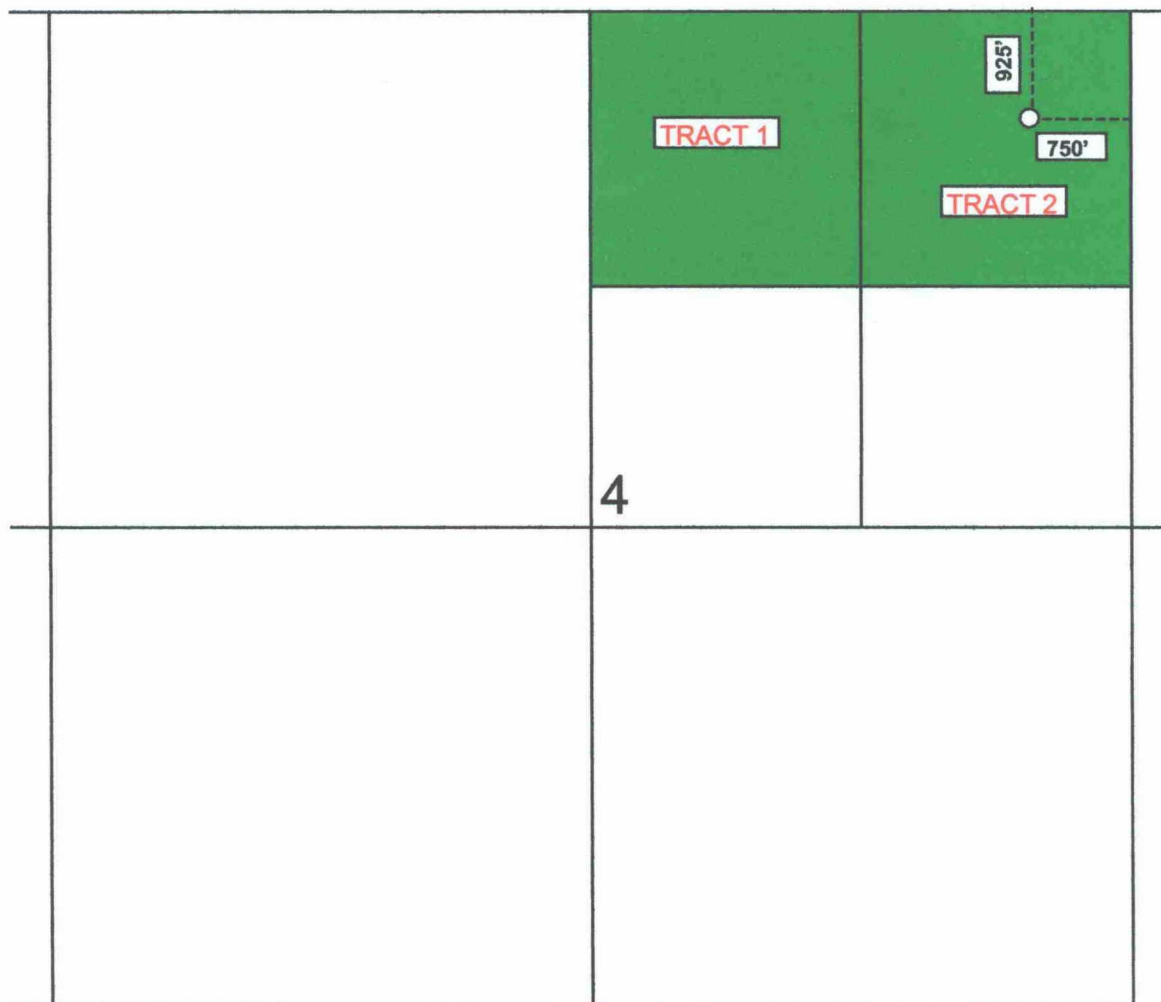


**COOPER 4 NO. 2 WELL
Lease Map**

**Plat of Proposed Compulsory Pooling Area covering the North Half of the
Northeast Quarter of Section 4, Township 20 South, Range 37 East, Lea
County, New Mexico**



80-ACRE UNIT OUTLINE = N/2 NE/4

TRACT 1: NW/4 NE/4, being 40 acres, covered by Oil and Gas Lease dated August 5, 1926, recorded in Book 4, Page 425, by and between J. W. Cooper and wife, Ola Cooper, as Lessors, and R. E. Cornett, as Lessee

TRACT 2: NE/4 NE/4, being 40 acres, covered by:

- 1) Oil and Gas Lease dated May 24, 1940, recorded in Book 43, Page 553, by and between James W. Cooper and wife, Ola Cooper, as Lessors, to B. H. Nolen, as Lessee**

AND

- 2) Oil and Gas Lease dated June 26, 1940, recorded in Book 43, Page 566, by and between L. H. Wentz, a bachelor, as Lessor, and B. H. Nolen, as Lessee**

**BEFORE THE
OIL CONSERVATION DIVISION
Case No. 12863 Exhibit No. 1
Submitted By: *Matador Petroleum Corp.*
Hearing Date: May 30, 2002**

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285

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 Cooper 4 Well No. 2 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket scheduled for 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. 12863 Exhibit No. 2
Submitted By:
Matador Petroleum Corp.
Hearing Date: May 30, 2002

NOTICE OF POOLING HEARING
Cooper 4 #2 Well
N/2 NE/4 Section 4, T20S-R37E
Lea County, New Mexico

Occidental Permian Ltd., Partnership &
Attn: David Evans
P. O. Box 50250
Midland, TX 79710

Amerada Hess Corporation
Attn: Donald L. Adams
500 Dallas, Level 2
Houston, TX 77002

Baptist Foundation of Texas
Attn: James E. Bartell
1601 Elm, Suite 1700
Dallas, TX 75201

Black Stone Minerals Company, LP
1001 Fannin, Suite 2020
Houston, TX 77002

Muriel Shepherd Butler
1936 Nobel Avenue
Springfield, IL 62704

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

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

The Harris Family Trust
Raymond Harris & Vivian Harris, Co-Trustees
12313 N. 71st Drive
Peoria, AZ 85381

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

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

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

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

Lucinda Talcott Hoose
35565 Beach Rd
Capistrano Beach, CA 92624

Monica Hoose Estate Agency
c/o First Union National Bank
P. O. Box 40062 FL0135
Jacksonville, FL 32202

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

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

Allison Lynn Hughes
405 E. Laurel
Garden City, KS 67846-5654

Judith Humpherys
P O Box 917
Santa Monica, CA 90406

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

Estate of W T Jordan, Deceased
c/o Tom 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
P O 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

Estate of Ila Grace Norris
405 E. Laurel
Garden City, KS 67846-5654

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

Gary Reed, Trustee of the 1993 Gary Earl
& Christine Diane Reed Revocable Trust
P. O. Box 1230
Porterville, CA 93258

Gary Reed, Trustee of the 1994 Archie &
Gwendolyn Reed Revocable Trust
P. O. Box 1230
Porterville, CA 93258

Gary Reed, Trustee of the 1994 Earl
Reed & Ruth Reed Revocable Trust
P. O. Box 1230
Porterville, CA 93258

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

Samson Resources Company
Attn: Chris Fling
P. O. Box 94339
Tulsa, OK 74104

John L. Shepherd
10324 Yukon Avenue South
Bloomington, MN 55438

Shriners Hospitals for Children
P. O. Box 31356
Tampa, FL 33631-3356

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

**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 N/2NE/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 Cooper 4 Well No. 2 drilled and completed at an standard well location in Unit A 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 San Andres to the base of the Drinkard formation underlying the N/2NE/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 28 royalty and overriding royalty interest owners to has obtained written approval from 8 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 20 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 16, 2002.

WHEREFORE, applicant requests that this application be set for hearing of May 16, 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 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) B. Date of Delivery 4-27</p> <p>C. Signature X <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>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>1. Article Addressed to: C 4-2</p> <p>Clinton M Hoose Jr Family Mineral Trust 7 Coventry Newport Beach, CA 92660</p>	<p>2. Article Number (Copy from service label) 7001 0320 0003 9963 1105</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) B. Date of Delivery 4-27-02</p> <p>C. Signature X Vivian M. Harris <input type="checkbox"/> Agent <input checked="" 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>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>1. Article Addressed to: C 4-2</p> <p>The Harris Family Trust Raymond Harris & Vivian Harris, Co-Trustees 12313 N 71st Dr Peoria, AZ 85381</p>	<p>2. Article Number (Copy from service label) 7001 0320 0003 9963 1112</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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<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) B. Date of Delivery 4-27-02</p> <p>C. Signature X Jocelyn Fambles <input type="checkbox"/> Agent <input checked="" 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>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>1. Article Addressed to: C 4-2</p> <p>Baptist Foundation of Texas ATTN: James E. Bartell 1601 Elm, Suite 1700 Dallas, TX 75201</p>	<p>2. Article Number (Copy from service label) 7001 0320 0003 9963 1136</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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<p>1. Article Addressed to: C 4-2</p> <p>CMM Mineral Holdings LLC fbo Clinton M. Hoose III, Michael F. Hoose, & Melinda H. Wheeler 7 Coventry Newport Beach, CA 92660</p>	<p>2. Article Number (Copy from service label) 7001 0320 0003 9963 1570</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.		<table border="1"><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td colspan="2">Julie Larson 4/29/02</td></tr><tr><td>C. Signature</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td colspan="2">X Julie Larson</td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr></table>		A. Received by (Please Print Clearly)	B. Date of Delivery	Julie Larson 4/29/02		C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	X Julie Larson		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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Julie Larson 4/29/02													
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X Julie Larson													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
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.											
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
2. Article Number (Copy from service label)		7001 0320 0003 9963 1419											
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789											

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<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.		<table border="1"><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td colspan="2">B. Cunningham</td></tr><tr><td>C. Signature</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td colspan="2">X B. Cunningham</td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr></table>		A. Received by (Please Print Clearly)	B. Date of Delivery	B. Cunningham		C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	X B. Cunningham		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
B. Cunningham													
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X B. Cunningham													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
1. Article Addressed to: Monica Hoose Estate Agency c/o First Union National Bank ATTN: Linn A. Willers P O BOX 40062 FL0135 Jacksonville, FL 32202		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 1587											
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789											

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<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.		<table border="1"><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td colspan="2">APR 29 2002</td></tr><tr><td>C. Signature</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td colspan="2">X [Signature]</td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr></table>		A. Received by (Please Print Clearly)	B. Date of Delivery	APR 29 2002		C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	X [Signature]		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
APR 29 2002													
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X [Signature]													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
1. Article Addressed to: Shriners Hospitals For Children PO BOX 31356 Tampa, FL 33631-3356		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 1556											
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789											

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A. Received by (Please Print Clearly)	B. Date of Delivery												
Lynn Jordan													
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X [Signature]													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
1. Article Addressed to: Marjorie Jane 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.											
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
2. Article Number (Copy from service label)		7001 0320 0003 9963 1433											
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789											

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<p>1. Article Addressed to: <u>C4-2</u></p> <p> Robert Hoose 1911 1/2 Cliff Drive Newport Beach, CA 92663</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 1082</u></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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<p>1. Article Addressed to: <u>C4-2</u></p> <p> Emely Ann Edwards 224 W. 7th Street Bristow, OK 74010</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 1037</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>Michelle C. Shepherd</u> B. Date of Delivery <u>4-29-02</u></p> <p>C. Signature <u>X</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <u>10324 Yukon Avenue South</u></p>
<p>1. Article Addressed to:</p> <p> John L. Shepherd 10324 Yukon Avenue South Bloomington, MN 55438</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 1488</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 C. Hoose</u> B. Date of Delivery <u>4-29-02</u></p> <p>C. Signature <u>X</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <u>Balboa Island, CA 92662</u></p>
<p>1. Article Addressed to:</p> <p> Jake C Hoose 331 1/2 Coral Avenue Balboa Island, CA 92662</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 1594</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.		<table border="1"><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td>JAKE COOPER</td><td>5-1-02</td></tr><tr><td>C. Signature</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td>X <i>Jake Cooper</i></td><td></td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr></table>		A. Received by (Please Print Clearly)	B. Date of Delivery	JAKE COOPER	5-1-02	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	X <i>Jake Cooper</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
JAKE COOPER	5-1-02												
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X <i>Jake Cooper</i>													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
1. Article Addressed to: C4-2		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
Jimmie Baum Cooper P. O. Box 36 Monument, NM 88265		7001 0320 0003 9963 1044											
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.		<table border="1"><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td>Julie Larson</td><td>4/29/02</td></tr><tr><td>C. Signature</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td>X <i>Julie Larson</i></td><td></td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr></table>		A. Received by (Please Print Clearly)	B. Date of Delivery	Julie Larson	4/29/02	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	X <i>Julie Larson</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
Julie Larson	4/29/02												
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X <i>Julie Larson</i>													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
1. Article Addressed to:		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
Richard Lyons Moore 310 W. Wall Street, Suite 404 Midland, TX 79701		7001 0320 0003 9963 1501											
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.		<table border="1"><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td>EARL REED</td><td>4/29/02</td></tr><tr><td>C. Signature</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td>X <i>Earl Reed</i></td><td></td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr></table>		A. Received by (Please Print Clearly)	B. Date of Delivery	EARL REED	4/29/02	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	X <i>Earl Reed</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
EARL REED	4/29/02												
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X <i>Earl Reed</i>													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
1. Article Addressed to:		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
Gary Reed, Trustee of the 1993 Gary Earl & Christine Diane Reed Rev Trust P O Box 1230 Porterville, CA 93258		7001 0320 0003 9963 1525											
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.		<table border="1"><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td>MARCELLE REED</td><td>4-25-02</td></tr><tr><td>C. Signature</td><td><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td>X <i>Marcelle Reed</i></td><td></td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</td></tr></table>		A. Received by (Please Print Clearly)	B. Date of Delivery	MARCELLE REED	4-25-02	C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	X <i>Marcelle Reed</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
MARCELLE REED	4-25-02												
C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee												
X <i>Marcelle Reed</i>													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No													
1. Article Addressed to:		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
G. Alan Reed & Judith R. Humphreys, Trustees u/w/o H E Reed, Deceased P O Box 710 Pacific Palisades, CA 90272		7001 0320 0003 9963 1426											
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) EARL REED	B. Date of Delivery 5/1/02
	C. Signature X [Signature] <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Gary Reed, Trustee of the 1994 Earl Reed & Ruth Reed Rev Trust PO BOX 1230 Porterville, CA 93258	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 1532		
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) Julie Larson	B. Date of Delivery 5/1/02	
	C. Signature X [Signature] <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		
1. Article Addressed to: Michael Harrison Moore 310 W. Wall Street, Suite 404 Midland, TX 79701	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 1402			
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) Teresa Blackburn	B. Date of Delivery 4-27-02	
	C. Signature X [Signature] <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		
1. Article Addressed to: R. Cragin Lambert 4676 W. Jacquelyn Avenue Fresno, CA 93722	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 1396			
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) Tom Jordan	B. Date of Delivery 5/1/02	
	C. Signature X [Signature] <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		
1. Article Addressed to: C 4-2 Estate of W 1 Jordan, Deceased c/o Tom Jordan P. O. Box 3347 Wichita Falls, TX 76301-0347	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 1372			
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) B. Date of Delivery 4/27/02</p> <p>C. Signature X <i>Ally Butler</i> <input type="checkbox"/> Agent <input checked="" 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>	
1. Article Addressed to: C 4-2		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.	
Muriel Shepherd Butler 1936 Nobel Ave. Springfield, IL 62704		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label)		7001 0320 0003 9963 1129	
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) B. Date of Delivery Friedman 4/29/02</p> <p>C. Signature X <i>Friedman</i> <input checked="" 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 checked="" type="checkbox"/> No</p>	
1. Article Addressed to:		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.	
Wilson's Children's Trust Dtd. 7/2/84 Frances C. Grigsby and Joseph S. Deitch, Trustees 199 Independence Road Concord, MA 01742-2643		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label)		7001 0320 0003 9963 1495	
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) B. Date of Delivery</p> <p>C. Signature X <i>W C Kellough</i> <input type="checkbox"/> Agent <input checked="" 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>	
1. Article Addressed to:		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.	
William C. Kellough 1965 E. 33 Place Tulsa, OK 74105		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label)		7001 0320 0003 9963 1440	
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) B. Date of Delivery EARL REED 4-29-02</p> <p>C. Signature X <i>Earl Reed</i> <input type="checkbox"/> Agent <input checked="" 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>	
1. Article Addressed to:		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.	
Gary Reed, Trustee of the 1994 Archie & Gwendolyn Reed Rev Trust P O Box 1230 Porterville, CA 93258		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service la		7001 0320 0003 9963 1457	
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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MARCELLE REED B. Date of Delivery 4-29-02
C. Signature X Marcelle Reed ☐ 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 1471

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: C 4-2

Amerada Hess Corporation
ATTN: Donald L. Adams
500 Dallas, Level 2
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Russell Adams B. Date of Delivery 4/25/02
C. Signature X Russell Adams ☐ 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 1143

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: C 4-2

Black Stone Minerals Company, LP
1001 Fannin, Suite 2020
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Faulette Colbert B. Date of Delivery 4-29-02
C. Signature X Faulette Colbert ☐ 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 1051

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: C 4-2

Occidental Permian Ltd. Partnership
ATTN: David Evans
P. O. Box 50250
Midland, TX 79710-0250

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DAVID EVANS B. Date of Delivery 4/29/02
C. Signature X David Evans ☐ 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 1068

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:

Samson Resources Company
ATTN: Chris Fling
P. O. Box 94339
Tulsa, OK 74104

COMPLETE THIS SECTION ON DELIVERYA. Received by (Please Print Clearly) **MAY 14 2002***G. E. Enkhbat*

C. Signature

X G. E. Enkhbat☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7001 0320 0003 9963 1549