delivery 6-14-01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1267

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Mack Energy Corp.
Street, Apt. No., or PO Box No.
P. O. Box 960
City, State, ZIP+4
Artesia, NM 88211-0960

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lewis B. Burleson Inc.
P. O. Box 2479
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1298

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

7. Date of Delivery
6-19-01

5. Received By: *(Print Name)*
Julie Truitt

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

6. Signature: *(Addressee or Agent)*
X Julie Truitt

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1298

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Lewis B. Burleson Inc.
Street, Apt. No.; or PO Box No.
P. O. Box 2479
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 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:

oco Inc.
Desta Dr. W
land, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Ruth Attaway B. Date of Delivery 6-18-01

C. Signature
X Ruth Attaway ☐ 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 Merchandis
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 1670 0008 7529 1434

Form 3811, July 1999 Domestic Return Receipt 102595-0(

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

7000 1670 0008 7529 1434

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Conoco Inc.
Street, Apt. No.; or PO Box No.
10 Desta Dr. W
City, State, ZIP+4
Midland, TX 79705

PS Form 3800, May 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:

a Petroleum Limited Liability Co.
S. Wall, Ste. 835
lland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 6-18-01

C. Signature
X Jennifer Burton ☐ 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 1670 0008 7529 0888

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 1670 0008 7529 0888

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Saga Petroleum Limited Liability Co.
Street, Apt. No., or PO Box No.
415 S. Wall, Ste. 835
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee): EV
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

Burlington Resources Oil & Gas
P. O. Box 51810
Midland, TX 79710

4a. Article Number
7000 1670 0008 7529 0987

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

7. Date of Delivery
6/28/01

5. Received By: *(Print Name)*
Eric Bruno

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

6. Signature: *(Addressee or Agent)*
X Eric Bruno

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 0987

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Burlington Resources Oil & Gas Co.
Street, Apt. No., or PO Box No.
P. O. Box 51810
City, State, ZIP+4
Midland, TX 79710

PS Form 3800, May 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:

BEC Corp.
P. O. Box 1392
Midland, TX 79702

MIDLAND, TX DOWNTOWN STA
JUN 19 2001
USPS

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Norma Jurado ☐ 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 1670 0008 7529 1519

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 1670 0008 7529 1519

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
USPS JUN 18 2001

Sent To
BEC Corp.
Street, Apt. No.; or PO Box No.
P.O. Box 1392
City, State, ZIP+4
Midland TX 79702

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Clayton Williams Energy Inc.
6 Desta Dr., Ste. 3000
Midland, TX 79705

4a. Article Number
7000 1670 0008 7529 1007

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Linda Jacobus

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 **Domestic Return Receipt**

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

7000 1670 0008 7529 1007

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Clayton Williams Energy Inc.
Street, Apt. No.; or PO Box No.
6 Desta Dr., Ste. 3000
City, State, ZIP+4
Midland, TX 79705

PS Form 3800, May 2000 See Reverse for Instructions

FL

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:

American Inland Resources Co. LLC
P. O. Box 50938/79710
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 6-18-01

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)*
7099 3400 0018 3915 7552

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)

7099 3400 0018 3915 7552

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
American Inland Resources Co. LLC
Street, Apt. No., or PO Box No.
P. O. Box 50938/79710
City, State, ZIP+4
Midland, TX 79705

PS Form 3800, February 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
O. H. Berry
P. O. Box 10317
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1175

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

7. Date of Delivery
6-19-01

5. Received By: *(Print Name)*
Sharon Riley

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

6. Signature: *(Addressee or Agent)*
X [signature]

MIDLAND TX 007 JUN 19 01 STATION

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1175

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
O. H. Berry
Street, Apt. No., or PO Box No.
P. O. Box 10317
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 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:

& Gas Operations
07 County Rd. 52 West
lland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Lynn Short — B. Date of Delivery: 6-18-01

C. Signature: X Lynn Short ☐ 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 1670 0008 7529 0925

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)

7000 1670 0008 7529 0925

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Oil & Gas Operations
Street, Apt. No., or PO Box No.
11507 County Rd. 52 West
City, State, ZIP+4
Midland, TX 79707

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Lindenmuth & Associates Inc.
510 Hearn St., Ste. 200
Austin, TX 78703

4a. Article Number
7000 1670 0008 7529 1281

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

7. Date of Delivery: JUN 18 2001

5. Received By: *(Print Name)* PARIS CLOSE

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

6. Signature: *(Addressee or Agent)*
X Paris Close

PS Form **3811**, December 1994 102595-97-B-0179 **Domestic Return Receipt**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1281

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Sent To
Lindenmuth & Associates Inc.
Street, Apt. No., or PO Box No.
510 Hearn St., Ste. 200
City, State, ZIP+4
Austin, Texas 78703

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MGM Oil & Gas Co.
P. O. Box 891
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1212

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 — Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1212

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent to
MGM Oil & Gas Co.
Street, Apt. No., or PO Box No.
P. O. Box 891
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 2000 — See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee): fv
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Seay Exploration Inc.
P. O. Box 953
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1106

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

7. Date of Delivery
JUN 19 2001

Mary Eschberger

5. Received By: *(Print Name)*
Mary Eschberger

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 — 102595-97-B-0179 — Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1106

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Seay Exploration Inc.
Street, Apt. No., or PO Box No.
P. O. Box 953
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 2000 — See Reverse for Instructions

FL

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:

h Petroleum Inc.
). Box 10340
land, TX 79702-7340

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Tiffany Jackson B. Date of Delivery 6-18-01

C. Signature
X Tiffany Jackson ☐ 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 1670 0008 7529 1540

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

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

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SANTA FE POSTMARK HERE
USPS

Sent To
Arch Petroleum Inc.
Street, Apt. No., or PO Box No.
P.O. Box 10340
City, State, ZIP+4
Midland, TX 79702-7340

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0008 7529 1540

FL

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Will McCasland Ind.
1008 W. Broadway
Hobbs, NM 88240

4a. Article Number
7000 1670 0008 7529 1069

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*
Colleen Germany

6. Signature: *(Addressee or Agent)*
X Colleen Germany

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
JUN 1 2001

Sent To
Will McCasland Ind.
Street, Apt. No., or PO Box No.
1008 W. Broadway
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0008 7529 1069

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
McDonnold Operating Inc.
505 N. Big Spring, SU 204
Midland, TX 79701

4a. Article Number
7000 1670 0008 7529 1243

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1243

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
McDonnold Operating Inc.
Street, Apt. No.; or PO Box No.
505 N. Big Spring, SU 204
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, May 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:
e Resources, LP
W. Texas
land, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
6-18-01

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 1670 0008 7529 0871

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 1670 0008 7529 0871

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Pure Resources, LP
Street, Apt. No., or PO Box No.
500 W. Texas
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Texaco Exploration & Production
P. O. Box 3109
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1076

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

7. Date of Delivery JUN 18 2001

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811,** December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1076

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
Texaco Exploration & Production Inc.
Street, Apt. No., or PO Box No.
P. O. Box 3109
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 2000 See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

OXY USA Inc.
P. O. Box 50250
Midland, TX 79710

4a. Article Number
7000 1670 0008 7529 1168

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Kathy Pinter

PS Form **3811,** December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7000 1670 0008 7529 1168

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To
OXY USA Inc.
Street, Apt. No., or PO Box No.
P. O. Box 50250
City, State, ZIP+4
Midland, TX 79710

PS Form 3800, May 2000 See Reverse for Instructions

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

7000 1670 0008 7529 1304

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Sent To
Lanexco Inc.
Street, Apt. No.; or PO Box No.
P. O. Box 2730
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, May 2000 — See Reverse for Instructions

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lanexco Inc.
P. O. Box 2730
Midland, TX 79702

4a. Article Number
7000 1670 0008 7529 1304

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

7. Date of Delivery
6-18-01

5. Received By: *(Print Name)*
Ric Flores

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

6. Signature: *(Addressee or Agent)*
X Ric Flores

MIDLAND TX 79702 JUN 20 2001 USPS

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

STATE OF NEW MEXICO
ENERGY MINERALS AND
NATURAL RESOURCES DEPARTMENT
1220 SOUTH SAINT FRANCIS DRIVE
SANTA FE, NEW MEXICO 87505

UNDELIVERABLE AS ADDRESSED
FORWARDING ORDER EXPIRED

MIDLAND/ODESSA TX 797 06-17-01 01-DE

1466
B BERNARD LANKFORD
#12 SADDLECLUB
MIDLAND, TX [redacted]

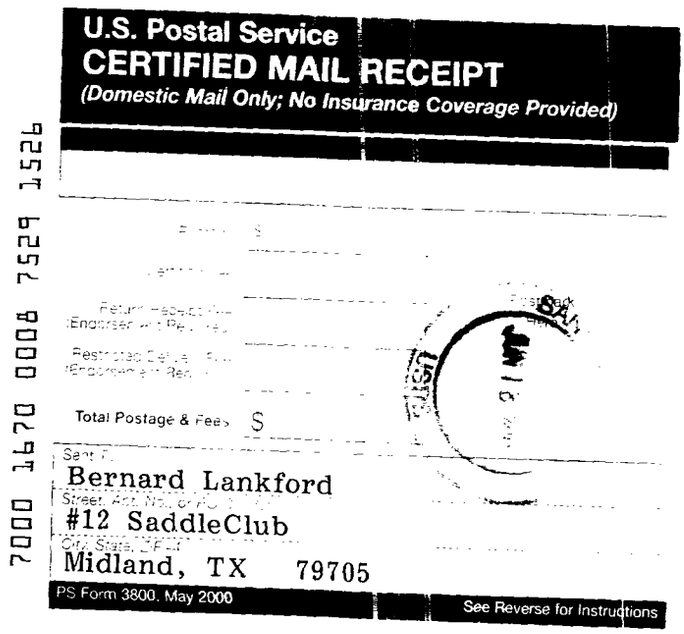
FOC
RLS
6/18/01

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

CERTIFIED MAIL

7000 1670 0008 7529 1526

[redacted]



FL

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:

B. Bernard Lankford
#12 SaddleClub
Midland, TX 79705

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 1670 0008 7529 1526

turn Receipt 102595-00-M-0952

NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Jennifer A. Salisbury
Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

June 15, 2001

To:
[Address List]

Re: Case No. 12563

Application of the New Mexico Oil Conservation Division for Termination of Gas Commission for Termination of Prorationing in the Jalmat and Eumont Gas Pools and to Amend the Special Rules Governing Both Pools, Lea County, New Mexico

Ladies and Gentlemen:

You are hereby notified that the referenced application is set for hearing before the New Mexico Oil Conservation Division, Examiner David Catanach, Presiding, on Thursday, July 12, 2001, at 8:15 a.m. The hearing will take place at the Santa Fe Office of the Division, at 1220 S. St. Francis Drive, Santa Fe, New Mexico.

Very truly yours,

David K. Brooks

David K. Brooks
Assistant General Counsel

Attachment "D"