

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

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TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

April 23, 2002

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

**TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO
OIL CONSERVATION DIVISION CASE:**

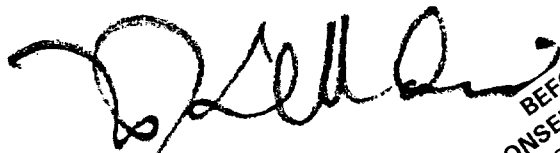
**Re: *Application of Matador E & P Company
for compulsory pooling
Lea County, New Mexico***

On behalf of Matador E & P Company, please find enclosed our application for compulsory pooling for its Laughlin Well No. 6 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket scheduled for May 2, 2002 but continue to May 16, 2002. The hearing will be held at the Division hearing room located in 1220 South Saint Francis Drive Santa Fe, New Mexico (505) 476-3458.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, May 10, 2002, with a copy delivered to the undersigned. If you have any questions about this matter, please call Mr. Mark Virant at Matador (214) 987-7156.

Very truly yours,



W. Thomas Kellahin

**BEFORE THE
OIL CONSERVATION DIVISION**
Case No. 12852 Exhibit No. 2
Submitted By:
Matador Petroleum Corp.
Hearing Date: May 30, 2002

NOTICE OF POOLING HEARING
Laughlin #6 Well
S/2 NW/4 Section 4, T20S-R37E
Lea County, New Mexico

Occidental Permian Ltd., Partnership &
Oxy USA WTP Limited Partnership
P. O. Box 50250
Midland, TX 79710

Texaco Exploration & Production Inc
P O Box 1150
Midland, TX 79702-1150

Jimmie Baum Cooper
P. O. Box 36
Monument, NM 88265

Emely Ann Edwards
224 W. 7th Street
Bristow, OK 74010

Burke Healey, Trustee for The Burke Healey Trust, a Revocable
Trust dated 1/2/85
P. O. Box 100
Davis, OK 73040-0100

Adana Joyce Hilliker
P. O. Box 1042
Tatum, NM 88267

Charles R. Hoose
35565 Beach Road
Capistrano Beach, CA 92624

Clinton M Hoose Jr Family Mineral Trust
7 Coventry
Newport Beach, CA 92660

Lucinda Talcott Hoose
35565 Beach Rd
Capistrano Beach, CA 92624

Robert Hoose
1911 1/2 Cliff Drive
Newport Beach, CA 92663

Jake C Hoose
331 1/2 Coral Avenue
Balboa Island, CA 92662

CMM Mineral Holdings LLC fbo Clinton
M. Hoose III, Michael F. Hoose, &
Melinda H. Wheeler
7 Coventry
Newport Beach, CA 92660

Judith Humpherys
P O Box 917
Santa Monica, CA 90406

Estate of W T Jordan, Deceased
c/o Tom Jordan
P. O. Box 3347
Wichita Falls, TX 76301-0347

Marjorie Jane Jordan
P. O. Box 3347
Wichita Falls, TX 76301-0347

William C. Kellough
1965 E. 33 Place
Tulsa, OK 74105

R. Cragin Lambert
4676 W. Jacquelyn Avenue
Fresno, CA 93722

Betty F Laughlin
PO Box 325
Heber, AZ 85928

Michael Harrison Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

Richard Lyons Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

Richard Lyons Moore and Michael Harrison Moore,
Trustees u/w/o Stephen Scott Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

G. Alan Reed & Judith R. Humphreys, Trustees
u/w/o H E Reed, Deceased
P O Box 710
Pacific Palisades, CA 90272

Marcelle Reed, Domiciliary Foreign Personal
Representative of the Estate of D Alan Reed
PO BOX 710
Pacific Palisades, CA 90272

Samson Resources Company
P. O. Box 94339
Tulsa, OK 74104

Estate of Margaret Jane Smith
c/o James L. Smith
Route 1, Box 277
Wheeler, TX 79096

Wilson's Children's Trust Dtd. 7/2/84
Frances C. Grigsby and Joseph S. Deitch,
Trustees
1999 Independence Road
Concorde, MA 01742-2643

Richard Mansfield Blair
P. O. Box 1582
Burbank, CA 91507-1582

Susan Lee Bourgeois
3320 Douglas, Apt. 7
Dallas, TX 75219

Mary Louise Branson
505 Wilma Court
Old Hickory, TN 37138

James E. Campion
403 Heather Lane
College Station, TX 77845

Fleet National Bank, Trustee
Robert M. Eisendrath, Jr. Trust
P. O. Box 40460
Rochester, NY 14604

James Ballard Henderson and Manufacturers
Trust Company, New York, Trustees, u/w/o
Etha B. Henneberry, Deceased
c/o J P Morgan Chase Bank – Attn: Dave Parker
P. O. Box 2558
Houston, TX 77252-8033

Dr. Charles Thomas Henderson Trust and
Manufacturers Trust Company, New York,
Trustees, u/w/o Etha B. Henneberry, Deceased
c/o J P Morgan Chase Bank – Attn: Dave Parker
P. O. Box 2558
Houston, TX 77252-8033

William R. Hill
108 Crestwood
Fort Worth, TX 76107

Hosfeldt Family Partners
Arthur D. Hosfeldt, III and
David N. Hosfeldt, General Partners
227 Brighton Lane
Redwood City, CA 94061

Mary Alice Field Ingram
3100 N. Pecan Street
Nacogdoches, TX 75965

JACO Production Company
P. O. Box 82515
Bakersfield, CA 93380

Dean Laughlin
2356 Fuller Lane
Lebanon, OR 97355

Kevin Laughlin
3811 Peters Avenue #2
Sioux City, IA 51106

Rosalie Jeanette McCann
1815 Bayard
Saint Paul, MN 55116-1437

Stanley James McKinney
130 Ransome Street
Lafayette, LA 70501

Candice Ramsey
7245 Avenue 308
Visalia, CA 93291

Bank of America, NA, Escrow Agent
Sabine Royalty Trust
LBX 840887
Dallas, TX 75284-0887

Ricci Wes Shanks
6202 Big Oak Hollow
Austin, TX 78750

Estate of James Merriman Stevens
c/o Ricci Shanks
6202 Big Oak Hollow
Austin, TX 78750

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

**IN THE MATTER OF THE APPLICATION
OF MATADOR E & P COMPANY
FOR COMPULSORY POOLING
LEA COUNTY, NEW MEXICO.**

CASE NO. _____

APPLICATION

Comes now MATADOR E & P COMPANY , by its attorneys, Kellahin & Kellahin, and in accordance with NMSA (1979) Section 70-2-17.C applies to the New Mexico Oil Conservation Division for an order pooling all uncommitted royalty and overriding royalty interest owners with respect to any production underlying the S/2NW/4 of Section 4, T20S, R37E, NMPM, Lea County, New Mexico to form a standard 80-acre spacing and proration unit for any and all formations and/or pools developed on 80-acre spacing within said vertical extent, which presently may include but is not necessarily limited to the Monument-Tubb Pool. Applicant further requested that the pooling of this unit be made as of the date of first production from its Laughlin Well No. 6 drilled and completed at an standard well location in Unit F of said Section 4 and the designation of Matador Operating Company as the operator.

In support of its application, Matador E & P Company, ("Matador") states:

1. Matador has a working interest ownership in the oil and gas minerals from the surface to the base of the Drinkard formation underlying the S/2NW/4 of Section 4, T20S, R37E, NMPM, Lea County, New Mexico.
2. The subject tract is located within one-mile of the current boundary of the Monument Tubb Pool which is currently spacing on 80-acre spacing unit.
3. This spacing unit consists of certain fee leases which do not contain voluntary pooling clauses which would allow for the consolidation and proportionate allocation of the royalty or overriding interests to form a voluntary unit of 80-acres in compliance with Division rules.

4. Matador has attempted to contact all 107 royalty and overriding royalty interest owners to has obtained written approval from 41 owners agreeing to pool their respective interest in these two leases together for a voluntary 80-acre spacing unit for the subject well

5. Despite its good faith efforts, Matador has been unable to obtain a written voluntary agreement from those remaining 66 royalty and overriding royalty interest owners.

6. Pursuant to Section 70-2-17.C NMSA (1978) and in order to obtain its just and equitable share of potential production underlying this spacing unit, Matador needs an order of the Division pooling the identified and described mineral interests involved in order to protect correlative rights and prevent waste.

7. In accordance with the Division's notice requirements, a copy of this application has been sent to the parties whose interest is to be pooled as listed on Exhibit "A" notifying each of this case and of the applicant's request for a hearing of this matter before the Division on the next available Examiner's docket now scheduled for May 2, 2002.

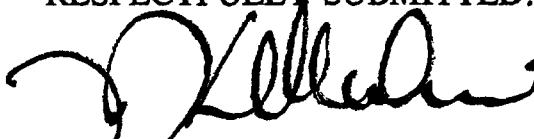
WHEREFORE, applicant requests that this application be set for hearing of May 2, 2002 before the Division's duly appointed examiner, and that after notice and hearing as required by law, the Division enter its order pooling the mineral interests described in the appropriate spacing unit for the drilling of the subject well at a standard gas well location upon terms and conditions which include:

(1) Designation Matador Operating Company as operator

(2) Provisions for pooling all nonconsenting royalty interests and overriding royalty interests underlying this spacing unit for any and all production from the Monument Tubb Pool and any other spacing on 80 acre spacing units so that said owners shall share in any said production on a proportionate basis.

(3) For such other and further relief as may be proper.

RESPECTFULLY SUBMITTED:



W. THOMAS KELLAHIN
KELLAHIN & KELLAHIN
P. O. Box 2265
Santa Fe, New Mexico 87504
(505) 982-4285

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>Richard Lyons Moore</u> B. Date of Delivery <u>4-26</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Richard Lyons Moore 310 W. Wall Street, Suite 404 Midland, TX 79701		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2508</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>Richard Lyons Moore</u> B. Date of Delivery <u>4-26</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Richard Lyons Moore and Michael Harrison Moore, Trustees u/w/o Stephen Scott Moore 310 W. Wall Street, Suite 404 Midland, TX 79701		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2447</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>W T Jordan</u> B. Date of Delivery <u>4-26</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Estate of W T Jordan, Deceased c/o Tom Jordan P. O. Box 3347 Wichita Falls, TX 76301-0347		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2539</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>Karen McCann</u> B. Date of Delivery <u>4-27</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Rosalie Jeanette McCann 1815 Bayard Saint Paul, MN 55116-1437		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001 0320 0003 9963 1150</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

1. Article Addressed to:

**James Ballard Henderson and
Manufacturers Trust Company, New York,
Trustees, u/w/o Etha B. Henneberry, Deceased
C/o J P Morgan Chase Bank - Attn: Dave Parker
P. O. Box 2558
Houston, TX 77252-8033**

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

C. Signature

X

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

If YES, enter delivery address below:

☐ Agent
☐ Addressee

☐ Yes

☐ No

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)

7001-0320-0003-9963-2393

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Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**Michael Harrison Moore
310 W. Wall Street, Suite 404
Midland, TX 79701**

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

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

If YES, enter delivery address below:

☐ Agent
☐ Addressee

☐ Yes

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2461

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Domestic Return Receipt

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- 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:

**Emely Ann Edwards
224 W. 7th Street
Bristow, OK 74010**

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

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

If YES, enter delivery address below:

☐ Agent
☒ Addressee

☒ Yes

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2607

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102595-99-M-1789

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- 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:

**Marjorie Jane Jordan
P. O. Box 3347
Wichita Falls, TX 76301-0347**

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

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

If YES, enter delivery address below:

☐ Agent
☒ Addressee

☐ Yes

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2621

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Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Dr. Charles Thomas Henderson Trust and Manufacturers Trust Company, New York, Trustees, u/w/o Etha B. Henneberry, Deceased c/o J P Morgan Chase Bank – Attn: Dave Parker P. O. Box 2558 Houston, TX 77252-8033	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) 7001 0320 0003 9963 2348		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

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: Burke Healey, Trustee for The Burke Healey Trust, a Revocable Trust dated 1/2/85 P. O. Box 100 Davis, OK 73040-0100	COMPLETE THIS SECTION ON DELIVERY	
	A. Received by (Please Print Clearly) Janet Healey	B. Date of Delivery 4/26/00
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) 7001-0320-0003-9963-2591		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

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: Betty F Laughlin PO Box 325 Heber, AZ 85928	COMPLETE THIS SECTION ON DELIVERY	
	A. Received by (Please Print Clearly) JOE DAVIER	B. Date of Delivery 4/16/00
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) 7001-0320-0003-9963-2515		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

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: Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150 Midland, TX 79702-1150	COMPLETE THIS SECTION ON DELIVERY	
	A. Received by (Please Print Clearly) James Baca	B. Date of Delivery APR 26 2002
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) 7001-0320-0003-9963-2669		
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.	A. Received by (Please Print Clearly) <i>BR 421-02</i>	B. Date of Delivery
	C. Signature <i>M. L. Branson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Mary Louise Branson 505 Wilma Court Old Hickory, TN 37138	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) 7001-0320-0003-9963-2409		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)	B. Date of Delivery	
	C. Signature <i>R. L. Branson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Bank of America, NA, Escrow Agent- Sabine Royalty Trust LBX 840887 Dallas, TX 75284-0887	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 7001 0320 0003 9963 1198			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) <i>Robert Hoose</i>	B. Date of Delivery	
	C. Signature <i>Robert</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 7001-0320-0003-9963-2584			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) <i>Wm Hill</i>	B. Date of Delivery	
	C. Signature <i>Wm Hill</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: William R Hill 108 Crestwood Fort Worth, TX 76107	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 7001 0320 0003 9963 2331			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) <u>Sharon Coley</u> B. Date of Delivery <u>4/29/02</u>
1. Article Addressed to: Fleet National Bank, Trustee Robert M. Eisendrath, Jr. Trust P. O. Box 40460 Rochester, NY 14604	C. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) <u>7001 0320 0003 9963 2355</u>	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery
1. Article Addressed to: Jake C Hoose 331 1/2 Coral Avenue Balboa Island, CA 92662	C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2553</u>	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery
1. Article Addressed to: Kevin Laughlin 3811 Peters Ave., #2 Sioux City, IA 51106	C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) <u>7001 0320 0003 9963 1259</u>	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery <u>4-30-02</u>
1. Article Addressed to: Samson Resources Company P. O. Box 94339 Tulsa, OK 74104	C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2423</u>	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**R. Cragin Lambert
4676 W. Jacquelyn Avenue
Fresno, CA 93722**

2. Article Number (Copy from service label)

7001-0320-0003-9963-2454

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

Teresa Blackburn 4-27-02

C. Signature

X Teresa Blackburn ☐ 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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**James E Campion
403 Heather Lane
College Station, TX 77845**

2. Article Number (Copy from service label)

7001 0320 0003 9963 2362

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

5-1-02

C. Signature

X W. Campion ☐ 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

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:

**Clinton M Hoose Jr Family Mineral Trust
7 Coventry
Newport Beach, CA 92660**

2. Article Number (Copy from service label)

7001-0320-0003-9963-2645

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

4-29-02

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

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:

**Judith Humpherys
P O Box 917
Santa Monica, CA 90406**

2. Article Number (Copy from service label)

7001-0320-0003-9963-2564

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

Douglas A. Humpherys

C. Signature

X Douglas Humpherys ☐ Agent ☐ Addressee

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

APR 30 2002

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <u>Adana J. Hilliker</u> B. Date of Delivery <u>9/01/02</u></p> <p>C. Signature <u>X Adana J. Hilliker</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Adana Joyce Hilliker P. O. Box 1042 Tatum, NM 88267</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2577</u> </p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <u>Michael F. Hoose</u> B. Date of Delivery <u>UT 4-29-02</u></p> <p>C. Signature <u>X Michael F. Hoose</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CMM Mineral Holdings LLC fbo Clinton M. Hoose III, Michael F. Hoose, & Melinda H. Wheeler 7 Coventry Newport Beach, CA 92660</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2478</u> </p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <u>JAKE COOPER</u> B. Date of Delivery <u>4-29-02</u></p> <p>C. Signature <u>X Jake Cooper</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jimmie Baum Cooper P. O. Box 36 Monument, NM 88265</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2614</u> </p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <u>R. Duckett</u> B. Date of Delivery <u>4/30</u></p> <p>C. Signature <u>X R. Duckett</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">JACO Production Company P. O. Box 82515 Bakersfield, CA 93380</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7001 0320 0003 9963 1266</u> </p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>Tom White</u> B. Date of Delivery <u>4/27/92</u></p> <p>C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Wilson's Children's Trust Dtd. 7/2/84 Frances C. Grigsby and Joseph S. Deitch, Trustees 199 Independence Road Concorde, MA 01742-2643		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2652</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>J L SMITH</u> B. Date of Delivery <u>4-29-92</u></p> <p>C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Estate of Margaret Jane Smith c/o James L. Smith Route 1, Box 277 Wheeler, TX 79096		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2414</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>MARCELLE REED</u> B. Date of Delivery <u>4-29-92</u></p> <p>C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: G. Alan Reed & Judith R. Humphreys, Trustees u/w/o H E Reed, Deceased P O Box 710 Pacific Palisades, CA 90272		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001-0320-0003-99632485</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>MARCELLE REED</u> B. Date of Delivery <u>4-29-92</u></p> <p>C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Marcelle Reed, Domiciliary Foreign Personal Representative of the Estate of D Alan Reed PO BOX 710 Pacific Palisades, CA 90272		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7001-0320-0003-9963-2430</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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:

**Richard Mansfield Blair
P. O. Box 1582
Burbank, CA 91507-1582**

A. Received by (Please Print Clearly) **Richard M. Blair** B. Date of Delivery **5/7/99**
C. Signature **[Signature]** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2386

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Domestic Return Receipt

102595-99-M-1789

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:

**Ricci Wes Shanks
6202 Big Oak Hollow
Austin, TX 78750**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **TORRESHANKS** B. Date of Delivery **4/29/02**
C. Signature **[Signature]** ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001 0320 0003 9963 1181

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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:

**Occidental Permian Ltd., Partnership &
Oxy USA WTP Limited Partnership
ATTN: David Evans
P. O. Box 50250
Midland, TX 79710-0250**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ARWIE HERRERA** B. Date of Delivery **4/29/02**
C. Signature **[Signature]** ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-1167

PS Form 3811, July 1999

7001 0320 0003 9963 1167

595-99-M-1789

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:

**Charles R. Hoose
35565 Beach Road
Capistrano Beach, CA 92624**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **[Signature]** B. Date of Delivery **4-29-02**
C. Signature **[Signature]** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2492

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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:

**Estate of James Merriman Stevens
c/o Ricci Shanks
6202 Big Oak Hollow
Austin, TX 78750**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) RICCI SHANKS	B. Date of Delivery 7/29/02
C. Signature X Ricci Shanks	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
☒ 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)

7001 0320 0003 9963 1174

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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:

**Dean Laughlin
2356 Fuller Lane
Lebanon, OR 97355**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 9-27-02
C. Signature X DL	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001 0320 0003 9963 1211

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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:

**Hosfeldt Family Partners
Arthur D. Hosfeldt, III and
David N. Hosfeldt, Gen. Partners
227 Brighton Ln
Redwood City, CA 94061**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 9/27/02
C. Signature X David N Hosfeldt	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001 0320 0003 9963 2324

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**William C. Kellough
1965 E. 33 Place
Tulsa, OK 74105**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) William C. Kellough	B. Date of Delivery 5-11-02
C. Signature X Wm C Kellough	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
☒ 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)

7001-0320-0003-9963-2522