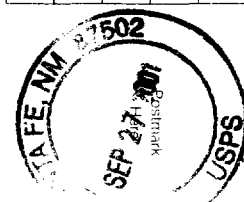


CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0008 7524 3860

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



Sent To
Noel Reynolds
Street, Apt. No., or PO Box No.
P. O. Box 356
City, State, ZIP+4[®]
Flora Vista, NM 87415

PS Form 3800, May 2000

See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and N/

1220 South Saint Francis Drive
P.O. Box 6429

Santa Fe, New Mexico 87505-54



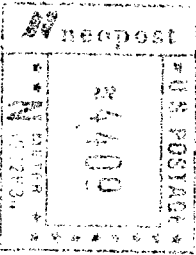
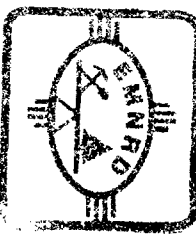
**NOT DELIVERABLE
AS ADDRESSED -
UNABLE TO FORWARD**

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

CERTIFIED MAIL



7000 1670 0008 7524 3860



Noel Reynolds
P. O. Box 356
Flora Vista, NM



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:

Noel Reynolds
P. O. Box 356
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 1670 0008 7524 3860

PS Form 3811, July 1999

Domestic Return Receipt

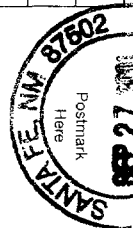
102595-00-M-0952

COD PD

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

7000 1670 0008 7524 3822

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

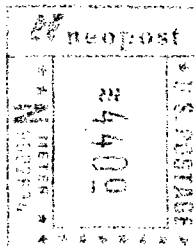
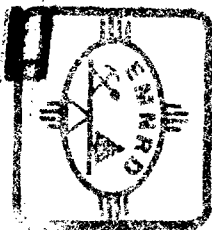


Sent To
Laguinta Oil Co.
Street, Apt. No., or P.O. Box No.
P. O. Box 356
City, State, Zip
Flora Vista, NM 87415

PS Form 3800, May 2000 See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and NA

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-6429



NOT DELIVERABLE
AS ADDRESSED —
UNABLE TO FORWARD
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL



7000 1670 0008 7524 3822

Laguinta Oil Co.
P. O. Box 356
Flora Vista, NM

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.

Article Addressed to:

Esquinta Oil Co.
P.O. Box 356
Flora Vista, NM 87415

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? If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

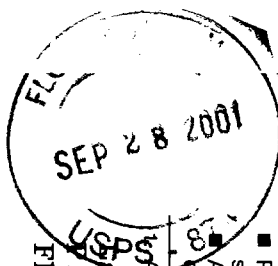
2. Article Number (Copy from service label)

7000 1670 0008 7524 3822

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952



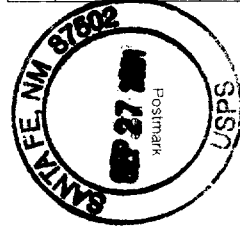
CCD PD

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

7000 1670 0008 7524 3792

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

Total Postage & Fees \$



Sent To
Jimmy Roberson Energy Corporation
Street, Apt. No. or PO Box No
110 Linda
City, State, Zip+4
Texarkana, TX 75503
PS Form 3800, May 2000 See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and NATUR

Name
1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5422

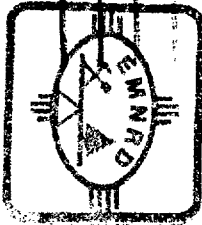
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL

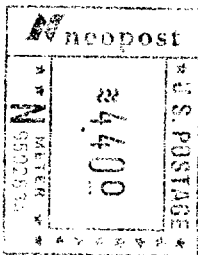


7000 1670 0008 7524 3792

Jimmy Roberson Energy Corporation
110 Linda
Texarkana, TX 75503



12739



264
200101
10-5
10-10

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:

Jimmy Roberson Energy Corp.
110 Linda
Texarkana, TX 75503

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?

If YES, enter delivery address below:

☐ 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 1670 0008 7524 3792

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7000 1670 0008 7524 5260

Postage	\$	Postmark SANTA FE NM 87502 JUN 24 1997
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$
Sent To Torreón Oil Co. Street, Apt. No., or PO Box No. P. O. Box 356 City, State, ZIP+4 Flora Vista, NM 87415		
PS Form 3800, May 2000 See Reverse for Instructions		

State of New Mexico
ENERGY, MINERALS and NAT

1220 South Saint Francis Drive
P.O. Box 6429

Santa Fe, New Mexico 87505-5471

Notice

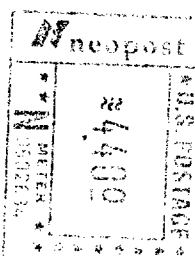
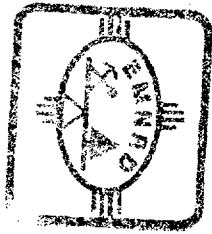
**NOT DELIVERABLE
AS ADDRESSED**

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

CERTIFIED MAIL



7000 1670 0008 7524 5260



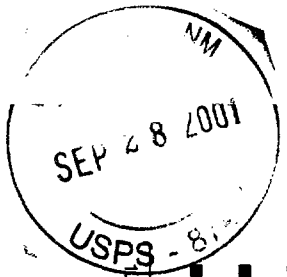
Torreón Oil Co.
P. O. Box 356
Flora Vista, NM

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.

Article Addressed to:

Torreon Oil Co.
P. O. Box 365
Flora Vista, NM 87415



COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____

X

☐ Agent
☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 1670 0008 7524 5260

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OCD
FD

OCD
FD

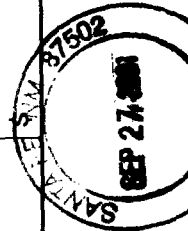
P 176 013 330

**Receipt for
Certified Mail**



No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Chaparral Energy Inc.	
701 Cedar Lake Blvd.	
Oklahoma City, OK 73114	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (to Whom)	
Date and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



PS Form 3800, June 1991

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:

**Chaparral Energy Inc.
701 Cedar Lake Blvd.
Oklahoma City, OK 73114**

2. Article Number (Copy from service label)

P 176 013 330

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

Brooke Kaercher

☒ Agent
☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

P 176 013 329 O C D
FD

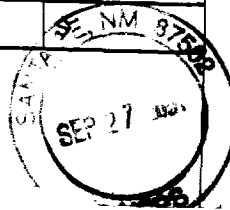


**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

m 3800, June 1991

Sent to:	
Clayton Investment Co.	
Street and No.	
710 E. 20th	
P.O. State and ZIP Code	
Farmington, NM 87401	
Postage	\$
Registration Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (if desired) to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



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:

**Clayton Investment Co.
710 E. 20th
Farmington, NM 87401**

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly)** **Joyce Hughes** **B. Date of Delivery** **9-28-01**
- C. Signature** **X Joyce Hughes** ☐ 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)

P 176 013 329

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

7000 1670 0008 7524 3778

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

Sent To
Hart Oil & Gas Inc.
 Street, Apt. No., or PO Box No.
P. O. Box 307
 City, State, ZIP+4
Farmington, NM 87499

PS Form 3800, May 2000 See Reverse for Instructions

SEP 27 11:00 AM
 SANTA FE, NM 87502

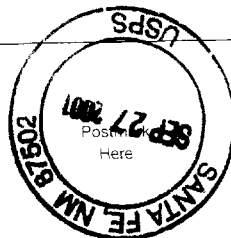
SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) Patti Todd</p> <p>B. Date of Delivery</p> <p>C. Signature X Patti Todd</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>1. Article Addressed to:</p> <p>Hart Oil & Gas Inc. P. O. Box 307 Farmington, NM 87499</p>	<p>3. Service</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p>7000 1670 0008 7524 3778</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 1670 0008 7524 3765

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	\$



Sent To
J. C. Well Service
 Street, Apt. No., or PO Box No.
P. O. Box 51
 City, State, ZIP+4
Farmington, NM 87499

PS Form 3800, May 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J. C. Well Service
P. O. Box 51
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

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



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

2. Article Number (Copy from service label)
7000 1670 0008 7524 3765

7000 1670 0008 7524 3839

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	\$



Sent To
Manana Gas Inc.
Street, Apt. No., or PO Box No.
2520 Tramway Terrace Ct. NE
City, State, ZIP+4
Albuquerque, NM 87122

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**Manana Gas Inc.
2520 Tramway Terrace Ct. NE
Albuquerque, NM 87122**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
9/28

C. Signature ☒ Agent
X [Signature] ☐ Addressee

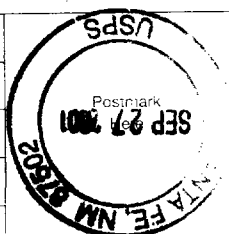
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

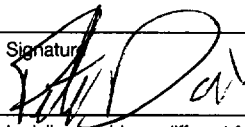
7000 1670 0008 7524 3853

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

Sent To
Mountain States Petroleum Corp.
 Street, Apt. No., or PO Box No.
P. O. Box 1936
 City, State, ZIP+4
Roswell, NM 88201

PS Form 3800, May 2000 See Reverse for Instructions

OCD
FD

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. <p>1. Article Addressed to:</p> <p>Mountain States Petroleum Corp. P. O. Box 1936 Roswell, NM 88201</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: right;">10/4/01</p> <p>C. Signature <input type="checkbox"/> Agent</p> <p>X  <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p style="text-align: right;">If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Copy from service label) 7000 1670 0008 7524 3853</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 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

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 \$ _____

Sent To
NM & O Operating Co.
 Street, Apt. No., or PO Box No.
6 E. 5th St., Ste. 900
 City, State, ZIP+4
Tulsa, OK 74103

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0008 7524 3846

053

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>NM & O Operating Co. 6 E. 5th St., Ste. 900 Tulsa, OK 74103</p> <p>2. Article Number (Copy from service label) 7000 1670 0008 7524 3846</p>	<p>A. Received by (Please Print Clearly) Helen Thomas</p> <p>B. Date of Delivery _____</p> <p>C. Signature X Helen Thomas <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 If YES, enter delivery address below: _____</p> <p>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 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

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 \$ _____

Sent To
Phoenix Hydrocarbons Operating Co.
 Street, Apt. No., or PO Box No.
P. O. Box 3638
 City, State, ZIP+4
Midland TX 79702

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Phoenix Hydrocarbons Operating
P. O. Box 3638
Midland, TX 79702

2. Article Number (Copy from service label)
7000 1670 0008 7524 3884

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Jean Wilson** B. Date of Delivery **OCT 3 2001**

C. Signature **Jean Wilson** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7000 1670 0008 7524 5246

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



Sent To
R - J Enterprises
 Street, Apt. No., or PO Box No.
P. O. Box 51
 City, State, ZIP+4
Farmington, NM 87499-0051

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

R - J Enterprises
P. O. Box 51
Farmington, NM 87499-0051

COMPLETE THIS SECTION ON DELIVERY

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

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

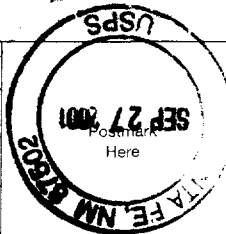
2. Article Number (Copy from service label)

7000 1670 0008 7524 5246

5253 7524 0008 1670 0000

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	\$



Sent To
Smokey Oil Company
 Street, Apt. No., or PO Box No.
P. O. Box 2360
 City, State, ZIP+4
Casper, WY 82602

PS Form 3800, May 2000 See Reverse for Instructions

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. 	<p style="text-align: right;">OCD FB</p> <p>A. Received by (Please Print Clearly) JERRY FISK B. Date of Delivery 10-4-01</p> <p>C. Signature X [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p>Smokey Oil Company P. O. Box 2360 Casper, WY 82602</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 type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p>7000 1670 0008 7524 5253</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

7000 1670 0008 7524 5284

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

Sent To
U. S. Enercorp. LLC
Street, Apt. No., or PO Box No.
153 Treeline Park, Ste. 300
City, State, ZIP+4
San Antonio, TX 78209-1880

PS Form 3800, May 2000 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

U. S. Enercorp. LLC
153 Treeline Park, Ste. 300
San Antonio, TX 78209-1880

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JOSE SAN ANTONIO	B. Date of Delivery 10-01-01
C. Signature X [Signature]	<input type="checkbox"/> Agent <input checked="" 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 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 type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 1670 0008 7524 5284