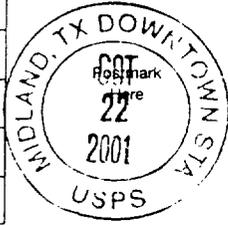




7001 0320 0004 3740 9574

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

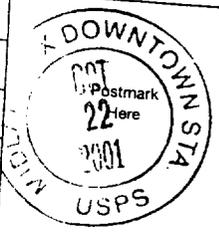


Sent To  
 Street, Apt. No., or PO Box No. CHARLES EDWARD BUCK  
 1801 SOUTH 17TH STREET  
 City, State, ZIP+4 ARTESIA NM 88210

7001 0320 0004 3740 9659

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



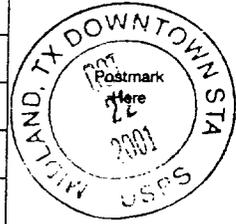
Sent To  
 Street, Apt. No., or PO Box No. BERNICE BUCK  
 3605 W QUAY AVE.  
 City, State, ZIP+4 ARTESIA NM 88210-3204

7001 0320 0004 3740 9116

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



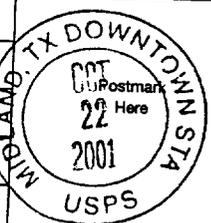
Sent To  
 Street, Apt. No., or PO Box No. TED RAY BUCK  
 3605 W QUAY AVE.  
 City, State, ZIP+4 ARTESIA NM 88210-3204

7001 0320 0004 3740 9277

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



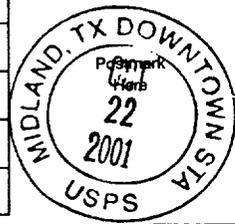
Sent To  
 Street, Apt. No., or PO Box No. NOAH EUGENE BUCK III  
 3711 GOLD STREET APT #9  
 City, State, ZIP+4 LOS ALAMOS NM 87544

7001 0320 0004 3740 9567

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



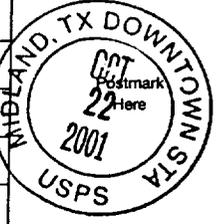
Sent To  
 Street, Apt. No., or PO Box No. CHRISTENSEN PETROLEUM INC  
 PO BOX 3790  
 City, State, ZIP+4 MIDLAND TX 79702-3790

7001 0320 0004 3740 9566

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

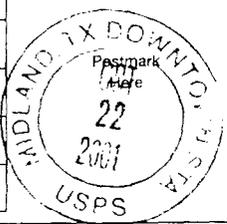


Sent To  
 Street, Apt. No., or PO Box No. DAVID BYRD  
 3227 W EUGIE AVENUE  
 City, State, ZIP+4 PHOENIX AZ 85029-1284

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



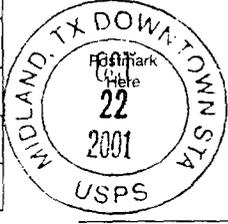
Sent To **COMMISSIONER OF PUBLIC LANDS**  
 Street, Apt. No., or PO Box No. **PO BOX 1148**  
 City, State, ZIP+4 **SANTA FE NM 87504-1148**

9543 3740 0004 0320 0001 7001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



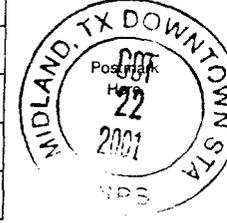
Sent To **CLATX LTD**  
 Street, Apt. No., or PO Box No. **6202 CORNELL**  
 City, State, ZIP+4 **AMARILLO TX 79109**

9551 3740 0004 0320 0001 7001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



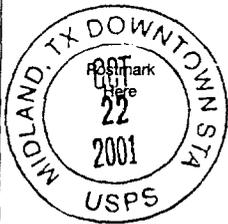
Sent To **DOROTHY WILSON GARRETT ET AL**  
 Street, Apt. No., or PO Box No. **43183 W PLEASANT RIDGE ROAD**  
 City, State, ZIP+4 **HAMMOND LA 70403**

9529 3740 0004 0320 0001 7001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



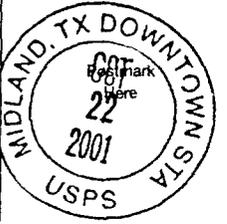
Sent To **FAULCONER 1996 LTD**  
 Street, Apt. No., or PO Box No. **PO BOX 7995**  
 City, State, ZIP+4 **TYLER TX 75711-7995**

9482 3740 0004 0320 0001 7001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



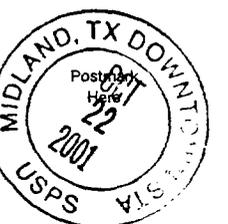
Sent To **JOHN PATRICK GAVIN**  
 Street, Apt. No., or PO Box No. **921 N SAGE**  
 City, State, ZIP+4 **RIALTO CA 92376**

9475 3740 0004 0320 0001 7001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



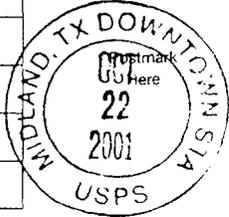
Sent To **FRANCIS JOSEPH GAVIN**  
 Street, Apt. No., or PO Box No. **15935 SW ROYALTY PARKWAY**  
 City, State, ZIP+4 **KING CITY OR 97224-2405**

9475 3740 0004 0320 0001 7001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



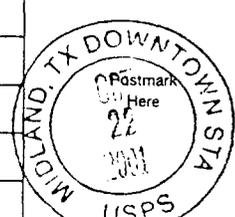
Sent To  
 ELLA J GRIM  
 Street, Apt. No., or PO Box No. 1032 SUSAN STREET  
 City, State, ZIP+4 AUBURN IN 46706-1522

9499 9499 3740 3740 0000 0000 0220 0220 1001 1001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



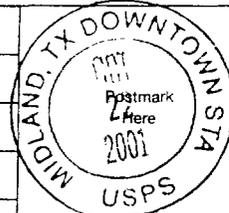
Sent To  
 LEO MARK GAVIN  
 Street, Apt. No., or PO Box No. 1946 CALIFORNIA  
 City, State, ZIP+4 GOODING ID 83330

9369 9369 3740 3740 0000 0000 0220 0220 1001 1001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



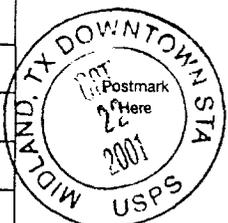
Sent To  
 MICHAEL WILLIAM GROOM  
 Street, Apt. No., or PO Box No. 5104 STILL BREEZE AVE.  
 City, State, ZIP+4 LAS VEGAS NV 89130

9291 9291 3740 3740 0000 0000 0220 0220 1001 1001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



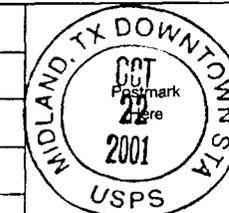
Sent To  
 MARY DOLORES GROOM  
 Street, Apt. No., or PO Box No. 113 HARVARD STREET  
 City, State, ZIP+4 LAS VEGAS NV 89107

9314 9314 3740 3740 0000 0000 0220 0220 1001 1001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



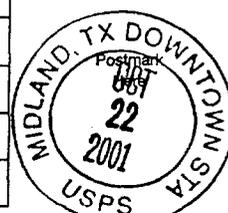
Sent To  
 JULIA ELLEN BUCK HAMPTON  
 Street, Apt. No., or PO Box No. PO BOX 653  
 City, State, ZIP+4 ESTANCIA NM 87016

9406 9406 3740 3740 0000 0000 0220 0220 1001 1001

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



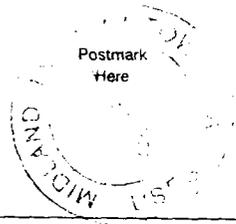
Sent To  
 ROBERT EMMETT GROOM  
 Street, Apt. No., or PO Box No. 1919 N BRUCE STREET  
 City, State, ZIP+4 N. LAS VEGAS NV 89030

9208 9208 3740 3740 0000 0000 0220 0220 1001 1001

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

7001 0320 0004 3740 9321

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

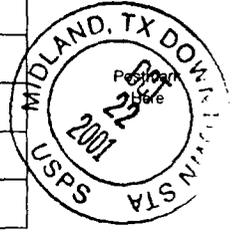


Sent To  
**MARCEIL HARRIS**  
 Street, Apt. No., or PO Box No. **410 W CENTRAL AVE.**  
 City, State, ZIP+4 **BLUFFTON IN 46714-2408**

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

7001 0320 0004 3740 9468

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



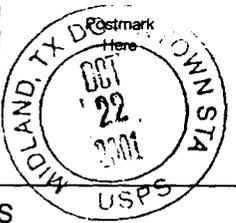
Sent To  
**GLENDAS HARDISON**  
 Street, Apt. No., or PO Box No. **410 5TH ST NE #14**  
 City, State, ZIP+4 **WASHINGTON DC 20002**

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

7001 0320 0004 3740 9161

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



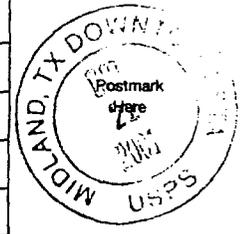
Sent To  
**RONALD HARRIS**  
 Street, Apt. No., or PO Box No. **PO BOX 29**  
 City, State, ZIP+4 **OSSIAN IN 46777**

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

7001 0320 0004 3740 9192

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



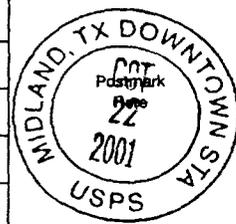
Sent To  
**ROBERT HARRIS**  
 Street, Apt. No., or PO Box No. **1405 VERMONT AVE.**  
 City, State, ZIP+4 **FORT WAYNE IN 46805**

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

7001 0320 0004 3740 9284

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



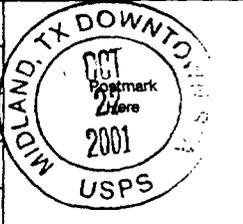
Sent To  
**MRS CHARLES R HENDERSON**  
 Street, Apt. No., or PO Box No. **534 S ADAMS ST.**  
 City, State, ZIP+4 **MONTPELIER IN 47359**

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

7001 0320 0004 3740 9048

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

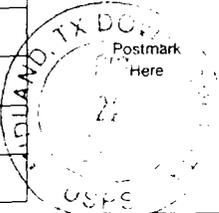


Sent To  
**TOM HARRIS**  
 Street, Apt. No., or PO Box No. **ROUTE 2 BOX 21**  
 City, State, ZIP+4 **MONTPELIER IN 47359**

7001 0320 0004 3740 9239

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 RICHARD B HENDERSON  
 Street, Apt. No., or PO Box No. 1318 N BAY DRIVE  
 City, State, ZIP+4 LYNN HAVEN FL 32444

7001 0320 0004 3740 9376

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



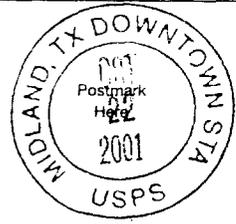
Sent To  
 LARRY GENE HENDERSON  
 Street, Apt. No., or PO Box No. 327 S WASHINGTON STREET  
 City, State, ZIP+4 MONTPELIER IN 47359-1438

7001 0320 0004 3740 9000

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



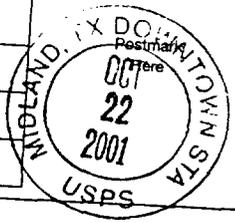
Sent To  
 WILLIAM HENDERSON  
 Street, Apt. No., or PO Box No. 301 PARK AVE.  
 City, State, ZIP+4 ELECTRA TX 76360

7001 0320 0004 3740 9215

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



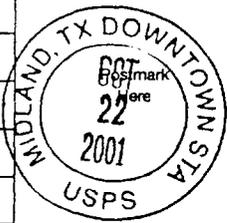
Sent To  
 ROBERT D HENDERSON  
 Street, Apt. No., or PO Box No. 327 S WASHINGTON STREET  
 City, State, ZIP+4 MONTPELIER IN 47359

7001 0320 0004 3740 9561

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



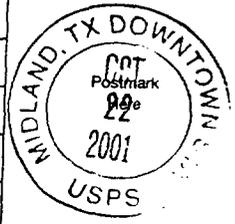
Sent To  
 CAROLYN J BYRD HITT  
 Street, Apt. No., or PO Box No. 5144 BICKLEY COURT  
 City, State, ZIP+4 SAN JOSE CA 95136-2602

7001 0320 0004 3740 9512

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

**OFFICIAL USE**

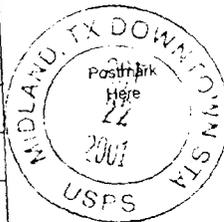
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 ELAINE K HESSON  
 Street, Apt. No., or PO Box No. 537 THOMPSON CR RD SP #41  
 City, State, ZIP+4 APPLGATE OR 97530

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To **RICHARD HOWELL**  
 Street, Apt. No., or PO Box No. **PO BOX 94**  
 City, State, ZIP+4 **LAKEWOOD NM 88254**

PS Form 3800, January 2001 See Reverse for Instructions

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



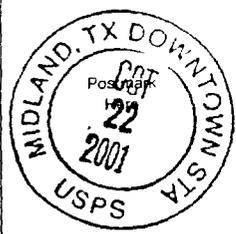
Sent To **THE JAMES H & BETTY HOWELL  
 REVOCABLE TRUST**  
 Street, Apt. No., or PO Box No. **P O BOX 75**  
 City, State, ZIP+4 **LAKEWOOD NM 88254**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



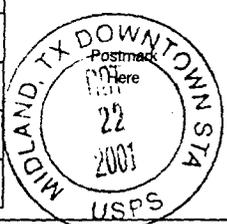
Sent To **GLENN LATTIMORE FAMILY  
 LIMITED**  
 Street, Apt. No., or PO Box No. **500 W 7TH ST UNIT 16 STE 1802**  
 City, State, ZIP+4 **FT. WORTH TX 76102-4772**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



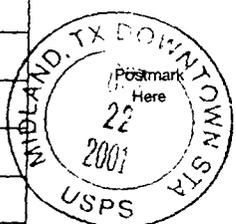
Sent To **MARY LEE KARLINS**  
 Street, Apt. No., or PO Box No. **88 GREEN STREET**  
 City, State, ZIP+4 **NEWBURY MA 01951**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



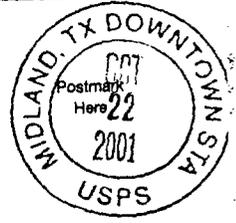
Sent To **CARL DEAN MARTIN**  
 Street, Apt. No., or PO Box No. **ROUTE 1**  
 City, State, ZIP+4 **ARTESIA NM 88210**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To **MARATHON OIL COMPANY**  
 Street, Apt. No., or PO Box No. **PO BOX 552**  
 City, State, ZIP+4 **MIDLAND TX 79702-0552**

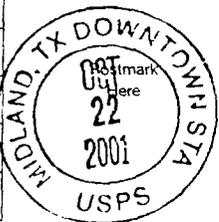
PS Form 3800, January 2001 See Reverse for Instructions

**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)	
<b>Total Postage &amp; Fees</b>	\$



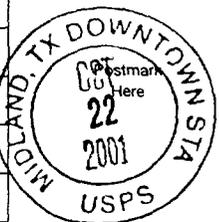
Sent To **KENNETH W MEEKS**  
 Street, Apt. No., or PO Box No. **1407 W PRINCETON ST**  
 City, State, ZIP+4 **ONTARIO CA 91762**

**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)	
<b>Total Postage &amp; Fees</b>	\$



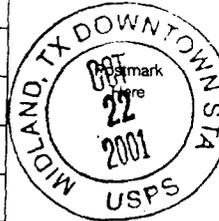
Sent To **BILLY N MEEKS**  
 Street, Apt. No., or PO Box No. **29605 SOLANA WAY ATP T15**  
 City, State, ZIP+4 **TEMECULA CA 92591**

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



Sent To **BETTY HARRIS MURRAY**  
 Street, Apt. No., or PO Box No. **931 WENDEMERE DRIVE**  
 City, State, ZIP+4 **SEYMOUR IN 47274-2705**

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



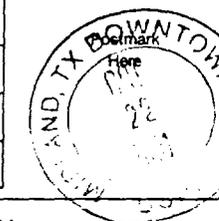
Sent To **THOMAS M MORRIS**  
 Street, Apt. No., or PO Box No. **2308 E FRONT**  
 City, State, ZIP+4 **TYLER TX 75701**

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



Sent To **SARAH NEWMAN**  
 Street, Apt. No., or PO Box No. **1027 NO DIVISION**  
 City, State, ZIP+4 **FORREST CITY AR 72335**

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

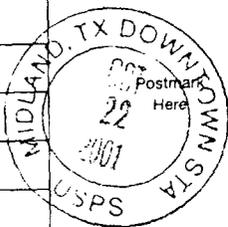
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$



Sent To **ELIZABETH MYERS**  
 Street, Apt. No., or PO Box No. **C/O RICHARD HENDERSON**  
 City, State, ZIP+4 **1318 N BAY DRIVE**  
**LYNN HAVEN FL 32444**

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

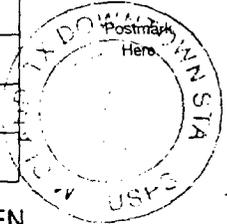
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No., or PO Box No. **PETRO-CROWN RESOURCES LLC  
 PO BOX 2506**  
 City, State, ZIP+4 **WICHITA FALLS TX 76308**

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

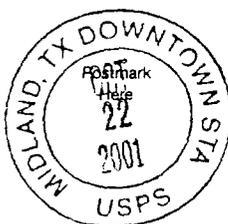
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No., or PO Box No. **ROBERTA OWEN  
 PO BOX 139**  
 City, State, ZIP+4 **FRENCH GULCH CA 96033-0139**

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

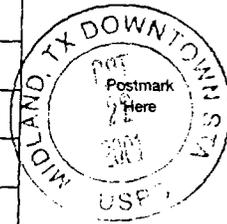
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No., or PO Box No. **ORIAL M PUGSLEY  
 12 HALF MOON BEND**  
 City, State, ZIP+4 **CORONADO CA 92118**

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

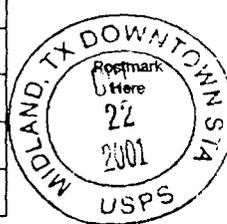
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No., or PO Box No. **THERESA ANN GROOM POTTER  
 113 HARVARD STREET**  
 City, State, ZIP+4 **LAS VEGAS NV 89107**

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

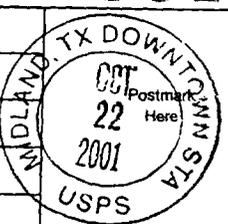
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No., or PO Box No. **RUTH MARTIN RILEY  
 2901 S 13<sup>TH</sup>**  
 City, State, ZIP+4 **ARTESIA NM 88211-7526**

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No., or PO Box No. **PURE RESOURCES LP  
 1600 SMITH ST STE 4600**  
 City, State, ZIP+4 **HOUSTON TX 77002**

**OFFICIAL USE**

**OFFICIAL USE**

7001 0320 0004 3740 9252

7001 0320 0004 3740 9260

7001 0320 0004 3740 9247

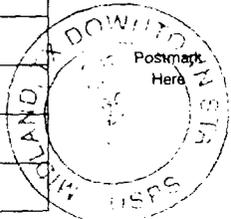
7001 0320 0004 3740 9278

7001 0320 0004 3740 9079

7001 0320 0004 3740 9246

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

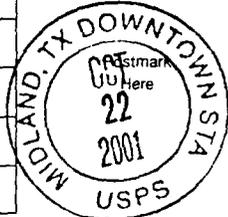


Sent To **ROSS FAMILY TRUST**  
 Street, Apt. No., or PO Box No. **VEE K ROSS TRUSTEE**  
**PO BOX 86**  
 City, State, ZIP+4 **MIDLAND TX 79702-0086**

PS Form 3800, January 2001 See Reverse for Instructions

**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)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



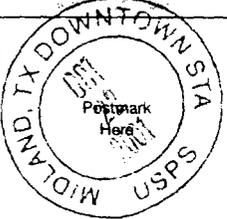
Sent To **JULIA RODABAUGH**  
 Street, Apt. No., or PO Box No. **30063 US HWY 281 N PMB #401**  
 City, State, ZIP+4 **BULVERDE TX 78163-4311**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



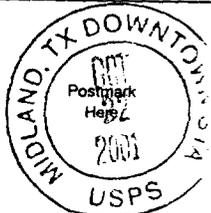
Sent To **SANDRA K STEWART**  
 Street, Apt. No., or PO Box No. **3141 W 150 S**  
 City, State, ZIP+4 **HARTFORD CITY IN 47348**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To **VIVIAN L SIMPSON**  
 Street, Apt. No., or PO Box No. **2698 SOUTH HULEN**  
 City, State, ZIP+4 **FORT WORTH TX 76109**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



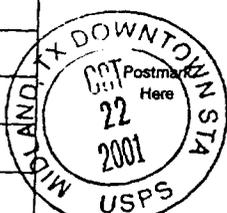
Sent To **LINDA D LOVE BARTON STRAHN**  
 Street, Apt. No., or PO Box No. **0161 N 200 E**  
 City, State, ZIP+4 **HARTFORD CITY IN 47348**

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To **BARBARA S STOREY**  
 Street, Apt. No., or PO Box No. **6758 W QUAIL AVE.**  
 City, State, ZIP+4 **GLENDALE AZ 85308**

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3740 9209

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



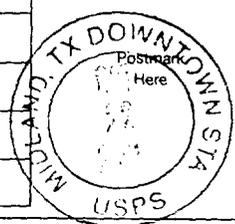
Sent To  
 Street, Apt. No., or PO Box No. TEXAS ENERGY SUPPLY INC  
 PO BOX 4848  
 City, State, ZIP+4 WICHITA FALLS TX 76308-0838

7001 0320 0004 3740 8973

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



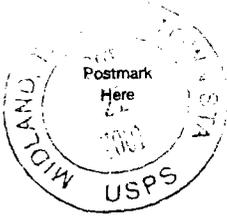
Sent To  
 Street, Apt. No., or PO Box No. TEXAS COMPTROLLERS OFFICE  
 UNCLAIMED PROPERTY  
 PO BOX 12019  
 City, State, ZIP+4 AUSTIN TX 78711

7001 0320 0004 3740 9024

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



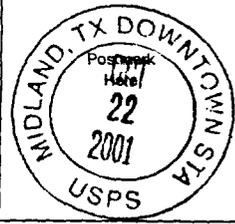
Sent To  
 Street, Apt. No., or PO Box No. WANDA S UPDIKE  
 1138 GILMER DRIVE  
 City, State, ZIP+4 SALT LAKE CITY UT 84152

7001 0320 0004 3740 9598

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



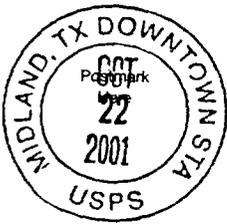
Sent To  
 Street, Apt. No., or PO Box No. CAROLYN E UPDIKE  
 PO BOX 521773  
 City, State, ZIP+4 SALT LAKE CITY UT 84152

7001 0320 0004 3740 9413

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



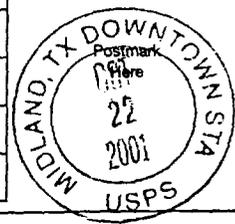
Sent To  
 Street, Apt. No., or PO Box No. JUANITA WEBER  
 149 COTTAGE AVENUE  
 City, State, ZIP+4 FOND DU LAC WI 54935

7001 0320 0004 3740 9017

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No., or PO Box No. WANDA WALTER  
 C/O FARMERS BANK  
 125 W CENTER ST  
 City, State, ZIP+4 GREENWOOD AR 72936

**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)	
<b>Total Postage &amp; Fees</b>	\$



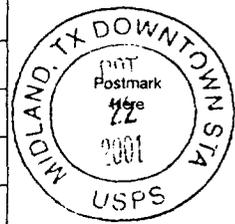
Sent To  
 Street, Apt. No., or PO Box No. **ZIHLMAN FAMILY TRUST  
 4463 RIDGEVALE ROAD  
 FORT WORTH TX 76116**  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

**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)	
<b>Total Postage &amp; Fees</b>	\$



Sent To  
 Street, Apt. No., or PO Box No. **YATES PETROLEUM CORP  
 105 S 4TH ST  
 ARTESIA NM 88210**  
 City, State, ZIP+4

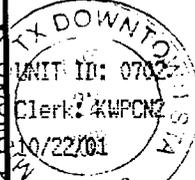
PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3740 8997

Registered No. **RR 846 313 262 US**

Date Stamp

To Be Completed By Post Office	Reg. Fee \$ <b>7.25</b>	Special Delivery \$
	Handling Charge \$	Return Receipt \$ <b>1.50</b>
	Postage \$ <b>4.00</b>	Restricted Delivery \$
	Received by	



To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

Customer Must Declare Full Value \$ **0**

With Postal Insurance  
 Without Postal Insurance

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

FROM **Fasken Oil & Ranch, Ltd.  
 303 West Wall Ave, Suite  
 Midland, TX 79701**

TO **Margaret Updyke  
 Timbers Chase, Ruxbury Rd.  
 Chertsey, Surrey, U.K. KT16 9NT**

PS Form 3806, February 1995 **Receipt for Registered Mail (Customer Copy)**  
 (See Information on Reverse)