

EXHIBIT 5

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PRESTON EXPLORATION
COMPANY, L.P. FOR COMPULSORY POOLING
AND APPROVAL OF A NON-STANDARD OIL
SPACING AND PRORATION UNIT, LEA
COUNTY, NEW MEXICO.

Case No. 12780

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:


1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

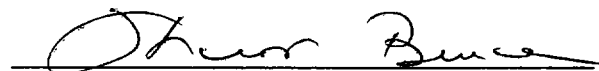
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of November, 2001, by James Bruce.


Notary Public

My Commission Expires:

3/14/2005

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

November 15, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Interest Owners

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Preston Exploration Company, L.P. regarding Lot 3 of Section 4, Township 17 South, Range 38 East, NMPM, Lea County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, December 6, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, 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.

You are requested to notify in writing the Division, and the undersigned, by Friday, November 30, 2001, if you intend to enter an appearance and participate in the case. If you have leased your interest or agreed to participate by December 6th, your interest will not be pooled.

Very truly yours,



James Bruce

Attorney for Preston Exploration Company, L.P.



INTEREST OWNERS

Joseph K. Morgan and
Madge B. Morgan
Suite 545
518 17th Street
Denver, Colorado 80202

Lyle B. Gallivan and
Mary Boxell Gallivan
8270 West 4th Avenue
Lakewood, Colorado 80226

Boatmen's First National
Bank of Oklahoma, Trustee
of the Louise Snow Randolph
Irrevocable Trust
P.O. Box 25189
Oklahoma City, Oklahoma 73125

Aline P. Sims, individually and
as personal representative of
the Estate of G.P. Sims
P.O. Box 1046
Eunice, New Mexico 88231

Glena Lu Miller, Guardian of the
Estate of Etoile M. Bennett
512 Ross Boulevard
Pecos, Texas 79772

Dannie A. Carter
P.O. Box 2604
Harlingen, Texas 78551

Nell B. Kimball
2317 Haynes Drive
Midland, Texas 79705

Barbara Sue Beller
920 Las Cruces
Ventura, California 93003

David Thomas Ingram
P.O. Box 1116
Shawnee, Oklahoma 76802

Rollin M. Koppell and
Amalie Koppell
P.O. Box 2878
Harlingen, Texas 78550

E. Lila Snow
4223 South Darlington Avenue
Tulsa, Oklahoma 74135

Mary E. Roelke
P.O. Box 440
Palm City, Florida 34991

Jack Daniels
P.O. Box 1258
Hobbs, New Mexico 88241

Mike Tinley
P.O. Box 1258
Hobbs, New Mexico 88241

Madd Ranch, Inc.
P.O. Box 536
Hobbs, New Mexico 88241

Sam H. Seed and
Lisa J. Seed
13207 Calle Alto
Hobbs, New Mexico 88240

Alan R. Hannifin
Suite 540
518 17th Street
Denver, Colorado 80202

Shawn P. Hannifin
Suite 540
518 17th Street
Denver, Colorado 80202

F. Ferrell Davis
P.O. Box 3061
Midland, Texas 79702

Paul Davis, Ltd.
P.O. Box 871
Midland, Texas 79702

Collins Partners, Ltd.
5000 Burnett Road
Austin, Texas 78765

Clark Phipps, Trustee of
the Kent C. Phipps Trust
Suite 1500
525 South Main
Tulsa, Oklahoma 74103

Darcy Coale
42400 Soda Creek Lane
Steamboat Springs, Colorado 80487

Philip Tabor Bennett and
Charlene Mayberry Bennett,
Trustees of the Bennett
Family Trust
431 St. Andrew's Drive
Aptos, California 95003

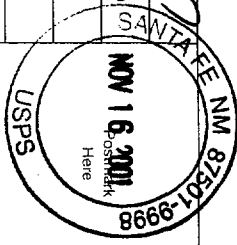
Bank of Oklahoma, Trustee
of the Laura Bennett Trust
P.O. Box 2300
Tulsa, Oklahoma 74192

Sempra Energy Production Co.
Suite 525
8235 Douglas Avenue
Dallas, Texas 75225

Ronald J. Beyers
2902 Stratford Drive
Austin, Texas 78746

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Lyle B. Gallivan and
 Mary Boxell Gallivan
 8270 West 4th Avenue
 Lakewood, Colorado 80226
 Street, Apt. No., or P.O. Box
 City, State, Zip+4
 PS Form 3800, February 2000 See Reverse for Instructions

- SENDER: COMPLETE THIS SECTION**
- Complete items 1, 2, 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Nov 20 2001

B. Date of Delivery

C. Signature [Signature]

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

If YES, enter delivery address below:

1. Article Addressed to:

2. Article Number (Copy from label) 0020 1069 1421

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Lyle B. Gallivan and
 Mary Boxell Gallivan
 8270 West 4th Avenue
 Lakewood, Colorado 80226

PS Form 3811, July 1999 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

2. Article Number (Copy from label) 0020 1069 1452

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

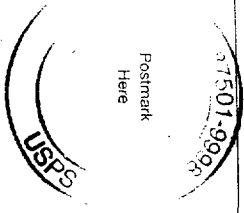
4. Restricted Delivery? (Extra Fee) ☐ Yes

Glenn Lu Miller, Guardian of the
 Estate of Etoile M. Bennett
 512 Ross Boulevard
 Pecos, Texas 79772

PS Form 3811, July 1999 Domestic Return Receipt

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name (Please Print Clearly)
 Glenn Lu Miller, Guardian of the
 Estate of Etoile M. Bennett
 512 Ross Boulevard
 Pecos, Texas 79772
 Street, Apt. No., or P.O. Box
 City, State, Zip+4
 PS Form 3800, February 2000 See Reverse for Instructions

0020 1069 1452

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

7099 3400 0020 1069 1582

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Postage Here

Stamp: SANTA FE NM 87501-9998 NOV 16 2001 USPS

Recipients Name: Shawn P. Hannifin
 Street, Apt. No.: Suite 540
 City, State, ZIP+4: Denver, Colorado 80202

PS Form 3800, February 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:

Shawn P. Hannifin
 Suite 540
 518 17th Street
 Denver, Colorado 80202

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Shawn P. Hannifin B. Date of Delivery 11-26-01
- 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Boatmen's First National
 Bank of Oklahoma, Trustee
 of the Louise Snow Randolph
 Irrevocable Trust
 P.O. Box 25189
 Oklahoma City, Oklahoma 73125

2. Article Number (Copy from label) 7099 3400 0020 1069 1582

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Shawn P. Hannifin B. Date of Delivery 11-26-01
- 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

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

7099 3400 0020 1069 1438

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Postage Here

Stamp: SANTA FE NM 87501-9998 NOV 16 2001 USPS

Recipients Name: Boatmen's First National
 Street, Apt. No.: Suite 540
 City, State, ZIP+4: P.O. Box 25189 Oklahoma City, Oklahoma 73125

PS Form 3800, Feb 2000 See Reverse for Instructions

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Postmark Here
SANTA FE NM 87501-9998
NOV 16 2001

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

Collins Partners, Ltd.
Street, Apt. No.:
5000 Burnett Road
Austin, Texas 78765
City, State, ZIP+4

PS Form 3800, February 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:

Collins Partners, Ltd.
5000 Burnett Road
Austin, Texas 78765

COMPLETE THIS SECTION ON DELIVERY

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

C. 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 ☐ No

2. Article Number from Service Label 0020 1069 1810

PS Form 3811, July 1999

Domestic Return Receipt

102505-00-M-0952

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:

Alan R. Hannifin
Suite 540
518 17th Street
Denver, Colorado 80202

2. Article Number from Service Label 0020 1069 1575

PS Form 3811, July 1999

Domestic Return Receipt

102505-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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 ☐ No

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Postmark Here
SANTA FE NM 87501-9998
NOV 16 2001

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

Alan R. Hannifin
Street, Apt. No.:
Suite 540
518 17th Street
Denver, Colorado 80202
City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

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

7099 3400 0020 1069 1551

Postage	\$ 4.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Postmark Here
NOV 16 2000
81501-8998

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Madd Ranch, Inc.
P.O. Box 536
Hobbs, New Mexico 88241
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Madd Ranch, Inc.
P.O. Box 536
Hobbs, New Mexico 88241

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name)
Vickie Mikes
- C. Signature
x Vickie Mikes
- 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)
1849 3400 0020 1069 1551

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Sempura Energy Production Co.
Suite 525
8235 Douglas Avenue
Dallas, Texas 75225

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name)
B. McGehee
- B. Date of Delivery
11/20/00
- C. Signature
x B. McGehee
- 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)
3400 0020 1069 1693

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)

7099 3400 0020 1069 1643

DALLAS, TX 75225

Postage	\$ 0.57	UNIT ID: 0500
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.17	

Postmark Here
NOV 16 2000
81501-8998

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Sempura Energy Production Co.
Suite 525
8235 Douglas Avenue
Dallas, Texas 75225
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

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

7099 3400 0020 1069 1827

Postage \$ 0.57
 Certified Fee 2.10
 Return Receipt Fee (Endorsement Required) 1.50
 Restricted Delivery Fee (Endorsement Required) 4.17
 Total Postage & Fees \$ 8.34

Recipient's Name Clark Phipps, Trustee of the Kent C. Phipps Trust
 Street, Apt. No. Suite 1500
 City, State, ZIP 525 South Main Tulsa, Oklahoma 74103

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Clark Phipps, Trustee of
 the Kent C. Phipps Trust
 Suite 1500
 525 South Main
 Tulsa, Oklahoma 74103

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) B. Date of Delivery
 C. Signature *[Signature]* D. Is delivery address different from item 1? ☐ Yes ☒ No
 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 label) 1069 1827
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Ronald J. Beyers
 2902 Stratford Drive
 Austin, Texas 78746

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) B. Date of Delivery
 C. Signature *[Signature]* D. Is delivery address different from item 1? ☐ Yes ☒ No
 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 label) 1069 1827
 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)

7099 3400 0020 1069 1650

Postage \$ 0.57
 Certified Fee 2.10
 Return Receipt Fee (Endorsement Required) 1.50
 Restricted Delivery Fee (Endorsement Required) 4.17
 Total Postage & Fees \$ 8.34

Recipient's Name (Please Print Name) Ronald J. Beyers
 Street, Apt. No. 2902 Stratford Drive
 City, State, ZIP+4 Austin, Texas 78746

PS Form 3800, February 2000 See Reverse for Instructions

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

7099 3400 0020 1069 1568

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Sam H. Seed and
 Lisa J. Seed
 13207 Calle Alto
 Hobbs, New Mexico 88240

PS Form 3800, February 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:

Sam H. Seed and
 Lisa J. Seed
 13207 Calle Alto
 Hobbs, New Mexico 88240

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name) **SAM SEED** B. Date of Delivery **11-19-01**
- C. 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952


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:

Aline P. Sims, individually and
 as personal representative of
 the Estate of G.P. Sims
 P.O. Box 1046
 Eunice, New Mexico 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name) **ALINE SIMS** B. Date of Delivery **NOV 21 2001**
- C. 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

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)

7099 3400 0020 1069 1445

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Postmark Here 

Recipient's Name (Please Print)
 Aline P. Sims, individually and
 as personal representative of
 the Estate of G.P. Sims
 P.O. Box 1046
 Eunice, New Mexico 88231

PS Form 3800, February 2000 See Reverse for Instructions

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

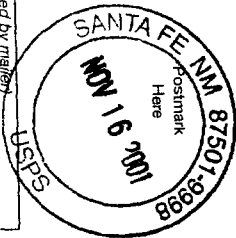
7099 3400 0020 1069 1612

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.17
Total Postage & Fees	\$ 8.34

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

Street, Apt. No. Darcy Coale
42400 Soda Creek Lane
City, State, Zip+ Steamboat Springs, Colorado 80487

PS Form 3800, February 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:

Darcy Coale
42400 Soda Creek Lane
Steamboat Springs, Colorado 80487

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *E. H. H. H.* B. Date of Delivery *11/23*
- C. Signature *E. H. H. H.* ☒ 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 label) *7099 3400 0020 1069 1612*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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 K. Morgan and
Madge B. Morgan
Suite 545
518 17th Street
Denver, Colorado 80202

2. Article Number (Copy from label) *7099 3400 0020 1069 1414*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Joe Morgan* B. Date of Delivery *11-21-01*
- C. Signature *Joe Morgan* ☒ 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

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

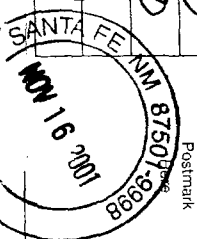
7099 3400 0020 1069 1414

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.17
Total Postage & Fees	\$ 8.34

Recipient's Name

Street, Apt. No.; or Suite 545 Joseph K. Morgan and
City, State, Zip+ Madge B. Morgan
518 17th Street
Denver, Colorado 80202

PS Form 3800, Feb See Reverse for Instructions



PLACE STICKER ON TOP OF RETURN ADDRESS
TO THE RIGHT OF RETURN ADDRESS

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:

Philip Tabor Bennett and
Charlene Mayberry Bennett,
Trustees of the Bennett
Family Trust
431 St. Andrew's Drive
Aptos, California 95003

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

2. Article Number (Copy from sender label) 0028 1089 1629

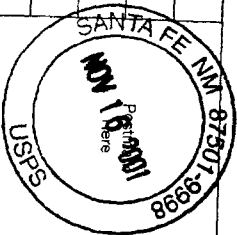
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name	Philip Tabor Bennett and Charlene Mayberry Bennett, Trustees of the Bennett Family Trust
Street, Apt. No., City, State, ZIP+	431 St. Andrew's Drive Aptos, California 95003

7099 3400 0020 1089 1629

PS Form 3800, F

Read Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

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:

E. Lila Snow
4223 South Darlington Avenue
Tulsa, Oklahoma 74135

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 ☐ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (from label)

1069 1513 0020

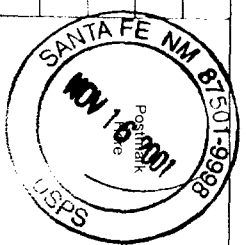
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name (Please Print Clearly as provided by mailer)

E. Lila Snow
Street, Apt. No., or
4223 South Darlington Avenue
City, State, ZIP+4
Tulsa, Oklahoma 74135

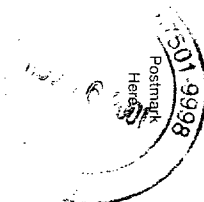
PS Form 3800, February 2000

See Reverse for Instructions

7099 3400 0020 1069 1513

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name: Mike Timley
 Street, Apt. No.: P.O. Box 1258
 City, State, Zip: Hobbs, New Mexico 88241

PS Form 3800, February 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:

Mike Timley
 P.O. Box 1258
 Hobbs, New Mexico 88241

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Timley B. Date of Delivery 1/12/99
 C. Signature [Signature] D. Is delivery address different from item 1? ☐ Yes ☒ No
 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 ☒ No

2. Article Number 10691547
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary E. Roelke
 P.O. Box 440
 Palm City, Florida 34991

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mary E. Roelke B. Date of Delivery 01-13-99
 C. Signature [Signature] D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: ☐ Yes ☒ No

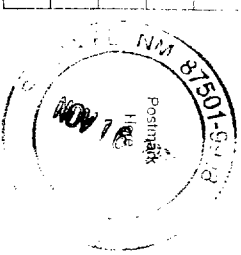
3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number 10691520
 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	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



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

Mary E. Roelke
 P.O. Box 440
 Palm City, Florida 34991

PS Form 3800, February 2000

See Reverse for Instructions

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

7099 3400 0020 1069 1506

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Recipient's Name (Please Print Clearly)
 Street, Apt. No., or P.O.
 City, State, ZIP+4

Rollin M. Koppell and
 Amalie Koppell
 P.O. Box 2878
 Harlingen, Texas 78550

PS Form 3800, February 2000 See Reverse for Instructions

SANTA FE NM 87501-9998
 NOV 16 2000
 USPS

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:

Rollin M. Koppell and
 Amalie Koppell
 P.O. Box 2878
 Harlingen, Texas 78550

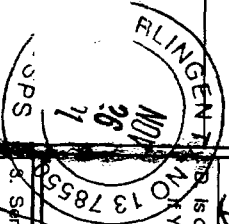
COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

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

Rollin M. Koppell and
 Amalie Koppell
 P.O. Box 2878
 Harlingen, Texas 78550



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

PS Form 3811, July 1999

Domestic Return Receipt

102585-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Thomas Ingram
 P.O. Box 1116
 Shawnee, Oklahoma 76802

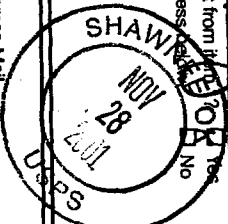
COMPLETE THIS SECTION ON DELIVERY

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

C. Signature ☐ Agent ☒ Addressee

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

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



PS Form 3811, July 1999

Domestic Return Receipt

102585-00-M-0952

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

7099 3400 0020 1069 1490

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

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

David Thomas Ingram
 P.O. Box 1116
 Shawnee, Oklahoma 76802

PS Form 3800, February 2000 See Reverse for Instructions

SHAWNEE OK 76802
 NOV 28 2000
 USPS

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:

Bank of Oklahoma, Trustee
of the Laura Bennett Trust
P.O. Box 2300
Tulsa, Oklahoma 74192

DELETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **MALE J. STEVENS** B. Date of Delivery **11-26-01**

C. Signature **J. Stevens** T. Agent

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 **1069 1636**

PS Form 3811, July 1999

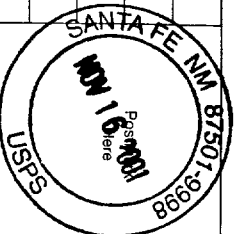
Domestic Return Receipt

P

102595-00-M-0952

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



7099 3400 0020 1069 1636

Recipient's Name (Print)

Bank of Oklahoma, Trustee
of the Laura Bennett Trust
P.O. Box 2300
Tulsa, Oklahoma 74192

PS Form 3800, February 2000

See Reverse for Instructions

7099 3400 0020 1069 1483

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name *(Please Print Clearly; Do not be completed by mailer)*
 Barbara Sue Beller
 Street, Apt. No., or P.O. Box
 920 Las Cruces
 City, State, ZIP+4
 Ventura, California 93003

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0020 1069 1537

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



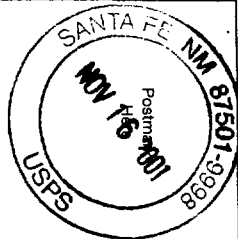
Recipient's Name *(Please Print Clearly; Do not be completed by mailer)*
 Jack Daniels
 Street, Apt. No., or P.O. Box
 P.O. Box 1258
 City, State, ZIP+4
 Hobbs, New Mexico 88241

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0020 1069 1469

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



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

Dannie A. Carter
 P.O. Box 2604
 Harlingen, Texas 78551

PS Form 3800, February 2000

See Reverse for Instructions

7099 3400 0020 1069 1476

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

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name (Please Print Clearly)
 Street, Apt. No., or P.O. Box N.
 City, State, ZIP+4

Neil B. Kimball
 2317 Haynes Drive
 Midland, Texas 79705

PS Form 3800, February 2000

See Reverse for Instructions