#### KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW EL PATIO BUILDING 117 NORTH GUADALUPE

W. THOMAS KELLAHIN

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

POST OFFICE BOX 2265 SANTA FE, NEW MEXICO 87504-2265 TELEPHONE (505) 982-4285 TELEFAX (505) 982-2047

JASON KELLAHIN (RETIRED 1991)

April 23, 2002

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO TO: 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 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

OH NO. 12852 EMBIT NO. Submitted the troleum corp Matador Date: May 30, 2002 Matador Date: May 30, 2002 Submitted By

#### 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

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| c/o Tom Jordan<br>P. O. Box 3347   |  |          |                |
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| or on the front if space permits.  J. Article Asternated to: Dr. Charles I Thomas Charles and Manufacturers Trust Company, New York, Trustees, su/v/o Etha B. Henneberry, Deceased Co. J. P Morrgan Chase Bank – Attn: Dave Parker P. O. Box 2558 Houston, TX 77252-8033  Service Type  J. Article Number (Copy from service labele)  PS Form 3811, July 1999  Domestic Return Receipt  Committed Delivery is desired. Print your name and address on the reverse so that we can return the card to result of the back of the mailplece, or on the front if space permits.  Print your from service labele  2. Article Number (Copy from service labele)  PS Form 3811, July 1999  Domestic Return Receipt  Committee Triss SECTION On DELIVERY  A Received by Greate Free Copy from service labele  D. to globally address on the reverse so that we can return the card to space permits.  A Received Delivery is desired. D. to globally address below.  A Septice Type  A Conflict Mail  Desired Delivery (Front Section On Delivery)  A Print of Copy from service labele Demandation of the front if space permits.  2. Article Number (Copy from service labele) Davis, OK 73040-0100  SENDER: COMPLETE THIS SECTION  SENDER: Complete Items 1, 2 and 3. Also complete items 4 if Restricted Delivery is desired. Desired Mail Declivery (Earls Fee) Desi | or on the front if space permits.    Article Admissed Henderson Trust and Manufacturers Trust Company, New York, Pristes, univo Ethia B. Henneberry, Pecessed of J. Morgan Chase Bank — Attr. Dave Parker — O. Box 2558   Guiston, TX 7725-8033  | so that we can return the card to you.  Attach this card to the back of the mailniece  | ☐ Agent  |
| 1. Article Audiespeed to: Dr. Charles Flowmas Henderson Trust and Manufacturers Trust Company, New York, Trustees, Why Cith B. B. Henneberry, Decased by J. P. Morgan Chase Bank — Attn: Dave Parker P. O. Box 258 Houston, T.X. 77252-8033    Cerritical Mail   Express Mail   Replaced   Return Receipt   Receip | Send and a substanced to   No. Charlest Dimess Henderson Trust and Manufacturers Trust Company, New York, Irristess, wink of Bitta B. Henneberry, Deceased 26. J P Morgan Chase Bank — Attn: Dave Parker   O. P Morgan Chase Bank — Attn: Dave Parke   | or on the front if space permits.  | Addressee  |
| Dr. Charles Thomas Henderson Trust and Manufacturers Trust Company, New York, Trustees, which Etha B. Henneberry, Deceased Co. J P Morgan Chase Bank – Aftin: Dave Parker P. O. Box 2558 Houston, TX 77252-8033    Control Mail   Express Mail   Expre | Dr. Charles Thomas Henderson Trust and Manufacturers Trust Company, New York, Crustees, utwo Etha B. Henneherry, Deceased to J. P. Morgan Chase Bank — Attri: Dave Parker ? O. Box 2558   Gestless India   Gestles | 1 Article Addressed to:  | D. Is delivery address different from term 1   |
| Complete Items 1, 2, and 3, Also Complete Items 4   Restricted Delivery   Burker Healey, Trust dated 1/2/85   P. O. Box 158  | Complete Island 1, 2 and 3. Also complete Island    | Dr. Charles Thomas Henderson Trust and Manufacturers Trust Company, New York,  | in 125, enter delivery address solow.  |
| Service Type   | Bouston, TX 77252-8033   Septice Type   Certified Med   Express Med   Replaced   Refurn Receipt for Merchandise   Registered   Refurn Receipt for Merchandise   Refurn Rece   | Trustees, u/w/o Etha B. Henneberry, Decease<br>c/o J P Morgan Chase Bank – Attn: Dave Pa   | eu<br>arker  |
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| 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 enturn the card to you.  Attach this card to the back of the malpiece, or on the front if space permits.  1. Article Addressed to:  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  2. Article Number (Copy from service label)  7. O. De x 100  PS Form 3811, July 1999  Domestic Return Receipt  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 care for the back of the malpiece, or on the front if space permits.  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 care for the back of the malpiece, or on the front if space permits.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Senter delivery address below:  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 care four the card to you.  Attach this card to the back of the malpiece, or on the front if space permits.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.  Complete Items 1, 2 and 3. Also complete item 4 if Restricted De | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Print your name and address on the reverse attemther, it is a complete items 4 if Restricted Delivery is desired.  Print your name and address on the reverse attemther in the print of the mailpiece, or on the front if space permits.  Anticle Addressed to:  2. Article Number (Copy from service label)  — TO — C 320 — C 32 — G 43 — SETION ON DELIVERY  SENDER: COMPLETE THIS SECTION  SENDER: COMPLETE THIS SECTION  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325  Heber, AZ 85928  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return | 7001   | 0320 0003 9963 2348  |
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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.  ■ Acticle Addressed to:  ■ Revocable Trust dated 1/2/85  P. O. Box 100  Davis, OK 73040-0100  ■ Revocable Trust dated 1/2/85  P. O. Box 100  Davis, OK 73040-0100  ■ Seylice Type  □ Certified Mail □ Express Mail □ Return Receipt for Marchandise □ Insured Mail □ C.O.D.  ■ Restricted Delivery? (Extra Fee) □ Yes  ■ 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 trort if space permits.  ■ Attach this card to the back of the mailpiece.  ■ 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.  ■ 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 trort if space permits.  ■ Complete items 1, 2, and 3. Also complete learn 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse learn 4 in the print of the print your name and addresses on the verse learn 4 in the print your name and addresses on the verse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and addresses on the reverse learn 4 in the print your name and your desired you.  ■ Attach his card to the back of the mailpiece, or on the front if space permits.  ■ Attach white print your name and your desired.  ■ Attach white print your   | Print your name and address on the reverse so that we can refur the card to you.   | item 4 if Restricted Delivery is desired.  | Tanet Heales 4/26/00   |
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| Registered   Return Receipt for Merchandise   Restricted Delivery? (Extra Fee)   Yes   | Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.  |  |  |
| 2. Article Number (Copy from service label)  1001-0320-0003-99.M-1789  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION  COMPLETE THIS SECTION So Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Betty F Laughlin PO Box 325 Heber, AZ. 85928  3. Service Type Certified Mail   Express Mail   Registered   Return Receipt   Yes   Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery form service label)  2. Article Addressed to:  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly)   B. Date of Delivery Journal of the mail please of the mail please of the mail   Co.D.   Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desir | Insured Mail   C.O.D.  |  |  |
| 4. Restricted Delivery? (Ertra Fee)   Yes    2. Article Number (Copy from service label)   7 O O   - C 3 2 O - C 3 - 9 9 3    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.    Betty F Laughlin PO Box 325   Heber, AZ 85928    2. Article Addressed to:   Service Type   Certified Mail   Express Mail   Registered   Return Receipt   Return Receipt   Restricted Delivery? (Extra Fee)   Yes    2. Article Number (Copy from service label)   7 O O   - O 3 O - O 0 3 - 9 9 6 3 - 2 5 5    PS Form 3811, July 1999   Domestic Return Receipt   Domestic Return Receipt   Domestic Return Receipt   Return Receip | 4. Restricted Delivery? (Extra Fee)   Yes    2. Article Number (Copy from service label)   TO O O O O O O O O O O O O O O O O O  |  |  |
| 2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly)  A Received by (Please Print Cle | 2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Betty F Laughlin PO Box 325 Heber, AZ 85928  3. Service Type Certified Mail Receipt from Item 1? Yes Instructed Delivery is desired.  2. Article Number (Copy from service label) PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly) Delivery Addresses Sefferent from Item 1? Yes If Yes, enter delivery address Sefferent from Item 1? Yes Instructed Delivery address Sefferent from Item 1? Yes Instructed Delivery (Extra Fee) PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly) Delivery address Sefferent from Item 1? Yes If Yes, enter delivery address Sefferent from Item 1? Yes Instructed Delivery address Sefferent from Item 1? Yes Instructed Delivery (Extra Fee)  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly) A Received by (Please Print Clearly) Instruction Item 1? Yes If Yes, enter delivery address below:  C Signature  C Signatu |  |  |
| PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION  COMPLETE THIS SECTION  COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly)  A Received by (Please Print Clearly)  Location on the front if space permits.  A Received by (Please Print Clearly)  A Received by (Please Print Clearly)  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Betty F Laughlin  PO Box 325  Heber, AZ 85928  Cartified Mail   Express Mail   Addressed to:  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete i | 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.  Rattach this card to the back of the malipiece, or on the front if space permits.  Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail Restricted Delivery items are card to you.  At ricle Number (Copy from service label) PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly) Addressed  Addressed Wifferent from item 17 'Yes Registered Return Receipt for Merchandise Insured Mail Restricted Delivery address Payer (Payer) Restricted Delivery 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 malipiece, or on the front if space permits.  Article Addressed to:  Complete items 1, 2, and 3. Also complete items 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 malipiece, or on the front if space permits.  A ricle Addressed to:  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  A received by (Please Print Clearly)  A Received by (Please Print Clearly)  B. Date of Delivery in the card to the back of the malipiece, or on the front if space permits.  C. Signature  C. Signature  C. Signature  C. Signature  A Received Mail  Repose Service Type  Received Mail  Received Mail  Repose Service Type  Received Mail  Received Mail  Received Mail  Received Mail   |  | 4. Destricted Derivery: (Extra 166) L. 165   |
| 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 the back of the malipiece, or on the front if space permits.  Article Addressed to:  Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete THIS SECTION ON DELIVERY  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery addresses the print Clearly in the print Clearly in the print Clearly in the print pour address below:  A Received by (Please Print Clearly)  A Received by (Please Print Clearly)  B. Date of Delivery addresses the print Clearly in the print pour addresses below:  A Received Mail   | PS Form 3811, July 1999   Domestic Return Receipt   102595-96-M-1789    SENDER: COMPLETE THIS SECTION   COMPLETE THIS SECTION ON DELIVERY   A Received by (Please Print Clearly)   B. Date of 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 malipiece, or on the front if space permits.   Article Addressed to:   A Agent    | 2. Afficie Number (Copy nom service laser)   |  |
| 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 reverses of that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Number (Copy from service label) TODI—C32O—Domestic Return Receipt  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Complete items 1, 2, and 3. Also complete items 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.  Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150  Service Type A Received by (Please Print Clearly) A Received by (Please Print Clearly) A Received by (Please Print Clearly) B. Date of Delivery A Received by (Please Print Clearly) B. Date of Delivery address below:    A Received by (Please Print Clearly)   A Restricted Delivery address below:   D Received by (Please Print Clearly)   A Restricted Delivery address below:   D Recei | 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.  Betty F Laughlin PO Box 325 Heber, AZ 85928  3. Service Type Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery idea (Co.D.)  A riccie Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  3. Service Type Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150  Midland, TX 79702-1150  Domestic Return Receipt Complete item 12   Yes   If YES, enter delivery address below:   No  | 7001 - 0.520-000   |  |
| ■ 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  2. Article Number (Copy from service label)   | ■ 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  3. Service Type Acertified Mail Postered Properties Print Clearly)  ■ Continue Properties   | PS Form 3811, July 1999 Domestic F   | 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:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label)   | ■ 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  3. Service Type Acertified Mail Postered Properties Print Clearly)  ■ Continue Properties   |  |  |
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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:  Betty F Laughlin PO Box 325 Heber, AZ 85928  3. Service Type   | ■ 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  3. Service Type Acertified Mail Postered Properties Print Clearly)  ■ Continue Properties   | to the contract of the second contract of the  | COMPLETE THIS SECTION ON DELIVERY  |
| 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  3. Service Type Acertified Mail   Express Mail   Registered   Return Receipt   Restricted Delivery (Extra Fee)   Yes  2. Article Number (Copy from service label)   | 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  3. Service Type Certified Mail   Express Mail   Return Receipt   Received Addressed to:  Insured Mail   Restricted Delivery? (Extra Fee)   Yes    2. Article Number (Copy from service label) TOOI - O32 O - O03 - 996 3 - 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    Service Type   Certified Mail   Express Mail   Registered   Return Receipt   Return Recei | SENDER: COMPLETE THIS SECTION  |  |
| ## 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.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## Attach this card to the back of the mailpiece, or on the front if space permits.  ## A  | ### A if Restricted Delivery is desired.  ### Print your name and address on the reverse so that we can return the card to you.  ### Attach this card to the back of the mailpiece, or on the front if space permits.    Article Addressed to:    Betty F Laughlin PO Box 325   Heber, AZ 85928  | ■ Complete items 1, 2, and 3. Also complete  |  |
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| Betty F Laughlin PO Box 325 Heber, AZ 85928    3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   | Betty F Laughlin PO Box 325 Heber, AZ 85928    3. Service Type   | The state of the s | D Kalifornia de Ti Vac   |
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| Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.  | Registered   Return Receipt for Merchandise   Restricted Delivery? (Extra Fee)   Yes   | 1. Article Addressed to:  Betty F Laughlin PO Box 325  | If-YES, enter delivery address below: ☐ No   |
| 2. Article Number (Copy from service label)  7 00 - 0320 - 0003 - 9963 - 2515  PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1785  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca  P. O. Box 1150  Midland TX 79702-1150  Midland TX 79702-1150  Midland TX 79702-1150  A get 3 - 2515  COMPLETE THIS SECTION ON DELIVERY  A. Received to (Theast Point Oleghy)  B. Date of Delivery  C. Signature  X  | 2. Article Number (Copy from service label)  7 001 - 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.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150  Midland, TX 79702-1150  Midland, TX 79702-1150  A Restricted Delivery? (Extra Fee)  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Rule Clearly)  B. Date of Delivery  C. Signature  X   | 1. Article Addressed to:  Betty F Laughlin PO Box 325  | If-YES, enter delivery address below: ☐ No  3. Service Type  |
| 2. Article Number (Copy from service label)  7 00  | 2. Article Number (Copy from service label)  7 00 - 032 0 - 000 3 - 9963 - 255  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  Midland, TX 79702-1150  SENDER: COMPLETE THIS SECTION ON DELIVERY  A. Received by (Flease Print Geoffy) B. Date of Delivery  C. Signature  X  | Article Addressed to:  Betty F Laughlin PO Box 325   | 3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  |
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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.  A. Received by Theas Plat Clearly)  B. Date of Delivery  C. Signature  X   | 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  A. Received by (pleass Print Clearly) B. Date of Delivery C. Signature X  D. Is delivery address different from item 1?   | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000   | 3. Service Type  Certified Mail  |
| 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 Theas Part Clearly)  B. Date of Delivery  C. Signature  X  | 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  A. Received by (flease Plant Clearly) B. Date of Delivery  Agent X  | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000.  | 3. Service Type  Certified Mail  |
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| Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150 Midland TX 79702-1150  3. Service Type   | Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150 Midland, TX 79702-1150  3. Service Type Certified Mail   | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000, PS Form 3811, July 1999  Domestic  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,  | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   4. Restricted Delivery? (Extra Fee)   Yes   3 - 9963 - 2515   Return Receipt   102595-99-M-1789   COMPLETE THIS SECTION ON DELIVERY   A. Received to (Flease Page Clearly)   B. Date of Delivery   C. Signature   Agent   Addressee  |
| ATTN: James Baca P. O. Box 1150 Midland TX 79702-1150 3. Service Type  | ATTN: James Baca P. O. Box 1150  Midland, TX 79702-1150  3. Service Type Certified Mail  | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000, PS Form 3811, July 1999  Domestic  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.  | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   4. Restricted Delivery? (Extra Fee)   Yes   3 - 9963 - 2515   Return Receipt   102595-99-M-1789   COMPLETE THIS SECTION ON DELIVERY   A. Received by (Pease Poly Clearly)   B. Date of Delivery   C. Signature   Agent   Addressee   Addressee   D. Is delivery address different from Item 1?   Yes   |
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| P. O. Box 1150  Midland TX 79702-1150  3. Service Type   | P. O. Box 1150  Midland, TX 79702-1150  3. Service Type Certified Mail   | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label)  7 001 - 0320 - 000, PS Form 3811, July 1999  Domestic  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:   | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   4. Restricted Delivery? (Extra Fee)   Yes   3 - 9963 - 2515   Return Receipt   102595-99-M-1789   COMPLETE THIS SECTION ON DELIVERY   A. Received by (Pease Poly Clearly)   B. Date of Delivery   C. Signature   Agent   Addressee   Addressee   D. Is delivery address different from Item 1?   Yes   |
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| Mail Li Express Mail   | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000, PS Form 3811, July 1999 Domestic  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca   | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.     4. Restricted Delivery? (Extra Fee)   Yes     3 - 9963 - 2515   Yes     3 - 9963 - 2515   Yes     4. Received by (Fleass Port Clearly)   B. Date of Delivery     Agent   Agent   Addressee   Addressee   Addressee   No  |
|  | ☐ Insured Mail ☐ C.O.D.  | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000, PS Form 3811, July 1999  Domestic  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 malipiece, or on the front if space permits.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150  | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.     Restricted Delivery? (Extra Fee)   Yes   |
|  |  | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000, PS Form 3811, July 1999  Domestic  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 malipiece, or on the front if space permits.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150  | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.     4. Restricted Delivery? (Extra Fee)   Yes     3 - 9963 - 2515   Yes     3 - 9963 - 2515   Yes     4. Receipt   102595-99-M-1789     COMPLETE THIS SECTION ON DELIVERY   A. Received by (Flease Part Clearly)   B. Date of Delivery   Agent   Addressee     5 - 9963 - 2515   Yes   Agent   Addressee   Addressee   Addressee   Addressee   Addressee   No   No   No     6 - 9963 - 2515   Yes   Agent   Addressee   Addressee   No   No   No   No     7 - 9963 - 2515   Yes   Agent   Addressee   No   No   No   No   No   No   No   |
|  | 4. Restricted Delivery? (Extra Fee) Li Yes   | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label) 7001-0320-000, PS Form 3811, July 1999  Domestic  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 malipiece, or on the front if space permits.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150  | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.     Restricted Delivery? (Extra Fee)   Yes   Yes   |
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| A A L. L. N   Complete manages labell  | 2. Article Number (Copy from service label)  7001  | 1. Article Addressed to:  Betty F Laughlin PO Box 325 Heber, AZ 85928  2. Article Number (Copy from service label)  7001-0320-000, PS Form 3811, July 1999 Domestic  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150 Midland, TX 79702-1150  | 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandi   Insured Mail   C.O.D.     4. Restricted Delivery? (Extra Fee)   Yes   Complete This Section on Delivery   Received to Figeral Policy (Restry)   Restricted Delivery   Restricted Delivery? (Extra Fee)   Yes   Restricted Delivery? (Extra Fee)   Yes   Yes   Restricted Delivery? (Extra Fee)   Yes   Yes   Yes   Restricted Delivery? (Extra Fee)   Yes   Yes  |

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| <ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece,</li> </ul>  | A. Received by (Please Print Clearly) Sprace of College  |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | A. Received by (Please Print Clearly) A page of Danier  C. Signature  X. A. A. Received by (Please Print Clearly) A page of Danier  D. Is delivery address different from item (MD) yes  |
| <ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece,</li> </ul>  | A. Received by (Please Print Clearly) A page of Danier  C. Signature  X. Label T. C. Signature   |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Robert Hoose</li> </ul>  | A. Received by (Please Print Clearly) A page of Danier  C. Signature  X. A. A. Received by (Please Print Clearly) A page of Danier  D. Is delivery address different from item (MD) yes  |
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| <ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Robert Hoose</li> <li>1911 1/2 Cliff Drive</li> </ul>  | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item  If YES, enter delivery address below:  3. Service Type  Certified Mail   |
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| <ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Robert Hoose</li> <li>1911 1/2 Cliff Drive</li> </ul>  | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from Item  If YES, enter delivery address below:  3. Service Type  Certified Mail   |
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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:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663   | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item (15) less if YES, enter delivery address below:  3. Service Type  Certified Mail  |
| ■ 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:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663   | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item (15) less if YES, enter delivery address below:  3. Service Type  Certified Mail  |
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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:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663  2. Article Number (Copy from service label)  | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item (F)  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  Peturn Receipt   102595-99-M-1789  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)   B. Dale of 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.  1. Article Addressed to:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663  2. Article Number (Copy from service label)  — TOOL — OBO — Domestic Reservice item 4 if Restricted Delivery is desired.  ■ 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.   | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from Item  If YES, enter delivery address below:  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Restricted Delivery? (Extra Fee)   Yes  Peturn Receipt   102595-99-M-1789  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)   B. Daje of Delivery  C. Signature   Agent  |
| ■ 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:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663  2. Article Number (Copy from service label)  — TODI—O 3.20— Complete item 3811, July 1999  Domestic Restricted Delivery is desired.  ■ Print your name and address on the reverse  | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Peturn Receipt  102595-99-M-1789  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addressee  |
| ■ 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:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663  2. Article Number (Copy from service label)  — TOOL — OBO — Domestic Reservice 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,  | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Peturn Receipt  102595-99-M-1789  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Dale of Delivery  C. Signature  X  Agent  Addressee  |
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| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663</li> <li>2. Article Number (Copy from service label)  1001 - 0300 - 005 - 00</li></ul> | A. Raceived by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item  If YES, enter delivery address below:  3. Service Type  Certified Mail   |
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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:  Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663  2. Article Number (Copy from service label)  7001 - 0320 - 0005 - 0005  PS Form 3811, July 1999  Domestic Reserved at the card to you.  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 R Hill 199 Crestwood  | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delively address different from Item PRES, enter delivery address below:  3. Service Type Print Clearly  A. Restricted Delivery? (Extra Fee)  Peturn Receipt  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  A. Received by (Please Print Clearly)  C. Signature  X  A. Received by (Please Print Clearly)  A. Received by (Please Print Cle |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663</li> </ul> </li> <li>2. Article Number (Copy from service label) 1000 1 - 0000 2000 2000 2000 2000 2000</li></ul>  | A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item  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    Yes   Please Print Clearly)   B. Date of Delivery    C. Signature   Agent   Addressee     Agent   Addressee     D. Is delivery address different from item 1?   Yes   If YES, enter delivery address below:   No  |

Domestic Return Receipt

|   | item 4 if Restricted Delivery is desired.   | 1 Should (1) (1) (4) 4) 400  | kin i majaran sa |
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| 1 17<br>1 2<br>1 2<br>1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 | <ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>   | C. Signature   |                  |
|   | or on the front if space permits.  1. Article Addressed to:   | D. Is delivery address different from item 1?  |                  |
|   |   | If YES, enter delivery address below:   No Mo  |                  |
|   | Fleet National Bank, Trustee<br>Robert M. Eisendrath, Jr. Trust   |  |                  |
|   | P. O. Box 40460<br>Rochester, NY 14604  | 3. Service Type  |                  |
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|   |   | ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes   |                  |
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|   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |                  |
|   | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.   | A. Received by (Please Print Clearly) B. Date of Delivery  |                  |
|   | <ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>   | C. Signature   |                  |
|   | or on the front if space permits.  1. Article Addressed to:   | D. Is delivery address different from item 1? Yes  |                  |
|   | Jake C Hoose  | If YES, enter delivery address below: ☐ No   |                  |
|   | 331 1/2 Coral Avenue Balboa Island, CA 92662  |  |                  |
|   | Dainua Islanu, CA 72002   | 3. Service Type  |                  |
|   |   | Certified Mail   |                  |
|   |   | ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes   |                  |
|   | 2. Article Number (Copy from service label)  7001 - (324) - (335) - (   | 9963 - 2553  |                  |
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|   | PS Form 3811, July 1999 Domestic R  | Return Receipt 102595-99-M-1789 +  |                  |
|   | PS Form 3811, July 1999 Domestic R SENDER: COMPLETE THIS SECTION  | Return Receipt to 102595-99-M-1789 to 2595-99-M-1789   |                  |
|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete  |  |                  |
|   | 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.  | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  |                  |
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|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Kevin Laughlin 2011 Peters Ave., #2   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X 1   |                  |
|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Kevin Laughlin 2011 Peters Ave., #2   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X   |                  |
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|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Kevin Laughlin 3811 Peters Ave., #2 Sioux City, IA 51106  | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  |                  |
|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Printy your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Kevin Laughlin 3811 Peters Ave., #2 Sioux City, IA 51106   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  |                  |
|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Kevin Laughlin 3811 Peters Ave., #2 Sioux City, IA 51106  Article Number (Copy from service label) PS Form 3811, July 1999  Domestic F  | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X   |                  |
|   | 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.  Revin Laughlin 3811 Peters Ave., #2 Sioux City, IA 51106  Z. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic for the print your name and address on the reverse so that we can return the card to you.   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X   |                  |
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|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Printy 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.  Revin Laughlin 3811 Peters Ave., #2 Sioux City, IA 51106  Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Form 3811, 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.  Article Addressed to: Samson Resources Company | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  X  |                  |
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|   | SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Kevin Laughlin 3811 Peters Ave., #2 Sioux City, IA 51106  PS Form 3811, July 1999  Domestic for the mailpiece item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Samson Resources Company P. O. Box 94339 Tulsa, OK 74104   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X   |                  |

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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  | A. Received by (Please Print Clearly)  B. Date of Delivery  Prog Richbing Y-71-02  C. Signature  |   |
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Domestic Return Receipt

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| CMM Mineral Holdings LLC fbo Clinton M  | I. Hoose III,  |
| Michael F. Hoose, & Melinda H. Wheeler  |  |
| 7 Coventry<br>Newport Beach, CA 92660   |  |
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| PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3, Also complete   | Return Receipt 102595-99-M-1789  |
| PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.   | Return Receipt 102595-99-M-1789  COMPLETE THIS SECTION ON DELIVERY   |
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Domestic Return Receipt

| ■ Print your name and address on the reverse   | 1 2 Comment 413716   |  |                                       |
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| so that we can return the card to you.   | C. Signature   |  |                                       |
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| rances C. Grigsby and Joseph S. Deitch, Tr   | ustees   |  |                                       |
| 99 Independence Road<br>oncorde, MA 01742-2643   |  | <b>=</b>   |                                       |
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| PS Form 3811, July 1999  7001 0320 0003 9913 11157  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Charles R. Hoose 35565 Beach Road Capistrano Beach, CA 92624  3. Service Type Coeffied Mail   Expression   Expression | 2. Article Number (Copy from service label)  | 991.2 2 1167   |   |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Charles R. Hoose 35565 Beach Road Capistrano Beach, CA 92624  3. Service Type Chertified Mail   Expression of the service label)  Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.  Restricted Delivery? (Extra Fee)   Yes   | TO T 0011 14 1000  | 505.00.M.1780  |   |
| 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.  Charles R. Hoose 35565 Beach Road Capistrano Beach, CA 92624  3. Sevice Type Certified Mail   Expression   Expression   Expression   Expression   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Restricted Delivery (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  C. Signature  C. Signature  C. Signature  C. Signature  C. Signature  A. Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  A place of Delivery  C. Signature  C. Signature  C. Signature  C. Signature  A place of Delivery  A Received by (Please Print Clearly)  A Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  C. Signature  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  C. Signature  C. Signature  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  C. Signature  A Received by (Please Print Clearly)  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  | PER TEN.   | 110 THE COLD TO SERVICE TO SERVIC |   |
| 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.  Charles R. Hoose 35565 Beach Road Capistrano Beach, CA 92624  3. Sevice Type Certified Mail   Expression   Expression   Expression   Expression   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Restricted Delivery (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  C. Signature  C. Signature  C. Signature  C. Signature  C. Signature  A. Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  A place of Delivery  C. Signature  C. Signature  C. Signature  C. Signature  A place of Delivery  A Received by (Please Print Clearly)  A Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  C. Signature  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  C. Signature  C. Signature  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  C. Signature  A Received by (Please Print Clearly)  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  A Received by (Please Print Clearly)  B. Date of Delivery  |  | COMPLETE THIS SECTION ON DELIVERY  |   |
| Complete items 1, 2, and 3. Asso 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.  Charles R. Hoose  35565 Beach Road  Capistrano Beach, CA 92624  3. Service Type  Charles R. Hoose  Registered Return Receipt for Merchandise Registered Return Receipt for Merchandise Insured Mail Co.D.  Restricted Delivery? (Extra Fee) Yes  2. Article Number (Copy from service label)   |  |  |   |
| 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  3. Service Type Chertified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes  | item 4 if Restricted Delivery is desired.  |  | · 100 |
| or on the front if space permits.  D. Is delivery address different from item   Yes   If YES, enter delivery address below   No    Charles R. Hoose   35565 Beach Road   Capistrano Beach, CA 92624  3. Service Type   | so that we can return the card to you.   | Agent O Agent  | (1)<br>有/4  |
| Charles R. Hoose 35565 Beach Road Capistrano Beach, CA 92624  3. Service Type Coertified Mail   Express March Registered   Return Receipt for Merchandise Insured Mail   C.O.D. 4. Restricted Delivery? (Extra Fee)   Yes  | <ul> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>   | □ Is delivery address different from (167539. □ Yes  |   |
| 3. Service Type    Certified Mail  | Article Addressed to:  | If YES, enter delivery address below: No   |   |
| 3. Service Type    Certified Mail  | OL L P. Wasse  |  |   |
| Capistrano Beach, CA 92624  3. Service Type Coertified Mail  | 35565 Beach Road   |  |   |
|  |  | 3. Service Type  |   |
| ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes  2. Article Number (Copy from service label)  |  | Certified Mail   |   |
| 2. Article Number (Copy from service label)  |  | ☐ Insured Mail ☐ C.O.D.  |   |
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| ■ Complete items 1, 2, and 3. Also complete  | A. Received by (Please Print Clearly) B. Date of Delivery  |   |   |
|--|--|---|---|
| item 4 if Restricted Delivery is desired.  | TIORKE SHANGS 7/29/02  |   |   |
| Print your name and address on the reverse<br>so that we can return the card to you.   | C. Signature   |   |   |
| <ul> <li>Attach this card to the back of the mailpiece,</li> </ul>   | X Agent  |   |   |
| or on the front if space permits.  | Addressee  |   |   |
| Article Addressed to:  | D. Is delivery address different from item 1?  Yes   |   |   |
|  | If YES, enter delivery address below:  |   |   |
|  |  |   |   |
| Estate of James Merriman Stevens   |  |   |   |
| c/o Ricci Shanks   |  |   |   |
| 6202 Big Oak Hollow  |  |   |   |
| Austin, TX 78750   | 3. Service Type  |   |   |
| ,  | Certified Mail   |   |   |
|  | Registered Return Receipt for Merchandise  |   |   |
|  | ☐ Insured Mail ☐ C.O.D.  |   |   |
|  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |   |   |
| 2. Article Number (Copy from service label)  | N13  |   |   |
| 7001   | 0320 0003 9963 1174  |   |   |
| PS Form 3811, July 1999 Domestic F   | Return Receipt 102595-99-M-1789  | • |   |
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| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |   |   |
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| Item 4 if Restricted Delivery is desired.  | A. Received by (Please Print Clearly)  B. Date of Delivery   |   |   |
| Print your name and address on the reverse   | 9-27-02  |   |   |
| so that we can return the card to you.   | C. Signature   |   |   |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.  | X Addressee  |   |   |
|  | D. Is delivery address different from item 1?  Yes   |   |   |
| Article Addressed to:  | If YES, enter delivery address below:  |   |   |
| •  | -  |   |   |
| Dean Laughlin  |  |   |   |
| 2356 Fuller Lane   |  |   |   |
| Lebanon, OR 97355  |  |   |   |
|  | 3. Service Type  |   |   |
|  | Certified Mail   |   |   |
|  | ☐ Registered ☐ Return Receipt for Merchandise  | • |   |
|  | ☐ Insured Mail ☐ C.O.D.  |   |   |
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| PS Form 3811, July 1999  Domestic I  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,   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  Agent  |   | • |
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| PS Form 3811, 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.  Article Addressed to:  Hosfeldt Family Partners  | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?   Yes  |   | • |
| PS Form 3811, July 1999  SENDER: GOMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Hosfeldt Family Partners Arthur D. Hosfeldt, III and   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?   Yes  |   | • |
| PS Form 3811, 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.  Article Addressed to:  Hosfeldt Family Partners Arthur D. Hosfeldt, III and David N. Hosfeldt, Gen. Partners   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?   Yes  |   |   |
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| PS Form 3811, 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.  Article Addressed to:  Hosfeldt Family Partners Arthur D. Hosfeldt, III and David N. Hosfeldt, Gen. Partners 227 Brighton Ln   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signatur  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  3. Service Type Certified Mail  |   |   |
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| PS Form 3811, 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.  Article Addressed to:  Hosfeldt Family Partners Arthur D. Hosfeldt, III and David N. Hosfeldt, Gen. Partners 227 Brighton Ln   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  3. Service Type Certified Mail   |   |   |
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| PS Form 3811, 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.  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)  C. Signature  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  3. Service Type Certified Mail   |   |   |
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| PS Form 3811, 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.  Article Addressed to:  Hosfeldt Family Partners Arthur D. Hosfeldt, III and David N. Hosfeldt, Gen. Partners 227 Brighton Ln Redwood City, CA 94061  2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic F  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signatur  Agent  Addressee  D. Is delivery address different from item 17 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  D32   D03 9963 2324  Return Receipt   102595-99-M-1789  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)   B. Date of Delivery   William C. Keilouth Services  |   |   |
| PS Form 3811, July 1999  Domestic I  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Hosfeldt Family Partners Arthur D. Hosfeldt, III and David N. Hosfeldt, Gen. Partners 227 Brighton Ln Redwood City, CA 94061  PS Form 3811, July 1999  Domestic 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.   | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Peturn Receipt  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  A. Received by (Please Print Clearly)  C. Signature  C. Signature  B. Date of Delivery  B. Date of Delivery  C. Signature  |   |   |
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| PS Form 3811, 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.  Article Addressed to:  Hosfeldt Family Partners Arthur D. Hosfeldt, III and David N. Hosfeldt, Gen. Partners 227 Brighton Ln Redwood City, CA 94061  PS Form 3811, July 1999  Domestic 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,  | COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No  3. Service Type    Certified Mail   Express Mail   No   Registered   Return Receipt for Merchandise   No   Insured Mail   C.O.D.   4. Restricted Delivery? (Extra Fee)   Yes    COMPLETE THIS SECTION ON DELIVERY    A. Received by (Please Print Clearly)   B. Date of Delivery   Section C. Signature   Agent   Agent   Agent   Addressee   D. Is delivery address different from item 1?   Yes   |   |   |
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