

## STATE OF NEW MEXICO

## ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

## OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED BY )  
 THE OIL CONSERVATION DIVISION FOR THE )  
 PURPOSE OF CONSIDERING: ) CASE NO. 12,634  
 )  
 APPLICATION OF McELVAIN OIL AND GAS )  
 PROPERTIES, INC., FOR AMENDMENT OF )  
 DIVISION ORDER NO. R-11,392 FOR )  
 COMPULSORY POOLING OF ADDITIONAL )  
 FORMATIONS FOR AN INFILL WELL, )  
 RIO ARRIBA COUNTY, NEW MEXICO )

OFFICIAL EXHIBIT FILEEXAMINER HEARING

BEFORE: DAVID R. CATANACH, Hearing Examiner

May 3rd, 2001

Santa Fe, New Mexico

This matter came on for hearing before the New Mexico Oil Conservation Division, DAVID R. CATANACH, Hearing Examiner, on Thursday, May 5th, 2001, at the New Mexico Energy, Minerals and Natural Resources Department, 1220 South Saint Francis Drive, Room 102, Santa Fe, New Mexico, Steven T. Brenner, Certified Court Reporter No. 7 for the State of New Mexico.

\* \* \*

STEVEN T. BRENNER, CCR  
 (505) 989-9317

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

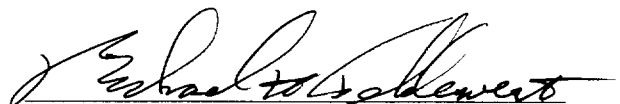
**APPLICATION OF MCELVAIN OIL & GAS  
PROPERTIES, INC. FOR AMENDMENT OF DIVISION  
ORDER NO. R-11392 FOR COMPULSORY POOLING  
OF ADDITIONAL FORMATIONS FOR AN INFILL  
WELL, RIO ARriba COUNTY, NEW MEXICO**

**CASE NO. 12634**

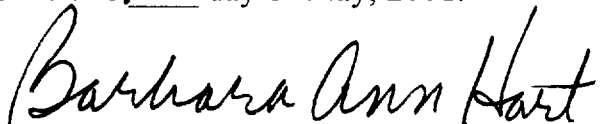
**AFFIDAVIT**

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

Michael H. Feldewert, attorney in fact and authorized representative of McElvain Oil & Gas Properties, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the addresses shown on Exhibit "A" attached hereto and that true and correct copies of the notice letter and status of receipt are attached hereto.

  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 1<sup>st</sup> day of May, 2001.

  
Notary Public

My Commission Expires:

3/28/04

Case No. 12634  
Mc Elvain Exhibit No. 10

**EXHIBIT A**

**NOTICE LIST**

**APPLICATION OF MCELVAIN OIL & GAS PROPERTIES, INC.  
FOR AMENDMENT OF DIVISION ORDER NO. R-11392  
FOR COMPULSORY POOLING OF ADDITIONAL FORMATIONS  
FOR AN INFILL WELL,  
RIO ARriba COUNTY, NEW MEXICO.**

Cynthia Ann Adams  
11023 Taylor Circle  
Wichita, Kansas 67212

Gladys H. Campbell Rev. Trust  
117 South Los Robles Avenue  
Pasadena, California 91101

Ken Altschuld  
6400 East Prentice #1095  
Englewood, Colorado 80111

Clark & Oatman  
Post Office Box 310  
Bastrop, Texas 78602

The Ames Company  
1250 NE Loop 410, #1000  
San Antonio, Texas 78209-1500

Marcheta Colson  
Post Office Box 475  
Templeton, California 93465

R. F. Beauchamp  
300 Plaza Alicante #800  
Garden Grove, California 92640

Davis Family, LLC  
3930 Brushywood Drive  
Loganville, Georgia 30052

Brooks J. Boedecker  
Post Office Box 3383  
Billings, Montana 59109

Dugan Production Corporation  
Post Office Box 420  
Farmington, New Mexico 87499

M. S. Brooks, Jr. Estate  
Martha Lanham, Ind. Ex.  
Post Office Box 1154  
Fredricksburg, Texas 78624

Energen Resources Corporation  
2198 Bloomfield Highway  
Farmington, New Mexico 87401

H. B. Brown  
1710 South Bay Front  
Balboa Island, California 92662

C. Morgan Epes, Jr.  
c/o Armstrong-Roth-Cady  
120 Delaware Avenue  
Buffalo, New York 14207

Ruth Burrows  
47 Stoneridge  
Ponca City, Oklahoma 74604

David Eslick  
c/o Armstrong-Roth-Cady  
120 Delaware Avenue  
Buffalo, New York 14207

James B. Fullerton and  
Barbara A. Fullerton  
1645 Court Place #406  
Denver, Colorado 80202

Ernest Laurell Fundingsland Jr., Co.  
713 Front Range Road  
Littleton, Colorado 80120

Georgia Ann Fundingsland Co.  
713 Front Range Road  
Littleton, Colorado 80120

C. J. Gallant  
274 Del Mesa Carmel  
Carmel, California 93921

James H. Gardner, Jr.  
6018 South 92nd East Avenue  
Tulsa, Oklahoma 74145

Nona A. Gardner  
6018 South 92nd East Avenue  
Tulsa, Oklahoma 74145

Horace N. Gibson, Jr. and  
Kathleen M. Gibson  
7089 North 24th Street  
St. Paul, Minnesota 55128

Will and Florence Gleason  
473 3rd Avenue  
Fox Island, Washington 98333

Lillian Habeeb  
100 Marine Avenue  
Brooklyn, New York 11209

Halco Oil Company  
4733 Creighton  
Dallas, Texas 75214

Mary Beth Harkins  
5826 Hefner Village Court  
Oklahoma City, Oklahoma 73132

Mercedes B. Hawkins Trust  
2525 South Delaware Place  
Tulsa, Oklahoma 74114

Gregory David Heuston  
1865 HCR 74 Box 43  
Lindrieth, New Mexico 87029

Hooper Kimball & Williams  
5550 South Lewis, Suite 301  
Tulsa, Oklahoma 74105

Ibex Partnership, Ltd.  
Post Office Box 911  
Breckenridge, Texas 76424-0911

Leota Jones Rev. Trust  
2400 Dustin, No. 117  
Farmington, New Mexico 87401-2170

Robert I. Levy  
Post Office Box 1555  
Waco, Texas 76703

Elizabeth L. Loring  
230 Congress Street  
Boston, Massachusetts 02110

M.A.P., Inc.  
Post Office Box 686  
Solana Beach, California 90075

Mesa Grande Resources, Inc.  
1318 Philtower Building  
Tulsa, Oklahoma 74103

Minerals Management Service  
Royalty Management Program  
Post Office Box 5640 T. A.  
Denver, Colorado 80217

George Mourry and  
Theodora Mourry  
9281 Shord Road  
Brooklyn, New York 11209

NM&O Operating Company  
8 East Fifth, Suite 200  
Tulsa, Oklahoma 74103

Joanne Lee Rasmussen  
557 Stagecoach Road  
Grand Island, NE 68801

James M. Raymond  
Post Office Box 291445  
Kerrville, Texas 78029-1445

Ellen B. Reton Estate  
c/o M. Zajac  
1827 Laurel Lane  
Lake Clark Shore, Florida 33406

James F. Rosborough  
14429 Pettit Way  
Potomac, Maryland 20854

San Juan Basin Properties, LLC  
1499 Blake Street, #7K  
Denver, Colorado 80202

Joan Sanger  
3600 MacArthur Drive  
Waco, Texas 76705

Louis Roddy Sanger  
5424 Edinburgh  
Waco, Texas 76710

Phillip Sanger  
c/o Roddy Sanger  
5424 Edinburgh  
Waco, Texas 76710

Schaefer Family Trust  
c/o Erin White Schaefer  
5835 Stadium Street  
San Diego, California 92122

Hazel D. Schmedes  
1333 Birch Lane  
Mamaroneck, New York 14202

F. P. Schonwald  
16 N.W. 63rd Street, Suite 302  
Oklahoma City, Oklahoma 73116-9115

Jake R. Schwartz  
Post Office Box 7960  
Waco, Texas 76714

Shear, Inc.  
Post Office Box 2665  
Grand Junction, Colorado 81502

Sophie M. Spellman  
Post Office Box 368  
Colfax, Wisconsin 54730

States, Inc.  
Post Office Box 911  
Breckenridge, Texas 76424-0911

Tri-Star Minerals, a Partnership  
Post Office Box 520  
Minot, North Dakota 58702

William E. Trumbell and  
Elizabeth L. Trumbell  
333 Tigertail Road  
Los Angeles, California 90049

Huntington T. Walker and  
Carol N. Walker  
1580 Lincoln Street, Suite 635  
Denver, Colorado 80203

Mary M. Waugh  
Post Office Box 1231  
Norman, Oklahoma 73070

Katherine V. Winter  
Post Office Box 520  
Shelter Island, New York 11964

George Zarou  
8423 Ridge Boulevard  
Brooklyn, New York 11209

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR

ATTORNEYS AT LAW

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

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

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

Michael H. Feldewert

mfeldewert@hollandhart.com

April 12, 2001

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

**TO ALL AFFECTED INTEREST OWNERS**

Re: Application of McElvain Oil & Gas, Inc. for compulsory pooling, Rio Arriba County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that McElvain Oil & Gas Properties, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the base of the Pictured Cliffs formation to the base of the Dakota formation in certain spacing and proration units in the S/2 of Section 10, Township 25 North, Range 2 West, N.M.P.M., Rio Arriba County, New Mexico. McElvain proposes to dedicate the referenced pooled unit to its Badger Com 10 Well No. 1A, which McElvain proposes to drill at a standard location in the SE/4 of said Section 10 to test all formations from the surface to the base of the Dakota formation.

This application has been set for a second hearing before a Division Examiner on May 3, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases 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 name of the party and its attorney; 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,



Michael H. Feldewert  
Attorney for McElvain Oil & Gas  
Properties, Inc.

Enclosures

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

MHE 119

Postage \$ 1.55  
Certified Fee \$ 1.40  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 3.95

Recip  
Cynthia Anne Adams  
11023 Taylor Circle  
Wichita, Kansas 67212

PS F

**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:  
  
Cynthia Anne Adams  
11023 Taylor Circle  
Wichita, Kansas 67212

2. Article Number (Copy from service label)  
7000 0600 0024 3129 1289

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Cynthia Anne Adams  
B. Date of Delivery 4/20/01  
C. Signature X Cynthia Anne Adams  
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 Pro

MHE 119

Postage \$ 1.55  
Certified Fee \$ 1.40  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 3.95

Recip  
Ken Altschuld  
6400 East Prentice #1095  
Englewood, Colorado 80111

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:  
  
Ken Altschuld  
6400 East Prentice #1095  
Englewood, Colorado 80111

2. Article Number (Copy from service label)  
7000 0600 0024 3129 1222

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Ken Altschuld  
B. Date of Delivery 4/20/01  
C. Signature X Ken Altschuld  
D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No  
19751 E. Mainstreet  
#265  
Parker, CO 80138

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 Pro

MHE 119

Postage \$ 1.55  
Certified Fee \$ 1.40  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 3.95

Recip  
The Ames Company  
1250 NE Loop 410, #1000  
San Antonio, Texas 78209-1500

PS Fo

**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:  
  
The Ames Company  
1250 NE Loop 410, #1000  
San Antonio, Texas 78209-1500

2. Article Number (Copy from service label)

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) J. Bittenberry  
B. Date of Delivery 4/19/01  
C. Signature X J. Bittenberry  
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 Pro

MHE 119

Postage \$ 1.55  
Certified Fee \$ 1.40  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 3.95

Recip  
R. F. Beauchamp  
300 Plaza Alicante #800  
Garden Grove, California 92640

PS Fo

**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:  
  
R. F. Beauchamp  
300 Plaza Alicante #800  
Garden Grove, California 92640

2. Article Number (Copy from service label)  
7000 0600 0024 3129 1258

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Bill Helms  
B. Date of Delivery APR 19 2001  
C. Signature X Bill Helms  
D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No  
PO Box 3260  
G.G. Ca 92842

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)

MHE 119

Postage	\$ .55	Postmark Here
Certified Fee	\$ 1.90	
Return Receipt Fee (Endorsement Required)	\$ 1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 3.95	

Recip:  
Brooks J. Boedecker  
Post Office Box 3383  
Billings, Montana 59109

PS Form 3811, July 1999

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

MHE 119

Postage	\$ .55	Postmark Here
Certified Fee	\$ 1.90	
Return Receipt Fee (Endorsement Required)	\$ 1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 3.95	

Recip:  
M. S. Brooks, Jr. Estate  
Martha Lanham, Ind. Ex.  
Post Office Box 1154  
Fredricksburg, Texas 78624

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:  
  
M. S. Brooks, Jr. Estate  
Martha Lanham, Ind. Ex.  
Post Office Box 1154  
Fredricksburg, Texas 78624

2. Article Number (Copy from service label)  
7000 0600 0024 3129 1227

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery  
4-17-01

C. Signature  
x Martha Lanham  
☐ Agent  
☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MHE 119

Postage	\$ .55	Postmark Here
Certified Fee	\$ 1.90	
Return Receipt Fee (Endorsement Required)	\$ 1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 3.95	

Recip:  
H. B. Brown  
1710 South Bay Front  
Balboa Island, California 92662

PS Form 3811, July 1999

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

MHE 119

Postage	\$ .55	Postmark Here
Certified Fee	\$ 1.90	
Return Receipt Fee (Endorsement Required)	\$ 1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 3.95	

Recip:  
Ruth Burrows  
47 Stoneridge  
Ponca City, Oklahoma 74604

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:  
  
Ruth Burrows  
47 Stoneridge  
Ponca City, Oklahoma 74604

2. Article Number (Copy from service label)  
7000 0600 0024 3129 1210

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery  
4-17-01

C. Signature  
x Ruth Burrows  
☐ Agent  
☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MHE 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.95

Postmark Here

Recip  
Gladys H. Campbell Rev. Trust  
117 South Los Robles Avenue  
Pasadena, California 91101

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:

Gladys H. Campbell Rev. Trust  
117 South Los Robles Avenue  
Pasadena, California 91101

2. Article Number (Copy from service label)

1000 0600 0024 3129 1203

COMPLETE THIS SECTION ON DELIVERY

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

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)

MHE 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.95

Postmark Here

Recip  
Clark & Oatman  
Post Office Box 310  
Bastrop, Texas 78602

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:

Clark & Oatman  
Post Office Box 310  
Bastrop, Texas 78602

2. Article Number (Copy from service label)

1000 0600 0024 3129 1197

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
Jill Green 4/17/01

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)

MHE 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.95

Postmark Here

Recip  
Marcheta Colson  
Post Office Box 475  
Templeton, California 93465

PS Form 3811, July 1999

MAIL RETURNED  
NOT DELIVERED

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:

Davis Family, LLC  
3930 Brushywood Drive  
Loganville, Georgia 30052

2. Article Number (Copy from service label)

1000 0600 0024 3129 1203

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
SW 4-16-01

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)

MHE 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.95

Postmark Here

Recip  
Davis Family, LLC  
3930 Brushywood Drive  
Loganville, Georgia 30052

PS Form 3811, July 1999

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)

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Recip: Dugan Production Corporation  
Street: Post Office Box 420  
City: Farmington, New Mexico 87499

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:

Dugan Production Corporation  
Post Office Box 420  
Farmington, New Mexico 87499

2. Article Number (Copy from service label)

1000 0000 0021 3021 1050

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) William E. Skoplik 4/13/0  
B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Recip: C. Morgan Epes, Jr.  
Street: c/o Armstrong-Roth-Cady  
City: 120 Delaware Avenue  
Buffalo, New York 14207

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:

C. Morgan Epes, Jr.  
c/o Armstrong-Roth-Cady  
120 Delaware Avenue  
Buffalo, New York 14207

2. Article Number (Copy from service label)

1000 0600 0021 3021 1059

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Joseph 4-18-01  
B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Recip: David Eslick  
Street: c/o Armstrong-Roth-Cady  
City: 120 Delaware Avenue  
Buffalo, New York 14207

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:

David Eslick  
c/o Armstrong-Roth-Cady  
120 Delaware Avenue  
Buffalo, New York 14207

2. Article Number (Copy from service label)

1000 0600 0021 3021 1012

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) M.E. 4/16/01  
B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Recip: James B. Fullerton and  
Street: Barbara A. Fullerton  
City: 1645 Court Place #406  
Denver, Colorado 80202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James B. Fullerton and  
Barbara A. Fullerton  
1645 Court Place #406  
Denver, Colorado 80202

2. Article Number (Copy from service label)

1000 0600 0021 3021 1005

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) J. Fullerton 4-16-01  
B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

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

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	3.95
Total Postage & Fees	\$ 3.95

Postmark Here

Recip  
C. J. Gallant  
274 Del Mesa Carmel  
Carmel, California 93921

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:

C. J. Gallant  
274 Del Mesa Carmel  
Carmel, California 93921

2. Article Number (Copy from service label)  
4000 0600 0024 3129 0478

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
CLARA DEAN GALLANT 4-24-01

C. Signature  
X Clara Dean Gallant ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	3.95
Total Postage & Fees	\$ 3.95

Postmark Here

Recip  
James H. Gardner, Jr.  
6018 South 92nd East Avenue  
Tulsa, Oklahoma 74145

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:

James H. Gardner, Jr.  
6018 South 92nd East Avenue  
Tulsa, Oklahoma 74145

2. Article Number (Copy from service label)  
4000 0600 0024 3129 0961

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  
X James H. Gardner, Jr. ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	3.95
Total Postage & Fees	\$ 3.95

Postmark Here

Recip  
Nona A. Gardner  
6018 South 92nd East Avenue  
Tulsa, Oklahoma 74145

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:

Nona A. Gardner  
6018 South 92nd East Avenue  
Tulsa, Oklahoma 74145

2. Article Number (Copy from service label)  
4000 0600 0024 3129 0947

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  
X Nona A. Gardner ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	3.95
Total Postage & Fees	\$ 3.95

Postmark Here

Recipients  
Horace N. Gibson, Jr. and  
Kathleen M. Gibson  
7089 North 24th Street  
St. Paul, Minnesota 55128

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:

Horace N. Gibson, Jr.  
Kathleen M. Gibson  
7089 North 24th Street  
St. Paul, Minnesota 55128

2. Article Number (Copy from service label)  
4000 0600 0024 3129 0954

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  
X Horace N. Gibson, Jr. ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

NHF 119

Postage \$ .55

Certified Fee

Postmark  
Here

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Recipient

Street

City, State

PS Form

Will and Florence Gleason  
473 3rd Avenue  
Fox Island, Washington 98333

MAIL RETURNED  
NOT DELIVERED

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

NHF 119

Postage \$ .55

Certified Fee

Postmark  
Here

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Lillian Habeeb  
100 Marine Avenue  
Brooklyn, New York 11209

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:

Lillian Habeeb  
100 Marine Avenue  
Brooklyn, New York 11209

2. Article Number (Copy from service label)

7000 0600 0024 3129 0923

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

C. Signature

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

NHF 119

Postage \$ .55

Certified Fee

Postmark  
Here

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Recipient

Street

City, State

PS Form

Halco Oil Company  
4733 Creighton  
Dallas, Texas 75214

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:

Halco Oil Company  
4733 Creighton  
Dallas, Texas 75214

2. Article Number (Copy from service label)

7000 0600 0024 3129 0916

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

NHF 119

Postage \$ .55

Certified Fee

Postmark  
Here

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Recipient

Street

City, State

PS Form

Mary Beth Harkins  
5826 Hefner Village Court  
Oklahoma City, Oklahoma 73132

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 Beth Harkins  
5826 Hefner Village Court  
Oklahoma City, Oklahoma 73132

2. Article Number (Copy from service label)

7000 0600 0024 3129 0909

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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)

MMF 119

Postage \$ .55  
Certified Fee \$ 1.90  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 7.85

Postmark Here

Recd: Mercedes B. Hawkins Trust  
Street: 2525 South Delaware Place  
City: Tulsa, Oklahoma 74114

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:

Mercedes B. Hawkins Trust  
2525 South Delaware Place  
Tulsa, Oklahoma 74114

2. Article Number (Copy from service label)

7000 0600 0024 3129 0893

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-171

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) WM Hawkins B. Date of Delivery 4-16-01
- C. Signature X Wm P Hawkins TTEE ☐ 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)

MMF 119

Postage \$ .55  
Certified Fee \$ 1.90  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 7.85

Postmark Here

Recd: Gregory David Heuston  
Street: 1865 HCR 74 Box 43  
City: Lindrieth, New Mexico 87029

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:

Gregory David Heuston  
1865 HCR 74 Box 43  
Lindrieth, New Mexico 87029

2. Article Number (Copy from service label)

7000 0600 0024 3129 0886

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature X Gregory D Heuston ☐ 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)

MMF 119

Postage \$ .55  
Certified Fee \$ 1.90  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 7.85

Postmark Here

Recipient: Hooper Kimball & Williams  
Street, Apt: 5550 South Lewis, Suite 301  
City, State: Tulsa, Oklahoma 74105

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:

Hooper Kimball & Williams  
5550 South Lewis, Suite 301  
Tulsa, Oklahoma 74105

2. Article Number (Copy from service label)

7000 0600 0024 3129 0879

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 4-16-01
- C. Signature X Cheryl Bird ☐ 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)

MMF 119

Postage \$ .55  
Certified Fee \$ 1.90  
Return Receipt Fee (Endorsement Required) \$ 1.50  
Restricted Delivery Fee (Endorsement Required) \$ 3.95  
Total Postage & Fees \$ 7.85

Postmark Here

Recd: Ibex Partnership, Ltd.  
Street: Post Office Box 911  
City: Breckenridge, Texas 76424-0911

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:

Ibex Partnership, Ltd.  
Post Office Box 911  
Breckenridge, Texas 76424-0911

2. Article Number (Copy from service label)

7000 0600 0024 3129 0862

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

- A. Received by (Please Print Clearly) B. Date of Delivery 4-16-01
- C. Signature X Cheryl Bird ☐ 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)

HAF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark  
Here

Recip: Leota Jones Rev. Trust  
Street: 2400 Dustin, No. 117  
City, S Farmington, New Mexico 87401-2170

PS Form

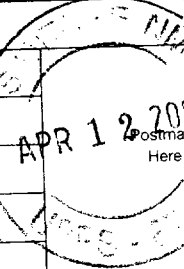
Instructions

MAIL RETURNED  
NOT DELIVERED

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

HAF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95



Recip: Robert I. Levy  
Street: Post Office Box 1555  
City, S Waco, Texas 76703

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:

Robert I. Levy  
Post Office Box 1555  
Waco, Texas 76703

2. Article Number (Copy from service label)

1000 9600 004 3119 0812

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X M. W. Wilkins

☐ 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)

HAF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark  
Here

Recip: Elizabeth L. Loring  
Street: 230 Congress Street  
City, S Boston, Massachusetts 02110

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:

Elizabeth L. Loring  
230 Congress Street  
Boston, Massachusetts 02110

2. Article Number (Copy from service label)

1000 9600 004 3119 0821

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X Elizabeth L. Loring

☐ 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)

HAF 119

Postage	\$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark  
Here

Recip: M.A.P., Inc.  
Street: Post Office Box 686  
City, S Solana Beach, California 90075

PS Form 3811, July 1999

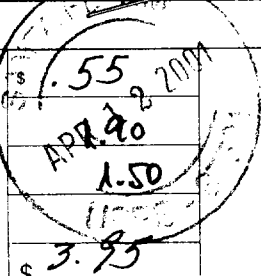
Domestic Return Receipt

102595-99-M-17

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required) 1.50  
Total Postage & Fees \$ 3.95



Postmark  
Here

Rec Mesa Grande Resources, Inc.  
Stree 1318 Philtower Building  
City Tulsa, Oklahoma 74103

PS Form 3811, July 1999 Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Minerals Management Service  
Royalty Management Program  
Post Office Box 5640 T.A.  
Denver, Colorado 80217

2. Article Number (Copy from service label)

7000 0600 0024 3129 0800

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

C. Signature  
X RECEIVED BY ☐ Agent  
☐ Addressee

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

MINERALS MANAGEMENT SYSTEMS  
MINERALS MANAGEMENT SERVICE

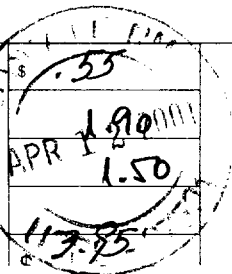
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required) 1.50  
Total Postage & Fees \$ 3.95



Postmark  
Here

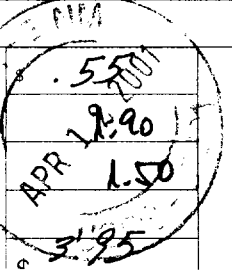
Rec Minerals Management Service  
Stree Royalty Management Program  
City Post Office Box 5640 T.A.  
Denver, Colorado 80217

PS Form 3811, July 1999

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required) 1.50  
Total Postage & Fees \$ 3.95



Postmark  
Here

Rec George Mourry and  
Stree Theodora Mourry  
City 9281 Shord Road  
Brooklyn, New York 11209

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:

NM&O Operating Company  
8 East Fifth, Suite 200  
Tulsa, Oklahoma 74103

2. Article Number (Copy from service label)

7000 0600 0024 3129 0787

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-171

COMPLETE THIS SECTION ON DELIVERY

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

Helena Thomas 4-17  
C. Signature  
X Helena Thomas ☐ Agent  
☐ Addressee

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

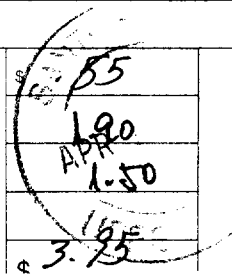
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required) 1.50  
Total Postage & Fees \$ 3.95



Postmark  
Here

Rec NM&O Operating Company  
Stree 8 East Fifth, Suite 200  
City Tulsa, Oklahoma 74103

PS Form 3811, July 1999



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

MHE 119

Postage	\$ 1.55	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.95	

Recip: James M. Raymond  
Street: Post Office Box 291445  
City: Kerrville, Texas 78029-1445

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:

James M. Raymond  
Post Office Box 291445  
Kerrville, Texas 78029-1445

2. Article Number (Copy from service label)

7000 0600 0041 3129 0410

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  
x Bob Valdez ☐ 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)

MHE 119

Postage	\$ 1.55	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.95	

Recip: Ellen B. Reton Estate  
Street: c/o M. Zajac  
City, St: 1827 Laurel Lane  
Lake Clark Shore, Florida 33406

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:

James F. Rosborough  
14429 Pettit Way  
Potomac, Maryland 20854

2. Article Number (Copy from service label)

7000 0600 0041 3129 0410

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17

**COMPLETE THIS SECTION ON DELIVERY**

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

MHE 119

Postage	\$ 1.55	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.95	

Recip: James F. Rosborough  
Street: 14429 Pettit Way  
City, St: Potomac, Maryland 20854

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:

San Juan Basin Properties, LLC  
1499 Blake Street, #7K  
Denver, Colorado 80202

2. Article Number (Copy from service label)

7000 0600 0041 3129 0410

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  
X Sam Wagner 4/14/00 ☐ 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)

MHE 119

Postage	\$ 1.55	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.95	

Recip: San Juan Basin Properties, LLC  
Street: 1499 Blake Street, #7K  
City, St: Denver, Colorado 80202

PS Form

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

MHE 119  
Postage \$ .55  
Certified Fee APR 11 2001 1.50  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.95

Postmark Here

Recipient  
Joan Sanger  
3600 MacArthur Drive  
Waco, Texas 76705

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:  
Joan Sanger  
3600 MacArthur Drive  
Waco, Texas 76705

2. Article Number (Copy from service label)  
7000 0600 0024 3129 0149

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery 4-21-01

C. Signature  
X M Sanger 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)

MHE 119  
Postage \$ .55  
Certified Fee APR 11 2001 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.95

Postmark Here

Recipient  
Louis Roddy Sanger  
5424 Edinburgh  
Waco, Texas 76710

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:  
Louis Roddy Sanger  
5424 Edinburgh  
Waco, Texas 76710

2. Article Number (Copy from service label)  
7000 0600 0024 3129 0725

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery 4-16-01

C. Signature  
X Louis Roddy Sanger 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)

MHE 119  
Postage \$ 2.25  
Certified Fee APR 11 2001 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.95

Postmark Here

Recipient  
Phillip Sanger  
c/o Roddy Sanger  
5424 Edinburgh  
Waco, Texas 76710

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:  
Phillip Sanger  
c/o Roddy Sanger  
5424 Edinburgh  
Waco, Texas 76710

2. Article Number (Copy from service label)  
7000 0600 0024 3129 0712

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery 4-16-01

C. Signature  
X Phillip Sanger 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)

MHE 119  
Postage \$ .55  
Certified Fee APR 11 2001 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.95

Postmark Here

Recipient  
Schaefer Family Trust  
c/o Erin White Schaefer  
5835 Stadium Street  
San Diego, California 92122

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:  
Schaefer Family Trust  
c/o Erin White Schaefer  
5835 Stadium Street  
San Diego, California 92122

2. Article Number (Copy from service label)  
7000 0600 0024 3129 0701

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery 4-17-01

C. Signature  
X J Schaefer Agent  
Address

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

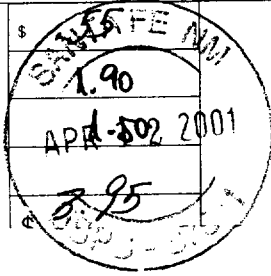
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

MHE 119

Postage \$  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.95



Postmark  
Here

Rec: Hazel D. Schmedes  
Street: 1333 Birch Lane  
City: Mamaroneck, New York 14202

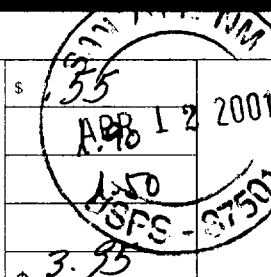
PS Form 3811, July 1999 Instructions

**SENDER: COMPLETE THIS SECTION**

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

MHE 119

Postage \$3.35  
Certified Fee 1.50  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.95



Postmark  
Here

Rec: F. P. Schonwald  
Street: 16 N.W. 63rd Street, Suite 302  
City: Oklahoma City, Oklahoma 73116-9115

PS Form 3811, July 1999 Instructions

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

Addressed to:

Schonwald  
16 N. 63rd Street, Suite 302  
Oklahoma City, Oklahoma  
73116-9115

Number (Copy from service label)

0000 0001 0001 0015

3811, July 1999

Domestic Return Receipt

102595-99-M-171

**COMPLETE THIS SECTION ON DELIVERY**

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

John D. Woff APR 12 2001

C. Signature

Signature of Agent or 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

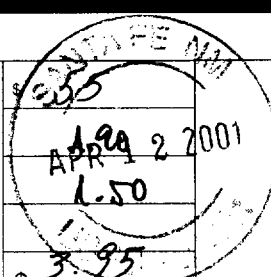
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

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

MHE 119

Postage \$3.35  
Certified Fee 1.50  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.95



Postmark  
Here

Rec: Jake R. Schwartz  
Street: Post Office Box 7960  
City: Waco, Texas 76714

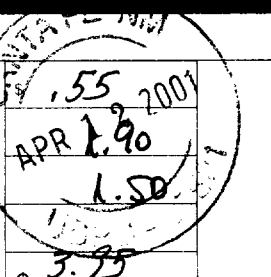
PS Form 3811, July 1999 Instructions

MAIL RETURNED  
NOT DELIVERED

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

MHE 119

Postage \$3.55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.95



Postmark  
Here

Rec: Shear, Inc.  
Street: Post Office Box 2665  
City: Grand Junction, Colorado 81502

MAIL RETURNED  
NOT DELIVERED

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.95

Postmark Here

MAIL RETURNED  
NOT DELIVERED

Recy Sophie H. Spellman  
Street Post Office Box 368  
City Colfax, Wisconsin 54730

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:

States, Inc.  
Post Office Box 911  
Breckenridge, Texas 76424-0911

2. Article Number (Copy from service label)

3000 0600 0024 3129 0640

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-176

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cheryl Bird  
B. Date of Delivery 4-16-0  
C. Signature x Cheryl Bird  
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)

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.95

Postmark Here

Rec States, Inc.  
Street Post Office Box 911  
City Breckenridge, Texas 76424-0911

PS Form

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) 1.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.95

Postmark Here

MAIL RETURNED  
NOT DELIVERED

Recipier Tri-Star Minerals, a Partnership  
Street, A Post Office Box 520  
City, State Minot, North Dakota 58702

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William E. Trumbell and  
Elizabeth L. Trumbell  
333 Tigertail Road  
Los Angeles, California 90049

2. Article Number (Copy from service label)

3000 0600 0024 3129 0626

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) W. E. Trumbell  
B. Date of Delivery 4-18-01  
C. Signature W. E. Trumbell  
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)

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) .50  
Restricted Delivery Fee (Endorsement Required) .50  
Total Postage & Fees \$ 3.95

Rec: Huntington T. Walker and  
Sir: Carol N. Walker  
City: 1580 Lincoln Street, Suite 635  
Denver, Colorado 80203

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) .50  
Restricted Delivery Fee (Endorsement Required) .50  
Total Postage & Fees \$ 3.95

Recip: Mary M. Waugh  
Street: Post Office Box 1231  
City: Norman, Oklahoma 73070

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 M. Waugh

Box 5240  
Austin TX 78763

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mark Waugh  
B. Date of Delivery 4/20/01  
C. Signature X J. Mark Waugh  
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)

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) .50  
Restricted Delivery Fee (Endorsement Required) .50  
Total Postage & Fees \$ 3.95

Rec: Katherine V. Winter  
Street: Post Office Box 520  
City: Shelter Island, New York 11964

MAIL RETURNED  
NOT DELIVERED

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

MHE 119

Postage \$ .55  
Certified Fee 1.90  
Return Receipt Fee (Endorsement Required) .50  
Restricted Delivery Fee (Endorsement Required) .50  
Total Postage & Fees \$ 3.95

Rec: George Zarou  
Street: 8423 Ridge Boulevard  
City: Brooklyn, New York 11209

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:

George Zarou  
8423 Ridge Boulevard  
Brooklyn, New York 11209

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Gladys Jones  
B. Date of Delivery 4/17  
C. Signature X Gladys Jones  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

2. Article Number (Copy from service label)

7000 0600 0024 3129 0589