U.S. Postal Service GERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Cove	erage Próvided)	
Postage \$ Un February Receipt Fee (Endorsement Required)	Costmark Here	•
Restricted Delivery Fee (Endorsement Required) Total Postage & Fees		
NM&O OPERATING COMP Street 6 E. 5 TH STREET, SUITE 2 TULSA, OK 74103		
10 THE BIGHT OF RETURN ADDRESS	A District Control of the Control of	
Complete items 1 and/or 2 for additional services. Complete items 1, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	I also wish to receive the following services (for an	ໝໍ ຄູ່:
 Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write 'Return Receipt Requested' on the mailpiece below the article. 	cle number. 2. Restricted Delivery	Servic
 The Return Receipt will show to whom the article was delivered at delivered. 3. Article Addressed to: 	Consult postmaster for fee. 4a. Article Number	
3. Article Addressed to: NM&O OPERATING COMPANY	7000 0520 co22 95436437 4b. Service Type	3
NM&O OPERATING COMPANY 6 E. 5 TH STREET, SUITE 200	☐ Registered ☐ Certifie	
TULSA, OK 74103	Express Mail Insured Beturn Receipt for Merchandise COD	— 10년
2	7. Date of Delivery	a :
5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)	Thank yo
6. Signature: (Addressee or Agent) X SCL20 No Man	1	 -
	Domestic Return Recei	pt
	Hyhom & Date Delivered Return Receipt Showing to Whom, A Date, & Addressee's Address C TOTAL Postage & Fees Postmark or Date O O	
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 	l also wish to receive the following services (for an extra fee):	di .
card to you. Attach this form to the front of the mailpiece, or on the back if space permit. White "Return Receipt Requested" on the mailpiece helpy the article.	ne does not 1. Addressee's Address	Service
Write "Return Receipt Requested" on the maliplece below the article "The Return Receipt will show to whom the article was delivered an delivered.	Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number Z 152 933 623	T Receipt
JOHANSEN ENERGY PARTNERSHIP PO BOX 1773	4b. Service Type Registered Certifie	4. 28. 29. 29. 29. 29. 29. 29. 29. 29. 29. 29
WHITEFISH, MT 59937	☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD	s a
	7. Date of Delivery	BEFORE THE OIL CONSERVATION DIVISION Santa Fe, New Mexico
5. Received By: <i>(Print Name)</i>	Addressee's Address (Only if requested and fee is paid)	BEFORE THE OIL CONSERVATION DIVISION Santa Fe, New Mexico Case No. 12633 Exhibit No. 44 Submitted by:

6. Signature: (Addressee or Agent)
PS Form **3811**, December 1994

McElvain Oil & Gas Properties, Inc.
Hearing Date: April 5, 2001 102595-97-B-0179 Domestic Return Receipt

Do not use for International Mail (See reverse) US Postal Service
Receipt for Certified Mail 1180 CEDARWOOD DRIVE reet & MORAGA, CA 94556 No Insurance Coverage Provided ost Office. State, & ZIP Code Return Receipt Showing to Whom, Date, & Addressee's Address Return Receipt Showing Whom & Date Delivered Restricted Delivery Fee __ 57 Special Delivery Fee TOTAL Postage & Certified Fee 3861 lingA ,008£ mno7 84 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 SENDER: I also wish to receive the following services (for an extra fee): Receipt Service 1. Addressee's Address 2.

Restricted Delivery Consult postmaster for fee 3. Article Addressed to: Z 150 933 620 4b. Service Type GAVILAN DOME PROPERTIES 1180 CEDARWOOD DRIVE Certified ☐ Registered MORAGA, CA 94556 using ☐ Express Mail ☐ Insured Return Receipt for Merchandise
COD ğ 7. Date of Delivery you 16-8. Addressee's Address (Only if requested (Print Name) and fee is paid) MEEDY WSdo 6! Signature: (Addressee or Agent) X 102595-97-8-0179 Domestic Return Receipt PS Form 3811, December 1994 Do not use for international Mail (See reverse) Sent MUNTING T. WALKER Receipt for Certified Mail 2961 S. FILLMORE WAY DENVER, CO 80210 No Insurance Coverage Provided. 69 Office, State, & 21P Code Return Receipt Showing to Whon Date, & Addressee's Address Return Receipt Showing t Whom & Date Delivered **FOTAL** Postage & Fees Restricted Delivery Fee Postal Service Special Delivery Fee **Certified Fee** I also wish to receive the 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 exist to you. following services (for an extra fee): Receipt Service card to you.

Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address 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. 2.

Restricted Delivery Consult postmaster for fee. 4a. Article Number using Return 3. Article Addressed to:) 93 HUNTING T. WALKER 4b. Service Type Certified ☐ Registered 2961 S. FILLMOBE WANDENVER, CO 80210 ☐ Insured ☐ Express Mail Return Receipt for Merchandise
COD 7. Date of Delivery Thank you 8. Addressee's Address (Only if requested and fee is paid) 102595-97-B-0179 Domestic Return Receipt PS Form **3811**, December 1994

Is your RETURN ADDRESS completed on the reverse

RETURN ADDRESS completed on the reverse

Vour

(See reverse) US Postal Service Receipt for Certified Mail ARMINGTON, NM 87499 ost Office, State, & ZIP Code No Insurance Coverage Provided. Do not use for International Mail 9 93 Sent to JOE ELLEDGE €Э Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing Whom & Date Delivered TOTAL Postage & Fees Restricted Delivery Fee Special Delivery Fee Certified Fee Postage PS Form 3800, 2661 lingA 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 vour RETURN ADDRESS completed on the reverse side following services (for an extra fee): Receipt Service 1. Addressee's Address 2.

Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number 157 933616 Thank you for using Return JOE ELLEDGE 4b. Service Type Certified PO BOX 111 ☐ Registered **FARMINGTON, NM 87499** ☐ Express Mail □ Insured Return Receipt for Merchandise COD . Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested 6. Signature: (Addressee and fee is paid) X 102595-97-B-0179 Domestic Return Receipt PS Form 3811, December 1994 reverse 862 CROMO DRIVE, SUFFE 199 Receipt for Certified Mail **[]** []. No Insurance Coverage Provided.

Do not use for International Mail (See Jee CAPITAL, LLC Sireet & LL PASO, TX 7991 a. m 4) Mhom & Date Delivered
Whom & Date Delivered
Return Receipt Showing to Whom,
Date, & Addressee's Address Post Office, State, & ZIP Code TOTAL Postage & Fees Restricted Delivery Fee 7. [2] Special Delivery Fee **US Postal Service** Certified Fee 75 Form 3800, April 1995 SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you. I also wish to receive the following services (for an card to you.

Attach this form to the front of the mailpiece, or on the back if space does not extra fee): ermit.

* Internation to the mailpiece, or on the back if space does not the article number.

* Internation Receipt Requested* on the mailpiece below the article number.

* The Return Receipt will show to whom the article was delivered and the date. 1. Addressee's Address 2.

Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number COUGAR CAPITAL, LLC 4b. Service Type Å. 5862 CROMO DRIVE, SUITE 199 ☐ Registered EL PASO, TX 79912 Certifie: ☐ Express Mail ☐ Insured Return Receipt for Merchandise

COD 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

102595-97-B-0179 Domestic Return Receipt

is your RETURN ADDRESS completed

PS Form **3811**, December 1994

															*							
	7 1.52 933 512	S Postal Service (Second Mail Second Mail	o insurance Coverage Provided.	o not use ror international Mail (See reverse)	PO BOX 1445	itreet KYERRVILLE, TX	ost Office, State, & ZIP Code	ostage	ertified Fee	pecial Delivery Fee	estricted Delivery Fee	leturn Receipt Showing to Whom & Date Delivered	Etum Receipt Showing to Whom, ate, & Addressee's Address	OTAL Postage & Fees \$	ostmark or Date				***************************************			-
s your RETURN ADDRESS completed on the reverse side?	SEI Co Co Pri can Att per Wr The	mplete mplete mplete mplete mplete nt your of to you ach this rmit. e Retunlivered.	items name u. form um R	s 3, 4 e and to	la, a di add add he fr	nd 4tdress ront of eques show to:	o. on the of the n sted" o	nailpied not the moom the	se of the ce, or of mailpies article	his for on the ce bel	back i	f space	4a. A	not per. ate Article Service tegistes express	e Nu Se T tered ss M	2. Consumber ype d fail	ng se ee): Add Realt pos	dress stricte stmas	s (for ee's A ed De ter fo	an Address livery	o g Return Receipt Sen	
Is your RETURN	5. F 6. S PS I	Receive Signatu X Form	ıre:	(Add	dree		of A	gent)				102		od fee		16	Xć		14 EC	lested 145 200 Receip		•
	바르퀴 EEL 관동대 Z	US Postal Service	erage Provided.	Do not use for international Mail (See reverse)	DUGAN PRODUCTION CORP.	Ī	FARMENGTONSAMES7499-420	Positage	Certified Fee	Special Delivery Fee	Restricted Delivery Fee	Heturn Receipt Showing to Whom & Date Delivered	Return P	TOTAL Postage	Postmark or Date	For	d					
Is your RETURN ADDRESS completed on the reverse side?	Print your name and address on the reverse of this form so that we can return this can return this can 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. 3. Article Addressed to: DUGAN PRODUCTION CORP. PO BOX 420 FARMINGTON, NM 87499-420 FARMINGTON, NM 87499-420 5. Received By: (Print Name) 5. Received By: (Print Name) B. Addressee's Address (Only if requested and fee is paid)									l l Thank you for using												

102595-97-B-0179 Domestic Return Receipt

Do not use for international Mail (See reverse) NESA GRANDE RESOURCES Receipt for Certified Mail 152 EEB 551 Z Street SULPHAIL TOWER BLDG No Insurance Coverage Provided. (/) Return Receipt Showing to Whom, Date, & Addressee's Address Return Receipt Showing TOTAL Postage & Fees Whom & Date Delivered US Fostal Service Restricted Delivery Fee Special Delivery Fee Postmark or Date Certified Fee SENDER:
Complete items 1 and/or 2 for additions
Complete items 3, 4a, and 4b,
Print your name and address on the rev PS Form **3800**, Print your name and address on card to you.

Attach this form to the front of the permit.

Write 'Return Receipt Requested' delivered. I also wish to receive the following services (for an extra fee): Article Addressed to: 1.

Addressee's Address 2.

Restricted Delivery MESA GRANDE RESOURCES
1200 PHILTOWER BLDG
TULSA, OK 74103 Consult postmaster for fee. ☐ Registered ☐ Express Mail Deived By: (Print Name) Return Receipt for Merchandise COD Certified ☐ Insured Signature: (Addressee or Agent) 8. Addressee's Address (Only if i orm 3811, December 1994 to not use for International Mail (See revers 102595-97-B-0179 Domestic Return Receipt IS Postal Service. **FEUMANN FAMILY TRUST** 7 152 933 619 Siréd & PHEER C. NEUMAN P.O. BOX 1170 Post Offire Prof. NY 89504 lo Insurance Coverage Provided. Return Receipt Showing to Whom Return Receipt Showing to Whom & Date Delivered TOTAL Postage & Fees Date, & Addressee's Address Restricted Delivery Fee Special Delivery Fee Certified Fee PS Form **3800**,

	The state of the s	3991 lingA .008£ my	o a 26
completed on the reverse		low the article number. delivered and the date 4a. Article Num 4b. Service Tyl Registered Express Mal	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
5	. Received By: (Print Name)		1. W. J. J.
6.	Signature (Addressee or Agent) X Form 3811, December 1994	8. Addressee's A and fee is paid	ddress (Only if requested 2001

is your RETURN ADDRESS completed on the reverse side?

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to NOSECO CORPORATION Stregt OUTDAKESIDE DRIVE Post Office, State, & ZIP Code ₩ Return Receipt Showing to Whorn, Date, & Addressee's Address Return Receipt Showing to Whom & Date Delivered TOTAL Postage & Fees Restricted Delivery Fee Special Delivery Fee Postmark or Date Certified Fee Postage 75 Form 3800, April 1995

■ 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 card to you. ■ Attach this form to the front of the mallpiece, or on the back if spac perimit. ■ Wifter "Seturn Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	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: NOSECO CORPORATION 7400 LAKESIDE DRIVE RENO, NV 89511	4a. Article N 4b. Service Registere Express Return Red 7. Date of De	936/8 Type dd Mail ceipt for Merchandise	Delivery to the control of the contr		
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addresse and fee is		, , , , , , , , , , , , , , , , , , ,		
PS Form 3811 , December 1994	2595-97-B-0179	Domestic Retu	rn Heceipt		