

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

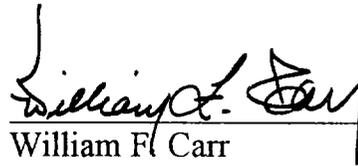
**IN THE MATTER OF THE APPLICATION OF
ARCO (BP) FOR SIMULTANEOUS DEDICATION
EDDY COUNTY, NEW MEXICO.**

CASE NO. 12788

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of ARCO (BP), the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before this 31st day of December 2001 by William F. Carr.



Notary Public

My Commission Expires: August 23, 2005

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12788 Exhibit No. 2
Submitted by:
ARCO (BP)
Hearing Date: January 10, 2002

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

44461.0011

Postage	\$.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40



Recipient's Name: Abo Petroleum Corporation
 Attention: Ms. Janet Richardson
 105 South 4th Street
 Artesia, NM 88210

PS Form 3800

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:

 Abo Petroleum Corporation
 Attention: Ms. Janet Richardson
 105 South 4th Street
 Artesia, NM 88210

2. Article Number (Copy from service label)

7000 0600 0024 3128 7749

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **PATTI CARLILE** B. Date of Delivery
 C. Signature *Patti Carlile*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40



Recipient's Name: Dr. Gus Alexander
 3619 South Jackson
 San Angelo, TX 76904-5598

PS Form 3800

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

1. Article Addressed to:

 Dr. Gus Alexander
 3619 South Jackson
 San Angelo, TX 76904-5598

2. Article Number (Copy from service label)

7000 0600 0024 3128 7756

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) *Gus Alexander* B. Date of Delivery *12-20-00*
 C. Signature *Gus Alexander*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40



Recipient's Name: David J. Andrews
 2219 Westlake Drive, Suite 150
 Austin, TX 78746

PS Form 3800

- 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 J. Andrews
 2219 Westlake Drive, Suite 150
 Austin, TX 78746

2. Article Number (Copy from service label)

7000 0600 0024 3128 7787

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

C. Signature *David J. Andrews*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

7000 0600 0024 3128 7800

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

SAFETY MAIL 87501-98
DEC 20 1999

Recipient's Name: Mary Beth Barton
Street, Apt. No.: P. O. Box 4126
City, State, ZIP+: Midland, TX 79704-412

PS Form 3800, F

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Beth Barton
P. O. Box 4126
Midland, TX 79704-4126

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) J. D. McClatchy
B. Date of Delivery 12/26/01
C. Signature *J. D. McClatchy*
 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 Insured Mail
 C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0600 0024 3128 7800

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3128 7824

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

SAFETY MAIL 87501-98
DEC 20 1999

Recipient's Name: Jack Britain
Street, Apt. No.: 2419 Wooddale Circle
City, State, ZIP+: Waco, TX 76710

PS Form 3800, F

- 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:

2519 Wooddale
Jack Britain
2419 Wooddale Circle
Waco, TX 76710

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Jack Britain*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

2. Article Number (Copy from service label)
 7000 0600 0024 3128 7824

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3128 7831

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

SAFETY MAIL 87501-999
DEC 20 1999

Recipient's Name: Scott E. Muehlbrad
Street, Apt. No., or: 2511 Terrace
City, State, ZIP+: Midland, TX 79705

PS Form 3800, F

- 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:

Scott E. Muehlbrad
2511 Terrace
Midland, TX 79705

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Christy Muehlbrad*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

2. Article Number (Copy from service label)
 7000 0600 0024 3128 7831

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

WFCIRP Ind. Rec. in

7000 0600 0024 3128 7848
7000 0600 0024 3128 7862
7000 0600 0024 3128 7886

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipients Name: Cannon Exploration Company
Street, Apt. No.: 3608 SCR 1184
City, State, ZIP+4: Midland, TX 79706

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cannon Exploration Company
3608 SCR 1184
Midland, TX 79706

2. Article Number (Copy from service label): 7000 0600 0024 3128 7848

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Carol Wilson
B. Date of Delivery: 12-24-01

C. Signature: X Carol Wilson
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipients Name: Dennis Corkran
Street, Apt. No.: 2219 Westlake Drive, Suite 120
City, State, ZIP: Austin, TX 78746

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dennis Corkran
2219 Westlake Drive, Suite 120
Austin, TX 78746

2. Article Number (Copy from service label): 7000 0600 0024 3128 7862

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly):
B. Date of Delivery: 12-24-01

C. Signature: X Dennis Corkran
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipients Name: Sid Cowan
Street, Apt. No.: 1010 South Main Street
City, State, ZIP+4: Del Rio, Texas 78841-14

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sid Cowan
1010 South Main Street
P. O. Box 1448
Del Rio, Texas 78841-1448

2. Article Number (Copy from service label): 7000 0600 0024 3128 7886

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

C. Signature: X Sid Cowan
 Agent
 Addressee

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

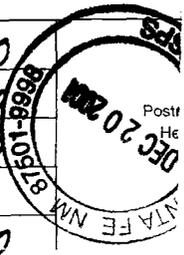
3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40



Recipient's
 Street, Apt. # D & D Partnership
 830 East Big Briar Way
 City, State, ZIP+4 LaCanada, California 91011

PS Form 3811

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

D & D Partnership
 830 East Big Briar Way
 LaCanada, California 91011

2. Article Number (Copy from service label)

7600 0600 0024 3128 7909

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

12-26-01

C. Signature
 X Michael DeLong Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40



Recipient's
 Street, Apt. # The DeCompiegne Property #20
 Ltd.
 P. O. Box 1071
 City, State, ZIP+4 Midland, TX 79702

PS Form 3811

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

1. Article Addressed to:

The DeCompiegne Property #20
 Ltd.
 P. O. Box 1071
 Midland, TX 79702

2. Article Number (Copy from service label)

7000 0600 0024 3128 7961

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

DEC 27 2001

C. Signature
 X Miriam Rodriguez Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40



Recipient's Name
 Street, Apt. No. Dingus Investments, Inc.
 P. O. Box 11120
 City, State, ZIP+4 Midland, TX 79702

PS Form 3811

- 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:

Dingus Investments, Inc.
 P. O. Box 11120
 Midland, TX 79702

2. Article Number (Copy from service label)

7000 0600 0024 3128 7923

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

DEC 27 2001

C. Signature
 X W Dingus Agent Addressee

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

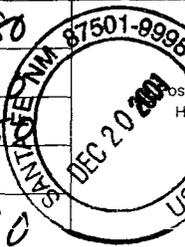
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$.80
Certified Fee		2.10
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.40



Recipient's Name: Doralex Energy, Inc.
 Street, Apt. No.: 3619 South Jackson
 City, State, ZIP: San Angelo, TX 76904-5598

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Doralex Energy, Inc.
 3619 South Jackson
 San Angelo, TX 76904-5598

2. Article Number (Copy from service label)

7000 0600 0024 3128 7763

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

Great Western Drilling Company
 Attention: Mr. Mike Heathington
 P. O. Box 1659
 Midland, TX 79702-1659

2. Article Number (Copy from service label)

7000 0600 0024 3128 7770

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

1. Article Addressed to:

George W. Knox
 P. O. Box 7538
 Midland, TX 79708

2. Article Number (Copy from service label)

7000 0600 0024 3128 7794

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *[Signature]* Agent Addressee

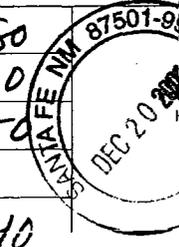
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

44461.0011

Postage	\$.80
Certified Fee		2.10
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.40



Recipient's Name: Great Western Drilling C
 Street, Apt. No.: Attention: Mr. Mike Hea
 City, State, ZIP: P. O. Box 1659
 Midland, TX 79702-165

PS Form 3800, F

- 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:

Great Western Drilling Company
 Attention: Mr. Mike Heathington
 P. O. Box 1659
 Midland, TX 79702-1659

2. Article Number (Copy from service label)

7000 0600 0024 3128 7770

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

1. Article Addressed to:

George W. Knox
 P. O. Box 7538
 Midland, TX 79708

2. Article Number (Copy from service label)

7000 0600 0024 3128 7794

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

C. Signature *[Signature]* Agent Addressee

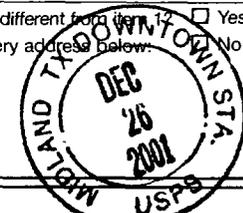
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

C. Signature *George W. Knox* 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)

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postmark: NM 87501-9998 DEC 20 2001

Recipient's Name: J. A. McClatchy
 Street, Apt. No.: P. O. Box 4126
 City, State, ZIP: Midland, TX 79704-4126

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. A. McClatchy
 P. O. Box 4126
 Midland, TX 79704-4126

2. Article Number (Copy from service label)

7000 0600 0024 3128 7817

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): J. A. McClatchy
 B. Date of Delivery: 12/24/01
 C. Signature: *J. A. McClatchy*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postmark: SANTA FE NM 87501-9998 DEC 20 2001

Recipient's Name: Myco Industries, Inc.
 Street, Apt. No.: P. O. Box 840
 City, State, ZIP: Artesia, NM 88210

- 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:

Myco Industries, Inc.
 P. O. Box 840
 Artesia, NM 88210

2. Article Number (Copy from service label)

7000 0600 0024 3128 7855

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly): Mel Loya
 B. Date of Delivery: 12-26-01
 C. Signature: *Mel Loya*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postmark: Santa Fe NM 87501-9998 DEC 20 2001

Recipient's Name: Wesley Noe
 Street, Apt. No.: 3323 Maxwell Drive
 City, State, ZIP: Midland, TX 79707

- 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:

Wesley Noe
 3323 Maxwell Drive
 Midland, TX 79707

2. Article Number (Copy from service label)

7000 0600 0024 3128 7916

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly): Brandon Noe
 B. Date of Delivery: 10-24-01
 C. Signature: *Brandon Noe*
 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

7892 8228 4200 0090 0002

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postage Here

Recipient's Name: Nearburg Exploration Co.
 Street, Apt. No.: 3300 North A, Building 2
 City, State, ZIP+4: Suite 120, Midland, TX 79705

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Nearburg Exploration Co., L.L.C.
 3300 North A, Building 2
 Suite 120
 Midland, TX 79705

2. Article Number (Copy from service label):
 7000 0600 0024 3128 7893

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): N. Riggs
 B. Date of Delivery: 12/26/09

C. Signature: X N. Riggs
 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

7892 8228 4200 0090 0002

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postage Here

Recipient's Name: Nadel and Gussman Permian L.L.C.
 Street, Apt. No.: 601 N. Marienfeld, Suite 508
 City, State, ZIP+4: Midland, TX 79701

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Nadel and Gussman Permian, L.L.C.
 601 N. Marienfeld, Suite 508
 Midland, TX 79701

2. Article Number (Copy from service label):
 7000 0600 0024 3128 7879

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Lindsay Bentley
 B. Date of Delivery: 12/26/10

C. Signature: X Lindsay Bentley
 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

7892 8228 4200 0090 0002

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postage Here

Recipient's Name: Shirley Smith,
 Street, Apt. No.: 105 Engram Lane
 City, State, ZIP: Anderson, SC 29621

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Shirley Smith,
 105 Engram Lane
 Anderson, SC 29621

2. Article Number (Copy from service label):
 7000 0600 0024 3128 7930

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Shirley Smith
 B. Date of Delivery: 12/24/10

C. Signature: X S. Smith
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

7000 0600 0024 3128 7947

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postmark: 87501-0011, 10 DEC 20

Recipient's Name: Bob Stevens d/b/a SOC
 Street, Apt. No., or P. O. Box 11106
 City, State, ZIP+4: Midland, TX 79702

PS Form 3800, Feb 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bob Stevens d/b/a SOCO
 P. O. Box 11106
 Midland, TX 79702

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **BOB STEVENS** B. Date of Delivery **12/24/01**

C. Signature **X [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

7000 0600 0024 3128 7954

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postmark: 87501-0011, 10 DEC 20

Recipient's Name: Sutherland Family, L.L.C.
 Street, Apt. No., or 287 Supple Street
 City, State, ZIP+4: Pembroke, Ontario Canada K8A 3H3

PS Form 3800, Feb 1999

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

C. C. Tull, Jr.
 P. O. Box 11107
 Midland, TX 79702

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **BOB STEVENS** B. Date of Delivery **12/24/01**

C. Signature **X [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

7000 0600 0024 3128 7985

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Postmark: 87501-0011, 10 DEC 20

Recipient's Name: C. C. Tull, Jr.
 Street, Apt. P. O. Box 11107
 City, State, ZIP+4: Midland, TX 79702

PS Form 3800, Feb 1999

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

C. C. Tull, Jr.
 P. O. Box 11107
 Midland, TX 79702

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **BOB STEVENS** B. Date of Delivery **12/24/01**

C. Signature **X [Signature]** Agent Addressee

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

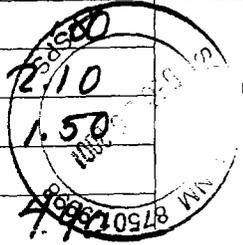
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

44461.0011

Postage	\$ 2.10
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.60



Recipient's Name: **Doug Tull**
 Street, Apt. No.: **P. O. Box 11107**
 City, State, ZIP: **Midland, TX 79702**

PS Form 3806

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:

Doug Tull
P. O. Box 11107
Midland, TX 79702

2. Article Number (Copy from service label)
7000 0600 0024 3128 7978

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

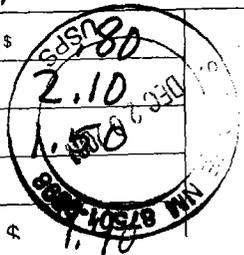
A. Received by (Please Print Clearly) **BOB STEVENS** B. Date of Delivery **12/24/01**
 C. Signature *[Signature]*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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

44461.0011

Postage	\$ 2.10
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.60



Recipient's Name: **Jerry A. Weant d/b/a Bevoil**
 Street, Apt. No.: **P. O. Box 7201**
 City, State, ZIP: **Midland, TX 79708**

PS Form 3800

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:

Jerry A. Weant d/b/a Bevoil
P. O. Box 7201
Midland, TX 79708

2. Article Number (Copy from service label)
7000 0600 0024 3128 7992

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

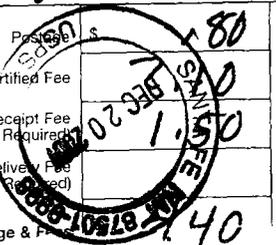
A. Received by (Please Print Clearly) **Jerry Weant** B. Date of Delivery **12/27/01**
 C. Signature *[Signature]*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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

44461.0011

Postage	\$ 1.80
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.30



Recipient's Name: **Westwood Lake Village**
 Street, Apt. No.: **4800 Lakewood, Suite 2A**
 City, State, ZIP+4: **Waco, TX 76710**

PS Form 3800, Feb 99

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:

Westwood Lake Village, Inc.
4800 Lakewood, Suite 2A
Waco, TX 76710

2. Article Number (Copy from service label)
7000 0600 0024 3128 8005

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Charles White** B. Date of Delivery **12/27/01**
 C. Signature *[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

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

44461.0011

Postage	\$ 1.80	Post Here
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	4.40	

7000 0600 0024 3128 8012

Recipient's Name: Yates Drilling Company
 Attention: Ms. Janet Richardson
 Street, Apt. No., etc.: 105 South 4th Street
 City, State, ZIP+4: Artesia, NM 88210

PS Form 3800, February 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Drilling Company
 Attention: Ms. Janet Richardson
 105 South 4th Street
 Artesia, NM 88210

2. Article Number (Copy from service label)

7000 0600 0024 3128 8012

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **Patti Carlile** 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)

44461.0011

Postage	\$ 1.80	Post Here
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	4.40	

7000 0600 0024 3128 8012

Recipient's Name: Yates Petroleum Corporation
 Attention: Ms. Janet Richardson
 Street, Apt. No., etc.: 105 South 4th Street
 City, State, ZIP+4: Artesia, NM 88210

PS Form 3800, February 1999

- 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:

Yates Petroleum Corporation
 Attention: Ms. Janet Richardson
 105 South 4th Street
 Artesia, NM 88210

2. Article Number (Copy from service label)

7000 0600 0024 3128 8029

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

C. Signature **Patti Carlile** 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