

BEFORE THE
OIL CONSERVATION DIVISION
NM DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION
OF ENERGEN RESOURCES CORPORATION TO
AMEND ORDER NOS. R-9722-C AND R-10448-A
TO REINSTATE THE PROJECT ALLOWABLE FOR
THE WEST LOVINGTON STRAWN UNIT AREA,
UNDER THE SPECIAL RULES AND REGULATIONS
FOR THE WEST LOVINGTON STRAWN POOL,
LEA COUNTY, NEW MEXICO.

CASE NO. 12680

AFFIDAVIT

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

J. SCOTT HALL, attorney for Energen Resources Corporation, the Applicant
herein, being first duly sworn, upon oath, states that to the best of his knowledge the
notice provisions of Rule 1207 of the New Mexico Oil Conservation Division have been
complied with, that Applicant has caused to be conducted a good faith, diligent effort to
find the correct address of all interested persons entitled to received notice, as shown by
Exhibit "A," attached hereto, and that pursuant to Rule 1207, notice has been given by
certified mail at the correct address provided by such rule.

J. Scott Hall

J. SCOTT HALL

SUBSCRIBED AND SWORN to before me this 27th day of June, 2001, by J.
Scott Hall.

[Signature]

Notary Public

My Commission Expires:
2-15-2005

NMOCD CASE NO. 12680
JUNE 28, 2001
ENERGEN EXHIBIT 11

Phillips Petroleum
Company
Attention: Tom
Atkins/Fred Kent

4001 Penbrook

Odessa, Texas 79762

ADIA Enterprises
Inc.
Attention: Alan
Jochimsen

4209 Cardinal Lane

Midland, Texas 79707

Mrs. Laura Geraldine
Anderson Hill
c/o Mrs. Laray
Sanchez/John Hill

175 Willow Green Place

Santa Rosa, California 95403

Leonardo S.
Anderson
Sacramento Partners
Limited Partnership

71-332 San Gorgonio Road

Rancho Mirage, California 92270

105 South 4th Street

Artesia, New Mexico 88210-2177

Viersen Oil & Gas
Co.
Attention: Kirk Waits

Bridgeport III
6450 South Lewis, Suite 200

Tulsa, Oklahoma 74136-1059

Lario Oil & Gas
Company

301 S. Market Street

Wichita, Kansas 67202

Mr. Gary Vogt
Visa Industries of
Arizona

9201 North 7th Street

Phoenix, Arizona 85201

Attention: Ed
Huffman

Rio Pecos
Corporation
Attention: Mark D.
Wilson

4501 Green Tree Blvd.

Midland, Texas 79707

Pathfinder
Exploration Co.
Attention: Scott
Wilson

4512 Bent Tree Trail

Midland, Texas 79707

Cannon Exploration
Company

3608 SCR 1184

Midland, Texas 79706



Attention: Todd
Wilson

Abo Petroleum Corporation	105 South Fourth Street	Artesia, New Mexico 88210
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Myco Industries, Inc.	105 South Fourth Street	Artesia, New Mexico 88210
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Yates Drilling Company	105 South Fourth Street	Artesia, New Mexico 88210
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Yates Petroleum Corporation	105 South Fourth Street	Artesia, New Mexico 88210
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The Roger Elliott and Holly L. Hollyhock Family Limited Partnership, L.P.	4105 Baybrook Drive	Midland, Texas 79707
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TARA-JON Corp. Attention: Heather Echols	6003 Meadowview Lane	Midland, Texas 79707
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Hanley OAD, Ltd. II c/o Hanley Petroleum, Inc. Attention: Eric K. Hanson	415 W. Wall St.	Midland, Texas 79701
--	-----------------	----------------------

Wood Oil Company David Arrington Oil & Gas, Inc.	1419 E. 15 th Street, Suite A Post Office Box 2071	Tulsa, Oklahoma 74120-5807 Midland, Texas 79702
---	--	--

Chesapeake Exploration Limited Partnership	6100 N. Western	Oklahoma City, Oklahoma 73118
--	-----------------	-------------------------------

Marks and Garner Production Company, Ltd. Attention: Mr. Buddy Garner	Post Office Box 70	Lovington, New Mexico 88260
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Philwell, Inc. and Robert D. Snow and Bill Raymond Snow	320 S. Boston, Suite 1910	Tulsa, Oklahoma 74103-4734
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Trustees of the Robert
D. Snow Living Trust

Matador Operating Company	415 W. Wall Street, Suite 158	Midland, Texas 79701
Cathy Hillard Adams in Trust for Katherine Keene Adams	4818 St. Andrews	Baytown, Texas 77056
Eulalia Crill Allen Ameristate Oil & Gas, Inc.	HC 70 Box 62 A 1211 W. Texas	Lovington, New Mexico 88260 Midland, Texas 79701
Anson Energy Corporation	Post Office Box 24060	Oklahoma City, Oklahoma 73124
Bahlburg Exploration, Inc. Bankline Oil Company	Post Office Box 866937 437 So. Hill St.	Plano, Texas 75086-6937 Los Angeles, California 90013-1110
Roy G. Barton, Jr.	Post Office Box 978	Hobbs, New Mexico 88241
James A. Bintz c/o Southwest Realty	1108 W. Broadway	Andrews, Texas 79714
The Blanco Company	Post Office Box 1698	Roswell, New Mexico 88202
Edward G. Boone	1513 Tinsdale	Nashville, Arkansas 71852
Boulders Royalty Corporation	Post Office Box 7808	Dallas, Texas 75209-0808
Aubrey Smith Bush, et ux Marie Bush c/o Betty Bush and Patsy von Werzinsky	756 Arguello #105	San Francisco, California 94118
Callaway Production, Inc.	415 W. Wall, Suite 500	Midland, Texas 79701
Phillip E. Carr	155 Humboldt	Denver, Colorado 80218
Norma J. Chanley	Post Office Box 729	Hobbs, New Mexico 88241

Chase Bank, Midland Trustee u/w/o Eileen Yadon, dec'd	FBO Cecilia Collins Post Office Box 10966	Midland, Texas 79702
Chevron U.S.A., Inc.	Post Office Box 1635	Houston, Texas 77251
A.L. Cone Partnership	Post Office Box 3457	Lubbock, Texas 79452
Clifford Cone	Post Office Box 1629	Lovington, New Mexico 88260
Kenneth Cone	Post Office Box 11310	Midland, Texas 79702
Lloyd M. Cooper, dec'd c/o Nettie Bell Cooper	310 South Hill	Hobart, Oklahoma 73651
Hugh Corrigan, III	Post Office Box 50460	Midland, Texas 79710
Patrick J. Corrigan	7150 20 th Street Suite E	Vero Beach, Florida 32966
Bill C. and Dorothy W. Cotner	Post Office Box 2236	Midland, Texas 79702
James N. and Henrietta M. Coxsey	701 N. "H" Ave.	Coronado, California 92118-2133
Dalco Petroleum, LLC	Post Office Box 1904	Lovington, New Mexico 88260
Daniels Insurance Agency, Inc.	Post Office Box 1258	Hobbs, New Mexico 88241
Maxwell and Rosalie Darks Trustees of the Darks Trust	313 SW 103 rd Street	Oklahoma City, Oklahoma 73139
Verna J. Davenport c/o Roy Davenport	Route 6, Box 923	Cleburne, Texas 76031
David Petroleum Corporation	116 West First Street	Roswell, New Mexico 88201
Lynn E. Desper	4601 Montano NW #7	Albuquerque, New Mexico 87120

Devon Energy Corporation	20 North Broadway, Suite 1500	Oklahoma City, Oklahoma 73120
Gus Feijoo c/o Virgie Feijoo	19769 Roscoe Blvd	Canoga Park, California 91306
Joseph William Foran	3907 Caruth Blvd.	Dallas, Texas 75225
Fuel Products, Inc.	Post Office Box 3098	Midland, Texas 79702
Jim S. Gadzia	301 Juniper Road	Placitas, New Mexico 87043
James A. Gibbs	4925 Greenville Ave One Energy Square	Dallas, Texas 75206
d/b/a JEB Royalties Brook H. Graham	9238 Buffalo Drive	Littleton, Colorado 80127
Curt S. Graham	5923 Eugenia Lane	Hobbs, New Mexico 88240
Robert L. Graham	6843 Vrain St.	Westminster, Colorado 80030
Kyle Hahn	Post Office Box 1143	Marble Falls, Texas 78654
John F. Herbig, Jr.	110 N. Marienfeld Suite 110	Midland, Texas 79701
Berry Lee Hobbs	Post Office Box 152	Lovington, New Mexico 88260
Kingdon R. and Mary Hughes	Post Office Box 2424	Midland, Texas 79702
Wendell W. Iverson, Jr.	Post Office Box 10508	Midland, Texas 79702
J.M. Mineral & Land Co., Inc.	Post Office Box 1015	Midland, Texas 79702
Hattie Moore Maxwell Jewett	11 Perin Road	North Little Rock, Arkansas 72118
Majorie Cone Kastman		
Katherine Cone Keck	1801 Avenue of the Stars, Suite 466	Los Angeles, California 90067

Heather M. Kelly	180 Skyland Drive	Roswell, Georgia 30076
Lea D. Kelly	180 Skyland Drive	Roswell, Georgia 30076
Gary J. Lamb, Inc.	Post Office Box 3383	Midland, Texas 79702
Richard H. Landsheft, Jr.	2313 Jim Dent	El Paso, Texas 79936
William Brian Landsheft Trustee of the William Brian Landsheft Trust	15880 South Peoria	Bixby, Oklahoma 74008-4221
Zillah G. Lee	2500 W. Jefferson	Lovington, New Mexico 88260
Raynette Bluffin Littell	3824 Floosmore Road	Floosmore, IL 60422
Inez Lowe	Trickem Route, Box 14A	Santa Anna, Texas 76878
Cornelia Stockton Lowndes	Box 888	Broom, West Australia 6725
David A. Lynch	Post Office Box 1904	Lovington, New Mexico 88260
Magnolia Royalty Company, Inc.	Post Office Box 10703	Midland, Texas 79702
Manix Energy, LLC	Post Office Box 2818	Midland, Texas 79702
Edward J. and Nellie Mankin		Albuquerque, New Mexico
Marshall & Winston, Inc.	Post Office Box 50800	Midland, Texas 79710
Master Mineral Holdings	Post Office Box 10886	Midland, Texas 79702
Herbert C. Maxwell, Jr.	456 Cloverleaf	San Antonio, Texas 78209

Herbert S. Maxwell	50 Prospect Street	Franklin, MA 02038
Nina Margaret Maxwell	9 Perin Road	North Little Rock, Arkansas 72118
McMillian Production Co.	118 W. First Street	Roswell, New Mexico 88201
Moncrief Partners, L.P.	Moncrief Building Ninth @ Commerce	Ft. Worth, Texas 76102
Morgan Capital Group, Inc.	Post Office Box 1015	Midland, Texas 79702
Ernestine Morgan MVC, Inc.	3713 Atrium Dr. Post Office Box 10040	Plano, Texas 75075 Midland, Texas 79702
Laura Mae Neagle	824 W. Jefferson Street	Lovington, New Mexico 88260
Northport Production		
Julie Hobbs Nowling	Rt. 2, Box 105	Samson, Alabama 36477
W. F. Otloff	415 W. Wall, Suite 2000	Midland, Texas 79701
Packard Energy Group, Inc.	Post Office Box 10866	Midland, Texas 79702
Eloise S. Patterson, Commerce Bank of Kansas City, N.A. and Edward T. Matheny Jr. Trustees of the Patterson 1976 Irrev. Trust	Post Office Box 419248	Kansas City, Missouri 64141-6248
Permian Exploration Corp.	118 W. First Street	Roswell, New Mexico 88201
Earnest Phillips	Post Office Box 743	Van Alstyne, Texas 75095
Emmett Phillips c/o Kathryn M. Phillips	700 North Clay	Nocona, Texas 76255

R.R. Hinkle Company	Post Office Box 59	Roswell, New Mexico 88202-0059
Rand Energy Company	2500 Tanglewilde, Suite 106	Irving, Texas 75063
Rebel Oil Company	6333 E. Mockingbird Lane, LB 247	Dallas, Texas 75214
Richard Rosebery	14643 Dallas Parkway, Suite 1000	Dallas, Texas 75204
Eugene Curry Rouse	3931 Minter School Road, Lot 11	Stanford, North Carolina 27330
Randolph Rufus Rouse	1015 Faubus Dr.	Newport News, Virginia 23605
William Norman Rouse	Route 2, Box 143	Rose Hill, North Carolina 28458
Doug Schutz	Post Office Box 973	Santa Fe, New Mexico 87504-0973
Vera B. Selman	1713 W. Avenue J	Lovington, New Mexico 88260
Michael and Linda Shearn c/o West Oil Company	Kogerma Bldg. Suite 305 4120 Rio Bravo	El Paso, Texas 79902
Virgil Shinn c/o Beryl O. Shinn	7725 34 th Street	North Highlands, California 95660
J.E. and Beulah H. Simmons, Tr. A-JSS, Tr. B- MJH, by FNB of West Texas Lubbock Successor Trustee	Post Office Box 1241	Lubbock, Texas 79408-1241
Snyder #1 Partnership	703 Navajo	Hobbs, New Mexico 88240
June D. Speight	Post Office Drawer 1687	Lovington, New Mexico 88206
Erma L. Bernay	2204 Lester Drive NE	Albuquerque, New Mexico 87112

c/o Bettye Stephens

Toles-Com, Ltd.	Post Office Drawer 1300	Roswell, New Mexico 88202-1300
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Trojan Development Company	Post Office Box 16007	Oklahoma City, Oklahoma 73113
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James I. Trott	2805 W. Dengar	Midland, Texas 79705
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D.C. Trust Marilyn Cone, Trustee	Post Office Box 64244	Lubbock, Texas 79464
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TWL Investments, Inc.	Post Office Box 54525	Oklahoma City, Oklahoma 73154
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UMC Petroleum Corporation	410 17 th Street, Suite 1400	Denver, Colorado 80202
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United New Mexico Trust Company Trustee of the James Virgil Linam Trust	Post Office Box 5614	Hobbs, New Mexico 88241
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Vestage Energies

Phineas A. Washer, Jr.	14802 Dancers Image	San Antonio, Texas 78248
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Sara Jean Washer c/o Phineas A. Washer, Jr.	14802 Dancers Image	San Antonio, Texas 78248
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Timothy A. Washer c/o Phineas A. Washer, Jr.	14802 Dancers Image	San Antonio, Texas 78248
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Thema A. Webber Living Trust, 6/17/94	Post Office Box 743	Hobbs, New Mexico 88241
--	---------------------	-------------------------

Sol and Judith West, III c/o West Oil Company	Kogerma Bldg. Suite 305 4120 Rio Bravo	El Paso, Texas 79902
--	---	----------------------

Western Commerce	Post Office Box 1627	Lovington, New Mexico 88260
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Bank
Agent for Kirby D.
Schenck Trusts

Richard L. and
Dorothy J. Westlake

Post Office Box 647

Salado, Texas 76571

Harold K. Work

3516 Greenbrier

Dallas, Texas 75225

R. B. Yadon, Jr.

906 N. Blvd Street

Edmond, Oklahoma 73034-3655

Trustee of the R.B.
Yadon Trust

Russell T. Yadon

13262 North Walnut Road

San Angelo, Texas 76901

William L. Yadon

2614 Hummingbird Lane

Enid, Oklahoma 73701

John Yates, Trustee
Trust Q under the
Will of Peggy Yates

105 South 4th Street

Artesia, New Mexico 88210-2177

Richard Yates

105 South 4th Street

Artesia, New Mexico 88210-2177

John A. Yates

105 South 4th Street

Artesia, New Mexico 88210-2177

Peyton Yates

105 South 4th Street

Artesia, New Mexico 88210-2177

Los Chicos

105 South 4th Street

Artesia, New Mexico 88210-2177

Dr. Dave Boneau

105 South 4th Street

Artesia, New Mexico 88210-2177

Amerid Oil
Company, Ltd

415 W. Wall Suite 500

Midland, TX 79701

Anson Gas Corp.
Attention: Land
Department

Post Office Box 24060

Oklahoma City, Oklahoma 73124

MILLER, STRATVERT & TORGERSO, P.A.
LAW OFFICES

RANNE B. MILLER
ALAN C. TORGERSO
ALICE T. LORENZ
GREGORY W. CHASE
LYMAN G. SANDY
STEPHEN M. WILLIAMS
STEPHAN M. VIDMAR
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GARY L. GORDON
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ROBIN A. GOBLE
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H. BROOK LASKEY
KATHERINE W. HALL
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PAULA G. MAYNES
MICHAEL C. ROSS
CARLA PRANDO
KATHERINE M. BLACKETT
JENNIFER L. STONE
ANDREW M. SANCHEZ
M. DYLAN O'REILLY
AMINA QUARGNAL-UNSLEY
JENNIFER D. HALL
MARY A. WOODWARD
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TODD A. SCHWARZ
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COUNSEL

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JAMES J. MIDLAND
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GARY RISLEY

OF COUNSEL

WILLIAM K. STRATVERT
JAMES B. COLLINS
RALPH W. RICHARDS

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(800) 424-7585
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PLEASE REPLY TO SANTA FE

* NEW MEXICO BOARD OF SPECIALIZATION RECOGNIZED SPECIALIST IN NATURAL RESOURCES - OIL & GAS LAW
** NEW MEXICO BOARD OF SPECIALIZATION RECOGNIZED SPECIALIST IN REAL ESTATE LAW

June 8, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUIRED

Abo Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Re: New Mexico Oil Conservation Case No. _____; Application of Energen Resources Corporation To Amend Order Nos. R-9722-C and R-10448-A To Reinstate The Project Allowable for the West Lovington Strawn Unit Area, Lea County, New Mexico

Dear Sir or Madam:

Please be advised that Energen Resources Corporation has filed an Application with the New Mexico Oil Conservation Division (NMOCD) seeking the issuance of an order amending consolidated orders R-9722-C and R-10448-A to reinstate the project allowable established under Order No. R-10448 equal to the top unit allowable for the West Lovington Strawn Pool, now at 250 barrels of oil per day, times the number of developed proration units within the West Lovington Strawn Unit project area. The transfer of allowables among wells within the project area would also be permitted.

Energen's Application is set for hearing before a Division Examiner at 8:15 a.m. on Thursday, June 28, 2001 at the NMOCD's offices located at 1220 South St. Francis Drive in Santa Fe, New Mexico. You have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Abo Petroleum Corporation

June 8, 2001

Page two

Very truly yours,

MILLER, STRATVERT & TORGERSON, P.A.

A handwritten signature in cursive script, appearing to read "J. Scott Hall".

J. Scott Hall

ATTORNEY FOR ENERGEN RESOURCES
CORPORATION

JSH/ao

6621/27052/Correspondence/Notice ltr.doc

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION
OF ENERGEN RESOURCES CORPORATION TO
AMEND ORDER NOS. R-9722-C AND R-10448-A
TO REINSTATE THE PROJECT ALLOWABLE FOR
THE WEST LOVINGTON STRAWN UNIT AREA,
LEA COUNTY, NEW MEXICO.

CASE NO. _____

RECEIVED
OIL CONSERVATION DIV
JUL 11 5 AM '95

APPLICATION

ENERGEN RESOURCES CORPORATION, for its Application, states:

1. Applicant is the Operator of the West Lovington Strawn Unit ("WLSU"), which includes the designated West Lovington Strawn Pool underlying the following lands:

TOWNSHIP 15 SOUTH, RANGE 35 EAST NMPM

Section 28: S/2 S/2
Section 32: E/2 E/2
Section 33: All
Section 34: W/2, S/2 NE/4, and SE/4
Section 35: W/2 SW/4

TOWNSHIP 16 SOUTH RANGE 35 EAST NMPM

Section 1: Lots 1 through 11 and the N/2 and SE/4 equivalents of Lot 12

TOWNSHIP 16 SOUTH RANGE 36 EAST NMPM

Section 5: Lots 3, 4 and 5
Section 6: Lots 1, 2, 6, 7 and 8

2. The WLSU was approved by Division Order No. R-10449, issued in Case No. 11195 on August 29, 1995. At the time, the WLSU was comprised of 1,458.95 acres, more or less, of state,

federal and fee lands. Creation of the Unit was approved pursuant to the Statutory Unitization Act, Section 70-7-1 through Section 70-7-21 NMSA 1978. The Unit, itself, became effective on October 1, 1995 and was originally operated by Gillespie-Crow, Inc.

3. The West Lovington Strawn Pool was originally known as the "East Big Dog Strawn Pool" created by the Division on September 23, 1992 under Order No. R-9722, issued in Case No. 10530. Order No. R-9722 also established temporary special rules and regulations for the East Big Dog Strawn Pool. Rule 6 of these pool rules provided:

Rule 6: A standard proration unit (79 through 81 acres) shall be subject to an 80-acre depth bracket allowable of 445 barrels per day. The allowable assigned to a non-standard proration unit shall bear the same ratio to a standard allowable as the acreage in such non-standard unit bears to 80 acres.

4. Production restrictions were initially voluntarily implemented for the reservoir in order to prevent premature pressure decline and to prevent the reservoir from reaching critical gas saturation. In October 1995, under the authority of Division Order No. R-10448 issued in Case No. 11194 on August 29, 1995, the Unit Operator instituted the West Lovington Strawn Unit pressure maintenance project by the commencement of gas injection operations within the WLSU. Order No. 10448, by adoption of Rule 6 of the Special Pool Rules for the East Big Dog Strawn Pool, established a project allowable for the pressure maintenance project as follows:

(19) The project allowable shall be equal to the top unit allowable for the West Lovington Strawn Pool (445 barrels of oil per day) times the number of developed (production or injection) proration units within the project area. Unless additional producing or injection wells are drilled within the project area, the allowable should be established at 4,895 barrels of oil per day.

(20) The transfer of allowables between wells within the project area should be permitted.

5. Subsequently, on January 26, 1993, the Division changed the nomenclature of the East Big Dog Strawn Pool to the West Lovington Strawn Pool in Order No. R-9722-A (Case No. 10660).

6. In 1996, the Unit Operator for the WLSU made application to the Division in Case No. 11599 to modify the horizontal limits of the West Lovington Strawn Pool, to create a separate, new pool (the South Big Dog Strawn Pool) and the promulgation of special pool rules for the new pool. On February 26, 1997, the Division entered consolidated orders Nos. R-9722-C and R-10448-A, both expanding and contracting the horizontal limits of the West Lovington Strawn Pool and establishing the horizontal limits of the South Big Dog Strawn Pool.

7. In Case No. 11599, the Unit Operator proposed that Rule 6 of the Special Pool Rules, promulgated under Order No. R-9722 be amended to establish an 80-acre depth bracket allowable of 250 barrels of oil per day, except that certain wells lying outside the boundaries of the West Lovington Strawn Unit would be allowed to revert to the 445 barrels of oil per day standard depth bracket allowable after a period of one year or if it was determined that such well was not in communication with the WLSU reservoir.

8. At finding 15 of Order No. R-9722-C/R-10448-A, the Division noted that the actual reservoir comprising the West Lovington Strawn Unit extended beyond the horizontal limits of the WLSU as it was then configured under Order No. R-10449 and, further, that the Unit Reservoir was in pressure communication with two wells that then lay outside the Unit boundaries.

9. In Order No. R-9722-C/R-10448-A, the Division rejected the proposed amendment to Rule 6 for the reason that it would have, in effect, set a double standard for a single pool, leading to confusion in the setting of allowables for units in the pool. Consequently, the Division made a

single depth bracket oil allowable of 250 barrels of oil per day applicable to the entire reservoir, effectively abolishing the special project allowable for the WLSU, including the provision permitting the assignment of an allowable to injection wells. Order No. R-9722-C/R-10448-A adopted an amended Rule 6 for the Special Rules and Regulations for the West Lovington Strawn Pool as follows:

“Rule 6: A standard pro-ration unit (79 through 81 acres) shall be subject to an 80-acre depth bracket allowable of 250 barrels of oil per day. The allowable assigned to a non-standard proration unit shall bear the same ratio to a standard allowable as the acreage in such non-standard unit bears to 80-acres.”

10. Subsequent to the abolition of the special project allowable by Order No. R-9722-C/R-10448-A, the Division approved the expansion of the horizontal boundaries of the WLSU first by Order No. R-10864 entered in Case No. 11724 on August 27, 1997 and more recently, by Order No. 10864-B entered in Case No. 12289 on March 20, 2000. Under its expanded configuration, the WLSU encompasses the entirety of the productive limits of the West Lovington Strawn Pool.

11. On February 1, 2001, Energen acquired the interest of Charles B. Gillespie, Jr. in the WLSU. On May 1, 2001, Energen became Unit Operator of the WLSU pursuant to a vote of the Unit Working Interest Owners.

12. With the expansion of the WLSU to include the entirety of the productive limits of the West Lovington Strawn Pool, the circumstances that led to the abolition of the project allowable no longer exist. Consequently, Energen seeks the reinstatement of the project allowable as originally established under Order No. R-10488, including specifically, the authorization to transfer allowables between wells within the unit, but at the current rate of 250 barrels of oil per day. Energen proposes that the project allowable be equal to the top unit allowable for the pool times the number of

developed production or injection proration units within the project area. Applicant also proposes the reinstated project allowable be made effective as of March 20, 2000, the date the Division issued Order No. R-10864-B, approving the third expansion of the West Lovington Strawn Unit.

13. Reinstatement of the project allowable will facilitate better pressure maintenance and more efficient production operations and is otherwise in the interests of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE, applicant requests that after notice and hearing, the relief requested above be granted.

MILLER, STRATVERT & TORGERSON, P.A.

By: 

J. Scott Hall, Esq.
Post Office Box 1986
Santa Fe, New Mexico 87504
(505) 989-9614

Attorneys for Energen Resources Corporation

7000 0600 0025 0308 8496

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
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Recipient's Name (Print Name)	Client
Abo Petroleum Corporation	
105 South Fourth Street	
Artesia, New Mexico 88210	
Street, Apt. No.	
City, State, Zip	

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3. Article Addressed to:

Abo Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

4a. Article Number

70000600 0025 0308 8496

4b. Service Type

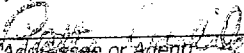
- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery JUN 11 2000

5. Received By: (Print Name)

DATTI CARLILE

6. Signature (Addressee or Agent)




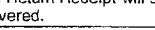
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

12.

POSTAGE WILL BE PAID BY ADDRESSEE NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Postage	5
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95



Is your RETURN ADDRESS completed on the reverse side?	SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery		
	3. Article Addressed to: <div style="text-align: center;"> Cathy Hillard Adams in Trust for Katherine Keene Adams 4818 St. Andrews Baytown, Texas 77056 </div>		4a. Article Number <div style="text-align: center;"> 7102599-99-B-0223 </div> 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		
5. Received By: (Print Name) 		7. Date of Delivery <div style="text-align: center;"> 6/20/01 </div>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) <div style="text-align: center;">  </div>					

Thank you for using Return Receipt Service.

27

7000 0600 0025 0300 8915

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.75

Postmark Here

ADIA Enterprises Inc.
Attention: Alan Jochimsen
4209 Cardinal Lane
Midland, Texas 79707

Is your RETURN ADDRESS completed on the reverse side?

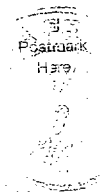
SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ADIA Enterprises Inc. Attention: Alan Jochimsen 4209 Cardinal Lane Midland, Texas 79707		4a. Article Number 7000 0600 0025 0300 8915	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery 10-12-01	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

0149 8000 5200 0090 0007

UNITED STATES POSTAL SERVICE
Certified Mail Receipt
(Domestic Mail Only)

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



Recipient's Name	Eulalia Crill Allen
Street, Apt. No.	HC 70 Box 62 A
City, State, ZIP	Lovington, New Mexico 88260

7444 0308 0025 0600 0000

Postage		3
Certifier Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$3.95

Postmark
Here

Recipient's Name (Please Print Clearly)

Amerid Oil Company, Ltd
415 W. Wall Suite 500
Midland, TX 79701

Street, Apt. No. or P.O.
City, State, ZIP

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:

Amerid Oil Company, Ltd
415 W. Wall Suite 500
Midland, TX 79701

2. Article Number (Copy from service label)

7400 0600 0025 0308 7444

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

6-11-01

C. Signature

Mary Ann Brock ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ YesIf 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

7000 0600 0025 0308 A427

CERTIFIED MAIL	
(Domestic Mail Only)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Please Print - Drawn up by sender's agent)	
Street Ameristate Oil & Gas, Inc.	
1211 W. Texas	
City Midland, Texas 79701	

CERTIFIED MAIL



7000 0600 0025 0308 A427

MILLER, STRATVERT & TORGERSO, P.A.

LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 87504-1986

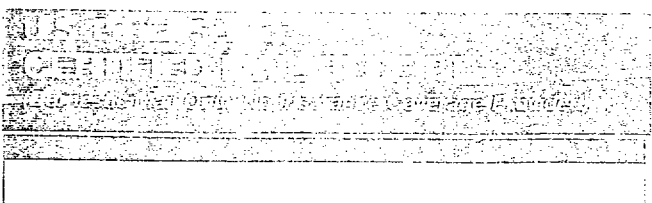
TX 797 06/12/01 09:15

Ameristate Oil & Gas, Inc.
1211 W. Texas
Midland, Texas 79701

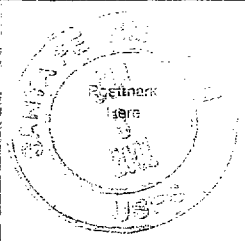
POSTAGE
TO
BE
PAID
BY
ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

79701 X 6 0000 0025 0308 A427

7000 0600 0025 0308 8892



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



Recipient's Name	Leonardo S. Anderson
Street, Apt. No., or	71-332 San Gorgonio Road
City, State, ZIP	Rancho Mirage, California 92270

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to: Leonardo S. Anderson 71-332 San Gorgonio Road Rancho Mirage, California 92270	4a. Article Number
5. Received By: (Print Name) MARIAPIE E. ANDERSON	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X Maria Pie E. Anderson	7. Date of Delivery 6-13-01
8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

4

7000 0600 0025 0300 8434

CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.45

Postmark Here.

Recipient's Name (Please Print) _____
Address _____
City _____
State _____ Zip _____

Anson Energy Corporation
Post Office Box 24060
Oklahoma City, Oklahoma 73124



MILLER, STRATVERT & TORGERSO, P.A.
LAW OFFICES
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986

ANSO060 731242019 IN 07 06/12/01
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

Anson Energy Corporation
Post Office Box 24060
Oklahoma City, Oklahoma 73124

1ST NOTICE
2ND NOTICE
RETURN

7000 0600 0025 0308 7451

CERTIFIED MAIL RECEIPT	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Recipient's Name	Anson Gas Corp.
Street Apt. No.	Attention: Land Department
City, State, ZIP	Post Office Box 24060 Oklahoma City, Oklahoma 73124

MILLER, STRATVERT & TORGERSO, P.A.
LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 875



ANSO060 731242019 IN 07 06/12/01
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

1ST NOTICE
2ND NOTICE
RETURN

Anson Gas Corp.
Attention: Land Department
Post Office Box 24060
Oklahoma City, Oklahoma 73124

7000 0600 0025 0300 8441

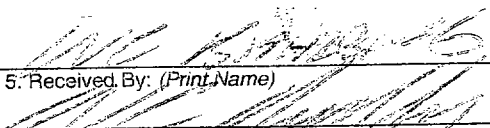
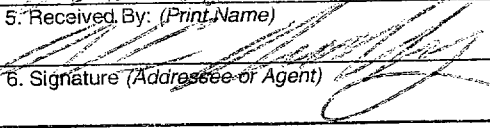
U.S. POST SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage 10000)

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

Postmark
Here

Recipient's Name (Please Print Clearly - to be returned by mail)
Bahlburg Exploration, Inc.
 Street, Apt. No., or Post Office Box 866937
Post Office Box 866937
 City, State, ZIP+4
Plano, Texas 75086-6937

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Bahlburg Exploration, Inc. Post Office Box 866937 Plano, Texas 75086-6937		4a. Article Number 7000 0600 0025 0300 8441	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) 		7. Date of Delivery	
6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

7000 0600 0025 0308 845A

U.S. MAIL SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.25

Postmark
Here

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

Bankline Oil Company
Street, Apt. No. 437 So. Hill St.
City, State, Zip Los Angeles, California 90013-1110

5948 8060 5200 0090 0002

UNITED STATES POSTAL SERVICE
CERTIFIED MAIL PERMIT
(Domestic Mail Only - No Insurance Coverage Provided)

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.75

Postmark Here

Recipient's Name (Please Print or Type in full name of addressee)
Roy G. Barton, Jr.
Street, Apt. No., or P.O. Box
Post Office Box 978
City, State, ZIP+4
Hobbs, New Mexico 88241

MILLER, STRATVERT & TORGERSON, P.A.
LAW OFFICES
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Roy G. Barton, Jr.
Post Office Box 978

7000 0600 0025 0308 8465



6711

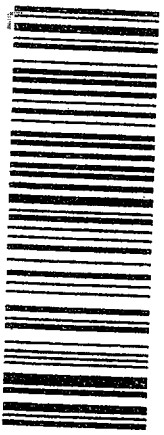
MILLER, STRATVERT & TORGERSON, P.A.

LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 87504-1986

7000 0600 0025 0308 7475



Erma L. Bernay
c/o Bettye Stephens
2204 Lester Drive NE
Albuquerque, New Mexico 87112



1ST NOTICE
2ND NOTICE
RETURN

NAME UNKNOWN
NO AP #

5242 7000 5200 0090 0002

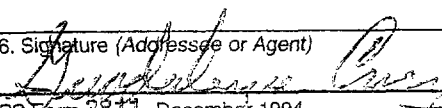
CERTIFIED MAIL PERMIT	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Print or Type)	
Street, Apt.	
City, State	

Erma L. Bernay
c/o Bettye Stephens
2204 Lester Drive NE
Albuquerque, New Mexico 87112

7000 0600 0025 0308 6522

U.S. POST SERVICE CERTIFIED MAIL RECEIPT	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	3.95
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer) James Bintz c/o SW Realty Street, Apt. No., or PO Box No. 1108 W. Broadway, Andrews, TX City, State, ZIP+4 79714	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: James A. Bintz c/o Southwest Realty 1108 W. Broadway Andrews, Texas 79714		4a. Article Number 7000 0600 0025 0308 6522 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) James A. Bintz		7. Date of Delivery 6-11-01	
6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 6515

Domestic Return Receipt <small>(For use with First-Class Mail, Registered Mail, Certified Mail, and Insured Mail)</small>	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Recipient's Name (Please Print Clearly) (to be completed by mailer) The Blanco Company Post Office Box 1698, Roswell, NM 88202 City, State, ZIP+4	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: The Blanco Company Post Office Box 1698 Roswell, New Mexico 88202		4a. Article Number 7000 0600 0025 0308 651	
5. Received By: (Print Name) Phil White		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) Phil White		7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

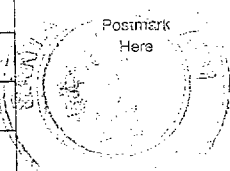
102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

32

7000 0600 0025 0308 7420

U.S. POST SERVICE CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.95	
	
Recipient's Name (Please Print Clearly) (to be completed by addressee) Dr. Dave Boneau Street, Apt. No.: 105 South 4 th Street City, State, Zip: Artesia, New Mexico 88210-2177	

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:

Dr. Dave Boneau
105 South 4th Street
Artesia, New Mexico 88210-2177

2. Article Number (Copy from service label)
7000 0600 0025 0308 7420

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name Clearly) **PATTI CARLIS**
- C. Signature **Patti Carlis**
- ☒ Agent
☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-00-M-0952

7000 0600 0025 0308 8144

U.S. MAIL CERTIFIED MAIL (Domestic Return Receipt Insurance Coverage Provided)	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.25
Recipient: Edward G. Boone 513 Tinsdale Nashville, Arkansas 71852	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

Edward G. Boone
 513 Tinsdale
 Nashville, Arkansas 71852

Edward G. Boone

5. Received By: (Print Name)

Edward G. Boone

6. Signature (Addressee or Agent)

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

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

4a. Article Number

7000 0600 0025 0308 8144

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-11-01

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

1513 Tinsdale

Thank you for using Return Receipt Service.

7000 0600 0025 0300 0151

U.S. POSTAGE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only)

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



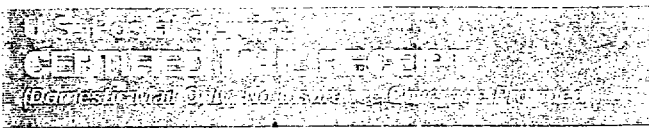
Recipient (Please Print Clearly, do not stamp or mail)

Boulders Royalty Corporation

Street, Apt. **Post Office Box 7808**

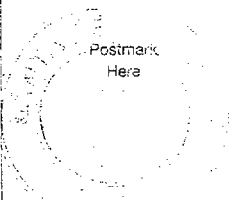
City, State **Dallas, Texas 75209-0808**

7000 0600 0305 0160 8118 9030 5200 0090 0000



--	--

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.25



Recipient's Name (Please Print)	
Aubrey Smith Bush, et ux Marie Bush	
c/o Betty Bush and Patsy von Werzinsky	
756 Arguello #105	
San Francisco, California 94118	

7000 0600 0025 0308 8175

U.S. MAIL CERTIFIED MAIL <small>(Postage and Fees Must Be Paid by Addressee)</small>	
Postage \$ 3.95	
Certified Fee 	Postmark Here
Return Receipt Fee (Endorsement Required) 	
Restricted Delivery Fee (Endorsement Required) 	
Total Postage & Fees \$ 3.95	
Recipient's Name (Please Print Clearly) (to be completed by addressee) Callaway Production, Inc.	
Street, Apt. 415 W. Wall, Suite 500	
City, State Midland, Texas 79701	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Callaway Production, Inc.
415 W. Wall, Suite 500
Midland, Texas 79701

4a. Article Number

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-11-01

5. Received By: (Print Name)

ST 205

6. Signature (Addressee or Agent)

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

ST 205

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8502

REGISTERED MAIL RECEIPT (Postage Paid Only - Insurance Coverage Provided)	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Postmark Here	
Recipient's Name: Cannon Exploration Company Attention: Todd Wilson Street, Apt. No.: 3608 SCR 1184 City, State, Zip: Midland, Texas 79706	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Cannon Exploration Company
 Attention: Todd Wilson
 3608 SCR 1184
 Midland, Texas 79706

4a. Article Number

7000 0600 0025 0308 8502

4b. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6-11-01

5. Received By: (Print Name)

Carol Wilson

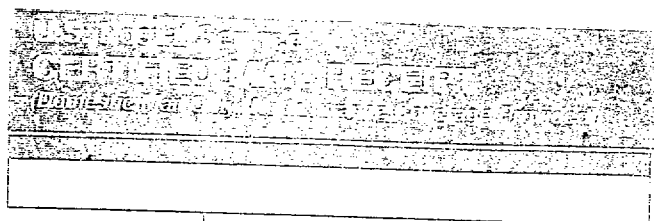
6. Signature: (Addressee or Agent)

X Carol Wilson

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

Thank you for using Return Receipt Service.

7000 0600 0025 0300 0102



Postage	3
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark
Here

Recipient's Name (Please Print Name of addressee or mailer)

Street, Apt. **Phillip E. Carr**
155 Humboldt
City, State **Denver, Colorado 80218**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Phillip E. Carr
155 Humboldt
Denver, Colorado 80218

4a. Article Number

70000600002503008140

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-11-94

5. Received By: (Print Name)

Phillip E. Carr

6. Signature (Addressee or Agent)

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

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8199

CERTIFIED MAIL-RETURN RECEIPT (Domestic Mail Only - Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Street and Post Office Box 729
 City, State Hobbs, New Mexico 88241

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:

Norma J. Chanley
 PO Box 729
 Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Norma Chanley* ☐ 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

2. Article Number (Copy from service label)

7000 0600 0025 0308 8199

7000 0600 0025 0308 8205

U.S. POSTAGE		CERTIFIED MAIL RECEIPT	
POSTAGE WILL BE PAID BY ADDRESSEE (OPTIONAL)			
Postage	3	Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 3.00		
Recipient's Name	Chase Bank, Midland Trustee u/w/o Eileen Yadon, dec'd		
Street, Apt. No.	FBO Cecilia Collins		
City, State, Zip	Post Office Box 10966 Midland, Texas 79702		

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 Bank, Midland
Trustee u/w/o Eileen
Yadon, Dec'd
FBO Cecilia Collins
PO Box 10966
Midland, TX 79702

2. Article Number (Copy from service label)

7000 0600 0025 0308 8205

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Rose Mary Sanchez B. Date of Delivery 6-13
- C. Signature X Rose Mary Sanchez ☐ 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

7000 0600 0025 0300 8366

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

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

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Street Address
Chesapeake Exploration Limited Partnership
6100 N. Western
Oklahoma City, Oklahoma 73118

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Chesapeake Exploration Limited Partnership
6100 N. Western
Oklahoma City, Oklahoma 73118

4a. Article Number

7000 0600 0025 0300 8366

4b. Service Type

- ☐ Registered ☐ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

POSTAL SERVICE
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage)

7000 0600 0025 0308 8212

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$3.75	

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

Street, Apt. No. **Chevron U.S.A., Inc.**

Post Office Box **1635**

City, State, Zip **Houston, Texas 77251**

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:

Chevron USA, INC.
PO Box 1635
Houston, TX 77251

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *x/Kenneth Barnett* ☐ 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.

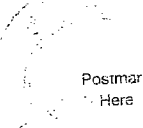
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0025 0308 8229

U.S. POSTAGE		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)			
Postage \$			
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees \$3.95			
Postmark Here			
Recipient's Name (Please Print Clearly) (to be completed by mailer) Street: A.L. Cone Partnership City: Post Office Box 3457 Lubbock, Texas 79452			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: A.L. Cone Partnership P.O. Box 3457 Lubbock, TX 79452	A. Received by (Please Print Clearly) <u>Lois Bates</u> B. Date of Delivery <u>6/12/01</u> C. Signature <u>Lois Bates</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) 7000 0600 0025 0308 8229	

U.S. POSTAGE
GERMANE MAIL PERMIT
Domestic Mail Only. No Insurance Coverage Provided.

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

Postmark Here

Recipient's Name (Please Print)
Clifford Cone

Street, Ap
Post Office Box 1629
Lovington, New Mexico 88260

City, State, Zip

PS Form 3849, February 2000

7000 0600 0025 0308 8243

U.S. POST SERVICE CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. Insurances, Coverages Provided)</i>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer)	
Street, Apt. n.	Kenneth Cone Post Office Box 11310
City, State, U	Midland, Texas 79702

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

4a. Article Number

7000 0600 0025 0308 8243

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JUN 15 2001

5. Received By: (Print Name)

SHAPIRA

6. Signature (Addressee or Agent)

R. Shapiro

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

PS Form 3811, December 1994

102595-99-8-0203 Domestic Return Receipt

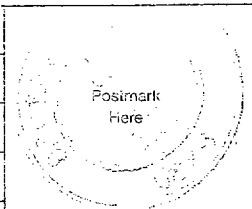
Thank you for using Return Receipt Service.

39

7000 0600 0025 0300 A250

CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

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



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

Street, Apt. # **Lloyd M. Cooper, dec'd**
c/o Nettie Bell Cooper
310 South Hill
 City, State, Zip **Hobart, Oklahoma 73651**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Lloyd M. Cooper, dec'd
 c/o Nettie Bell Cooper
 310 South Hill
 Hobart, Oklahoma 73651

4a. Article Number

7115 0115 0025 1308 0250

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-21-01

5. Received By: (Print Name)

JOHN JOHNSTON

6. Signature (Addressee or Agent)

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

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8267

U.S. POSTAGE CERTIFIED MAIL (Domestic Mail Only - Insurance Coverage (Required))	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$3.95	
Recipient's Name (Please Print Clearly to be returned by mailer) Street: Hugh Corrigan, III City, State: Post Office Box 50460 Midland, Texas 79710	

Is your RETURN ADDRESS correct? Use on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Hugh Corrigan, III
Post Office Box 50460
Midland, Texas 79710

4a. Article Number

7000 0600 0025 0308 8267

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6/12/01

5. Received By: (Print Name)

CHERYL BURNS

6. Signature (Addressee or Agent)

Cheryl Burns

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

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 A274

U.S. MAIL CERTIFIED MAIL RECEIPT <small>(Domestic Use Only) No Insurance Over \$500</small>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage \$	Postmark: Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.95	
Recipient's Name (Please Print Clearly (to be completed by addressee)) Street, Apt. No. Patrick J. Corrigan 7150 20th Street Suite E City, State Vero Beach, Florida 32966	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

Patrick J. Corrigan
7150 20th Street Suite E
Vero Beach, Florida 32966

5. Received By: (Print Name)
L. G. Hill

6. Signature (Addressee or Agent)
[Signature]

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

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

4a. Article Number
7150 20th Street Suite E

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-15-01

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

Thank you for using Return Receipt Service.

7000 0600 0025 0300 8281

U.S. POST SERVICE CERTIFIED MAIL RECEIPT (Domestic Mail Only) No Insurance Coverage Provided	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ <u>2.25</u>	
Recipient's Name (Please Print Clearly) (to be completed by mailer) Street, Apt. Bill C. and Dorothy W. Cotner Post Office Box 2236 City, State Midland, Texas 79702	



Is your RETURN ADDRESS completed on the reverse side?

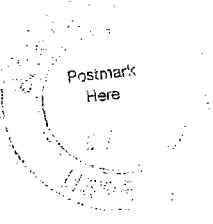
SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Bill C. and Dorothy W. Cotner Post Office Box 2236 Midland, Texas 79702		4a. Article Number <u>7000 0600 0025 0300 8281</u> 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <u>[Signature]</u> 6. Signature (Addressee or Agent)		7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8298

U.S. POST SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided.)

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



Recipient's Name (Please Print Clearly) (to be completed by mailer)
James N. and Henrietta M. Coxsey
701 N. "H" Ave.
Coronado, California 92118-2133

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: James N. and Henrietta M. Coxsey 701 N. "H" Ave. Coronado, California 92118-2133		4a. Article Number 7000 0600 0025 0308 8298	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) 6. Signature (Addressee or Agent)		7. Date of Delivery 	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8304

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

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

Postmark Here

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

Street, Apt. No.: **Dalco Petroleum, LLC**
Post Office Box 1904

City, State, ZIP: **Lovington, New Mexico 88260**

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Dalco Petroleum, LLC Post Office Box 1904 Lovington, New Mexico 88260		4a. Article Number 7000 0600 0025 0308 8304	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

7000 0600 0025 0300 7369

Domestic Mail Certified Mail Receipt
(Domestic Mail Certified Mail Insurance Coverage (Optional))

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.45



Recipient's Name (Please Print Clearly (to be completed by mailer))
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Daniels Insurance Agency, Inc.
 Post Office Box 1258
 Hobbs, New Mexico 88241

4a. Article Number
 1000 0600 0025 0300 7369

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

7. Date of Delivery
 06-12-01

5. Received By: (Print Name)
 Vickie Marks

6. Signature (Addressee or Agent)
 Vickie Marks

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

Thank you for using Return Receipt Service.

7000 0600 0025 0308 6492

U.S. POSTAGE	
CERTIFIED MAIL	
Domestic Mail Only (First-Class Coverage Required)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer) Maxwell & Rosalie Darks Street, Apt. No., or P.O. Box No. 313 SW 103rd St. OK City, OK City, State, ZIP+4 73139	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Maxwell and Rosalie Darks Trustees of the Darks Trust 313 SW 103rd Street Oklahoma City, Oklahoma 73139		4a. Article Number 7000 0600 0025 0308 6492	
5. Received By: (Print Name) Maxwell Darks		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent)		7. Date of Delivery 6-11-01	
		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

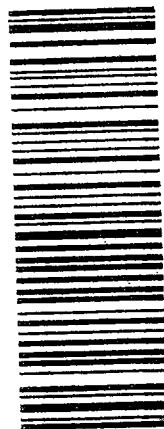
Thank you for using Return Receipt Service.

47

7000 0600 0025 0300 6500

U.S. POSTAGE	
CERTIFIED MAIL RECEIPT	
Domestic Mail Only (Certified Mail Only)	
Postage	3
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer)	
Verna & Roy Davenport	
Street, Apt. No., or PO Box No.	
Rt 6, Box 923 Cleburne TX 76031	
City, State, ZIP+4	

CERTIFIED MAIL



7000 0600 0025 0300 6500

MILLER, STRATVERT & TORGERSOI

LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 87504-1986

UNDELIVERABLE AS ADDRESSEE
UNABLE TO FORWARD

1ST NOTICE
2ND NOTICE
RETURN

Verna J. Davenport
c/o Roy Davenport
Route 6, Box 923
Cleburne, Texas 76031

UNDELIVERABLE AS ADDRESSEE
UNABLE TO FORWARD

7000 0600 0025 0308 8953

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)

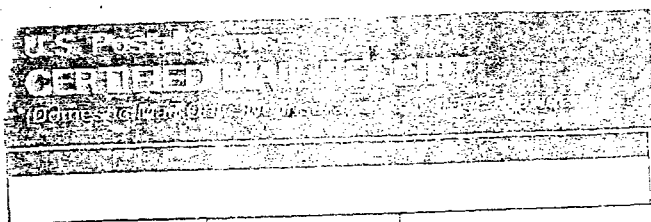
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
David Arrington Oil & Gas
 Street, Apt. No., or P.O. Box No.
PO Box 2071, Midland, TX 79702
 City, State, ZIP+4

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Received by (Please Print Clearly) S. Slough	
1. Article Addressed to: David Arrington Oil & Gas PO Box 2071 Midland, TX 79702		B. Date of Delivery 6-15-01	
		C. Signature x S. Slough	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label)		7000 0600 0025 0308 8953	

7000 0600 0025 0306



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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
David Petroleum Corp.
 Street Apt. No. or PO Box No.
116 West First St. Roswell, NM
 City, State, ZIP+4
88201

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

David Petroleum Corporation
 116 West First Street
 Roswell, New Mexico 88201

4a. Article Number

7000 0600 0025 0308 8960

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-12-01

5. Received By: (Print Name)

Bari Bellicini

6. Signature (Addressee or Agent)

Bari Bellicini

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

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

49

7512 0308 0025 9000 0090 0000

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (Insurance to \$5000)
 (Postage and Fees Due)

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

Postmark
Here

Recipient's Name (Please Print) _____
 Street, Apt. No.: _____
 City, State, ZIP: _____
 D.C. Trust
 Marilyn Cone, Trustee
 Post Office Box 64244
 Lubbock, Texas 79464

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:

D.C. Trust
 Marilyn Cone, Trustee
 Post Office Box 64244
 Lubbock, Texas 79464

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Samarra Young Date of Delivery JUN 17 1999
- C. Signature Samarra Young ☒ 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

2. Article Number (Copy from service label)

7000 0600025 0308 7512

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

£962 9000 5200 0090 0002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Not for International Mail)

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

Postmark
Here

Recipient's Name *(Please Print Clearly - Do Not Be Completed by Mail)*
Lynn E. Desper
Street, Apt. No. 601 Montano NW #7
City, State, ZIP+4 Albuquerque, New Mexico 87120

1ST NOTICE
2ND NOTICE
RETURN

MULLER, STRATVERT & TORGERSON, P.A.
LAW OFFICES
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986



7000 0600 0025 0308 7963

Lynn E. Desper
601 Montano NW #7
Albuquerque, New Mexico 87120

☒ Insufficient Address
☒ Returned, Left No Address
☒ Undelivered, Unknown
☒ Attempted, Street Vacant
☒ No Such Number
☒ No Mail Receipt
☒ No Mail Receipt
☒ No Mail Receipt

Box Closed - No
Route No. Date



7000 0600 0025 0300 7970

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

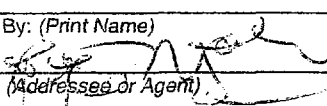
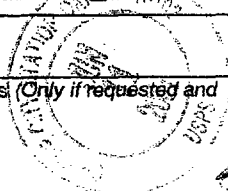
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$3.95	

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

Street, Apt. No. **Devon Energy Corporation**
20 North Broadway, Suite 1500

City, State, Zip **Oklahoma City, Oklahoma 73120**

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Devon Energy Corporation 20 North Broadway, Suite 1500 Oklahoma City, Oklahoma 73120		4a. Article Number 7000 0600 0025 0300 7970 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> 0000	
5. Received By: (Print Name) 		7. Date of Delivery 	
6. Signature (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8328

U.S. POSTAGE
CERTIFIED MAIL RECEIPT
 (Domestic Mail)

Postage 3

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.95

Postmark Here

Recipient's Name **The Roger Elliott & Holly L. Hollyhock Family Limited Partnership, L.P.**

Street, Apt. **4105 Baybrook Drive**

City, St. **Midland, Texas 79707**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article addressed to:

**The Roger Elliott & Holly L. Hollyhock Family Limited Partnership, L.P.
 4105 Baybrook Drive
 Midland, Texas 79707**

4a. Article Number 1200 0600 0025 0308 8328

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

5. Received By (Print Name) Roger T. Elliott

6. Signature (Addressee or Agent) Roger T. Elliott

7. Date of Delivery 12-21-01

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

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

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

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

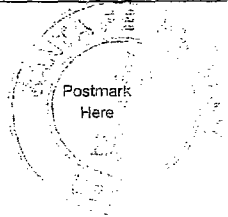
Thank you for using Return Receipt Service.

16

7000 0600 0025 0308 7987

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.75



Recipient's Name (Please Print Name of Addressee)	Gus Feijoo
Street, Apt. No.:	c/o Virgie Feijoo
City, State, ZIP	19769 Roscoe Blvd Canoga Park, California 91306

7000 0600 0025 0308 7994

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.95	
Postmark Here	
Recipient's Name (Please Print Name in Full as Completed by Mailer) Joseph William Foran Street, Apt. No., or 3907 Caruth Blvd. City, State, ZIP+4 Dallas, Texas 75225	

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:

Joseph William Foran
3907 Caruth Blvd
Dallas, TX 75225

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

C. Signature

X *Foran* ☐ Agent ☒ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0025 0308 7994

7000 0600 0025 0308 8014

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Please Print Clearly)	
Street, Apt. No., or Post Office Box 3098	
City, State, ZIP Midland, Texas 79702	

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:

Fuel Products, Inc.
PO Box 3098
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2001

C. Signature

☒ K N Keller
 ☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0600 0025 0308801 4

MILLER, STRATYERT & TORGERSON, P.A.

LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 87504-1986

7000 0600 0025 0308 8021



1ST NOTICE
2ND NOTICE
RETURN

☒ Not Delivered As Addressed

☐ Unable To Forward

☐ Incorrect Address

☐ Return, Use No Address

☐ Unclaimed ☐ Refused

☒ Assumed - Not Known

☐ No Such Street ☐ Vacant

☐ No Such Number

☒ No Mail Receipts

☐ Forwarding Order Expired

Route No. 173 Dean

Originator 6-11

Jim S. Gadzia
301 Juniper Road
Placitas, New Mexico 87043

6-11

U.S. POST SERVICE
CERTIFIED MAIL RECEIPT

(Domestic Mail Only - Insurance Coverage Provided)

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 3.75

Postmark
Here

Recipient's Name (Please print in full; do not be completed by mailer)

Street, Apt. #

Jim S. Gadzia
301 Juniper Road

City, State

Placitas, New Mexico 87043

1208 9000 5200 0090 0002

7000 0600 0025 0308 8038

U.S. POSTAL SERVICE	
CERTIFIED MAIL RETURN RECEIPT	
(Domestic Mail Only - First-Class, Priority Mail, Registered Mail, Signature Required Mail)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name	James A. Gibbs
Street, Apt. No.	d/b/a JEB Royalties 4925 Greenville Ave
City, State, ZIP	One Energy Square Dallas, Texas 75206

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 A. Gibbs
d/b/a JEB Royalties
4825 Greenville Ave
One Energy Square
Dallas, TX 75206

2. Article Number (Copy from service label)

7000 0600 0025 0308 8038

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

☒ Agent ☐ Addressee

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

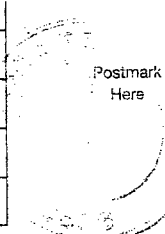
3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0025 0300 8045

U.S. POST SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage Available)

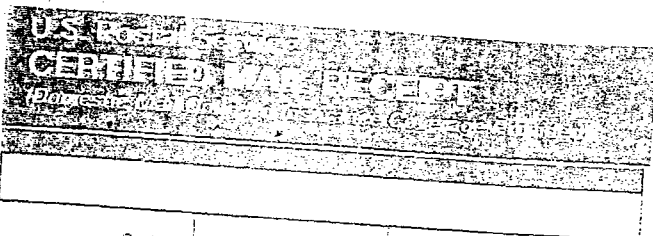
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 3.95	

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

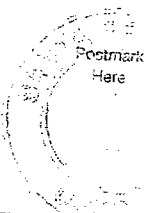
Street, Apt. # Brook H. Graham
9238 Buffalo Drive
City, State, Zip Littleton, Colorado 80127

PS Form 3800, Postage & Service Fee \$1.00 (10/90) PSN 7530-01-000-9000

7000 0600 0025 0308 0007



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.45



Recipient's Name (Please Print Clearly) (No US Postmark needed)

Curt S. Graham

Street, Apt. No. **5923 Eugenia Lane**

City, State, ZIP **Hobbs, New Mexico 88240**

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:

**Curt S. Graham
5923 Eugenia Lane
Hobbs, NM 88240**

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

3. Service Type

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

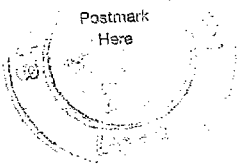
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0600 0025 0308 0007

7000 0600 0025 0308 8022

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

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



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

Street, Apt. No. **Robert L. Graham**
6843 Vrain St.
 City, State, Zip **Westminster, Colorado 80030**

THIS SECTION

2, and 3. Also complete Restricted Delivery is desired. The name and address on the reverse can return the card to you. Attach this card to the back of the mailpiece, front if space permits.

Addressed to:

Robert L. Graham
6843 Vrain Street
Westminster, CO 80030

COMPLETE THIS SECTION ON DELIVERY

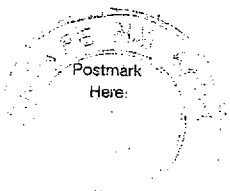
A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) **7000 0600 0025 0308 8022**

7000 0600 0025 0308 8069

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
	
Recipient's Name (Please Print Clearly) Kyle Hahn Street, Apt. No., or Post Office Box 1143 Marble Falls, Texas 78654 City, State, ZIP	

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:

Kyle Hahn
PO Box 1143
Marble Falls, TX 78654

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Kyle Hahn B. Date of Delivery 6-13-01

C. Signature Kyle Hahn ☐ 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

7000 0600 0025 0308 8069

POSTAGE WILL BE PAID BY ADDRESSEE Domestic Mail Only	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage and Fees	<div style="font-size: 2em; font-weight: bold;">395</div>
Recipient: Hanley OAD, Ltd. II c/o Hanley Petroleum, Inc. Street, Apt: Attention: Eric K. Hanson 415 W. Wall St. City, Sta: Midland, Texas 79701	

<p>SENDER:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery 						
<p>3. Article Addressed to:</p> <p>Hanley OAD, Ltd. II c/o Hanley Petroleum, Inc. Attention: Eric K. Hanson 415 W. Wall St. Midland, Texas 79701</p>	<p>4a. Article Number</p> <p>70001000000000000000000000000000</p> <p>4b. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Certified</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt for Merchandise</td> <td><input type="checkbox"/> COD</td> </tr> </table>	<input type="checkbox"/> Registered	<input type="checkbox"/> Certified	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD
<input type="checkbox"/> Registered	<input type="checkbox"/> Certified						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured						
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD						
<p>5. Received By: (Print Name)</p> <p>Eric K. Hanson</p>	<p>7. Date of Delivery</p> <p>6-11-01</p>						
<p>6. Signature (Addressee or Agent)</p> <p>[Signature]</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>						

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8076

U.S. POSTAGE
CERTIFIED MAIL RECEIPT
 (Domestic Mail to the U.S. Post Office Only)

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

Recipient's Name (Please Print Clearly to be completed by mailer)
 Street, Apt. No.: John F. Herbig, Jr.
 110 N. Marienfeld, Suite 110
 City, State, Zip: Midland, Texas 79701

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 F. Herbig, Jr.
 110 N. Marienfeld, Suite 110
 Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery 6-11-01
- C. Signature X J F Herbig ☐ 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

2. Article Number (Copy from service label) 7000 0600 0025 0308 8076

8068 9000 5200 0090 0000 7

U.S. MAIL	
CERTIFIED MAIL RECEIPT	
<small>(Domestic Mail, Priority Mail, Registered Mail, Certified Mail)</small>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

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

Mrs. Laura Geraldine Anderson Hill

Street, Apt. No. c/o Mrs. Laray Sanchez/John Hill

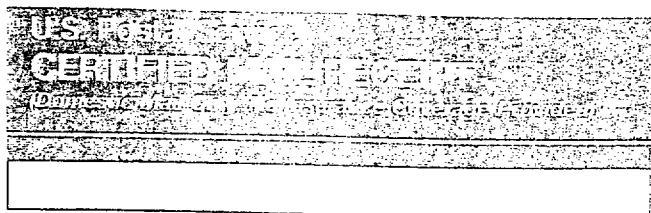
175 Willow Green Place

City, State, Zip Santa Rosa, California 95403

Is your RETURN ADDRESS completed on the reverse side?	SENDER: <ul style="list-style-type: none">■ Complete items 1 and/or 2 for additional services.■ Complete items 3, 4a, and 4b.■ Print your name and address on the reverse of this form so that we can return this card to you.■ Attach this form to the front of the mailpiece, or on the back if space does not permit.■ Write "Return Receipt Requested" on the mailpiece below the article number.■ The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: Mrs. Laura Geraldine Anderson Hill c/o Mrs. Laray Sanchez/John Hill 175 Willow Green Place Santa Rosa, California 95403	4a. Article Number 7500 0400 0005 0000
	5. Received By: (Print Name) John Robinson	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	6. Signature: (Addressee or Agent) X [Signature]	7. Date of Delivery 6/14/01
		8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7697



Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 3.25	

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

Street, Apt. No. **R.R. Hinkle Company**
Post Office Box 59

City, State, Zip **Roswell, New Mexico 88202-0059**

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

R.R. Hinkle Company
Post Office Box 59
Roswell, New Mexico 88202-0059

2. Article Number (Copy from service label)

70000600 00250308 7697

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **[Signature]** B. Date of Delivery **6-11-01**
- C. Signature **[Signature]** ☐ 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

102595-00-M-0952

EV08 8000 5200 0090 0002

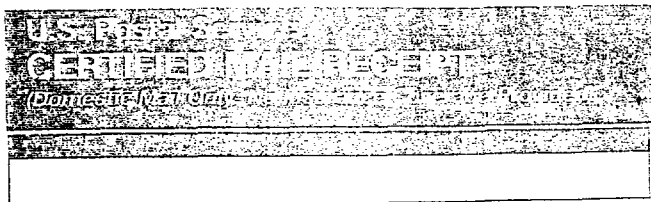
U.S. POSTAGE	
CERTIFIED MAIL	
<small>(Domestic Mail Only)</small>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.15
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer)	
Street, Apt. No. Berry Lee Hobbs	
Post Office Box 152	
City, State, ZIP	Lovington, New Mexico 88260

Is your RETURN ADDRESS completed on the reverse side?

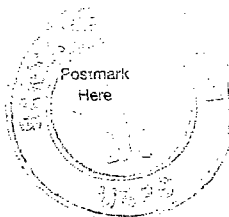
SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Berry Lee Hobbs Post Office Box 152 Lovington, New Mexico 88260		4a. Article Number 700006000250315 XCB	
5. Received By: (Print Name) <i>Jim Juarez</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent)		7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)		7. Date of Delivery	

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8090



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



Recipient's Name	Kingdon R. and Mary Hughes
Street, Apt. No.	Post Office Box 2424
City, State, ZIP	Midland, Texas 79702

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Kingdon R. and Mary Hughes
Post Office Box 2424
Midland, Texas 79702

4a. Article Number

70000600002503088090

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

John R. Hughes

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

Thank you for using Return Receipt Service.

53

7000 0600 0025 0308 8106

CERTIFIED MAIL PERMIT
(Domestic Mail Only - No Insurance Coverage Provided)

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

Postmark Here

Recipient's Name: **Wendell W. Iverson, Jr.**
 Street, Apt. No.: **Post Office Box 10508**
 City, State, ZIP: **Midland, Texas 79702**

SENDER:

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

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

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

3. Article Addressed to:

Wendell W. Iverson, Jr.
Post Office Box 10508
Midland, Texas 79702

4a. Article Number: **7000 0600 0025 0308**

4b. Service Type:

☐ Registered
☒ Express Mail
☒ Return Receipt for Merchandise

☒ Certified
☐ Insured
☐ COD

5. Received By: (Print Name)
Pam BURKE

6. Signature (Addressee or Agent)
Pam Burke

7. Date of Delivery: **NOV 1991**

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

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

0218 0000 5200 0090 0002

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

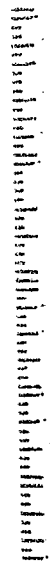
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$3.75	

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

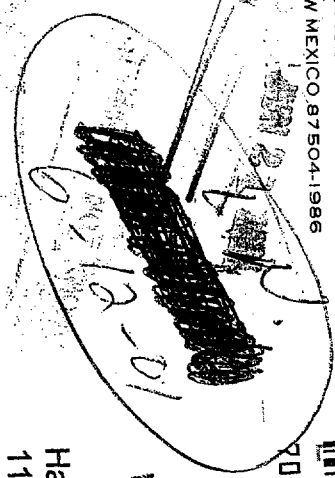
Street: **Hattie Moore Maxwell Jewett**
City: **11 Perin Road**
North Little Rock, Arkansas 72118

SANITARY MAIL

72118-2000015005

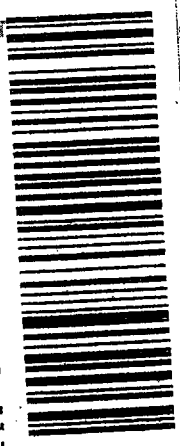


RECEIVED
JUN 25 2004



Hattie Moore Maxwell Jewett
11 Perin Road
North Little Rock, Arkansas 72118

☐ FORWARDING ORDER EXTENDED
☒ ATTEMPTED NOT SPOON
☐ INSUFFICIENT ADDRESS
☐ NO SUCH NUMBER
☐ REFUSED
DATE 6-16-04
BY OTHER



MULLER, STRATVERT & JORGESSON, P.A.
LAW OFFICES

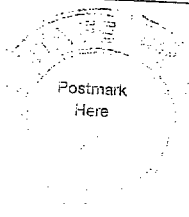
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986

0000 0600 0025 0300 8120

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (Insurance Coverage Provided)

ET18 9000 5200 0090 0002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.25



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

Street, Apt. No., or P.O. Box: J.M. Mineral & Land Co., Inc.
 Post Office Box 1015
 City, State, ZIP: Midland, Texas 79702

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

J.M. Mineral & Land Co., Inc.
 Post Office Box 1015
 Midland, Texas 79702

4a. Article Number

701 001 0050308 8113

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-11-01

5. Received By: (Print Name)

D. L. DUARTE

6. Signature (Addressee or Agent)

[Signature]

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

PS Form 3811, December 1994

102595-99-B-0223


Domestic Return Receipt

Thank you for using Return Receipt Service.

55

7000 0600 0025 0300 8137

U.S. POST SERVICE CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only)</small>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage	\$
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage & Fees	\$ 3.95



Postmark
Here

Recipient's Name <small>(Please Print Name)</small> Katherine Cone Keck	
Street, Apt. No. 1801 Avenue of the Stars, Suite 466	
City, State, Zip Los Angeles, California 90067	

SENDER:

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

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

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

3. Article Addressed to:

Katherine Cone Keck
1801 Avenue of the Stars, Suite 466
Los Angeles, California 90067

4a. Article Number
7000 0600 0025 0300 8137

4b. Service Type

☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise

☒ Certified
☐ Insured
☐ COD

7. Date of Delivery
6-11

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7024

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

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

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Heather M. Kelly
 Street, Apt. No., or PO Box No.
180 Skyland Drive
 City, State, ZIP+4
Roswell, Georgia 30076

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: Heather M. Kelly 180 Skyland Drive Roswell, Georgia 30076	4a. Article Number 7000 0600 0025 0308 7024 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <i>J M Kelly</i>	7. Date of Delivery 6-13-01	
6. Signature (Addressee or Agent) <i>[Signature]</i>	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7031

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Lea D. Kelly
 Street, Apt. No., or PO Box No.
180 Skyland Drive
 City, State, ZIP+4
Roswell, Georgia 30076

Is your RETURN ADDRESS completed on the reverse side?	SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
	3. Article Addressed to: Lea D. Kelly 180 Skyland Drive Roswell, Georgia 30076		4a. Article Number 7000 0600 0025 0308 7031	
			4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
			7. Date of Delivery 6-14-OKP	
	5. Received By: (Print Name) Lea Kelly		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) Lea Kelly				

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

59

7000 0600 0025 0308 7048

USPS
CERTIFIED MAIL RECEIPT

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

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Gary J. Lamb, Inc.
Street, Apt. No. or PO Box No.
Post Office Box 3383
City, State, ZIP+4
Midland, Texas 79702

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Gary J. Lamb, Inc. Post Office Box 3383 Midland, Texas 79702		4a. Article Number 7000 0600 0025 0308 7048	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-11-01	
5. Received By: (Print Name) DK QUARTE		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) DK QUARTE			

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7796

U.S. POST SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (Insurance Coverage Provided)

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



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

Street, Apt. No., or P.O. **Richard H. Landsheft, Jr.**

213 Jim Dent

City, State, ZIP+4 **El Paso, Texas 79936**

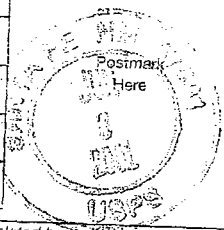
U.S. POST SERVICE CERTIFIED MAIL PERMIT NO. 100 (Domestic Mail Only) (No Insurance Coverage Provided)	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

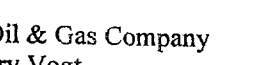
Postmark
Here

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: William Brian Landsheft Trustee of the William Brian Landsheft Trust 15880 South Peoria Bixby, Oklahoma 74008-4221		4a. Article Number 740080000510087800 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)		7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-99-B-0223 Domestic Return Receipt	

Thank you for using Return Receipt Service.

0458 0000 5200 0090 0002

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
Postage	\$		
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 3.95		
Recipient's Name (Please Print Clearly on the card submitted by mailer) Lario Oil & Gas Company Mr. Gary Vogt 301 S. Market Street Wichita, Kansas 67202			

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Lario Oil & Gas Company Mr. Gary Vogt 301 S. Market Street Wichita, Kansas 67202	4a. Article Number 7000 0100 0025 0308 8540	
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 12-21	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) 	8. Addressee's Address (Only if requested and fee is paid)	

7000 0600 0025 0300 7812

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$3.95	
Postmark Here	
Recipient's Name (Please Print Clearly - to be completed by mailer) Street, Apt. No.: or Zillah G. Lee 2500 W. Jefferson City, State, ZIP+4 Lovington, New Mexico 88260	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Zillah G. Lee 2500 W. Jefferson Lovington, New Mexico 88260		4a. Article Number 7000060000250308781	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) Zillah G. Lee		7. Date of Delivery 11/11/94	
6. Signature (Addressee or Agent) Zillah G. Lee		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-R-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7826

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

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

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

Street, Apt. No., P.O. **Raynette Bluffin Littell**

3824 Floosmore Road

City, State, ZIP+4 **Floosmore, IL 60422**

CERTIFIED MAIL



7000 0600 0025 0308 7826

Raynette Bluffin Littell
 3824 Floosmore Road
 Floosmore, IL 60422

MILLER, STRATVERT & TORGERSO, P.A.
 LAW OFFICES
 POST OFFICE BOX 1986
 SANTA FE, NEW MEXICO 87504-1986

1ST NOTICE
2ND NOTICE
RETURN

☐ Not Deliverable As Addressed
☐ Unable To Forward
☒ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ No Such Number
☐ No Mail Receipts
☐ Box Closed - No Order
☒ Forwarding Order Expired

7000 0600 0025 0308 7406

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - Insurance Coverage Provided)

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Los Chicos
 Street, Apt. No.: 105 South 4th Street
 City, State, ZIP: Artesia, New Mexico 88210-2177

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:

Los Chicos
 105 South 4th Street
 Artesia, New Mexico 88210-2177

2. Article Number (Copy from service label)

7000 0600 0025 0308 7406

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JUN 11 2000**

C. Signature

PATTI CARLILE

X

Patti Carlile

☐ 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

7000 0600 0025 0308 7833

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

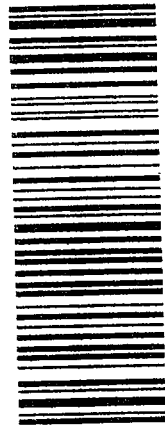
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark
Here

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

Street, Apt. No.: Inez Lowe
Trickem Route, Box 14A
City, State, ZIP: Santa Anna, Texas 76878

CERTIFIED MAIL



7000 0600 0025 0308 7833

Inez Lowe
Trickem Route, Box 14A
Santa Anna, Texas 76878

MILLER, STRATVERT & TORGERTSON, P.A.

LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 87504-1986

1ST NOTICE
2ND NOTICE
RETURN



REASON CHECKED

Unclaimed
Addressee unknown
Insufficient Address
No such street
No such office in state
Do not return in this envelope

JUN 11 1986

Registered No.

Date Stamp

To Be Completed By Post Office	Reg. Fee \$	Special \$
	Handling Charge \$	Return Receipt \$
	Postage \$	Restricted Delivery \$
	Received by <i>4/16</i>	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance
	FROM <i>3. Scott Hall Esq.</i> <i>P O Box 1986</i> <i>Santa Fe, NM 87501 USA</i> TO <i>Cornelia Stockton Lowndes</i> <i>Box 888</i> <i>Broom, West Australia 6722</i>	

Domestic Insurance
Is Limited To
\$25,000; International
indemnity Is Limited
(See Reverse)

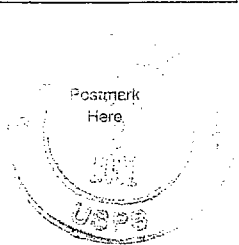
PS Form 3806,
February 1995

Receipt for Registered Mail (Customer Copy)
(See Information on Reverse)

7000 0600 0025 0308 7840

U.S. POST SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage Provided)

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



Recipient's Name	David A. Lynch
Street, Apt. No.	Post Office Box 1904
City, State, ZIP	Lovington, New Mexico 88260

7857 0308 0025 0600 7000

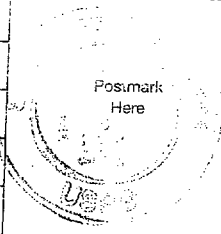
U.S. Postal Service CERTIFIED MAIL (Domestic Mail)	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 3.95	
Recipient's Name (Please Print Clearly) (to be completed by addressee) Street, Apt. No. Magnolia Royalty Company, Inc. Post Office Box 10703 City, State, Zip Midland, Texas 79702	

SENDER COMPLETE THIS SECTION <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) USPS Agent B. Date of Delivery 6-11-01 C. Signature [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Magnolia Royalty Company PO Box 10703 Midland, TX 79702		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) 7000 0600 0025 0308 7857		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7000 0600 0025 0308 7864

1st Class
CERTIFIED MAIL-RETURN RECEIPT
(Domestic Mail Only, Postage & Insurance Charge Provided)

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



Recipient's Name (Please Print Clearly (to be read down by mailer))
Manix Energy, LLC

Street, Apt. No.: **Post Office Box 2818**

City, State, ZIP: **Midland, Texas 79702**

7000 0600 0025 0308 A373

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.95	
Postmark Here	
Recipient's Name (Please Print Clearly on the Envelope) Street Marks and Garner Production Company, Ltd. Attention: Mr. Buddy Garner Post Office Box 70 City: Lovington, New Mexico 88260	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Marks and Garner Production Company, Ltd.
 Attention: Mr. Buddy Garner
 Post Office Box 70
 Lovington, New Mexico 88260

4a. Article Number

7000 06000025 0308 8372

4b. Service Type

- ☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

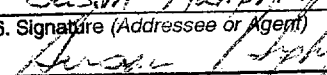
Thank you for using Return Receipt Service.

21

7000 0600 0025 0308 7871

U.S. POSTAGE CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only)</small>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage \$	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> Postmark Here </div>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Recipient's Name (Please Print Clearly (to be completed by mailer)) Street, Apt. # Marshall & Winston, Inc. Post Office Box 50800 City, State, Zip Midland, Texas 79710	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Marshall & Winston, Inc. Post Office Box 50800 Midland, Texas 79710		4a. Article Number 70000600002503087871	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) Susan Humphreys		7. Date of Delivery 6-11-01	
6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-2-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0030 7888

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

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

Postmark
Here

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

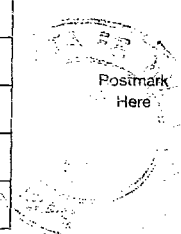
Street, Apt. No. **Master Mineral Holdings**

Post Office Box 10886

City, State, Zip **Midland, Texas 79702**

PS Form 3800, September 2000 PSN 7530-01-000-9000 See Reverse for Instructions

7000 0600 0025 030A A397

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.75	
Recipient's Name (Please Print Clearly in the window below) Matador Operating Company Street, Apt. 415 W. Wall Street, Suite 158 Midland, Texas 79701 City, State,	

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Matador Operating Company 415 W. Wall Street, Suite 158 Midland, Texas 79701 </div>		4a. Article Number 7000060000250308332 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		7. Date of Delivery 6-11-97	
6. Signature: (Addressee or Agent) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		8. Addressee's Address (Only if requested and fee is paid) 310 W. WALL ST 906	

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

23

7000 0600 0025 0308 7895

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

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

Postmark
Here

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

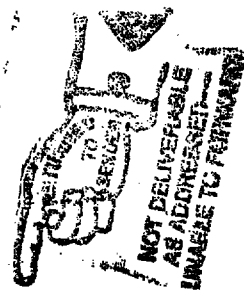
Street, Apt. No.: **Herbert C. Maxwell, Jr.**
456 Cloverleaf

City, State, ZIP+4: **San Antonio, Texas 78209**

CERTIFIED MAIL



7000 0600 0025 0308 7895



Herbert C. Maxwell, Jr.
456 Cloverleaf
San Antonio, Texas 78209

MILLER, STRATVERT & TORGERSOHN, P.A.
LAW OFFICES
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986

JUN 21 2001
RECEIVED
JUN 21 2001

RECEIVED
JUN 25 2001

MILLER STRATVERT & TORGERSOHN, P.A.
SANTA FE, NEW MEXICO

78209X4126 30

7000 0600 0025 0308 7901

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only) No Insurance Coverage	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.95	
Postmark Here	
Recipient's Name (Please Print Clearly and Legibly) Street, # Herbert S. Maxwell City, State 50 Prospect Street Franklin, MA 02038	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Herbert S. Maxwell
 50 Prospect Street
 Franklin, MA 02038

4a. Article Number

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☒ Insured
☒ Return Receipt for Merchandise ☐ COD

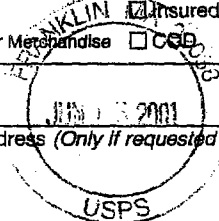
7. Date of Delivery

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

5. Received By: (Print Name)

HERBERT S. MAXWELL
 By *Herbert S. Maxwell*

6. Signature (Addressee or Agent)



Thank you for using Return Receipt Service.

7000 0600 0025 0308 7918

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

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

Postmark
Here

Recipient's Name: *(Standard data completed by mailer)*
Nina Margaret Maxwell
Street, Apt. No.: 9 Perin Road
City, State, ZIP: North Little Rock, Arkansas 72118

7925 0308 0025 0600 7000

U.S. POSTAGE CERTIFIED MAIL PERMIT NO. 1000 <small>(Return Receipt for Registered Mail and Restricted Delivery Mail)</small>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by addressee) Street, Apt. No. McMillian Production Co. 118 W. First Street City, State, ZIP Roswell, New Mexico 88201	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: McMillian Production Co. 118 W. First Street Roswell, New Mexico 88201		4a. Article Number 7000 0600 0025 0308 7925 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) Robert P. ...		7. Date of Delivery 09 6-12-01	
6. Signature (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7932

U.S. POSTAL SERVICE	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Postage and Insurance Charges Extra)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Recipient's Name (Print or Type - The Article is accepted by mailer) Moncrief Partners, L.P. Street, Apt. No.: Moncrief Building Ninth @ Commerce City, State, Zip: Ft. Worth, Texas 76102	

Postmark
Here

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Moncrief Partners, L.P. Moncrief Building Ninth @ Commerce Ft. Worth, Texas 76102		4a. Article Number 7000060000250308 7932	
5. Received By: (Print Name) Betty Harland		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) Betty Harland		7. Date of Delivery 10-2-94	
		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7949

U.S. POST CERTIFIED MAIL <small>(Domestic Mail)</small>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage \$ Certified Fee Return Receipt Fee <small>(Endorsement Required)</small> Restricted Delivery Fee <small>(Endorsement Required)</small> Total Postage & Fees \$ 3.95	Postmark Here
Recipient's Name (Please Print Clearly (to be completed by addressee)) Street, Apt. No. Morgan Capital Group, Inc. Post Office Box 1015 City, State, Zip Midland, Texas 79702	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Morgan Capital Group, Inc. Post Office Box 1015 Midland, Texas 79702		4a. Article Number 7000 0600 0025 0308 7949	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-11-01	
5. Received By: (Print Name) DAVID		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) [Signature]			

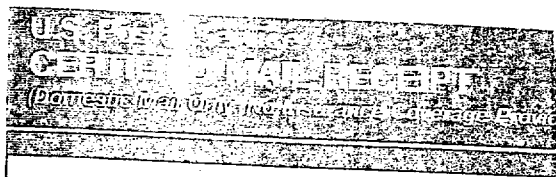
PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7956



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

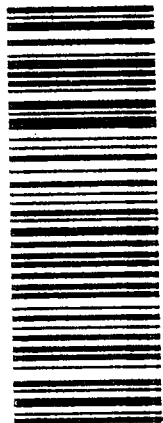
Postmark
Here

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

Street, Apt. No.: Ernestine Morgan
3713 Atrium Dr.
City, State ZIP: Plano, Texas 75075

Postmaster's Use Only

CERTIFIED MAIL



7000 0600 0025 0308 7956

3153 KINGS CANYON DR
Plano TX 75025

Ernestine Morgan
3713 Atrium Dr.
Plano, Texas 75075

FOE 197
9-50
6-11-01

JUN 23 2001

MILLER STRATVERT
TORGERSOHN, P.A.
SANTA FE, NEW MEXICO

MILLER, STRATVERT & TORGERSOHN, P.A.

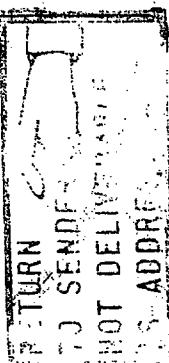
LAW OFFICES

POST OFFICE BOX 1986

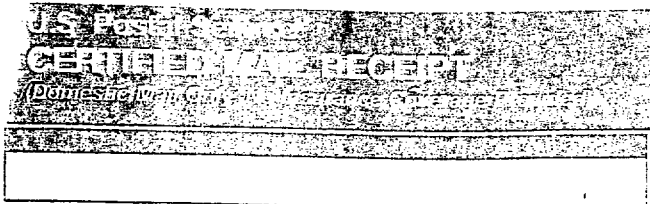
SANTA FE, NEW MEXICO 87504-1986

ARTS

IF NOTICE
AND NOTICE
RETURN



Postnet barcode



7000 0600 0025 0300

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

Postmark
Here

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

MVC, Inc.
Street, Apt. No., or P.O. Box No.
Post Office Box 10040
City, State, ZIP+4
Midland, Texas 79702

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

MVC, Inc.
Post Office Box 10040
Midland, Texas 79702

4a. Article Number

7000 0600 0025 0308 7055

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

6-11-01

5. Received By: (Print Name)

NOAH AIRSCOFF

6. Signature (Addressee or Agent)

[Signature]

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

PS Form 3811, December 1994

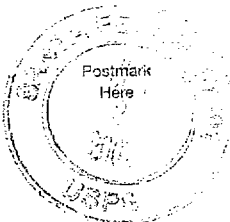
102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0300 8489

U.S. POST SERVICE CERTIFIED MAIL RECEIPT <small>(Domestic Mail. Official Insurance Coverage Provided)</small>	
Postage \$ <u>2.95</u>	
Certified Fee <u> </u>	
Return Receipt Fee (Endorsement Required) <u> </u>	
Restricted Delivery Fee (Endorsement Required) <u> </u>	
Total Postage & Fees <u>\$ 2.95</u>	
Recipient's Name (Please Print or Type) (Last, first, and middle initial) Myco Industries, Inc.	
Street, Apt. No. 105 South Fourth Street	
City, State, ZIP Artesia, New Mexico 88210	



Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Myco Industries, Inc. 105 South Fourth Street Artesia, New Mexico 88210		4a. Article Number <u>7000 0600 0025 0300 8489</u>	
5. Received By (Print Name) PAUL CARLILE		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature <i>Paul Carlile</i>		7. Date of Delivery JUN 11 2000	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

7000 0600 0025 0300 7611

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mailpiece)
 (Domestic Mailpiece)

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

Recipient's Name (Name of addressee if a controlled by mailer)
Laura Mae Neagle
 Street, Apt. **824 W. Jefferson Street**
 City, State **Lovington, New Mexico 88260**

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Laura Mae Neagle 824 W. Jefferson Street Lovington, New Mexico 88260		4a. Article Number 7000 0600 0025 0300 7611 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) Laura Mae Neagle		7. Date of Delivery 6-16-98	
6. Signature (Addressee or Agent) Laura Mae Neagle		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

U.S. POSTAGE
CERTIFIED MAIL
(Domestic Registered Mail Insurance Coverage Provided)

7000 0600 0025 0308 7628

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

Postmark
Here

Recipient's Name (Please Print)	Julie Hobbs Nowling
Street, Apt. No., or P.O. Box	Rt. 2, Box 105
City, State, ZIP+4	Samson, Alabama 36477

7635 7000 0600 0025 0308

U.S. POSTAL SERVICE CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark: Here	
Recipient's Name (Please Print Clearly (to be completed by mailer)) Street, Apt. W. F. Otlhoff 415 W. Wall, Suite 2000 City, State Midland, Texas 79701	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

W. F. Otlhoff
 415 W. Wall, Suite 2000
 Midland, Texas 79701

4a. Article Number

70000600002503087635

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-11-01

8. Received By: (Print Name)

Signature (Addressee or Agent)

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

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7642

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Not for International Mail)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$3.95
Postmark Here	
Recipient: Packard Energy Group, Inc. Street, Apt: Post Office Box 10866 City, State, ZIP: Midland, Texas 79702	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Packard Energy Group, Inc. Post Office Box 10866 Midland, Texas 79702		4a. Article Number 7000 0600 0025 0308 7642	
5. Received By: (Print Name) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery 6-11-01	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8519

U.S. POSTAGE CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
Postage \$ <u>3.95</u>	
Certified Fee <u> </u>	
Return Receipt Fee (Endorsement Required) <u> </u>	
Restricted Delivery Fee (Endorsement Required) <u> </u>	
Total Postage & Fees <u>\$3.95</u>	
Recipient's Name (Print or Type Name as it appears on mailpiece) Pathfinder Exploration Co. Street, Apt. No., or P.O. No. Attention: Scott Wilson 4512 Bent Tree Trail City, State, ZIP Midland, Texas 79707	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Pathfinder Exploration Co.
 Attention: Scott Wilson
 4512 Bent Tree Trail
 Midland, Texas 79707

4a. Article Number

7000 0600 0025 0308

4b. Service Type

3519

- | | |
|--|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6-12-01

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

5. Received By: (Print Name)

Scott Wilson

6. Signature: (Addressee or Agent)

[Signature]

Thank you for using Return Receipt Service.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

7000 0600 0025 0300 7

--	--

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

Postmark
Here

Recd	Eloise Patterson, Commerce Bank of Kansas City, et al.
Street	Trustees of the Patterson 1976 Irrev. Trust
City	Post Office Box 419248
	Kansas City, Missouri 64141-6248

U.S. Postage and Fees Only See Instructions for Postage and Fees

7000 0600 0025 0308 7666

U.S. POST SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage)

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

Recipient's Name (Please Print Clearly) _____
Street, Apt. No., or _____
City, State, ZIP+4 _____
Permian Exploration Corp.
118 W. First Street
Roswell, New Mexico 88201

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:
Permian Exploration Corp.
118 W. First Street
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) RE	B. Date of Delivery 6-12-01
C. Signature X Debbie H. [Signature]	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

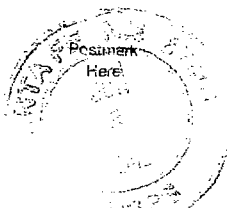
3. Service Type	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Certified Mail	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Insured Mail	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label) 7000 0600 0025 0308 7666

7000 0600 0025 0308 8922

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (No Insurance Coverage)

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



Recipient's Name (Print Name)
Phillips Petroleum Company
 Street, Apt. No. **Attention: Tom Atkins/Fred Kent**
4001 Penbrook
 City, State, Zip **Odessa, Texas 79762**

Is your RETURN ADDRESS completed on the rev. 3-90 slide?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Phillips Petroleum Company Attention: Tom Atkins/Fred Kent 4001 Penbrook Odessa, Texas 79762		4a. Article Number 0300 8922 7000 0600 0025	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 2-11-01	
5. Received By: (Print Name) Yolanda Oliver		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Yolanda Oliver			

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7673

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only - No Insurance Coverage)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$2.95

Postmark Here

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

Earnest Phillips

Street, Apt. No., Post Office Box 743

Van Alstyne, Texas 75095

City, State, ZIP

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>6-13-01</p>	
<p>1. Article Addressed to:</p> <p>Earnest Phillips</p> <p>PO Box 743</p> <p>Van Alstyne, TX 75095</p>		<p>C. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X Earnest Phillips</p>	
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0025 0308 7673</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Earnest Phillips</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999

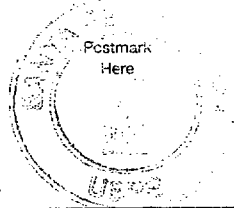
Domestic Return Receipt

102595-00-M-0952

7000 0600 0025 0308 7680

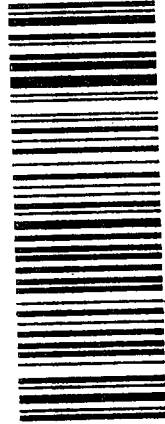


Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95



Recipient: Emmett Phillips
Street: c/o Kathryn M. Phillips
City, St: 700 North Clay
Nocona, Texas 76255

(Indicated by mailer)



7000 0600 0025 0308 7680

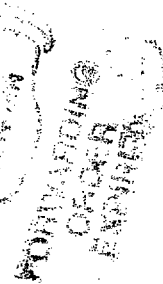
MILLER, STRATVERT & TORGERSO, P.A.

LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 87504-1986

JUN 14 2001



~~Emmett Phillips
c/o Kathryn M. Phillips
700 North Clay
Nocona, Texas 76255~~

87504-1986

(Domestic Mail Only. No Insurance Coverage Provided)

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

Postmark
Here

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

Philwell, Inc. and Robert D. Snow and Bill Raymond Snow
Trustees of the Robert D. Snow Living Trust
320 S. Boston, Suite 1910
Tulsa, Oklahoma 74103-4734

SENDER:

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

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

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

3. Article Addressed to:

**Philwell, Inc., Robert D. Snow
& Bill Raymond Snow, Trustees
of the Robert D. Snow Living Trust
320 S. Boston, Suite 1910
Tulsa, Oklahoma 74103-4734**

4a. Article Number

4b. Service Type

- ☐ Registered
 ☒ Certified
☐ Express Mail
 ☐ Insured
☒ Return Receipt for Merchandise
 ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature ☒ Addressee ☒ (or Agent)

Thank you for using Return Receipt Service.

22

7000 0600 0025 0308 7703

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage Provided)

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

Postmark
Here

Recipient: **Rand Energy Company**
2500 Tanglewilde, Suite 106
Street, Apt: **Irving, Texas 75063**
City, State, ZIP: _____

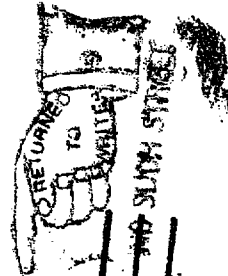
(by mailer)

CERTIFIED MAIL



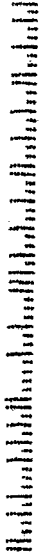
7000 0600 0025 0308 7703

Rand Energy Company
2500 Tanglewilde, Suite 106
Irving, Texas 75063



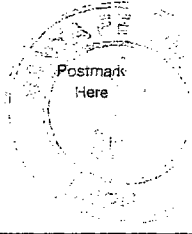
1ST NOTICE
2ND NOTICE
RETURN

MILLER, STRATVERT & TORGERSON, P.A.
LAW OFFICES
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986



7000 0600 0025 0306 7710

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Recipient's Name (Please Print Clearly as shown by mailer) Rebel Oil Company Street, A 6333 E. Mockingbird Lane, LB 247 City, State Dallas, Texas 75214	



POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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:

Rebel Oil Company
6333 E. Mockingbird Lane, LB 247
Dallas, Texas 75214

2. Article Number (Copy from service label)


7000 0600 0025 0306 7710

102595-00-M-0952

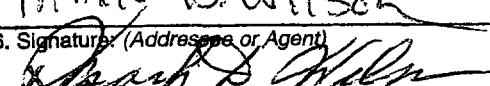
stic Return Receipt

7000 0600 0025 0308 8526

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only - Insurance Coverage Provided)</small>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.50



Recipient's Name (Please Print Clearly) (to be completed by mailer)	
Rio Pecos Corporation Attention: Mark D. Wilson 4501 Green Tree Blvd. Midland, Texas 79707	

SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.							
3. Article Addressed to: Rio Pecos Corporation Attention: Mark D. Wilson 4501 Green Tree Blvd. Midland, Texas 79707		4a. Article Number 7000 0600 0025 0308 8526							
5. Received By: (Print Name) Mark D. Wilson		4b. Service Type <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Certified</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> <td><input type="checkbox"/> COD</td> </tr> </table>		<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified								
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured								
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD								
6. Signature: (Addressee or Agent) 		7. Date of Delivery 6-11-01							
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)							

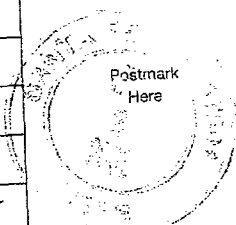
Thank you for using Return Receipt Service.

Domestic Return Receipt

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

7000 0600 0025 0300 7727

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.25



Recipient's Name (Please Print Clearly) **Richard Rosebery**
 Street, Apt. No.: **14643 Dallas Parkway, Suite 1000**
 City, State, ZIP: **Dallas, Texas 75204**

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:

Richard Rosebery
14643 Dallas Parkway, Suite 1000
Dallas, Texas 75204

2. Article Number (Copy from service label)

7000 0600 0025 0300 7727

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **A. Nelson** B. Date of Delivery **6/10/01**
- C. Signature **A. Nelson** ☐ 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

102595-00-M-0952

7000 0600 0025 0300 7734

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

--	--

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

Postmark
Here

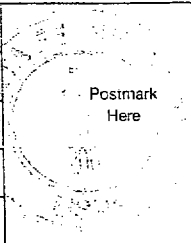
Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or P.O.	Eugene Curry Rouse
City, State, ZIP+4	3931 Minter School Road, Lot 11 Stanford, North Carolina 27330

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

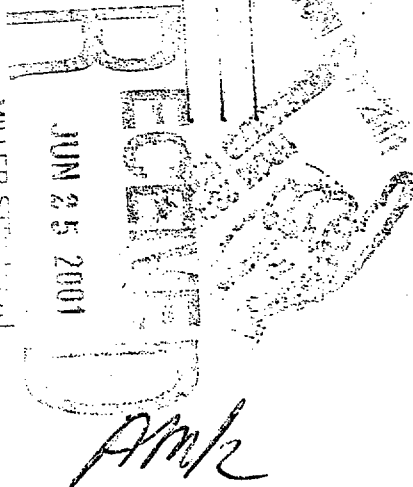
1422 9000 5200 0090 0002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.45



Recipient's Name (Please Print)		Address	
Randolph Rufus Rouse		1015 Faubus Dr.	
Street, Apt. No.		Newport News, Virginia 23605	
City, State, ZIP			

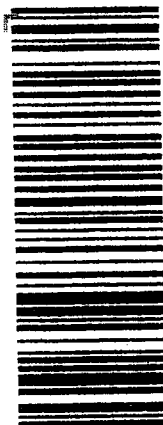
MILLER STRATVERT & TORGERSON, P.A.
 TORGERSON, P.A.
 SANTA FE, NEW MEXICO



MILLER, STRATVERT & TORGERSON, P.A.
 LAW OFFICES
 POST OFFICE BOX 1986
 SANTA FE, NEW MEXICO 87504-1986

Randolph Rufus Rouse
 1015 Faubus Dr.
 Newport News, Virginia 23605

7000 0600 0025 0308 7741



CERTIFIED MAIL

7000 0600 0025 0308 7755

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.75

Postmark
JUL 8 2001
USPS

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

Street, Apt William Norman Rouse
Route 2, Box 143
City, State Rose Hill, North Carolina 28458

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 Norman Rouse
Route 2, Box 143
Rose Hill, North Carolina 28458

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Nancy Hodges B. Date of Delivery 5-20-01

C. Signature Nancy Hodges ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0600 0025 0308 7755

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

5888 8000 0300 0000 0000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage Provided)

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

Postmark
here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Sacramento Partners Limited Partnership
Street, Apt. No., or P.O. 105 South 4th Street
City, State, ZIP+4 Artesia, New Mexico 88210-2177

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
Sacramento Partners Limited Partnership
105 South 4th Street
Artesia, New Mexico 88210-2177

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery
JUN 11 2000

5. Received By: (Print Name) PATTI CARLILE

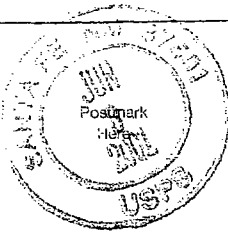
6. Signature: (Addressee or Agent)
X *Patti Carlile*

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

Thank you for using Return Receipt Service.

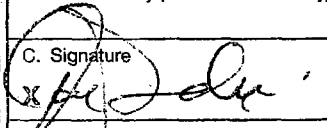
7000 0090 5200 0300 7765

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only) (No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95



Postmark Here

Recipient's Name (Please Print Clearly) (Do not include title)	
Doug Schutz	
Street, Apt. No. Post Office Box 973	
City, State, Zip Santa Fe, New Mexico 87504-0973	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Doug Schutz Post Office Box 973 Santa Fe, New Mexico 87504-0973</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>DOUG B. SCHUTZ</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p>7000 0090 5200 0300 7765</p>	

7000 0600 0025 0308 7772

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$3.95
Postmark Here	
Recipient: Vera B. Selman	by mailer
Street, Apt. 1713 W. Avenue J	
City, State, Zip+4 Lovington, New Mexico 88260	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Vera B. Selman
1713 W. Avenue J
Lovington, New Mexico 88260

2. Article Number (Copy from service label)

7000 0600 0025 0308 7772

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

Vera B. Selman

☐ 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

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Postage and Fees Provided)

7789 0308 0025 0600 0000

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>3.95</u>	

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

Street, Apt. No., or P.O. **Michael and Linda Shearn**
c/o West Oil Company
Kogerma Bldg. Suite 305
City, State, ZIP+4 **4120 Rio Bravo**

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:

Michael and Linda Shearn
c/o West Oil Company
Kogerma Bldg. Suite 305
4120 Rio Bravo
El Paso, Texas 79902

2. Article Number (Copy from service label)

700 0600 0025 0308 7789

3 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 Michael Shearn ☐ 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

102595-00-M-0952

7000 0600 0025 030A 7062

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage Provided)

Postage	3
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Virgil Shinn c/o Beryl O. Shinn
Street, Apt. No., or PO Box No.
7725 34th Street
City, State, and ZIP+4[®]
North Highlands, California 95660



7000 0600 0025 030A 7062

MILLER, STRATVERT & TORGERSO, P.A.
LAW OFFICES
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986

NO SUCH
NUMBER



NOTICE
TO NOTICE
TURN

JUN 23 2001

Virgil Shinn
c/o Beryl O. Shinn
7725 34th Street
North Highlands, California 95660

MILLER, STRATVERT
& TORGERSO, P.A.
SANTA FE, NEW MEXICO

87504-1986

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

7413 0308 0025 0600 7000

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

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
J.E. and Beulah H. Simmons
 Tr. A-JSS, Tr. B-MJH, by FNB of
 West Texas Lubbock Successor Trustee
 Post Office Box 1241
 Lubbock, TX 79408-1241

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J.E. and Beulah H. Simmons,
 Tr. A-JSS, Tr. B-MJH, by FNB of
 West Texas Lubbock Successor Trustee
 Post Office Box 1241
 Lubbock, Texas 79408-1241

2. Article Number (Copy from service label)

7000 0600 0025 0308 7413

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

TERAY 1204

C. Signature

X Jerry Pro...

☐ 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

Domestic Return Receipt

102595-00-M-0952

7462 8080 5200 0090 0000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only) (Insurance Coverage Provided)

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

Postmark Here

Recipient's Name: **June D. Speight**
Address: **Post Office Drawer 1687**
Lovington, New Mexico 88206
City, State, ZIP+4

SENDER, COMPLETE THIS SECTION

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

1. Article Addressed to:

June D. Speight
Post Office Drawer 1687
Lovington, New Mexico 88206

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

June D. Speight
☐ Agent
☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0025 0308 7468

2542 9000 5200 0090 0002

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only) No Insurance Coverage Provided	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.95	
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer): Snyder #1 Partnership Street, Apt. No., or PO Box No. 703 Navajo City, State, ZIP+4 Hobbs, NM 88240	

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:

Snyder #1 Partnership
703 Navajo
Hobbs, New Mexico 88240

2. Article Number (Copy from service label)
7000 0600 0025 0308 7437

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

☒ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.


4. Restricted Delivery? (Extra Fee)

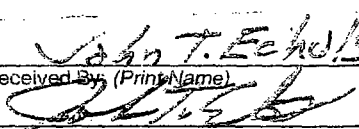
☐ Yes

Domestic Return Receipt

102595-00-M-0852

7000 0600 0025 0300 8335

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Recipient's Name (Please Print Clearly) <i>As requested by mailer</i> TARA-JON Corp. Street, Apt. Attention: Heather Echols 6003 Meadowview Lane City, State Midland, Texas 79707	

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: TARA-JON Corp. Attention: Heather Echols 6003 Meadowview Lane Midland, Texas 79707		4a. Article Number 7000 0600 0025 0300 8335	
5. Received By (Print Name) John T. Echols		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) 		7. Date of Delivery 6/14/01	
8. Addressee's Address (Only if requested and fee is paid)		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7482

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$3.75
Postmark Here	
Recipient's Name (Please Print)	
Street, Apt. Toles-Com, Ltd.	
Post Office Drawer 1300	
City, State, Roswell, New Mexico 88202-1300	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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.	A. Received by (Please Print Clearly)
1. Article Addressed to: Toles-Com, Ltd. Post Office Drawer 1300 Roswell, New Mexico 88202-1300	B. Date of Delivery 6-11-01
	C. Signature x R. Myrland Chavez <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) 7000 0600 0025 0308 7482	

7000 0600 0025 0308 7499

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer) Street, Apt. No. Trojan Development Company Post Office Box 16007 City, State, ZIP Oklahoma City, Oklahoma 73113	

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Trojan Development Company Post Office Box 16007 Oklahoma City, Oklahoma 73113</p>	<p>A. Received by (Please Print Clearly) John Vaughan</p> <p>B. Date of Delivery</p> <p>C. Signature X 9</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 7000 0600 0025 0308 7499</p>	

7505 0308 0025 0600 0000

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 3.95	
Recipient's Name (Please Print Clearly) (to be completed by mailer) James I. Trott Street, Apt. No. 2805 W. Dengar City, State, Zip Midland, Texas 79705	

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 I. Trott
2805 W. Dengar
Midland, Texas 79705

2. Article Number (Copy from service label)

7000 0600 0025 0308 7505

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *me* B. Date of Delivery *6-11-99*
- C. Signature *James I. Trott* ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

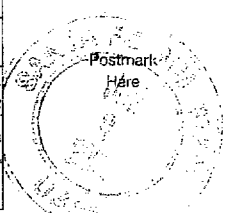
3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

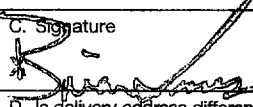
Domestic Return Receipt

102595-00-M-0952

7000 0600 0025 0308 7529

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
	
Recipient's Name (Please Print Clearly) TWL Investments, Inc. Street, Apt. No., or Post Office Box 54525 Oklahoma City, Oklahoma 73154 City, State, ZIP+4	

SENDER: COMPLETE THIS SECTION
<p>1. Article Addressed to:</p> <p>TWL Investments, Inc. Post Office Box 54525 Oklahoma City, Oklahoma 73154</p>

COMPLETE THIS SECTION ON DELIVERY	
<p>A. Received by (Please Print Clearly) BRIAN IMES</p> <p>C. Signature </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	<p>B. Date of Delivery 6-11-9</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

2. Article Number (Copy from service label)
7000 0600 0025 0308 7529

7000 0600 0025 0308 7536

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

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

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

Street, Apt UMC Petroleum Corporation
 410 17th Street, Suite 1400
City, State Denver, Colorado 80202

CERTIFIED MAIL



7000 0600 0025 0308 7536

UMC Petroleum Corporation
 410 17th Street, Suite 1400
 Denver, Colorado 80202

MILLER, STRATVERT & TORGERSO, P.A.

LAW OFFICES

POST OFFICE BOX 1986

SANTA FE, NEW MEXICO 87504-1986

JUN 20 2001

RECEIVED
 JUN 20 2001

RECEIVED
 JUN 25 2001

MILLER STRATVERT
 TORGERSO, P.A.

SANTA FE, NEW MEXICO

7000 0600 0025 0308 7536

7000 0600 0025 0308 7543

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Recipient's Name: United New Mexico Trust Company
Street, Apt. No.: Trustee of the James Virgil Linam Trust
City, State, ZIP: Post Office Box 5614
Hobbs, New Mexico 88241

CERTIFIED MAIL



7000 0600 0025 0308 7543

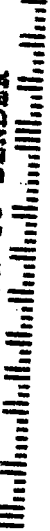
MILLER, STRATVERT & TORGERSO, P.A.
LAW OFFICES
POST OFFICE BOX 1986
SANTA FE, NEW MEXICO 87504-1986

United New Mexico Trust Company
Trustee of the James Virgil Linam Trust

Post Office
Hobbs, Ne

UNIT 614 882412008 1200 02 06/13/01
FORWARD TIME EXP RTN TO SEND
UNITED NM TRUST
PO BOX 2468
ROSWELL NM 88202-2468

RETURN TO SENDER



7000 0600 0025 0308 6911

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)			
Postage \$			
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees \$ 3.95			
Postmark Here June 19, 01			
Recipient's Name (Please Print Clearly) (to be completed by mailer)			
United NM Trust Company			
Street, Apt. No., or P.O. Box No. PO Box 2468, Roswell, NM 88202			
City, State, ZIP+4			

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>United NM Trust Company PO Box 2468 Roswell, NM 88202-2468</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>Kandi Arches 6/21/01</p> <p>C. Signature</p> <p>* K Arches</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0025 0308 6911</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7000 0600 0025 0000 8878

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Viersen Oil & Gas Co. (to be completed by mailer)
 Attention: Kirk Waits
 Bridgeport III
 6450 South Lewis, Suite 200
 Tulsa, Oklahoma 74136-1059

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Viersen Oil & Gas Co. Attention: Kirk Waits Bridgeport III 6450 South Lewis, Suite 200 Tulsa, Oklahoma 74136-1059	4a. Article Number 7000 0600 0025 0000 8878	Thank you for using Return Receipt Service.
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 6-13-01	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Samuel Loague	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

4

MILLER, STRAUVERT & TORGHERSON, P.A.

LAW OFFICES

POST OFFICE BOX 1986

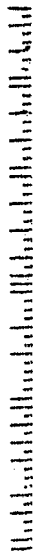
SANTA FE, NEW MEXICO 87505-1986 NOT DELIVERABLE AS SHOWN

7000 0600 0025 0308 8533

PHOENIX, AZ 85201 06-13 01:21

ST NOTICE
NO NOTICE
RETURN

Visa Industries of Arizona
Attention: Ed Huffman
9201 North 7th Street
Phoenix, Arizona 85201



150 775 0074 1 55 65 65

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

Postage	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees
\$				\$ 2.95

Postmark Here

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

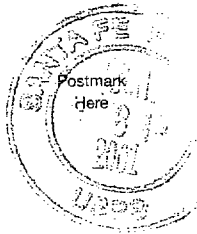
ST: Visa Industries of Arizona
CX: 9201 North 7th Street
Phoenix, Arizona 85201

EE59 90E0 5200 0090 0002

7550 0308 0025 0600 7000

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

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



Recipient's Name (Please Print Clearly) _____
Street, Apt. **Phineas A. Washer, Jr.**
City, State **14802 Dancers Image**
San Antonio, Texas 78248

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:

Phineas A. Washer, Jr.
 14802 Dancers Image
 San Antonio, Texas 78248

2. Article Number (Copy from service label)

7000 0600 0025 0308 7550

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **6-11-99**

C. Signature **X M. Mabe** ☐ 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

7000 0600 0025 0308 7567

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly)

Street, Apt. Sara Jean Washer
c/o Phineas A. Washer, Jr.
City, State, 14802 Dancers Image
San Antonio, Texas 78248

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:

Sara Jean Washer
c/o Phineas A. Washer, Jr.
14802 Dancers Image
San Antonio, Texas 78248

2. Article Number (Copy from service label)

7000 0600 0025 0308 7567

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
6-11-01

C. Signature
x'm. M. M. M. ☐ 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

102595-00-M-0952

7000 0600 0025 0308 7574

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

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

Recipient's Name (Please Print Clearly as completed by mailer)
 Timothy A. Washer
 Street, Apt. c/o Phineas A. Washer, Jr.
 City, State, 14802 Dancers Image
 San Antonio, Texas 78248

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Timothy A. Washer
 c/o Phineas A. Washer, Jr.
 14802 Dancers Image
 San Antonio, Texas 78248

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 6-11-01
C. Signature X <i>T. Washer</i>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
 7000 0600 0025 0308 7574

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

7000 0600 0025 0308 7581

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

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

Street, Apt. **Thema A. Webber Living Trust, 6/17/94**

City, State **Post Office Box 743**

Hobbs, New Mexico 88241

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>Thema A. Webber Living Trust, 6/17/94 Post Office Box 743 Hobbs, New Mexico 88241</p>	<p>A. Received by (Please Print Clearly) Thema A. Webber 6-17-94</p> <p>B. Date of Delivery</p> <p>C. Signature Thema A. Webber <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Copy from service label)</p> <p>7000 0600 0025 0308 7581</p>	

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0982

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0025 0308 7598

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

Postmark
Here

Recipient	Sol and Judith West, III	mailer
Street	c/o West Oil Company	
	Kogerma Bldg. Suite 305	
City, Sta	4120 Rio Bravo	
	El Paso, Texas 79902	

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:

Sol & Judith West, III
c/o West Oil Company
Kogerma Bldg, Suite 305
4120 Rio Bravo
El Paso, TX 79902

2. Article Number (Copy from service label)

7000 0600 0025 0308 7598

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X Michael Sher ☐ 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

7000 0600 0025 0308 7604

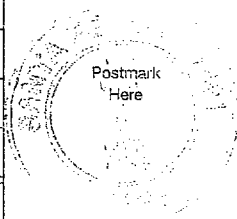
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, Highest Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 5.75	
<div style="text-align: center;">Postmark Here</div>	
Recipient's Name: Western Commerce Bank Street, Apt. No., or: Agent for Kirby D. Schenck Trusts City, State, ZIP+4: Post Office Box 1627 Lovington, New Mexico 88260	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="padding-left: 40px;">Western Commerce Bank Agent for Kirby D. Schenck Trust PO Box 1627 Lovington, NM 88260</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i> <u>Animax Ramirez</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 7000 0600 0025 0308 7604</p>	

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

7000 0600 0025 0308 7307

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.25



Recipient's Name (Please Print Clearly) (to be returned to sender)

Street, Apt. # _____
Richard L. and Dorothy J. Westlake
 City, State, Zip _____
Post Office Box 647
Salado, Texas 76571

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:

Richard and Dorothy Westlake
PO Box 647
Salado, TX 76561

COMPLETE THIS SECTION ON DELIVERY

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

Richard L. Westlake **6-13-0**

C. Signature

Richard L. Westlake ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

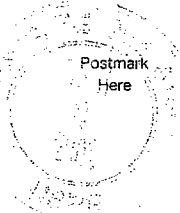
- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0600 0025 0308 7307

6555 9000 5200 0090 0002

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Postage, Mail, and Insurance Coverage Provided)</small>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<u>3.95</u>
<div style="border: 1px solid black; padding: 5px;"> Wood Oil Company 1419 E. 15th Street, Suite A Tulsa, Oklahoma 74120-5807 David Arrington Oil & Gas, Inc. Post Office Box 2071 Midland, Texas 79702 </div>	



Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Address Wood Oil Company 1419 E. 15th Street, Suite A Tulsa, Oklahoma 74120-5807 David Arrington Oil & Gas, Inc. Post Office Box 2071 Midland, Texas 79702		4a. Article Number 70000600 0025 0395 5555 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <u>Susie Ward</u>		7. Date of Delivery	
6. Signature (Addressee or Agent) <u>Susie Ward</u>		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7314

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.45

Postmark Here

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

Street, Apt. No. Harold K. Work
3516 Greenbrier
City, State, Zip Dallas, Texas 75225

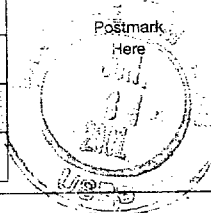
SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Received by (Please Print Clearly) Julie Work	B. Date of Delivery 6/20/01
1. Article Addressed to: Harold K. Work 3516 Greenbrier Dallas, Texas 75225		C. Signature x <i>Julie Work</i>	<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)
7000 0600 0025 0308 7314

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

7321 9060 5200 0090 0001

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



Recipient's Name	R. B. Yadon, Jr.
Street, Apt. No.	Trustee of the R.B. Yadon Trust 906 N. Blvd Street
City, State, ZIP+	Edmond, Oklahoma 73034-3655

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. B. Yadon, Jr.
 T1 YAD0906 730342008 1800 21 06/13/01
 9C NOTIFY SENDER OF NEW ADDRESS
 E6 YADON JR R B
 8305 N YELLOWSTONE DR
 MUNCIE IN 47303-9051

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X *R. B. Yadon*

☐ Agent
☐ Addressee

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

andise

2. Article Number (Copy from service label)

7321 9060 5200 0090 0001

4. Restricted Delivery? (Extra Fee)

☐ Yes

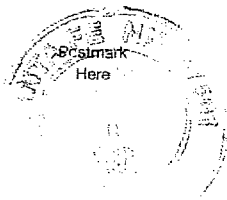
1 Receipt

102595-00-M-0952

7000 0600 0025 0308 7338

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.95



Recipient's: _____
Street, Apt. A Russell T. Yadon
 13262 North Walnut Road
City, State, ZIP San Angelo, Texas 76901

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:

Russell T. Yadon
 13262 North Walnut Road
 San Angelo, Texas 76901

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <u>Russell T. Yadon 6/10</u>	B. Date of Delivery <u>6/10</u>
C. Signature <u>Russell T. Yadon</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0025 0308 7338

5452 0000 0025 0300 7345

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.45

Postmark Here

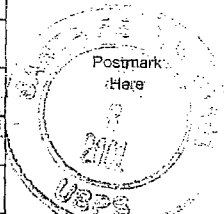
Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. 1 William L. Yadon
2614 Hummingbird Lane
City, State, & Zip Enid, Oklahoma 73701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>William L. Yadon 2614 Hummingbird Lane Enid, Oklahoma 73701</p>	<p>A. Received by (Please Print Clearly) WANDA YADON</p> <p>B. Date of Delivery 6/11/81</p> <p>C. Signature <i>Wanda Yadon</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Copy from service label) 7200 0000 0025 0300 87345</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7000 0600 0025 0308 8472

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

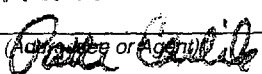


Recipient's Name (Please Print Clearly on the back of the mailpiece)

Street, Apt. No.: Yates Drilling Company
105 South Fourth Street


City, State, ZIP+: Artesia, New Mexico 88210

Is your RETURN ADDRESS completed on the reverse side?

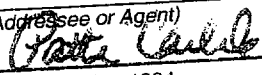
SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Yates Drilling Company 105 South Fourth Street Artesia, New Mexico 88210		4a. Article Number 7000 0600 0025 0308 8472	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery JUN 11 2000	
5. Received By (Print Name) PATTI CARLILE		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent) 			

Thank you for using Return Receipt Service.

7000 0600 0025 0308 8311

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only. No Insurance Coverage Provided)</small>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
Recipient's Name <small>(Please Print. Do not use abbreviations for names)</small> Yates Petroleum Corporation Street, Apt. No., or 105 South Fourth Street Artesia, New Mexico 88210 City, State, ZIP+4	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: <div style="text-align: center;"> Yates Petroleum Corporation 105 South Fourth Street Artesia, New Mexico 88210 </div>		4a. Article Number 7000 0600 00250308 8311 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery JUN 1 2000	
5. Received By: <small>(Print Name)</small> PATTI CARLILE 6. Signature <small>(Addressee or Agent)</small> 		8. Addressee's Address <small>(Only if requested and fee is paid)</small>	

Thank you for using Return Receipt Service.

7000 0600 0025 0308 7352

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

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



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

Street, Apt. No. **John Yates, Trustee**
Trust Q under the Will of Peggy Yates
 City, State, Zip **105 South 4th Street**
Artesia, New Mexico 88210-2177

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 Yates, Trustee
Trust Q under the Will of Peggy Yates
105 South 4th Street
Artesia, New Mexico 88210-2177

2. Article Number (Copy from service label)

7000 0600 0025 0308 7352

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **PATTI CARLILE** B. Date of Delivery **JUN 20 1998**
- C. Signature *Patti Carlile* ☐ Agent ☐ Addressee
- X ☐ Yes ☐ No
- 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

7383 0308 0025 0000 0000 0000 0000 0000

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here

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

John A. Yates

Street, Apt. 1 105 South 4th Street

City, State, & Zip 1 Artesia, New Mexico 88210-2177

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. Yates
105 South 4th Street
Artesia, New Mexico 88210-2177

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JUN 11 2000

C. Signature PATTI CARLILE Agent
X Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0025 0308 7383

3 Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7000 0600 0025 0308 7390

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95
<div style="text-align: center;">Postmark Here</div>	
Recipient's Name (Please Print Clearly) _____ Street, Apt. No. Peyton Yates 105 South 4th Street City, State, ZIP+ Artesia, New Mexico 88210-2177	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) JUN 14 2000 PATTI CARLILE C. Signature <i>Patti Carlile</i> X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Peyton Yates 105 South 4th Street Artesia, New Mexico 88210-2177	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Copy from service label) 7000 0600 0025 0308 7390	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7000 0600 0025 0308 7376

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	3.45
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by addressee) Richard Yates Street, Apt. No.: 105 South 4th Street City, State, ZIP+⁴: Artesia, New Mexico 88210-2177	

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:

Richard Yates
105 South 4th Street
Artesia, New Mexico 88210-2177

2. Article Number (Copy from service label)

7000 0600 0025 0308 7376

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

JUN 11 2000

C. Signature

X

PATTI CARLIS

☒ Addressee
☐ Agent

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-00-M-0852