

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

APPLICATION OF TEXACO EXPLORATION AND
PRODUCTION, INC. FOR AMENDMENT OF DIVISION
ORDER NO. R-44442 TO AUTHORIZE A TERTIARY
RECOVERY PROJECT BY THE INJECTION OF CARBON
DIOXIDE IN ITS VACUUM GRAYBURG-SAN ANDRES
UNIT AREA, AND TO QUALIFY SAID PROJECT FOR THE
RECOVERED OIL TAX RATE PURSUANT TO THE ENHANCED
OIL RECOVERY ACT, LEA COUNTY, NEW MEXICO.

CASE NO. 12592

AFFIDAVIT

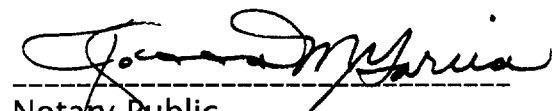
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

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



William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.



Notary Public

My Commission Expires:

August 21, 2001

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Case No. 12592 Exhibit No. 4
Submitted by:
Texaco Exploration & Production, Inc.
Hearing Date: February 8, 2001

EXHIBIT A

Apache Corporation
2000 Post Oak Boulevard, Suite 100
Houston, Texas 77056-4400
Attention: Production Department

Bank One Texas NA, Trustee of the
Martha Leonard Trust 75-6356886
Post Office Box 2050
Fort Worth, Texas 76113

Bank One Texas NA, Trustee of the
Mary Leonard Childrens Trust 75-6412990
Post Office Box 2050
Fort Worth, Texas 76113

Bank One Texas NA, Trustee of the
Miranda Leonard Trust 75-6356894
Post Office Box 2050
Fort Worth, Texas 76113

H. M. Bettis, Inc.
Bettis, Boyle & Stovall
Post Office Box 1240
Graham, Texas 79046

W. T. Boyle & Company
Bettis, Boyle & Stovall
Post Office Box 57
Graham, Texas 79046

Madelon L. Bradshaw
2120 Ridgemar Boulevard, Suite 12
Fort Worth, Texas 76116

Ann McBee Buell
11241 Russwood Circle
Dallas, Texas 75229

Exxon Mobil Corporation
Post Office Box 4697
Houston, Texas 77210-4697

Exxon Mobil Production Company
Joint Interest Lower 48
Post Office Box 4707
Houston, Texas 77210-4707

Frisco Energy LLC
2431 East 51st Street, Suite 300
Tulsa, Oklahoma 74105

Larry O. Hulsey
Post Office Box 1143
Graham, Texas 79046

Marathon Oil Company
Joint Interest Representative
Post Office Box 552
Midland, Texas 79702

McBee Operating Company, LLC
3738 Oak Lawn Avenue, L.B. 200
Dallas, Texas 75219

William D. McBee, Jr.
c/o Michael McBee
5942 Averill Way
Dallas, Texas 75225

OXY Permian, Inc.
Post Office Box 4294
Houston, Texas 77210-4294

Phillips Petroleum Company
4001 Penbrook
Odessa, Texas 79762
Attention: Fred Kent

S. B. Street & Company
Post Office Box 206
Graham, Texas 79046
Attention: Spencer Street

Norman D. Stovall, Jr.
Post Office Box 10
Graham, Texas 79046

Torreador Royalty Corporation
4809 Cole Avenue, Suite 108
Dallas, Texas 75205

Turnco, Inc.
Bettis, Boyle & Stovall
Post Office Box 1240
Graham, Texas 79046

Auvenshine Child Test Trust
Cathie Cone McCown, Trustee
Post Office Box 507
Dripping Springs, Texas 78620-0507

Cathie Cone McCown
Post Office Box 658
Dripping Springs, Texas 78260-0658

Anne Todd Barfield
Post Office Box 738
Wimberly, Texas 78676

BTA Oil Producers
104 South Pecos
Midland, Texas 79701

A. C. Castle
111 Bent Oak Shavano Park
San Antonio, Texas 78231

Chase Oil Corporation
Post Office Box 1767
Artesia, New Mexico 88211-1767

Tom R. Cone, Trustee
U/W Kathleen Cone
c/o Bank of OK Successor Trust
Post Office Box 1588
Tulsa, Oklahoma 74101-1588

Kenneth G. Cone, Trustee
U/W Kathleen Cone
Post Office Box 11310
Midland, Texas 79702

Clifford Cone Working Int. Group
Post Office Drawer 1629
Lovington, New Mexico 88260

Lometa Hudnall Cox Trust No. 2
100 East Ferguson, Suite 700
Tyler, Texas 75702-5755

Charles H. Davis, Jr.
Post Office Box 906
Homer, Alaska 99603

Glynna F. Davis
120 North La Cumbre Road, Apt. 7
Santa Barbara, California 93110-1636

John A. Davis
2270 Santiago Road
Santa Barbara, California 93103-1752

Fagadau Energy Corporation
4849 Greenville Avenue, Suite 1600
Dallas, Texas 75206

Floyd Oil Company
Two Shell Plaza
777 Walker, Suite 2400
Houston, Texas 77002

Headington Oil Company, LP
A Texas Limited Partnership
7557 Rambler Road, Suite 1100
Dallas, Texas 75231

Ogden Sharon Hudnall Trust 1
100 East Ferguson, Suite 703
Tyler, Texas 75702-5755

Kevin O. Butler & Associates
500 West Texas #955
Midland, Texas 79701

Manti Resources, Inc.
800 North Shoreline, Suite 2300
Corpus Christi, Texas 78401

Marathon Oil
c/o Marathon Oil Company LLP
Attention: Transaction Processing
Post Office Box 2049
Houston, Texas 77252-2049

OBO, Inc.
Post Office Box 22577
Hialeah, Florida 33002

Robert S. Pirtle
Post Office Box 1310
Tyler, Texas 75710

Santa Fe Snyder Corporation
Attention: Joint Venture Accounting
550 West Texas Avenue, Suite 1330
Midland, Texas 79701

Margaret T. Sherrill
4920 Carriage Road
Hobbs, New Mexico 88240

Striper Oil Company
Post Office Box 797035
Dallas, Texas 79379-7035

Georgia Lorrain Temple
Post Office Box 11392
Midland, Texas 79702

Harry L. Todd, Jr.
14017 Tanglewood Drive
Dallas, Texas 75234

W L & V Todd Revocable Trust
3612 Euclid Avenue
Dallas, Texas 75205

M. Sherr & T. Todd, Jr. Jointly
4920 North Carriage Road
Hobbs, New Mexico 88240-9757

Mary Anne Todd
Post Office Box 2381
Wimberley, Texas 78676

Thomas E. Todd, Jr.
Box 338
Ruidoso, New Mexico 88345

W. L. Todd, Jr.
3612 Euclid
Dallas, Texas 75205

Ray L. Todd
1107 Shawnee Trail
Carrollton, Texas 75007

Wildcard Family Limited PT
5500 West Plano Parkway, Suite 200
Plano, Texas 75093

Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

LWJ Partnership
Douglas L. Cone, Trustee
Post Office Box 64244
Lubbock, Texas 79464

Texaco Exploration & Production, Inc.
500 North Loraine, Room 228
Midland, Texas 79701

Tommy Todd
7912 Purdue
Dallas, Texas 75225

HOLLAND & HART ^{LLP}
AND
CAMPBELL & CARR
ATTORNEYS AT LAW

DENVER • ASPEN
BOULDER • COLORADO SPRINGS
DENVER TECH CENTER
BILLINGS • BOISE
CHEYENNE • JACKSON HOLE
SALT LAKE CITY • SANTA FE
WASHINGTON, D.C.

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

TELEPHONE (505) 988-4421
FACSIMILE (505) 983-6043
www.hollandhart.com

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS

Re: Application of Texaco Exploration & Production Inc. for amendment of Division Order No. R-4442, as amended, to authorize a tertiary recovery project by the injection of carbon dioxide in its Vacuum Grayburg-San Andres Unit Area, approval of amendment of the Cooperative Water Injection Agreement between the Central Vacuum Unit and the Vacuum Grayburg-San Andres Unit, and qualification of the project for the Recovered Oil Tax Rate Pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico.

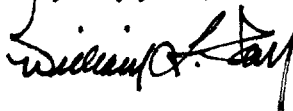
Ladies and Gentlemen:

This letter is to advise you that Texaco Exploration and Production Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. You are the owner of an interest that may be affected by this application.

This matter had been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr
Attorney for Texaco Exploration and Production, Inc.

Enclosure

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

WFC 58.159

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

Apache Corporation
2000 Post Oak Boulevard, Suite 100
Houston, Texas 77056-4400
Attention: Production Department

SANTA FE NM
JAN 8 2001
USPS - 87518

Postmark Here

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 Corporation
2000 Post Oak Boulevard, Suite 100
Houston, Texas 77056-4400
Attention: Production Department

2. Article Number (Copy from service label)
7000 0600 0024 3129 2855

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
D. M. George
B. Date of Delivery
1-22-01

C. Signature
X [Signature]
Agent
Address

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 58.159

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

Auvenshine Child Test Trust
Cathie Cone McCown, Trustee
Post Office Box 507
Dripping Springs, Texas 78620-0507

SANTA FE NM
JAN 7 8 2001
USPS - 87501

Postmark Here

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:
Auvenshine Child Test Trust
Cathie Cone McCown, Trustee
Post Office Box 507
Dripping Springs, Texas 78620-0507

2. Article Number (Copy from service label)
7000 0600 0024 3129 2620

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
C. Signature
X [Signature]
Agent
Address

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 58.159

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

Bank One Texas NA, Trustee of the
Martha Leonard Trust 75-6356886
Post Office Box 2050
Fort Worth, Texas 76113

SANTA FE NM
JAN 1 8 2001
USPS - 87518

Postmark Here

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:
Bank One Texas NA, Trustee of the
Martha Leonard Trust 75-6356886
Post Office Box 2050
Fort Worth, Texas 76113

2. Article Number (Copy from service label)
7000 0600 0024 3129 2828

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
C. Signature
X [Signature]
Agent
Address

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 58.159

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

Bank One Texas NA, Trustee of the
Mary Leonard Childrens Trust 75-6412990
Post Office Box 2050
Fort Worth, Texas 76113

SANTA FE NM
JAN 1 8 2001
USPS - 87518

Postmark Here

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:
Bank One Texas NA, Trustee of the
Mary Leonard Childrens Trust 75-6412990
Post Office Box 2050
Fort Worth, Texas 76113

2. Article Number (Copy from service label)
7000 0600 0024 3129 2811

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
C. Signature
X [Signature]
Agent
Address

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 58.159

Postage	\$	1.00
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	2.40

Postmark Here
SANTA FE NM JAN 1 8 2001 USPS - 87508

Bank One Texas NA, Trustee of the
Miranda Leonard Trust 75-6356894
Post Office Box 2050
Fort Worth, Texas 76113

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:

Bank One Texas NA, Trustee of the
Miranda Leonard Trust 75-6356894
Post Office Box 2050
Fort Worth, Texas 76113

2. Article Number (Copy from service label)

7000 0600 0024 3129 2804

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Chris Emerald* B. Date of Delivery *JAN 2 2 2001*
- C. Signature *Chris Emerald* Agent ☐ Address ☐
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 58.159

Postage	\$	1.00
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	2.40

Postmark Here
SANTA FE NM JAN 1 8 2001 USPS - 87508

Recip: Anne Todd Barfield
Post Office Box 738
Street: Wimberly, Texas 78676
City: S

PS Form

- 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:

Anne Todd Barfield
Post Office Box 738
Wimberly, Texas 78676

2. Article Number (Copy from service label)

7000 0600 0024 3129 2606

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

- A. Received by (Please Print Clearly) *Anne Barfield* B. Date of Delivery *JAN 2 2 2001*
- C. Signature *Anne Barfield* Agent ☐ Address ☐
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 58.159

Postage	\$	1.00
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	2.40

Postmark Here
SANTA FE NM JAN 1 8 2001 USPS - 87508

Recip: H. M. Bettis, Inc.
Bettis, Boyle & Stovall
Post Office Box 1240
Graham, Texas 79046
City: S

PS Form

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. M. Bettis, Inc.
Bettis, Boyle & Stovall
Post Office Box 1240
Graham, Texas 79046

2. Article Number (Copy from service label)

7000 0600 0024 3129 2798

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17R

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *JAN 2 2 2001* B. Date of Delivery *JAN 2 2 2001*
- C. Signature *H. M. Bettis* Agent ☐ Address ☐
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 58.159

Postage	\$	1.00
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	2.40

Postmark Here
SANTA FE NM JAN 1 8 2001 USPS - 87508

Recip: W. T. Boyle & Company
Bettis, Boyle & Stovall
Post Office Box 57
Graham, Texas 79046
City: S

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:

W. T. Boyle & Company
Bettis, Boyle & Stovall
Post Office Box 57
Graham, Texas 79046

2. Article Number (Copy from service label)

7000 0600 0024 3129 2781

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *JAN 2 2 2001* B. Date of Delivery *JAN 2 2 2001*
- C. Signature *W. T. Boyle* Agent ☐ Address ☐
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 58.159

Postage	\$ 1.60	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.00	

Re Madelon L. Bradshaw
2120 Ridgeman Boulevard, Suite 12
St Fort Worth, Texas 76116

City

PS

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:

Madelon L. Bradshaw
2120 Ridgeman Boulevard, Suite 12
Fort Worth, Texas 76116

2. Article Number (Copy from service label)

7000 0600 0024 3129 2774

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Terri Littlefield B. Date of Delivery 1-22-2
- C. Signature X Terri Littlefield ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 58.159

Postage	\$ 1.60	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.00	

Re BTA Oil Producers
104 South Pecos
St Midland, Texas 79701

City

PS

- 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:

BTA Oil Producers
104 South Pecos
Midland, Texas 79701

2. Article Number (Copy from service label)

7000 0600 0024 3129 2590

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) LUIS SOSA B. Date of Delivery JAN 22 2001
- C. Signature X Luis Sosa ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 58.159

Postage	\$ 1.60	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.00	

Re Ann McBee Buell
11241 Russwood Circle
St Dallas, Texas 75229

City

PS

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:

Ann McBee Buell
11241 Russwood Circle
Dallas, Texas 75229

2. Article Number (Copy from service label)

7000 0600 0024 3129 2767

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) ANN MCBEE BUELL B. Date of Delivery 1/25/01
- C. Signature X Ann McBee Buell ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 58.159

Postage	\$ 1.60	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.00	

Re Kevin O. Butler & Associates
500 West Texas #955
St Midland, Texas 79701

City

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:

Kevin O. Butler & Associates
500 West Texas #955
Midland, Texas 79701

2. Article Number (Copy from service label)

7000 0600 0024 3129 2453

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Kevin O. Butler B. Date of Delivery 1-22-01
- C. Signature X Kevin O. Butler ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.00	Postmark Here
Certified Fee	\$ 1.00	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.00	

Re A. C. Castle
111 Bent Oak Shavano Park
San Antonio, Texas 78231

City

PS

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. C. Castle
111 Bent Oak Shavano Park
San Antonio, Texas 78231

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MARGARET M. CASTLE B. Date of Delivery 1/22/01

C. Signature X Margaret M. Castle ☒ Agent ☐ Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0600 0024 3129 2583

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

WFE 58.159

Postage	\$ 1.00	Postmark Here
Certified Fee	\$ 1.00	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.00	

Recipient Chase Oil Corporation
Post Office Box 1767
Artesia, New Mexico 88211-1767

City, St.

PS Form

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:

Chase Oil Corporation
Post Office Box 1767
Artesia, New Mexico 88211-1767

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sylvia Hensley B. Date of Delivery 1-22-01

C. Signature X Sylvia Hensley ☐ Agent ☐ Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0600 0024 3129 2576

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

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

WFE 58.159

Postage	\$ 1.00	Postmark Here
Certified Fee	\$ 1.00	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.00	

Recipient Clifford Cone Working Int. Group
Post Office Drawer 1629
Lovington, New Mexico 88260

City, St.

PS Form

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:

Clifford Cone Working Int. Group
Post Office Drawer 1629
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Clifford Cone B. Date of Delivery 1-22-01

C. Signature X Clifford Cone ☐ Agent ☐ Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0600 0024 3129 2545

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

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

WFE 58.159

Postage	\$ 1.00	Postmark Here
Certified Fee	\$ 1.00	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.00	

Recipient Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

City, St.

PS Form

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

WE 58.159

Postage \$1.00
Certified Fee \$1.00
Return Receipt Fee (Endorsement Required) \$0.00
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$2.00

Recip: Kenneth G. Cone, Trustee
U/W Kathleen Cone
Post Office Box 11310
Midland, Texas 79702

Postmark Here

PS Form 3811, July 1999

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

WE 58.159

Postage \$1.00
Certified Fee \$1.00
Return Receipt Fee (Endorsement Required) \$0.00
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$2.00

Recip: Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Postmark Here

PS Form 3811, July 1999

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

WE 58.159

Postage \$1.00
Certified Fee \$1.00
Return Receipt Fee (Endorsement Required) \$0.00
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$2.00

Recip: Tom R. Cone, Trustee
U/W Kathleen Cone
c/o Bank of OK Successor Trust
Post Office Box 1588
Tulsa, Oklahoma 74101-1588

Postmark Here

PS Form 3811, July 1999

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

WE 58.159

Postage \$1.00
Certified Fee \$1.00
Return Receipt Fee (Endorsement Required) \$0.00
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$2.00

Recip: Lometa Hudnall Cox Trust No. 2
100 East Ferguson, Suite 700
Tyler, Texas 75702-5755

Postmark Here

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

2. Article Number (Copy from service label)
7000 0600 0024 3129 2229

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Tom R. Cone, Trustee
U/W Kathleen Cone
c/o Bank of OK Successor Trust
Post Office Box 1588
Tulsa, Oklahoma 74101-1588

2. Article Number (Copy from service label)
7000 0600 0024 3129 2569

PS Form 3811, July 1999

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:
Lometa Hudnall Cox Trust No. 2
100 East Ferguson, Suite 700
Tyler, Texas 75702-5755

2. Article Number (Copy from service label)
7000 0600 0024 3129 2538

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery JAN 18 2001

C. Signature Sue Ray ☐ Agent ☐ Address

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Michael W. Lyne B. Date of Delivery 25 JAN 2001

C. Signature Michael W. Lyne ☐ Agent ☐ Address

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Lometa Hudnall Cox B. Date of Delivery JAN 18 2001

C. Signature Lometa Hudnall Cox ☐ Agent ☐ Address

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58,159

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

Charles H. Davis, Jr.
Post Office Box 906
Homer, Alaska 99603

PS Form 3811, July 1999

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:

Charles H. Davis, Jr.
Post Office Box 906
Homer, Alaska 99603

2. Article Number (Copy from service label)
7000 0600 0074 3129 2521

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) C DAVIS
B. Date of Delivery 1-23-01

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58,159

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

Glynna F. Davis
120 North La Cumbre Road, Apt. 7
Santa Barbara, California 93110-1636

PS Form 3811, July 1999

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:

Glynna F. Davis
120 North La Cumbre Road, Apt. 7
Santa Barbara, California 93110-1636

2. Article Number (Copy from service label)
7000 0600 0074 3129 2514

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature]
B. Date of Delivery 1-22-01

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58,159

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

John A. Davis
2270 Santiago Road
Santa Barbara, California 93103-1752

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John A. Davis
2270 Santiago Road
Santa Barbara, California 93103-1752

2. Article Number (Copy from service label)
7000 0600 0074 3129 2507

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature]
B. Date of Delivery 1-22-01

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58,159

Postage	\$	1.60
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Exxon Mobil Corporation
Post Office Box 4697
Houston, Texas 77210-4697

PS Form 3811, July 1999

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:

Exxon Mobil Corporation
Post Office Box 4697
Houston, Texas 77210-4697

2. Article Number (Copy from service label)
7000 0600 0074 3129 2750

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) GEE
B. Date of Delivery 01-23-2001

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58.159

Postage	\$	1.40
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.30

Recit: Exxon Mobil Production Company
Joint Interest Lower 48
Street Post Office Box 4707
City: Houston, Texas 77210-4707

PS Form 3811, July 1999

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:

Exxon Mobil Production Company
Joint Interest Lower 48
Post Office Box 4707
Houston, Texas 77210-4707

2. Article Number (Copy from service label)

7000 0600 0024 3129 2743

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JAN 8 2001**

C. Signature **GEE**

☒ Agent
☐ Address

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58.159

Postage	\$	1.40
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.30

Recit: Fagadau Energy Corporation
4849 Greenville Avenue, Suite 1600
Street Dallas, Texas 75206
City:

PS Form 3811, July 1999

- 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:

Fagadau Energy Corporation
4849 Greenville Avenue, Suite 1600
Dallas, Texas 75206

2. Article Number (Copy from service label)

7000 0600 0024 3129 2491

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **P. Solonza**

C. Signature **P. Solonza**

☒ Agent
☐ Address

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58.159

Postage	\$	1.40
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.30

Recit: Floyd Oil Company
Two Shell Plaza
Street 777 Walker, Suite 2400
City: Houston, Texas 77002

PS Form 3811, July 1999

- 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:

Floyd Oil Company
Two Shell Plaza
777 Walker, Suite 2400
Houston, Texas 77002

2. Article Number (Copy from service label)

7000 0600 0024 3129 2484

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Michelle Melby**

C. Signature **Michelle Melby**

☒ Agent
☐ Address

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58.159

Postage	\$	1.40
Certified Fee		1.90
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.30

Recit: Frisco Energy LLC
2431 East 51st Street, Suite 300
Street Tulsa, Oklahoma 74105
City:

PS Form 3811, July 1999

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:

Frisco Energy LLC
2431 East 51st Street, Suite 300
Tulsa, Oklahoma 74105

2. Article Number (Copy from service label)

7000 0600 0024 3129 2736

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Randy McCreary**

C. Signature **Randy McCreary**

☒ Agent
☐ Address

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Headington Oil Company, LP
A Texas Limited Partnership
7557 Rambler Road, Suite 1100
Dallas, Texas 75231

SANTA FE NM
JAN 1 8 2001
USPS - 87501

PS Form 3811, July 1999

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:

Headington Oil Company, LP
A Texas Limited Partnership
7557 Rambler Road, Suite 1100
Dallas, Texas 75231

2. Article Number (Copy from service label)

7000 0600 0024 3129 2477

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
SD O BBS 1/24/01

C. Signature
X Susan Adams Agent Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.90

Ogden Sharon Hudnall Trust 1
100 East Ferguson, Suite 703
Tyler, Texas 75702-5755

SANTA FE NM
JAN 1 8 2001
USPS - 75701

PS Form 3811, July 1999

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:

Ogden Sharon Hudnall Trust 1
100 East Ferguson, Suite 703
Tyler, Texas 75702-5755

2. Article Number (Copy from service label)

7000 0600 0024 3129 2460

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-176

A. Received by (Please Print Clearly) B. Date of Delivery
Fip Downing 1-23-01

C. Signature
X Fip Downing Agent Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.90

Larry O. Hulsey
Post Office Box 1143
Graham, Texas 79046

SANTA FE NM
JAN 1 8 2001
USPS - 87501

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Larry O. Hulsey
Post Office Box 1143
Graham, Texas 79046

2. Article Number (Copy from service label)

7000 0600 0024 3129 2729

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-177

A. Received by (Please Print Clearly) B. Date of Delivery
Larry Hulsey 1-22-01

C. Signature
X Larry Hulsey Agent Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.90

LWJ Partnership
Douglas L. Cone, Trustee
Post Office Box 64244
Lubbock, Texas 79464

SANTA FE NM
JAN 1 8 2001
USPS - 87501

PS Form 3811, July 1999

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:

LWJ Partnership
Douglas L. Cone, Trustee
Post Office Box 64244
Lubbock, Texas 79464

2. Article Number (Copy from service label)

7000 0600 0024 3129 2762

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Tamera Young 1-23-01

C. Signature
X Tamera Young Agent Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WE 58.159

Postage	\$ 1.90		Postage Here
Certified Fee	\$ 1.90		
Return Receipt Fee (Endorsement Required)	\$ 1.90		
Restricted Delivery Fee (Endorsement Required)	\$ 1.90		
Total Postage & Fees	\$ 5.60		
Recip	Manti Resources, Inc. 800 North Shoreline, Suite 2300 Corpus Christi, Texas 78401		
Street			
City			
PS Form			

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:

Manti Resources, Inc.
800 North Shoreline, Suite 2300
Corpus Christi, Texas 78401

2. Article Number (Copy from service label)

7000 0600 0024 3129 2446

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-171

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **DEBBIE GARZA** B. Date of Delivery **1-22-01**
C. Signature ☐ Agent ☒ Address
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WE 58.159

Postage	\$ 1.90		Postage Here
Certified Fee	\$ 1.90		
Return Receipt Fee (Endorsement Required)	\$ 1.90		
Restricted Delivery Fee (Endorsement Required)	\$ 1.90		
Total Postage & Fees	\$ 5.60		
Recip	Marathon Oil c/o Marathon Oil Company LLP Attention: Transaction Processing Post Office Box 2049 Houston, Texas 77252-2049		
Street			
City			
PS Form			

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:

Marathon Oil
c/o Marathon Oil Company LLP
Attention: Transaction Processing
Post Office Box 2049
Houston, Texas 77252-2049

2. Article Number (Copy from service label)

7000 0600 0024 3129 2439

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **M. Williams** B. Date of Delivery **1-22-01**
C. Signature ☐ Agent ☒ Address
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WE 58.159

Postage	\$ 1.90		Postage Here
Certified Fee	\$ 1.90		
Return Receipt Fee (Endorsement Required)	\$ 1.90		
Restricted Delivery Fee (Endorsement Required)	\$ 1.90		
Total Postage & Fees	\$ 5.60		
Recip	Marathon Oil Company Joint Interest Representative Post Office Box 552 Midland, Texas 79702		
Street			
City			
PS Form			

- 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:

Marathon Oil Company
Joint Interest Representative
Post Office Box 552
Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 2712

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

A. Received by (Please Print Clearly) **M. Williams** B. Date of Delivery **1-22-01**
C. Signature ☐ Agent ☒ Address
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WE 58.159

Postage	\$ 1.90		Postage Here
Certified Fee	\$ 1.90		
Return Receipt Fee (Endorsement Required)	\$ 1.90		
Restricted Delivery Fee (Endorsement Required)	\$ 1.90		
Total Postage & Fees	\$ 5.60		
Recip	William D. McBee, Jr. c/o Michael McBee 5942 Averill Way Dallas, Texas 75225		
Street			
City			
PS Form			

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

1. Article Addressed to:

William D. McBee, Jr.
c/o Michael McBee
5942 Averill Way
Dallas, Texas 75225

2. Article Number (Copy from service label)

7000 0600 0024 3129 2699

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

A. Received by (Please Print Clearly) **M. B. McBee** B. Date of Delivery **1-22-01**
C. Signature ☐ Agent ☒ Address
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WE 58.159

Postage \$ 1.60
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 0.00
Restricted Delivery Fee (Endorsement Required) \$ 0.00
Total Postage & Fees \$ 3.00

Recd: McBee Operating Company, LLC
3738 Oak Lawn Avenue, L.B. 200
Street: Dallas, Texas 75219
City:

PS Form 3811, July 1999

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:

McBee Operating Company, LLC
3738 Oak Lawn Avenue, L.B. 200
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2705

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Shelly Watson
B. Date of Delivery 1/22/01
C. Signature Shelly Watson
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WE 58.159

Postage \$ 1.60
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 0.00
Restricted Delivery Fee (Endorsement Required) \$ 0.00
Total Postage & Fees \$ 3.00

Recd: Cathie Cone McCown
Post Office Box 658
Street: Dripping Springs, Texas 78260-0658
City:

PS Form 3811, July 1999

- 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:

Cathie Cone McCown
Post Office Box 658
Dripping Springs, Texas 78260-0658

2. Article Number (Copy from service label)

7000 0600 0024 3129 2613

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

A. Received by (Please Print Clearly) Bill McC
B. Date of Delivery 01/22/01
C. Signature Bill McC
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WE 58.159

Postage \$ 1.60
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 0.00
Restricted Delivery Fee (Endorsement Required) \$ 0.00
Total Postage & Fees \$ 3.00

Recd: OBO, Inc.
Post Office Box 22577
Street: Hialeah, Florida 33002
City:

PS Form 3811, July 1999

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:

OBO, Inc.
Post Office Box 22577
Hialeah, Florida 33002

2. Article Number (Copy from service label)

7000 0600 0024 3129 2422

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) FARRAR, S
B. Date of Delivery 01/22/01
C. Signature F
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WE 58.159

Postage \$ 1.60
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 0.00
Restricted Delivery Fee (Endorsement Required) \$ 0.00
Total Postage & Fees \$ 3.00

Recd: OXY Permian, Inc.
Post Office Box 4294
Street: Houston, Texas 77210-4294
City:

PS Form 3811, July 1999

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:

OXY Permian, Inc.
Post Office Box 4294
Houston, Texas 77210-4294

2. Article Number (Copy from service label)

7000 0600 0024 3129 2682

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) GEE
B. Date of Delivery 1/22/01
C. Signature GEE
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFL 58.159

Postage	\$ 1.00
Certified Fee	1.00
Return Receipt Fee (Endorsement Required)	1.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.00

Recip Phillips Petroleum Company
4001 Penbrook
Street Odessa, Texas 79762
City Attention: Fred Kent

PS Form 3811, July 1999

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:

Phillips Petroleum Company
4001 Penbrook
Odessa, Texas 79762
Attention: Fred Kent

2. Article Number (Copy from service label)

7000 0600 0024 3129 2675

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Yadia Olivas 1-22-01
- B. Date of Delivery
- C. Signature X Yadia Olivas Agent Address
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFL 58.159

Postage	\$ 1.60
Certified Fee	1.00
Return Receipt Fee (Endorsement Required)	1.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.60

Recip Robert S. Pirtle
Post Office Box 1310
Street Tyler, Texas 75710
City

PS Form 3811, July 1999

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

1. Article Addressed to:

Robert S. Pirtle
Post Office Box 1310
Tyler, Texas 75710

2. Article Number (Copy from service label)

7000 0600 0024 3129 2415

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFL 58.159

Postage	\$ 1.60
Certified Fee	1.00
Return Receipt Fee (Endorsement Required)	1.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.60

Recip Santa Fe Snyder Corporation
Attention: Joint Venture Accounting
Street 550 West Texas Avenue, Suite 1330
City Midland, Texas 79701

PS Form 3811, July 1999

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:

Santa Fe Snyder Corporation
Attention: Joint Venture Accounting
550 West Texas Avenue, Suite 1330
Midland, Texas 79701

2. Article Number (Copy from service label)

7000 0600 0024 3129 2408

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) J. C. Cline
- B. Date of Delivery 1-26-01
- C. Signature X J. C. Cline Agent Address
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFL 58.159

Postage	\$ 1.00
Certified Fee	1.00
Return Receipt Fee (Endorsement Required)	1.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.00

Recip M. Sherr & T. Todd, Jr. Jointly
4920 North Carriage Road
Street Hobbs, New Mexico 88240-9757
City

PS Form 3811, July 1999

- 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:

M. Sherr & T. Todd, Jr. Jointly
4920 North Carriage Road
Hobbs, New Mexico 88240-9757

2. Article Number (Copy from service label)

7000 0600 0024 3129 2347

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) M. Sherr & T. Todd, Jr.
- B. Date of Delivery 1-20-01
- C. Signature X M. Sherr & T. Todd, Jr. Agent Address
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	5.00
Total Postage & Fees	10.00

Recipient
Margaret T. Sherrill
4920 Carriage Road
Hobbs, New Mexico 88240

City, State

PS Form 3811, July 1999

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:

Margaret T. Sherrill
4920 Carriage Road
Hobbs, New Mexico 88240

2. Article Number (Copy from service label)

7000 0600 0024 3129 2392

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) 7 B. Date of Delivery 1/20/2001

C. Signature M. Sherrill ☐ Agent ☐ Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 38.159

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	5.00
Total Postage & Fees	10.00

Recipient
Norman D. Stovall, Jr.
Post Office Box 10
Graham, Texas 79046

City, State

PS Form 3811, July 1999

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:

Norman D. Stovall, Jr.
Post Office Box 10
Graham, Texas 79046

2. Article Number (Copy from service label)

7000 0600 0024 3129 2651

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Teresa Farmer B. Date of Delivery 1-26-01

C. Signature T. Farmer ☒ Agent ☐ Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 38.159

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	5.00
Total Postage & Fees	10.00

Recipient
S. B. Street & Company
Post Office Box 206
Graham, Texas 79046
Attention: Spencer Street

City, State

PS Form 3811, July 1999

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:

S. B. Street & Company
Post Office Box 206
Graham, Texas 79046
Attention: Spencer Street

2. Article Number (Copy from service label)

7000 0600 0024 3129 2668

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sally Matthews B. Date of Delivery 1/25/01

C. Signature Sally Matthews ☒ Agent ☐ Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	5.00
Total Postage & Fees	10.00

Recipient
Striper Oil Company
Post Office Box 797035
Dallas, Texas 79379-7035

City, State

PS Form 3811, July 1999

- 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:

Striper Oil Company
Post Office Box 797035
Dallas, Texas 79379-7035

2. Article Number (Copy from service label)

7000 0600 0024 3129 2385

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

A. Received by (Please Print Clearly) Striper Oil Co B. Date of Delivery 1/23/01

C. Signature [Signature] ☒ Agent ☐ Address

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WE 38.159

Postage \$ 1.60
Certified Fee 1.60
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 3.20

Recip: Georgia Lorrain Temple
Post Office Box 11392
Street: Midland, Texas 79702
City: Midland, Texas 79702
PS F

SANTA FE NM
JAN 18 2001
USPS - 87501

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:

Georgia Lorrain Temple
Post Office Box 11392
Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 2378

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1-25-01
C. Signature X [Signature] ☐ Agent ☐ Address:
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WE 38.159

Postage \$ 1.60
Certified Fee 1.60
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 3.20

Recip: Texaco Exploration & Production, Inc.
500 North Loraine, Room 228
Street: Midland, Texas 79701
City: Midland, Texas 79701
PS F

SANTA FE NM
JAN 18 2001
USPS - 87501

- 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:

Texaco Exploration & Production, Inc.
500 North Loraine, Room 228
Midland, Texas 79701

2. Article Number (Copy from service label)

7000 0600 0024 3129 2255

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1-25-01
C. Signature X [Signature] ☐ Agent ☐ Address:
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WE 38.159

Postage \$ 1.60
Certified Fee 1.60
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 3.20

Recip: Harry L. Todd, Jr.
14017 Tanglewood Drive
Street: Dallas, Texas 75234
City: Dallas, Texas 75234
PS F

SANTA FE NM
JAN 18 2001
USPS - 87501

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:

Harry L. Todd, Jr.
14017 Tanglewood Drive
Dallas, Texas 75234

2. Article Number (Copy from service label)

7000 0600 0024 3129 2361

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1/22/01
C. Signature X [Signature] ☐ Agent ☐ Address:
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WE 38.159

Postage \$ 5.00
Certified Fee 1.60
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.60

Recip: Mary Anne Todd
Post Office Box 2381
Street: Wimberley, Texas 78676
City: Wimberley, Texas 78676
PS F

SANTA FE NM
JAN 18 2001
USPS - 87501

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:

Mary Anne Todd
Post Office Box 2381
Wimberley, Texas 78676

2. Article Number (Copy from service label)

7000 0600 0024 3129 2330

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1/23/01
C. Signature X [Signature] ☐ Agent ☐ Address:
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.20
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.00

Postmark Here

SANTA FE NM
JAN 18 2001

Recip Ray L. Todd
1107 Shawnee Trail
Street Carrollton, Texas 75007
City

PS Form

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:

Ray L. Todd
1107 Shawnee Trail
Carrollton, Texas 75007

2. Article Number (Copy from service label)

7000 0600 0024 3129 2309

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1/22/01

C. Signature *Ray L. Todd* ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.20
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.00

Postmark Here

SANTA FE NM
JAN 18 2001

Recip Thomas E. Todd, Jr.
Box 338
Street Ruidoso, New Mexico 88345
City

PS Form

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:

Thomas E. Todd, Jr.
Box 338
Ruidoso, New Mexico 88345

2. Article Number (Copy from service label)

7000 0600 0024 3129 2323

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1/22/01

C. Signature *Thomas E. Todd, Jr.* ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.20
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.00

Postmark Here

SANTA FE NM
JAN 18 2001

USPS - 87501

Recip Tommy Todd
7912 Purdue
Street Dallas, Texas 75225
City

PS Form

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:

W. L. Todd, Jr.
3612 Euclid
Dallas, Texas 75205

2. Article Number (Copy from service label)

7000 0600 0024 3129 2316

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 1-24-01

C. Signature *Virginia M. Todd* ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFE 58.159

Postage	\$ 1.60
Certified Fee	1.20
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.00

Postmark Here

SANTA FE NM
JAN 18 2001

USPS - 87501

Recip W. L. Todd, Jr.
3612 Euclid
Street Dallas, Texas 75205
City

PS Form

Domestic Return Receipt

102595-99-M-1

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

WF 58,159

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

Rec W L & V Todd Revocable Trust
3612 Euclid Avenue
Dallas, Texas 75205
City

PS F

SANTA FE NM
JAN 1 8 2001
USPS - 87501

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:

W L & V Todd Revocable Trust
3612 Euclid Avenue
Dallas, Texas 75205

2. Article Number (Copy from service label)

7000 0600 0024 3129 2354

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery 1-14-01
- C. Signature x Virginia M. Todd Agent Address
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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

WF 58,159

Postage \$ 1.60
Certified Fee 1.20
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Rec Torreador Royalty Corporation
4809 Cole Avenue, Suite 108
Dallas, Texas 75205
City

PS F

SANTA FE NM
JAN 1 8 2001
USPS

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:

Torreador Royalty Corporation
4809 Cole Avenue, Suite 108
Dallas, Texas 75205

2. Article Number (Copy from service label)

7000 0600 0024 3129 2644

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery 1-22-01
- C. Signature x Kevin Agent Address
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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

WF 58,159

Postage \$ 1.60
Certified Fee 1.20
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Rec Turnco, Inc.
Bettis, Boyle & Stovall
Post Office Box 1240
Graham, Texas 79046
City

PS F

SANTA FE NM
JAN 1 8 2001
USPS

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:

Turnco, Inc.
Bettis, Boyle & Stovall
Post Office Box 1240
Graham, Texas 79046

2. Article Number (Copy from service label)

7000 0600 0024 3129 2637

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery JAN 22 2001
- C. Signature x Paul Anderson Agent Address
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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

WF 58,159

Postage \$ 1.60
Certified Fee 1.20
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Rec Wildcard Family Limited PT
5500 West Plano Parkway, Suite 200
Plano, Texas 75093
City

PS F

SANTA FE NM
JAN 1 8 2001
USPS - 87501

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:

Wildcard Family Limited PT
5500 West Plano Parkway, Suite 200
Plano, Texas 75093

2. Article Number (Copy from service label)

7000 0600 0024 3129 2293

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery 1-22
- C. Signature x P Monzo Agent Address
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes