

**HUERFANO UNIT AREA**  
**NMOCD HEARING - JUNE 3, 1993**  
**Fruitland Coal/Pictured Cliffs Commingle Application**  
**Case No. 10735**

**Application**

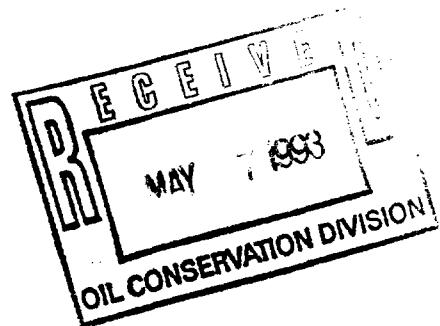
- A: Unit Plat**
- B: Offset Ownership Plats**
  - 1. Huerfano Unit #46
  - 2. Huerfano Unit #59
  - 3. Huerfano Unit #549
- C: Huerfano Unit Ownership Reports**
  - 1. Dakota P.A.
  - 2. Pictured Cliffs P.A.
  - 3. Fruitland Coal P.A.
- D: Names of All Parties Receiving Notice**
  - All Parties on B1, B2, B3
  - All Parties on C1, C2, C3
- E: Certificate of Compliance with Order R-8054**
- F: Huerfano Unit Indicator Map**
- G: Cross-Section A-A' (Huerfano Unit #46-#59)**
- H: Net Coal Isopach (Huerfano Unit #46-#59)**
- I: Pictured Cliffs Net Pay Isopach (Huerfano Unit #46-#59)**
- J: Pictured Cliffs Net Pay Isopach (Huerfano Unit #549)**
- K: Net Coal Isopach (Huerfano Unit #549)**
- L: Fruitland Coal Structure (Huerfano Unit #549)**
- M: Cross B-B' (Huerfano Unit #549)**
- N: Workover Procedure (Huerfano Unit #46, #59)**
- O: Allocation Formula**

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

IN THE MATTER OF THE HEARING  
CALLED BY THE OIL CONSERVATION  
DIVISION FOR THE PURPOSE OF  
CONSIDERING:

CASE NO. \_\_\_\_\_

APPLICATION OF MERIDIAN OIL INC.  
FOR DOWNHOLE COMMINGLING AND FOR  
AN ADMINISTRATIVE DOWNHOLE  
COMMINGLING PROCEDURE FOR THE  
HUERFANO UNIT, SAN JUAN COUNTY,  
NEW MEXICO.



A P P L I C A T I O N

Comes now MERIDIAN OIL INC., by and through its attorneys Kellahin and Kellahin, and applies to the New Mexico Oil Conservation Division for approval of an administrative procedure for the Huerfano Unit to downhole commingle production from the Pictured Cliffs formation and the Basin Fruitland Coal Gas Pool within the Huerfano Unit with the three initial wells for downhole commingling being:

- (1) Huerfano Unit Well #46, located 1650 feet FSL and 1650 feet FWL, (Unit K) Section 23, T26N, R9W, NMPM, with an existing 160-acre spacing unit consisting of the SW/4 and a proposed 320-acre spacing unit consisting of

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the W/2, both in Section 23 and being an existing Ballard Pictured Cliffs Gas Pool well to be recompleted and commingled with the Basin Fruitland Coal Gas Pool;

(2) Huerfano Unit Well #59, located 890 feet FNL and 1750 feet FEL, (Unit B) Section 26, T26N, R9W, NMPM, with an existing 160-acre spacing unit consisting of the NE/4 and a proposed 320-acre spacing unit consisting of the N/2 both in Section 26, and being an existing Ballard Pictured Cliffs Gas Pool well to be recompleted and commingled with the Basin Fruitland Coal Gas Pool; and

(3) Huerfano Unit Well #549, located 1190 feet FNL and 890 feet FEL, (Unit A) Section 33, T27N, R10W, NMPM, with a proposed 320-acre spacing unit consisting of the E/2 and a proposed 160-acre spacing unit consisting of the NE/4 both in Section 33 and being a new well to be drilled for commingling of West Kutz-Pictured Cliffs Gas Pool and Basin-Fruitland Coal Gas Pool production; all in San Juan County, New Mexico and,

IN SUPPORT THEREOF STATES:

1. Meridian Oil Inc. ("Meridian") is the operator of the Huerfano Unit which includes all vertical intervals within the unit boundary but is a "divided" unit consisting of various participating areas for production from various pools.

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2. The Huerfano Unit is a federal exploratory unit comprising some 63,122 acres, more or less, in portions of Townships 25, 26 and 27 North and Ranges 9, 10 and 11 West, NMPM, San Juan County, New Mexico all as set forth on Exhibit A attached hereto.

3. The current Pictured Cliffs Participating Area for the Unit contains 9,670.42 acres, more or less, and consists of non-contiguous leaseholds as identified on Exhibit A attached hereto.

4. The current Basin-Fruitland Coal Gas Pool Participating Area for the Unit contains 320.00 acres, more or less, and is a single spacing unit consisting of the N/2 Section 28, T26N, R9W, NMPM, as identified on Exhibit A attached hereto.

5. Meridian as unit operator proposes to recomplete Unit Wells #46 and #59 as a downhole commingled gas-gas wells between various pool designated within the unit for Pictured Cliffs formation gas production and the Basin-Fruitland Coal Gas Pool. Said wells will be located within the current Pictured Cliffs Participating Area but outside the current Basin-Fruitland Coal Gas Participating Area.

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6. Meridian as unit operator proposes to drill Unit Wells #549 as new well for the downhole commingled gas-gas wells between the West Kutz-Pictured Cliffs Gas Pool and the Basin-Fruitland Coal Gas Pool. Said well will be located outside both the current Pictured Cliffs Participating Area and the current Basin-Fruitland Coal Gas Participating Area.

7. The West Kutz-Pictured Cliffs Gas Pool and the Ballard Pictured Cliffs Gas Pool are the two Pictured Cliffs formations pools within the boundaries of the Huerfano unit and each is being developed on 160-acre gas spacing units.

8. The Basin-Fruitland Coal Gas Pool is spaced on 320-acre gas spacing units.

9. Applicant further seeks an administrative procedure for obtaining further downhole commingling approvals for Pictured Cliffs formation and Basin-Fruitland Coal Gas Pool wells within the Huerfano Unit without notice hearing and without the requirement that each offsetting operator and each interest owner in the Pictured Cliffs Participating Area and Basin-Fruitland Coal Gas Pool Participating Area be notified of such commingling.

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10. In accordance with Division Rule 303-C-1.(b), the Applicant states and will demonstrate at hearing:

A. That the commingling is necessary to permit the most efficient means for the remaining recovery of both Pictured Cliffs and Basin-Fruitland Coal gas within the unit.

B. It is not otherwise economic to attempt to drill and complete separate wells in the unit for either Pictured Cliffs production or for Basin-Fruitland Coal Gas production.

C. It is not otherwise economic to attempt to drill and dually complete wells in the unit for Pictured Cliffs production and Basin-Fruitland Coal Gas production.

D. That there will be no significant crossflow between the two zones to be commingled.

E. That while the ownership in each of the two participating areas is not common between the two pools, no impairment of correlative rights will occur.

F. It is expected that the bottom hole pressure of the lower pressure zone is not less than 50 percent of the bottom hole pressure of the higher pressure zone adjusted to a common datum.

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G. That the value of the commingled production will not be less than the sum of the values of the individual production.

11. Applicant seeks the approval of an allocation formula for the equitable distribution of production between the two pools based upon separate production tests of each zone prior to commingling.

12. The ownership between the Pictured Cliffs participating area and the Basin-Fruitland Coal Gas participating area in the Huerfano Unit is not identical and accordingly, Applicant seeks the approval of the Division after notice and hearing.

13. Applicant requests that this matter be docketed for hearing on the Division's Examiner docket now scheduled for June 3, 1993.

14. Copy of this application has been sent to all offsetting operators as set forth on Exhibit "B" and to the owners of interests in the affected production within the Huerfano Unit as set forth on Exhibits "C," "D" and "E."

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WHEREFORE Applicant requests that this matter be set for hearing on June 3, 1993 before a duly appointed Examiner of the Oil Conservation Division and that after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted,

KELLAHIN AND KELLAHIN,

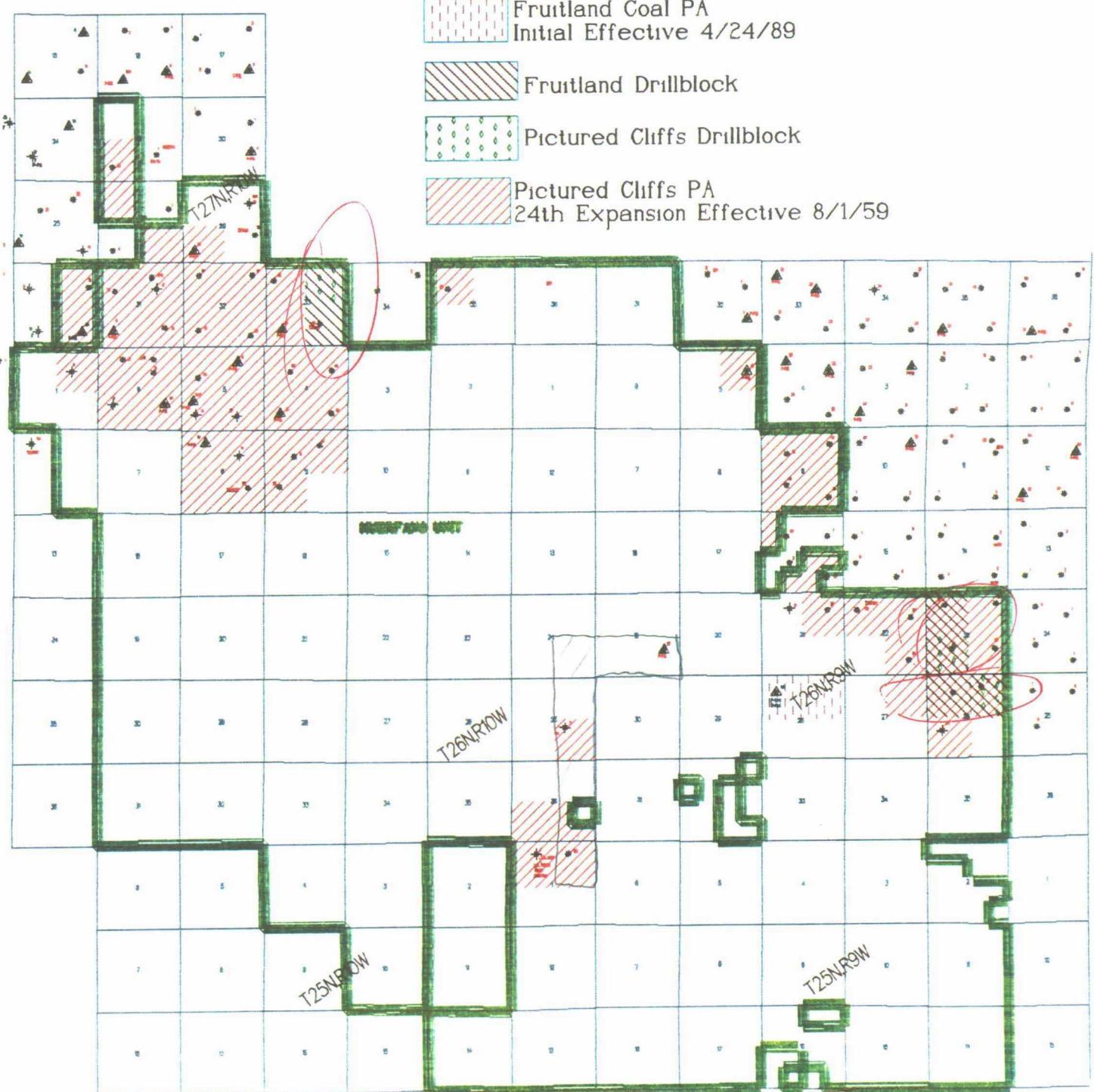
BY:

  
W. Thomas Kellahin  
P. O. Box 2265  
Santa Fe, New Mexico 87504  
(505) 982-4285  
ATTORNEYS FOR APPLICANT

**EXHIBIT A**

# Exhibit A

## HUERFANO UNIT



(Huerfano Unit Boundary)

**EXHIBIT B**

# HURFANO UNIT #46

W/2 Section 23, T26N, R9W

## Offset Operator Schedule

	NM-4516				NM-4516				NM-4113			
B	B				14							
	15					B						
A	A	A	A	A	A	A	A	A	NM-4113	NM-4111		
A	A	A	A	A	A	A	A	A				
22					23							
A	A	A	A	A			A	A	B			
A	A	A	A	A			A	A		B		
A	A	A	A	A	A	A	A	A		NM-4113		
A	A	A	A	A	A	A	A	A	B		B	
27					26							
A	A	A	A	A	A	A	A	A		25	NM-4886	
A	A	A	A	A	A	A	A	A	B		B	

Fruitland Coal  
Formation Dedicated  
Drillblock

Pictured Cliffs  
Formation Dedicated  
Drillblock

PC

FRT COAL

**A.** Huerfano Unit

Meridian Oil Inc.

Meridian Oil Inc.

**B.** Non-Unit

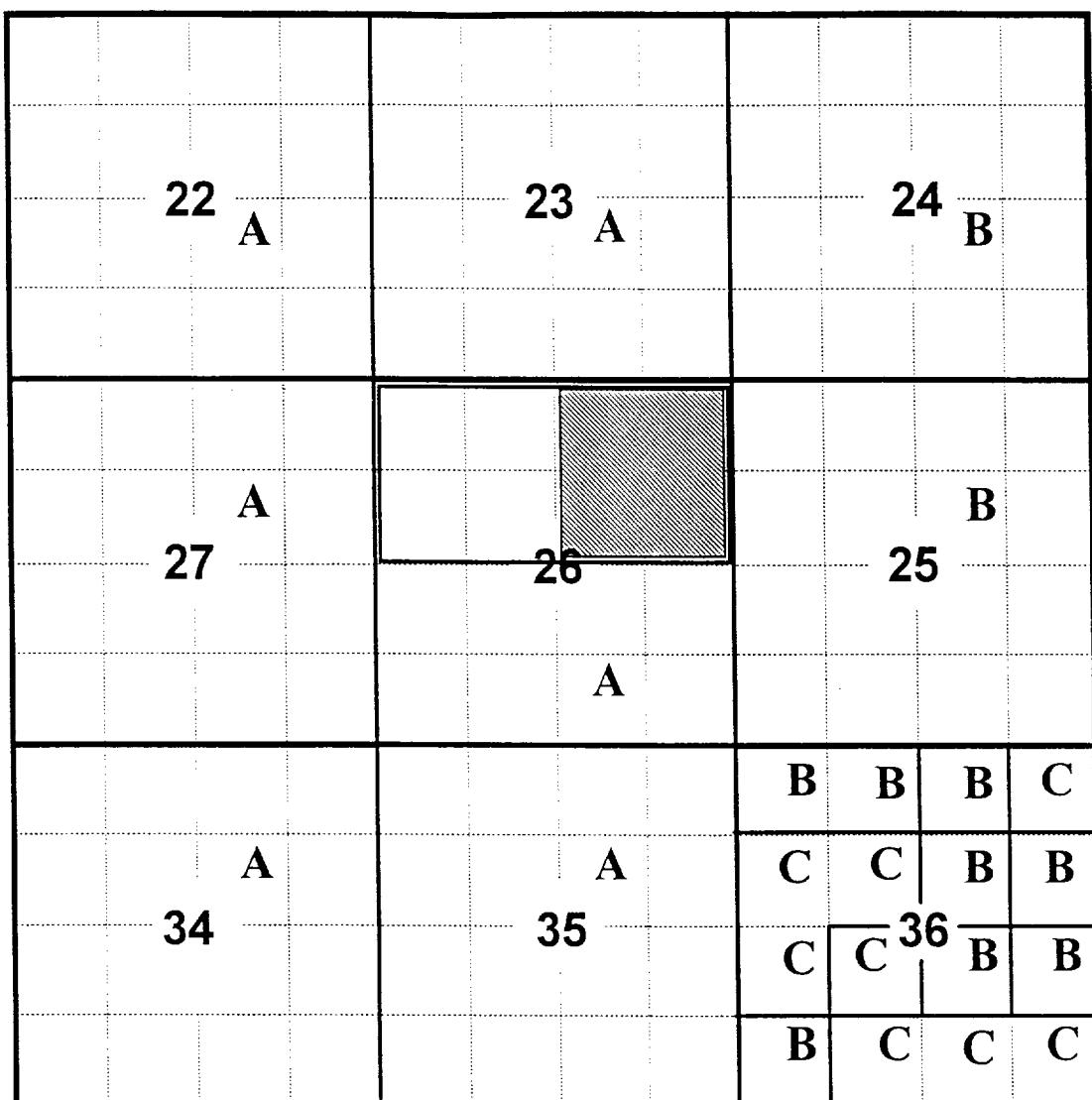
Meridian Oil Inc.

Meridian Oil Inc.

# HUERFANO UNIT #59

N/2 Section 26, T26N, R9W

Offset Operator Schedule



Fruitland Coal  
Formation

PC

Pictured Cliffs  
Formation

FRT COAL

**A.** Huerfano Unit      Meridian Oil Inc.      Meridian Oil Inc.

**B.** Non-Unit      Meridian Oil Inc.      Meridian Oil Inc.

**C.** Non-Unit      Dow Oil Corporation      Dow Oil Corporation  
                          Curtis J Little      Curtis J Little  
                          Shea Oil & Gas Co Inc.      Shea Oil & Gas Co Inc.

**HUERFANO UNIT #59**

Dow Oil Corporation  
P.O. Box 769  
Geyserville, CA 95441

Curtis J. Little  
P.O. Box 1258  
Farmington, NM 87499-1258

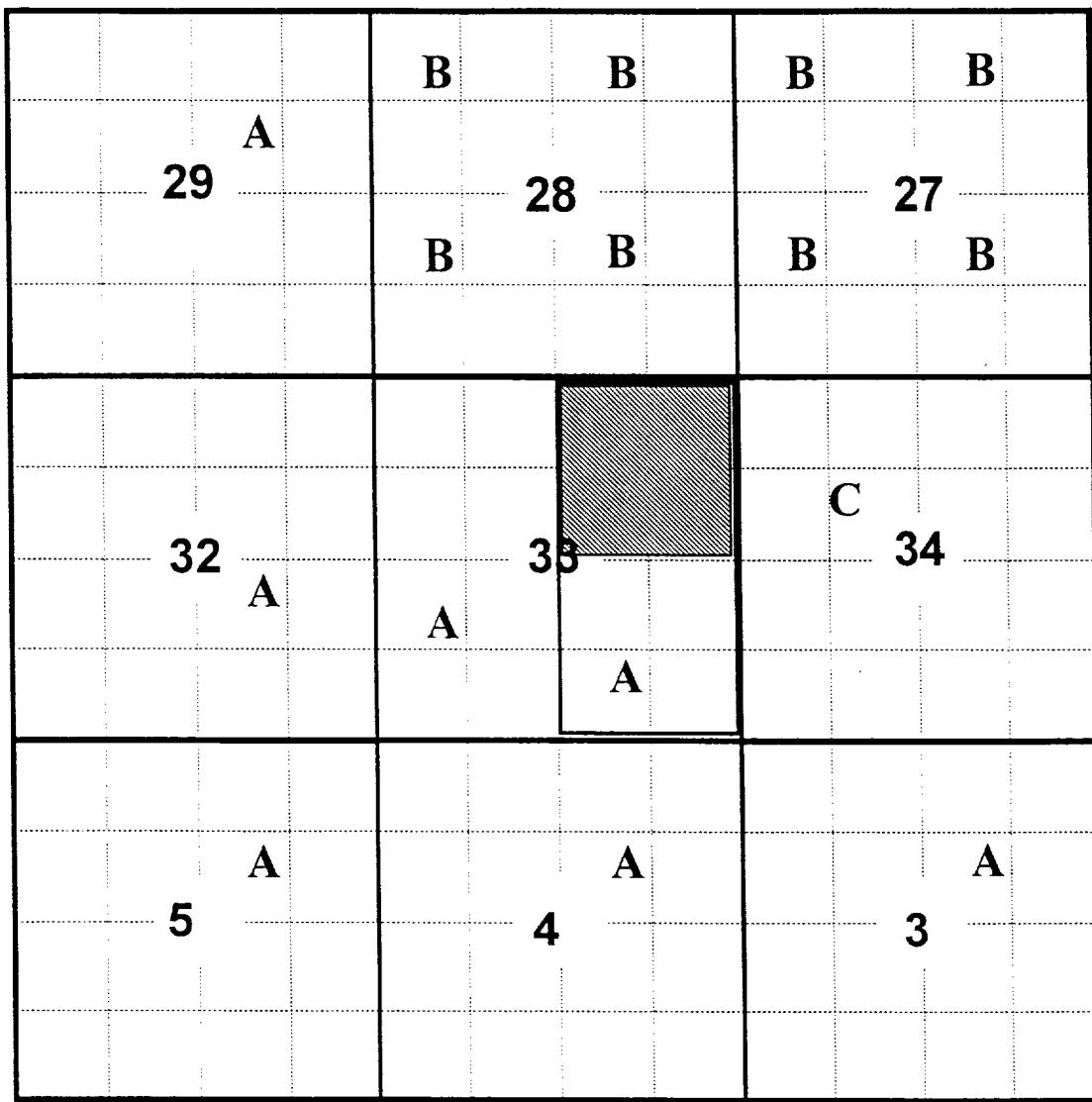
Shea Oil & Gas Co  
3232 W Britton Rd Ste 280  
Oklahoma City, OK 73120-2032

EXHIBIT B

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# HUERFANO UNIT #549

TOWNSHIP 27 NORTH, RANGE 10 WEST



Fruitland Coal  
Formation

PC

A. HUERFANO UNIT

Meridian Oil Inc.

FRT COAL

Meridian Oil Inc.

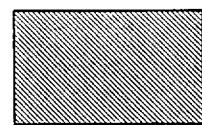
B. NON-UNIT

Meridian Oil Inc.

Meridian Oil Inc.

C. NON-UNIT

Curtis Little Oil & Gas Curtis Little Oil & Gas



Pictured Cliffs  
Formation

**HUERFANO UNIT #549**

Curtis J. Little  
P.O. Box 1258  
Farmington, NM 87499-1258

**EXHIBIT B**

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**EXHIBIT C**

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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY								
00797100	HUFRFAND - PC	MOI	NM, SAN JUAN								
OWNER	ITYPE	EXP. DATE	EXP. NO.	===== O I L =====	TRUE OWNERSHIP	NET WORKING	GROSS INT	===== G A S =====	TRUE OWNERSHIP	NET WORKING	GROSS INT
000030-02 MARIANNE WEILL LESTER	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.004309	0.000000	0.000000	0.000000
000141-01 W BENTON HARRISON III	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.025853	0.000000	0.025853	0.000000
000355-01 SIDNEY E LICHT	ORRI	080159	24A	0.000323	0.000000	0.000323	0.000000	0.004309	0.000000	0.004309	0.000000
000416-01 DR ALEXANDER LORE	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.004309	0.000000	0.004309	0.000000
000418-01 MARGARET JENSIS DECD	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.00647	0.000000	0.00647	0.000000
000464-01 ANNE ZACHAREK	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.00647	0.000000	0.00647	0.000000
000599-01 MURRAY LANGFELDER	ORRI	080159	24A	0.000323	0.000000	0.000323	0.000000	0.00323	0.000000	0.00323	0.000000
000672-01 EDWARD GRAPEL	ORRI	080159	24A	0.000323	0.000000	0.000323	0.000000	0.00000	0.000000	0.00000	0.000000
000673-01 LAWRENCE L LAVALLE	ORRI	080159	24A	0.001292	0.000000	0.001292	0.000000	0.00000	0.000000	0.00000	0.000000
000800-01 NELLY LIDELL	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.000647	0.000000	0.000647	0.000000
000868-01 WILLIAM V LICHT	ORRI	080159	24A	0.002262	0.000000	0.002262	0.000000	0.02262	0.000000	0.02262	0.000000
000882-01 NANCY L FOX	ORRI	080159	24A	0.00242	0.000000	0.00242	0.000000	0.00242	0.000000	0.00242	0.000000
000883-01 ENID CAROL BARTON	ORRI	080159	24A	0.000242	0.000000	0.000242	0.000000	0.00000	0.000000	0.00000	0.000000
001290-01 TOTAL MINATOME CORPORATIO	ORRI	080159	24A	0.053628	0.000000	0.053628	0.000000	0.00069	0.000000	0.00069	0.000000
001356-01 JEAN SAMMONS	ORRI	080159	24A	0.00069	0.000000	0.00069	0.000000	0.00069	0.000000	0.00069	0.000000
001455-01 EST MYRON LIDELL DECD	ORRI	080159	24A	0.00647	0.000000	0.00647	0.000000	0.00647	0.000000	0.00647	0.000000
001535-01 FLORENCE DUBLIER AW	ORRI	080159	24A	0.001939	0.000000	0.001939	0.000000	0.00000	0.000000	0.00000	0.000000
001621-01 HELEN G PIENKOWSKI	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.000647	0.000000	0.000647	0.000000
001909-02 EMILY D GRAMBLING	ORRI	080159	24A	0.000414	0.000000	0.000414	0.000000	0.000414	0.000000	0.000414	0.000000
002218-01 JULIA SIMPSON	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.000647	0.000000	0.000647	0.000000
002572-01 EST LOUISE WINDLE DECD	ORRI	080159	24A	0.107297	0.000000	0.107297	0.000000	0.107297	0.000000	0.107297	0.000000
002656-02 LEO A ACHTSCHIN	ORRI	080159	24A	0.005170	0.000000	0.005170	0.000000	0.005170	0.000000	0.005170	0.000000
002818-01 DANIEL D DUDEEN	ORRI	080159	24A	0.003878	0.000000	0.003878	0.000000	0.003878	0.000000	0.003878	0.000000
002819-01 DANIEL D DUDEEN TRUST B	ORRI	080159	24A	0.001292	0.000000	0.001292	0.000000	0.01292	0.000000	0.01292	0.000000
002820-02 ROBERT W DUDEEN	ORRI	080159	24A	0.003878	0.000000	0.003878	0.000000	0.003878	0.000000	0.003878	0.000000
003268-02 GUY A WEILL	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.00647	0.000000	0.00647	0.000000
003898-02 E JEAN KEYSER	ORRI	080159	24A	0.001292	0.000000	0.001292	0.000000	0.01292	0.000000	0.01292	0.000000
006329-01 ROBERT W DUDEEN TRUST A	ORRI	080159	24A	0.001292	0.000000	0.001292	0.000000	0.01292	0.000000	0.01292	0.000000
006647-01 MAXINE S GRAHAM	ORRI	080159	24A	0.002585	0.000000	0.002585	0.000000	0.02585	0.000000	0.02585	0.000000
006715-01 SIDNEY H DUNKEN	ORRI	080159	24A	0.000647	0.000000	0.000647	0.000000	0.00647	0.000000	0.00647	0.000000
007097-02 O J LILLY DECD	ORRI	080159	24A	0.040976	0.000000	0.040976	0.000000	0.040976	0.000000	0.040976	0.000000
012139-01 ANNE L EVINGER	ORRI	080159	24A	0.006398	0.000000	0.006398	0.000000	0.006398	0.000000	0.006398	0.000000
015000-02 JERRY J ANDREW	ORRI	080159	24A	0.007756	0.000000	0.007756	0.000000	0.007756	0.000000	0.007756	0.000000
015190-02 R H FEUILLE	ORRI	080159	24A	0.002027	0.000000	0.002027	0.000000	0.002027	0.000000	0.002027	0.000000
015268-01 MARY ANN HONEY	ORRI	080159	24A	0.005170	0.000000	0.005170	0.000000	0.005170	0.000000	0.005170	0.000000
016046-01 CLOA W BARKLEY ESTATE	ORRI	080159	24A	0.005170	0.000000	0.005170	0.000000	0.005170	0.000000	0.005170	0.000000
016054-02 SIDNEY L WEISS ESTATE	ORRI	080159	24A	0.001034	0.000000	0.001034	0.000000	0.001034	0.000000	0.001034	0.000000
016344-02 JAMES J JOHNSTON	ORRI	080159	24A	0.007756	0.000000	0.007756	0.000000	0.007756	0.000000	0.007756	0.000000

MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT

PROPERTY OWNER	UNIT NAME	OPERATOR	ST. COUNTY
		MOI	NM, SAN JUAN
016824-02 R E BEAMON	III	ORRI	0.046535 0.000000
016825-05 ROBERT BEAMON		ORRI	0.465966 0.000000
017096-01 KATHRYN D ASHY		ORRI	0.005171 0.000000
017252-02 LEE ETIA HEDBERG		ORRI	0.002585 0.000000
017364-02 PATTIE ANN BEAMON	LUNDELL	ORRI	0.670718 0.000000
017364-03 PATTIE ANN BEAMON	LUNDELL	ORRI	0.046535 0.000000
017644-02 JOHN A GRAMBLING		ORRI	0.000517 0.000000
018049-02 JOSEPHINE ADAMS	WESTEFELD	ORRI	0.160946 0.000000
018145-01 JAMES ROBERT MARTIN		ORRI	0.000000 0.000000
018633-02 PATRICIA G HARVEY		ORRI	0.000517 0.000000
018657-02 VIOLA I STEWART		ORRI	0.010341 0.000000
018790-03 FREDERICK EUGENE TURNER		ORRI	0.098729 0.000000
018790-04 FREDERICK EUGENE TURNER		ORRI	0.131756 0.000000
018791-02 J GLENN TURNER JR		ORRI	0.098729 0.000000
018791-03 J GLENN TURNER JR		ORRI	0.098729 0.000000
019122-03 ELLIS RUDY		ORRI	0.031023 0.000000
019192-01 ELIZABETH JEANNE CALLOWAY		ORRI	0.123412 0.000000
019192-02 ELIZABETH JEANNE CALLOWAY		ORRI	0.098729 0.000000
019193-02 ELIZABETH T CALLOWAY		ORRI	0.008344 0.000000
020626-01 DAVID G MCCLANE		ORRI	0.592365 0.000000
021216-01 ETTOLE POSTELLE		ORRI	0.010341 0.000000
021410-01 PATTI JO WOOD		ORRI	0.000000 0.000000
021955-03 JOHN LEE TURNER		ORRI	0.000000 0.000000
021955-04 JOHN LEE TURNER		ORRI	0.000000 0.000000
023642-05 WILLIAM G WEBB		ORRI	0.002559 0.000000
023642-13 WILLIAM G WEBB		ORRI	0.046207 0.000000
025604-01 EDITH R BRIGGS REVOCABLE		ORRI	0.036352 0.000000
025849-01 ROBERT P & ANNA D EARNEST		ORRI	0.008262 0.000000
025905-01 WILLIAM C BRIGGS		ORRI	0.001814 0.000000
025952-01 HERBERT R BRIGGS		ORRI	0.000000 0.000000
025965-01 TOM GALT		ORRI	0.016928 0.000000
026446-02 JANE C GORDEN		ORRI	0.082728 0.000000
026501-01 RICHARD B LODEWICK		ORRI	0.008645 0.000000
026521-01 BARBARA ANN BRUSS		ORRI	0.029780 0.000000
028715-01 ROGER B NIELSON		ORRI	0.007263 0.000000
028810-01 CAROLYN NIELSON SEDBERRY		ORRI	0.007263 0.000000
028720-01 U/W FOSTER MORELL DEC'D		ORRI	0.000000 0.000000
028774-01 U/W FOSTER MORELL DEC'D		ORRI	0.016525 0.000000
028783-01 LAURA PATRICIA LODEWICK		ORRI	0.008645 0.000000
028784-01 JOHN WIDNEY LODEWICK		ORRI	0.008645 0.000000
028810-01 C FRED LUTHY JR		ORRI	0.003582 0.000000
02885-01 ELIZABETH GALT CURRIER ES		ORRI	0.016928 0.000000
028132-01 LUCILLE PIRKIN		ORRI	0.165249 0.000000
028653-01 CARL R DENON ESTATE		ORRI	0.099261 0.000000
028942-03 TERESA HOME		ORRI	0.001724 0.000000
028682-01 ANN HOME EMMERSON TR		ORRI	0.001724 0.000000
030016-01 TYRENE F MAPEL		ORRI	0.010748 0.000000
030020-01 CHERYL L POTENZIANI		ORRI	0.003344 0.000000
030066-01 CYNTHIA VOGL		ORRI	0.003344 0.000000

Exhibit C  
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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY						
007971100	HUERRANO - PC	MOI	NM, SAN JUAN						
OWNER	ITYPE	EXP. DATE	EXP. NO.	TRUE OWNERSHIP	NET WORKING	L INT	TRUE OWNERSHIP	NET WORKING	GROSS INT
030067-01 JAMES B WOODARD	ORRI	080159	024A	0.003199	0.000000		0.003199	0.000000	
030140-02 CYRENE L INMAN	ORRI	080159	24	0.003582	0.000000		0.003582	0.000000	
030175-02 DORIS F FAMBRO	ORRI	080159	24A	0.004964	0.000000		0.004964	0.000000	
030355-01 ELEANOR WETMORE ESTATE	ORRI	080159	24	0.482837	0.000000		0.482837	0.000000	
030373-01 GUALTHEA WESTERMAN ESTAT	ORRI	080159	24A	0.005170	0.000000		0.005170	0.000000	
031116-10 AMOCO PRODUCTION COMPANY	ORRI	080159	24	0.327100	0.000000		0.327100	0.000000	
032526-05 ROGERS GIBBARD TRUST	ORRI	080159	24A	0.007756	0.000000		0.007756	0.000000	
03252-01 ROBERT BEAMON TRUSTEE	ORRI	080159	24A	0.491405	0.000000		0.491405	0.000000	
033593-02 MATAGORDA OIL COMPANY	ORRI	080159	24A	0.212450	0.000000		0.212450	0.000000	
033518-05 MARALO INC	ORRI	080159	24A	0.005170	0.000000		0.005170	0.000000	
033329-01 MELCONE CORPORATION	ORRI	080159	24A	0.031023	0.000000		0.031023	0.000000	
033498-03 GLOBAL NATURAL RESOURCES	ORRI	080159	24A	0.753227	0.000000		0.753227	0.000000	
033720-01 TOM L HALL TRUSTEE	ORRI	080159	24A	0.163802	0.000000		0.163802	0.000000	
033726-01 MABELLE HARDIE ROYALTY TR	ORRI	080159	24	0.001034	0.000000		0.001034	0.000000	
033745-01 BEN R HOWELL TRUST	ORRI	080159	24	0.000517	0.000000		0.000517	0.000000	
033498-01 HUFFAKER GREEN AND HUFFAK	ORRI	080159	24A	0.035763	0.000000		0.035763	0.000000	
035966-01 EULA MAY JOHNSTON TRUST	ORRI	080159	24A	0.031024	0.000000		0.031024	0.000000	
036282-01 MARY FRANCES TURNER JR TR	ORRI	080159	24A	0.098729	0.000000		0.098729	0.000000	
036382-01 FIRST CITY TX MIDLAND TRU	ORRI	080159	24A	0.002585	0.000000		0.002585	0.000000	
036633-01 V A JOHNSTON FAMILY TR	ORRI	080159	24A	0.005817	0.000000		0.005817	0.000000	
036637-01 V A JOHNSTON FAMILY TRUST	ORRI	080159	024A	0.001939	0.000000		0.001939	0.000000	
036697-01 MORRIS LEVINE	ORRI	080159	24A	0.000552	0.000000		0.000552	0.000000	
036702-01 MORRIS LEVINE DECD	ORRI	080159	24A	0.000103	0.000000		0.000103	0.000000	
036939-01 ROZELLE B CLEVELAND	ORRI	080159	24A	0.005170	0.000000		0.005170	0.000000	
037057-01 LEAH B DONNEY DECD	ORRI	080159	24A	0.007755	0.000000		0.007755	0.000000	
037218-01 REESE CLEVELAND DECO	ORRI	080159	24A	0.005170	0.000000		0.005170	0.000000	
037840-01 EVERGREEN RESOURCES INC	ORRI	080159	24A	0.001532	0.000000		0.001532	0.000000	
036304-01 POTENZANI FAMILY PTP	ORRI	080159	24	0.000241	0.000000		0.000241	0.000000	
038321-01 HANSON MCBRIDE PETROLEUM	ORRI	080159	24A	0.044673	0.000000		0.044673	0.000000	
033461-01 HANSSEL KING RIDDLE II TRU	ORRI	080159	24A	0.155115	0.000000		0.155115	0.000000	
038475-01 EDNA E MORRELL LIVG TRUST	ORRI	080159	024A	0.008262	0.000000		0.008262	0.000000	
038872-02 EVKO DEVELOPMENT COMPANY	ORRI	080159	24	0.806598	0.000000		0.806598	0.000000	
040361-02 CASSANDRA KEYSER	ORRI	080159	24A	0.002585	0.000000		0.002585	0.000000	
042238-01 C W CO WILL ESTATE	ORRI	080159	24A	0.001292	0.000000		0.001292	0.000000	
043800-01 JAMES LISLE HINKLE	ORRI	080159	24	0.003242	0.000000		0.003242	0.000000	
0448002-01 BETTIANNE HINKLE BOWEN	ORRI	080159	24	0.003242	0.000000		0.003242	0.000000	
050128-01 F A CRONICK SR & H B CRO	ORRI	080159	24	0.004068	0.000000		0.004068	0.000000	
050248-01 CHARLES E HINKLE	ORRI	080159	24	0.001621	0.000000		0.001621	0.000000	
050249-01 CYNTHIA LACKY TRUSTEE FO	ORRI	080159	24	0.001621	0.000000		0.001621	0.000000	
050388-01 JULIE LEVINE MULLEN	ORRI	080159	24A	0.000103	0.000000		0.000103	0.000000	
050491-01 BARRON PROPERTIES LTD	ORRI	080159	24A	0.010341	0.000000		0.010341	0.000000	
050811-01 JOHN T HINKLE	ORRI	080159	24	0.003242	0.000000		0.003242	0.000000	
051910-01 LILLIAN T HINKLE	ORRI	080159	24	0.012967	0.000000		0.012967	0.000000	
053968-01 PRUDENTIAL BACHE ENERGY I	ORRI	080159	24A	0.008517	0.000000		0.008517	0.000000	
053970-01 PRUDENTIAL BACHE ENERGY I	ORRI	080159	24	0.007038	0.000000		0.007038	0.000000	
053973-01 PRUDENTIAL BACHE ENERG II	ORRI	080159	24A	0.020364	0.000000		0.020364	0.000000	
053975-01 PRUDENTIAL BACHE ENERG II	ORRI	080159	24	0.025172	0.000000		0.025172	0.000000	
053976-01 PRUDENTIAL BACHE ENERG II	ORRI	080159	24A	0.039982	0.000000		0.039982	0.000000	

Exhibit C

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**MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST. COUNTY
007971100	HUERFANO - PC	MOI	NM, SAN JUAN

OWNER	ITYPE	EXP- DATE	EXP- NO.	0 1 L			G A S		
				TRUE OWNERSHIP	NET WORKING	GROSS INT	TRUE OWNERSHIP	NET WORKING	GROSS INT
053977-01 PRUDENTIAL BACHE ENERGY II	ORRI	080159	24	0.034805	0.000000	0.034805	0.000000	0.000000	0.000000
053978-01 PRUDENTIAL BACHE ENERGY I	ORRI	080159	24A	0.101443	0.000000	0.101443	0.000000	0.000000	0.000000
053979-01 PRUDENTIAL BACHE ENERGY I	ORRI	080159	24	0.111812	0.000000	0.111812	0.000000	0.000000	0.000000
053980-01 PRUDENTIAL BACHE ENERGY P	ORRI	080159	24A	0.021102	0.000000	0.021102	0.000000	0.000000	0.000000
054876-01 WILLIAM B HARDIE SR ROVAL	ORRI	080159	24	0.000414	0.000000	0.000414	0.000000	0.000000	0.000000
055776-01 VIRGINIA SIMMONS	ORRI	080159	24	0.004135	0.000000	0.004136	0.000000	0.000000	0.000000
055835-01 JUDY WINDLE	ORRI	080159	24A	0.053647	0.000000	0.053647	0.000000	0.000000	0.000000
058088-01 GERALD FITZGERALD JR TRUS	ORRI	080159	24A	0.005170	0.000000	0.005170	0.000000	0.000000	0.000000
059484-01 LOWE PARTNERS LP	ORRI	080159	24A	0.005170	0.000000	0.005170	0.000000	0.000000	0.000000
064928-01 SANDRA CHAMBERS	ORRI	080159	24A	0.000969	0.000000	0.000969	0.000000	0.000000	0.000000
065231-01 LAURA D'CHITTER	ORRI	080159	24A	0.001149	0.000000	0.001149	0.000000	0.000000	0.000000
065232-01 MARK S SEXTON	ORRI	080159	24A	0.0001149	0.000000	0.0001149	0.000000	0.000000	0.000000
065233-01 JAMES C RYAN JR	ORRI	080159	24A	0.000383	0.000000	0.000383	0.000000	0.000000	0.000000
065234-01 JOHN J RYAN III	ORRI	080159	24A	0.000383	0.000000	0.000383	0.000000	0.000000	0.000000
065235-01 LARRY D ESTRIDGE	ORRI	080159	24A	0.000383	0.000000	0.000383	0.000000	0.000000	0.000000
065236-01 TIMOTHY G COREY	ORRI	080159	24A	0.000383	0.000000	0.000383	0.000000	0.000000	0.000000
065237-01 CARYL C CLOVER	ORRI	080159	24A	0.000383	0.000000	0.000383	0.000000	0.000000	0.000000
065887-01 THE FASKEN FOUNDATION	ORRI	080159	24A	0.000517	0.000000	0.000517	0.000000	0.000000	0.000000
066289-02 SAN JUAN 1990-A LP	ORRI	080159	24A	0.070877	0.000000	0.070877	0.000000	0.000000	0.000000
067006-01 FRANK A SCHULTZ TRUSTEE	ORRI	080159	24A	0.010341	0.000000	0.010341	0.000000	0.000000	0.000000
067057-01 JAMES ROBERT BEAMON TRUST	ORRI	080159	24A	0.024570	0.000000	0.024570	0.000000	0.000000	0.000000
067058-01 CATHRYN BEAMON	ORRI	080159	24A	0.171992	0.000000	0.171992	0.000000	0.000000	0.000000
067059-01 CLAUDIA MARCIA LUNDELL GI	ORRI	080159	24A	0.163802	0.000000	0.163802	0.000000	0.000000	0.000000
067124-01 LIPSHY FAMILY TRUST	ORRI	080159	24A	0.001034	0.000000	0.001034	0.000000	0.000000	0.000000
067188-01 LINDA JEANNE LUNDELL LIND	ORRI	080159	24A	0.163802	0.000000	0.163802	0.000000	0.000000	0.000000
067948-01 MARCIA BERGER	ORRI	080159	24	0.003631	0.000000	0.003631	0.000000	0.000000	0.000000
067949-01 WAR ENTERPRISES INC	ORRI	080159	24	0.03631	0.000000	0.03631	0.000000	0.000000	0.000000
067988-01 CAROLYN BEAMON TILLEY	ORRI	080159	24A	0.171992	0.000000	0.171992	0.000000	0.000000	0.000000
068615-01 ADAM BRUSS TRUST	ORRI	080159	24A	0.011167	0.000000	0.011167	0.000000	0.000000	0.000000
068616-01 JON BRUSS TRUST	ORRI	080159	24A	0.011167	0.000000	0.011167	0.000000	0.000000	0.000000
068617-01 PETER BRUSS TRUST	ORRI	080159	24A	0.011167	0.000000	0.011167	0.000000	0.000000	0.000000
068618-01 ERNEST BRUSS III TRUST	ORRI	080159	24A	0.011167	0.000000	0.011167	0.000000	0.000000	0.000000
074459-01 BALLARD EXPLORATION CO IN	ORRI	080159	24A	0.730479	0.000000	0.730479	0.000000	0.000000	0.000000
074476-01 HOWELL GRANDCHILDRENS TRS	ORRI	080159	24	0.000207	0.000000	0.000207	0.000000	0.000000	0.000000
074477-01 RICHARD PARKER LANGFORD	ORRI	080159	24	0.000103	0.000000	0.000103	0.000000	0.000000	0.000000
074478-01 BEN HOWELL LANGFORD	ORRI	080159	24	0.000103	0.000000	0.000103	0.000000	0.000000	0.000000
075572-01 ROBERT WALTER LUNDELL	ORRI	080159	24	0.000103	0.000000	0.000103	0.000000	0.000000	0.000000
076162-01 LEVINE FAMILY TRUST B	ORRI	080159	24A	0.0022621	0.000000	0.022621	0.000000	0.000000	0.000000
076987-01 HAILEY AVCOCK ESTATE	ORRI	080159	24A	0.022621	0.000000	0.022621	0.000000	0.000000	0.000000
077039-01 ROSE MARION BERG	ORRI	080159	24A	0.071531	0.000000	0.071531	0.000000	0.000000	0.000000
077040-01 DENNA ELY	ORRI	080159	24A	0.163802	0.000000	0.163802	0.000000	0.000000	0.000000
077082-01 SHEILA MARIE LEVINE TRUST	ORRI	080159	24A	0.001034	0.000000	0.001034	0.000000	0.000000	0.000000
077094-01 TOM S & ANNA LOU HOME REV	ORRI	080159	24A	0.000517	0.000000	0.000517	0.000000	0.000000	0.000000
		0.000103	0.000000	0.000103	0.000000	0.000103	0.000000	0.000000	0.000000
		0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
		0.001724	0.000000	0.001724	0.000000	0.001724	0.000000	0.000000	0.000000

Exhibit C  
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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST. COUNTY
007971100	HUERFANO - PC	MOI	NM, SAN JUAN

OWNER	ITYPE	EXP. DATE	EXP. NO.	0 1 L			G A S		
				TRUE OWNERSHIP	NET WORKING	GROSS INT	TRUE OWNERSHIP	NET WORKING	GROSS INT
077785-01 FRANK D GORHAM JR	ORRI	080159	24	0.324022	0.000000	0.324022	0.000000	0.000000	
078020-01 MURRAY FASKEN TRUST ACCOU	ORRI	080159	24A	0.000517	0.000000	0.000517	0.000000	0.000000	
078022-01 TRUST F/B/O SUSAN FASKEN	ORRI	080159	24A	0.000517	0.000000	0.000517	0.000000	0.000000	
078023-01 FRANK ANDREW FASKEN	ORRI	080159	24A	0.000383	0.000000	0.000383	0.000000	0.000000	
078024-01 G R FASKEN	ORRI	080159	24A	0.000135	0.000000	0.000135	0.000000	0.000000	
078025-01 STEVEN PRICE FASKEN	ORRI	080159	24A	0.000517	0.000000	0.000517	0.000000	0.000000	
999022-02 MERIDIAN OIL PRODUCTION I	ORRI	080159	24A	0.153722	0.000000	0.153722	0.000000	0.000000	
999030-01 EL PASO PRODUCTION CO	ORRI	080159	24A	0.432487	0.000000	0.432487	0.000000	0.000000	
INTEREST TYPE TOTALS				10.818981	0.000000	10.818981	0.000000	0.000000	
026521-01 BARBARA ANN BRUSS	PP	080159	024A	0.014188	0.000000	0.014188	0.000000	0.000000	
068615-01 ADAM BRUSS TRUST	PP	080159	024A	0.005320	0.000000	0.005320	0.000000	0.000000	
068616-01 JON BRUSS TRUST	PP	080159	024A	0.005320	0.000000	0.005320	0.000000	0.000000	
068617-01 PETER BRUSS TRUST	PP	080159	024A	0.005320	0.000000	0.005320	0.000000	0.000000	
068618-01 ERNEST BRUSS III TRUST	PP	080159	024A	0.005320	0.000000	0.005320	0.000000	0.000000	
INTEREST TYPE TOTALS				0.035468	0.000000	0.035468	0.000000	0.000000	
007097-02 O J LILLY DECD	NWI	080159	024A	0.007846	0.011764	0.007846	0.011764	0.011764	
009059-01 MARGARET DORIS MCCONNELL	NWI	080159	024A	0.008120	0.011920	0.008120	0.011920	0.011920	
016344-02 JAMES J JOHNSTON	NWI	080159	24A	0.341251	0.413638	0.341251	0.413638	0.413638	
026600-01 LANGDON D HARRISON	NWI	080159	24A	0.088621	0.101367	0.088621	0.101367	0.101367	
026521-01 BARBARA ANN BRUSS	NWT	080159	024A	0.135349	0.198708	0.135349	0.198708	0.198708	
028268-01 FORREST GELBKE & JUNE GEL	NWI	080159	24A	0.057510	0.066423	0.057510	0.066423	0.066423	
029600-01 DAVID WILLIAM WALTERS	NWI	080159	24A	0.039763	0.045930	0.039763	0.045930	0.045930	
030755-01 FRANK S KELLY ESTATE	NWI	080159	24A	0.369328	0.422089	0.369328	0.422089	0.422089	
031116-10 ANOCO PRODUCTION COMPANY	NWI	080159	24A	0.051123	0.059044	0.051123	0.059044	0.059044	
032326-05 ROGERS GIBBARD TRUST	NWI	080159	24A	0.170627	0.206820	0.170627	0.206820	0.206820	
035966-01 EULA MAY JOHNSTON TRUST	NWI	080159	24A	0.682506	0.827283	0.682506	0.827283	0.827283	
036633-01 V A JOHNSTON FAMILY TR	NWI	080159	24A	0.170627	0.206820	0.170627	0.206820	0.206820	
038321-01 HANSON MCBRIDE PETROLEUM	NWI	080159	024A	0.869947	0.994225	0.869947	0.994225	0.994225	
038962-01 MCCONNELL TRUST	NWI	080159	024A	0.397928	0.584208	0.397928	0.584208	0.584208	
048806-01 JUNE ELAINE MACDONALD	NWI	080159	24A	0.310326	0.367791	0.310326	0.367791	0.367791	
059053-01 A & D CHILDRENS TRUST	NWI	080159	24A	0.052412	0.060120	0.052412	0.060120	0.060120	
067050-01 MARYAN KLINGER TRUST	NWI	080159	24A	0.034083	0.039356	0.034083	0.039356	0.039356	
075507-01 HAMILTON FAMILY TRUST	NWI	080159	24A	0.068163	0.078721	0.068163	0.078721	0.078721	
999032-02 MERIDIAN OIL PRODUCTION I	NWI	080159	24A	2.476779	2.926125	2.476779	2.926125	2.926125	
999030-01 EL PASO PRODUCTION CO	NWI	080159	24	41.754812	59.562164	41.754812	59.562164	59.562164	
INTEREST TYPE TOTALS				48.087121	67.184516	48.087121	67.184516	67.184516	

031116-10 AMOCO PRODUCTION COMPANY	GMI	080159	24	0.206820	0.206820	0.206820	0.206820	0.206820
050080-01 CONOCO INC/DELHI	GMI	080159	24	0.206820	0.206820	0.206820	0.206820	0.206820
065557-01 WILLIAMS PRODUCTION COMPA	GMI	080159	24A	32.401844	32.401844	32.401844	32.401844	32.401844
INTEREST TYPE TOTALS				32.815484	32.815484	32.815484	32.815484	32.815484

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MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY		
		MOI	NM, SAN JUAN		
OWNER	ITYPE	EXP. DATE	EXP. NO.	===== O I L =====	===== G A S =====
				TRUE NET TRUE GROSS OWNERSHIP WORKING INT	TRUE NET TRUE GROSS OWNERSHIP WORKING INT
UNIT TOTALS				100.000000	100.000000
				100.000000	100.000000

**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST., COUNTY							
OWNER		MOI	NM, SAN JUAN							
027338-01 MINERALS MANAGEMENT SERVI		I TYPE	EXP. DATE	EXP. NO.	TRUE OWNERSHIP	NET WORKING	GROSS INT	TRUE OWNERSHIP	NET WORKING	GROSS INT
INTEREST TYPE TOTALS					6.250000	0.000000	6.250000	0.000000	6.250000	0.000000
000030-02 MARIANNE WEILL LESTER	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
000141-01 W BENTON HARRISON III	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
000355-01 SIDNEY E LICHT	ORRI	042489	000		0.002170	0.000000	0.002170	0.000000	0.002170	0.000000
000416-01 DR ALEXANDER LORE	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
000418-01 MARGARET JENISIS DECO	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
000664-01 ANNE ZACHAREK	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
000599-01 MURRAY LANGFELDER	ORRI	042489	000		0.002170	0.000000	0.002170	0.000000	0.002170	0.000000
000672-01 EDWARD GRAPEL	ORRI	042489	000		0.002171	0.000000	0.002171	0.000000	0.002171	0.000000
000673-01 LAWRENCE L LAVALLE	ORRI	042489	000		0.008681	0.000000	0.008681	0.000000	0.008681	0.000000
000800-01 NELLY LIDELL	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
000868-01 WILLIAM V LICHT	ORRI	042489	000		0.015191	0.000000	0.015191	0.000000	0.015191	0.000000
000882-01 NANCY L FOX	ORRI	042489	000		0.001627	0.000000	0.001627	0.000000	0.001627	0.000000
000883-01 ENID CAROL BARTON	ORRI	042489	000		0.001627	0.000000	0.001627	0.000000	0.001627	0.000000
001356-01 JEAN SAMMONS	ORRI	042489	000		0.006511	0.000000	0.006511	0.000000	0.006511	0.000000
001455-01 EST MYRON LIDELL DEC'D	ORRI	042489	000		0.000340	0.000000	0.004340	0.000000	0.004340	0.000000
001535-01 FLORENCE DUBILIER AW	ORRI	042489	000		0.013021	0.000000	0.013021	0.000000	0.013021	0.000000
001621-01 HELEN G PIEKOWSKI	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
002218-01 JULIA SIMPSON	ORRI	042489	000		0.004341	0.000000	0.004341	0.000000	0.004341	0.000000
002572-01 EST LOUISE WINDLE DEC'D	ORRI	042489	000		0.138889	0.000000	0.138889	0.000000	0.138889	0.000000
002656-02 LEO A ACHTSCHIN	ORRI	042489	000		0.034722	0.000000	0.034722	0.000000	0.034722	0.000000
002818-01 DANIEL D DUDEEN	ORRI	042489	000		0.026042	0.000000	0.026042	0.000000	0.026042	0.000000
002819-01 DANIEL D DUDEEN TRUST B	ORRI	042489	000		0.005680	0.000000	0.005680	0.000000	0.005680	0.000000
002820-02 ROBERT W DUDEEN	ORRI	042489	000		0.026041	0.000000	0.026041	0.000000	0.026041	0.000000
003268-02 GUY A WEILL	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
003898-02 E JEAN KEYSER	ORRI	042489	000		0.008680	0.000000	0.008680	0.000000	0.008680	0.000000
006329-01 ROBERT W DUDEEN TRUST A	ORRI	042489	000		0.005680	0.000000	0.005680	0.000000	0.005680	0.000000
006647-01 MAXINE S GRAHAM	ORRI	042489	000		0.017361	0.000000	0.017361	0.000000	0.017361	0.000000
006715-01 SIDNEY H DUNKEN	ORRI	042489	000		0.004340	0.000000	0.004340	0.000000	0.004340	0.000000
015268-01 MARY ANN HONEY	ORRI	042489	000		0.034722	0.000000	0.034722	0.000000	0.034722	0.000000
016046-01 CLAO W BARKLEY ESTATE	ORRI	042489	000		0.034722	0.000000	0.034722	0.000000	0.034722	0.000000
016054-02 SIDNEY L WEISS ESTATE	ORRI	042489	000		0.005680	0.000000	0.005680	0.000000	0.005680	0.000000
017096-01 KATHRYN D ASHBY	ORRI	042489	000		0.034723	0.000000	0.034723	0.000000	0.034723	0.000000
017252-02 LEE ETTE HEBBERG	ORRI	042489	000		0.017361	0.000000	0.017361	0.000000	0.017361	0.000000
018049-02 JOSEPHINE ADAMS WESTEFELD	ORRI	042489	000		0.208334	0.000000	0.208334	0.000000	0.208334	0.000000
018145-01 JAMES ROBERT MARTIN	ORRI	042489	000		0.069444	0.000000	0.069444	0.000000	0.069444	0.000000
018657-02 VIOLA I STEWART	ORRI	042489	000		0.069445	0.000000	0.069445	0.000000	0.069445	0.000000
018790-03 FREDERICK EUGENE TURNER	ORRI	042489	000		0.100000	0.000000	0.100000	0.000000	0.100000	0.000000
018790-04 FREDERICK EUGENE TURNER	ORRI	042489	000		0.125000	0.000000	0.125000	0.000000	0.125000	0.000000
018791-02 J GLENN TURNER JR	ORRI	042489	000		0.100000	0.000000	0.100000	0.000000	0.100000	0.000000
018791-03 J GLENN TURNER JR	ORRI	042489	000		0.125000	0.000000	0.125000	0.000000	0.125000	0.000000
019192-01 ELIZABETH JEANNE CALLOWAY	ORRI	042489	000		0.125000	0.000000	0.125000	0.000000	0.125000	0.000000
019192-02 ELIZABETH JEANNE CALLOWAY	ORRI	042489	000		0.100000	0.000000	0.100000	0.000000	0.100000	0.000000
020626-01 DAVID G MCCLANE	ORRI	042489	000		0.600000	0.000000	0.600000	0.000000	0.600000	0.000000
021216-01 ETOILE POSTELLE	ORRI	042489	000		0.069444	0.000000	0.069444	0.000000	0.069444	0.000000

Exhibit D

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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY						
071120200	HUERRANO - FRT COAL	MOI	NM, SAN JUAN						
OWNER	ITYPE	EXP- DATE	EXP- NO.	TRUE OWNERSHIP	NET WORKING	GROSS INT	TRUE OWNERSHIP	NET WORKING	GROSS INT
021410-01	PATTI JO WOOD	ORRI	042489	000	0.069445	0.000000	0.069445	0.000000	0.000000
021955-03	JOHN LEE TURNER	ORRI	042489	000	0.100000	0.000000	0.100000	0.000000	0.000000
021955-04	JOHN LEE TURNER	ORRI	042489	000	0.125000	0.000000	0.125000	0.000000	0.000000
023642-13	WILLIAM G WEBB	ORRI	042489	000	0.046800	0.000000	0.046800	0.000000	0.000000
028942-03	TERESA HOME	ORRI	042489	000	0.011575	0.000000	0.011575	0.000000	0.000000
029682-01	ANN HOME EMMERSON TR	ORRI	042489	000	0.625000	0.000000	0.625000	0.000000	0.000000
030355-01	ELEANOR WETMORE ESTATE	ORRI	042489	000	0.034722	0.000000	0.034722	0.000000	0.000000
030373-01	GUTHHERA WESTERMAN ESTAT	ORRI	042489	000	0.275000	0.000000	0.275000	0.000000	0.000000
033293-02	MATAGORDA OIL COMPANY	ORRI	042489	000	0.034722	0.000000	0.034722	0.000000	0.000000
033318-05	MARALO INC	ORRI	042489	000	0.975000	0.000000	0.975000	0.000000	0.000000
033498-03	GLOBAL NATURAL RESOURCES	ORRI	042489	000	0.046296	0.000000	0.046296	0.000000	0.000000
034498-01	HUFFAKER GREEN AND HUFFAK	ORRI	042489	000	0.100000	0.000000	0.100000	0.000000	0.000000
036282-01	FIRST CITY TX MIDLAND TRU	ORRI	042489	000	0.017361	0.000000	0.017361	0.000000	0.000000
036382-01	MARY FRANCES TURNER JR TR	ORRI	042489	000	0.003704	0.000000	0.003704	0.000000	0.000000
036697-01	MORRIS LEVINE DECO	ORRI	042489	000	0.000696	0.000000	0.000696	0.000000	0.000000
036702-01	ROZELLE B CLEVELAND	ORRI	042489	000	0.054722	0.000000	0.034722	0.000000	0.000000
036939-01	LEAH B DOWNEY DECO	ORRI	042489	000	0.052083	0.000000	0.052083	0.000000	0.000000
037218-01	REESE CLEVELAND DECD	ORRI	042489	000	0.034722	0.000000	0.034722	0.000000	0.000000
040361-02	CASSANDRA KEYSER	ORRI	042489	000	0.017360	0.000000	0.017360	0.000000	0.000000
043238-01	C W COLWILL ESTATE	ORRI	042489	000	0.008680	0.000000	0.008680	0.000000	0.000000
050388-01	JULIE LEVINE MULLEN	ORRI	042489	000	0.000695	0.000000	0.000695	0.000000	0.000000
050491-01	BARRON PROPERTIES LTD	ORRI	042489	000	0.069444	0.000000	0.069444	0.000000	0.000000
053968-01	PRUDENTIAL BACHE ENERGY I	ORRI	042489	000	0.008625	0.000000	0.008625	0.000000	0.000000
053970-01	PRUDENTIAL BACHE ENERGY I	ORRI	042489	000	0.007125	0.000000	0.007125	0.000000	0.000000
053973-01	PRUDENTIAL BACHE ENERGY I	ORRI	042489	000	0.020625	0.000000	0.020625	0.000000	0.000000
053975-01	PRUDENTIAL BACHE ENERGY I	ORRI	042489	000	0.025500	0.000000	0.025500	0.000000	0.000000
053976-01	PRUDENTIAL BACHE ENERGY II	ORRI	042489	000	0.000000	0.000000	0.040500	0.000000	0.000000
053977-01	PRUDENTIAL BACHE ENERGY II	ORRI	042489	000	0.035250	0.000000	0.035250	0.000000	0.000000
053978-01	PRUDENTIAL BACHE ENERGY I	ORRI	042489	000	0.102750	0.000000	0.102750	0.000000	0.000000
053979-01	PRUDENTIAL BACHE ENERGY I	ORRI	042489	000	0.113250	0.000000	0.113250	0.000000	0.000000
053980-01	PRUDENTIAL BACHE ENERGY P	ORRI	042489	000	0.021375	0.000000	0.021375	0.000000	0.000000
055835-01	JUDY WINDLE	ORRI	042489	000	0.059444	0.000000	0.069444	0.000000	0.000000
055836-01	JANE WINDLE	ORRI	042489	000	0.069444	0.000000	0.069444	0.000000	0.000000
058058-01	GERALD FITZGERALD JR TRUS	ORRI	042489	000	0.054722	0.000000	0.034722	0.000000	0.000000
059484-01	LLOWE PARTNERS LP	ORRI	042489	000	0.034722	0.000000	0.034722	0.000000	0.000000
064928-01	SANDRA CHAMBERS	ORRI	042489	000	0.006511	0.000000	0.006511	0.000000	0.000000
065887-01	THE FASKEN FOUNDATION	ORRI	042489	000	0.003472	0.000000	0.003472	0.000000	0.000000
067006-01	FRANK A SCHULTZ TRUSTEE	ORRI	042489	000	0.059444	0.000000	0.069444	0.000000	0.000000
067124-01	LIPSHY FAMILY TRUST	ORRI	042489	000	0.006944	0.000000	0.069444	0.000000	0.000000
074159-01	BALLARD EXPLORATION CO IN	ORRI	042489	000	0.789303	0.000000	0.789303	0.000000	0.000000
075082-01	INEZ PETTIE ESTATE	ORRI	042489	000	0.092593	0.000000	0.092593	0.000000	0.000000
076162-01	LEVINE FAMILY TRUST B	ORRI	042489	000	0.006945	0.000000	0.06945	0.000000	0.000000
076987-01	HALEY AYCOCK ESTATE	ORRI	042489	000	0.008680	0.000000	0.08680	0.000000	0.000000
077039-01	ROSE MARION BERG	ORRI	042489	000	0.003472	0.000000	0.03472	0.000000	0.000000
077040-01	DENNA ELY	ORRI	042489	000	0.003472	0.000000	0.03472	0.000000	0.000000
077082-01	SHEILA MARIE LEVINE TRUST	ORRI	042489	000	0.000695	0.000000	0.00695	0.000000	0.000000
077094-01	TOM S & ANNA LOU HOME REV	ORRI	042489	000	0.011575	0.000000	0.011575	0.000000	0.000000

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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

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PROPERTY	UNIT NAME	OPERATOR	ST. COUNTY
071120200	HUERRAND - FRT COAL	MOI	NM, SAN JUAN

OWNER	ITYPE	O I L			G A S		
		TRUE OWNERSHIP	NET WORKING	GROSS INT	TRUE OWNERSHIP	NET WORKING	GROSS INT
077785-01 FRANK D GORHAM JR	ORRI	042489	000	0.328200	0.000000	0.328200	0.000000
078020-01 MURRAY FASKEN TRUST ACCOU	ORRI	042489	000	0.003473	0.000000	0.003473	0.000000
078022-01 TRUST F/B/O SUSAN FASKEN	ORRI	042489	000	0.003472	0.000000	0.003472	0.000000
078023-01 FRANK ANDREW FASKEN	ORRI	042489	000	0.002570	0.000000	0.002570	0.000000
078024-01 G R FASKEN	ORRI	042489	000	0.000903	0.000000	0.000903	0.000000
078025-01 STEVEN PRICE FASKEN	ORRI	042489	000	0.003472	0.000000	0.003472	0.000000
999022-02 MERIDIAN OIL PRODUCTION I	ORRI	042489	000	0.132278	0.000000	0.132278	0.000000
999030-01 EL PASO PRODUCTION CO	ORRI	042489	000	0.318750	0.000000	0.318750	0.000000
INTEREST TYPE TOTALS				7.264303	0.000000	7.264303	0.000000

026000-01 LANGDON D HARRISON	NWI	042489	000	0.028539	0.032620	0.028539	0.032620
028268-01 FORREST GEIBKE & JUNE GEL	NWI	042489	000	0.031002	0.036479	0.031002	0.036479
029600-01 DAVID WILLIAM WALTERS	NWI	042489	000	0.021434	0.025207	0.021434	0.025207
030755-01 FRANK S KELLY ESTATE	NWI	042489	000	0.118915	0.135903	0.118915	0.135903
031116-10 AMOCO PRODUCTION COMPANY	NWI	042489	000	0.027559	0.032416	0.027559	0.032416
059053-01 A & D CHILDRENS TRUST	NWI	042489	000	0.021037	0.024388	0.021037	0.024388
067050-01 MARYAN KLINGER TRUST	NWI	042489	000	0.018372	0.021611	0.018372	0.021611
075507-01 HAMILTON FAMILY TRUST 198	NWI	042489	000	0.036740	0.043222	0.036740	0.043222
999022-02 MERIDIAN OIL PRODUCTION I	NWI	042489	000	0.142156	0.163910	0.142156	0.163910
999030-01 EL PASO PRODUCTION CO	NWI	042489	000	36.039943	49.484244	36.039943	49.484244
INTEREST TYPE TOTALS				36.485697	50.000000	36.485697	50.000000

031116-10 AMOCO PRODUCTION COMPANY	GWI	042489	000	50.000000	50.000000	50.000000	50.000000
INTEREST TYPE TOTALS				50.000000	50.000000	50.000000	50.000000

UNIT TOTALS

100.000000 100.000000

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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY	NM, SAN JUAN					
				ITYPE	EXP. DATE	EXP. NO.	===== O I L =====	===== G A S =====	
OWNER							TRUE OWNERSHIP	NET WORKING	GROSS INT
000030-02	MARIANNE WEILL LESTER	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
000141-01	W BENTON HARRISON III	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
000355-01	SIDNEY E LICHT	ORRI	020185	051	0.000169	0.000000	0.000169	0.000000	0.000000
000416-01	DR ALEXANDER LORE	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
000418-01	MARGARET JENSIS DECD	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
000464-01	ANNE ZACHAREK	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
000599-01	MURRAY LANGFELDER	ORRI	020185	051	0.000169	0.000000	0.000169	0.000000	0.000000
000672-01	EDWARD GRAPEL	ORRI	020185	051	0.000169	0.000000	0.000169	0.000000	0.000000
000673-01	LAWRENCE L LAVALLE	ORRI	020185	051	0.000679	0.000000	0.000679	0.000000	0.000000
000800-01	NELLY LIDELL	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
000868-01	WILLIAM V LICHT	ORRI	020185	051	0.001188	0.000000	0.001188	0.000000	0.000000
000882-01	NANCY L FOX	ORRI	020185	051	0.000128	0.000000	0.000128	0.000000	0.000000
000883-01	ENID CAROL BARTON	ORRI	020185	051	0.000128	0.000000	0.000128	0.000000	0.000000
001290-01	TOTAL MINATOME CORPORATIO	ORRI	020185	051	0.030761	0.000000	0.030761	0.000000	0.000000
001356-01	JEAN SAMMONS	ORRI	020185	051	0.000510	0.000000	0.000510	0.000000	0.000000
001455-01	EST MYRON LIDELL DECD	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
001535-01	FLORENCE DUBLIER AW	ORRI	020185	051	0.001019	0.000000	0.001019	0.000000	0.000000
001621-01	HELEN G PLENKOWSKI	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
001909-02	EMILY D GRAMBLING	ORRI	020185	051	0.000222	0.000000	0.000222	0.000000	0.000000
002218-01	JULIA SIMMON	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
002268-01	ELLIOTT D DULANEY	ORRI	020185	051	0.006674	0.000000	0.006674	0.000000	0.000000
002572-01	EST LOUISE WINDLE DECD	ORRI	020185	051	0.113503	0.000000	0.113503	0.000000	0.000000
002656-02	LEO A ACHISCHIN	ORRI	020185	051	0.002720	0.000000	0.002720	0.000000	0.000000
002818-01	DANIEL D DUDEN	ORRI	020185	051	0.002039	0.000000	0.002039	0.000000	0.000000
002819-01	DANIEL D DUDEN TRUST B	ORRI	020185	051	0.000679	0.000000	0.000679	0.000000	0.000000
002820-02	ROBERT W DUDEN	ORRI	020185	051	0.002039	0.000000	0.002039	0.000000	0.000000
003140-01	TAMANACO OIL CORP	ORRI	020185	051	0.026592	0.000000	0.026592	0.000000	0.000000
003268-02	GUY A WEILL	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
003898-02	E JEAN KEYSER	ORRI	020185	051	0.000679	0.000000	0.000679	0.000000	0.000000
006329-01	ROBERT W DUDEN TRUST A	ORRI	020185	051	0.000679	0.000000	0.000679	0.000000	0.000000
006647-01	MARLINE S GRAHAM	ORRI	020185	051	0.001360	0.000000	0.001360	0.000000	0.000000
006715-01	SIDNEY H DUNKEN	ORRI	020185	051	0.000340	0.000000	0.000340	0.000000	0.000000
007097-02	O J LILLY DECD	ORRI	020185	051	0.003266	0.000000	0.003266	0.000000	0.000000
012139-01	ANNE L EVINGER	ORRI	020185	051	0.001164	0.000000	0.001164	0.000000	0.000000
015000-02	JERRY J ANDREW	ORRI	020185	051	0.001668	0.000000	0.001668	0.000000	0.000000
015190-02	R H FEUILLE	ORRI	020185	051	0.000111	0.000000	0.000111	0.000000	0.000000
015268-01	MARY ANN HONEY	ORRI	020185	051	0.000000	0.000000	0.000000	0.000000	0.000000

**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	MOI	ST. COUNTY							
				OWNER	ITYPE	EXP. DATE	EXP. NO.	TRUE OWNERSHIP	NET WORKING	GROSS INT	TRUE OWNERSHIP
007970900	HUERFANO - DAKOTA										
016046-01	CLOA W BARKLEY ESTATE	ORRI	020185	051	0.002720	0.000000		0.002720	0.000000		
016054-02	SIDNEY L WEISS ESTATE	ORRI	020185	051	0.000543	0.000000		0.000543	0.000000		
016344-02	JAMES J JOHNSTON	ORRI	020185	051	0.001668	0.000000		0.001668	0.000000		
016824-02	R E BEAMON III	ORRI	020185	051	0.010111	0.000000		0.010111	0.000000		
016825-05	ROBERT BEAMON	ORRI	020185	051	0.100241	0.000000		0.100241	0.000000		
017096-01	KATHRYN D ASHY	ORRI	020185	051	0.002720	0.000000		0.002720	0.000000		
017252-02	LEE ETTA HEDBERG	ORRI	020185	051	0.001360	0.000000		0.001360	0.000000		
017364-02	PATTIE ANN BEAMON LUNDELL	ORRI	020185	051	0.144288	0.000000		0.144288	0.000000		
017564-03	PATTIE ANN BEAMON LUNDELL	ORRI	020185	051	0.010111	0.000000		0.010111	0.000000		
017644-02	JOHN A GRAMBLING	ORRI	020185	051	0.000278	0.000000		0.000278	0.000000		
018049-02	JOSEPHINE ADAMS WESTEFELD	ORRI	020185	051	0.170267	0.000000		0.170267	0.000000		
018145-01	JAMES ROBERT MARTIN	ORRI	020185	051	0.005438	0.000000		0.005438	0.000000		
018633-02	PATRICIA G HARVEY	ORRI	020185	051	0.000278	0.000000		0.000278	0.000000		
018657-02	VIOLA I STEWART	ORRI	020185	051	0.005438	0.000000		0.005438	0.000000		
018790-03	FREDERICK EUGENE TURNER	ORRI	020185	051	0.119379	0.000000		0.119379	0.000000		
018790-04	FREDERICK EUGENE TURNER	ORRI	020185	051	0.144039	0.000000		0.144039	0.000000		
018791-02	J GLENN TURNER JR	ORRI	020185	051	0.119379	0.000000		0.119379	0.000000		
018791-03	J GLENN TURNER JR	ORRI	020185	051	0.144039	0.000000		0.144039	0.000000		
019122-03	ELLIS RUDY	ORRI	020185	051	0.022692	0.000000		0.022692	0.000000		
019192-01	ELIZABETH JEANNE CALLOWAY	ORRI	020185	051	0.136214	0.000000		0.136214	0.000000		
019192-02	ELIZABETH JEANNE CALLOWAY	ORRI	020185	051	0.119379	0.000000		0.119379	0.000000		
019193-02	ELIZABETH T CALLOWAY	ORRI	020185	051	0.007825	0.000000		0.007825	0.000000		
020636-01	DAVID G MCCLANE	ORRI	020185	051	0.698630	0.000000		0.698630	0.000000		
021216-01	ETOILE POSTELLE	ORRI	020185	051	0.005438	0.000000		0.005438	0.000000		
021410-01	PATTI JO WOOD	ORRI	020185	051	0.005438	0.000000		0.005438	0.000000		
021955-03	JOHN LEE TURNER	ORRI	020185	051	0.119379	0.000000		0.119379	0.000000		
021955-04	JOHN LEE TURNER	ORRI	020185	051	0.144039	0.000000		0.144039	0.000000		
023642-05	WILLIAM G WEBB	ORRI	020185	051	0.000465	0.000000		0.000465	0.000000		
023642-13	WILLIAM G WEBB	ORRI	020185	051	0.054485	0.000000		0.054485	0.000000		
025604-01	EDITH R BRIGGS REVOCABLE	ORRI	020185	051	0.002084	0.000000		0.002084	0.000000		
025849-01	ROBERT P & ANNA D EARNEST	ORRI	020185	051	0.005782	0.000000		0.005782	0.000000		
025905-01	WILLIAM C BRIGGS	ORRI	020185	051	0.001040	0.000000		0.001040	0.000000		
025952-01	HERBERT R BRIGGS	ORRI	020185	051	0.001042	0.000000		0.001042	0.000000		
025965-01	TOM GALT	ORRI	020185	051	0.001821	0.000000		0.001821	0.000000		
026446-02	JANE C GORDEN	ORRI	020185	051	0.017796	0.000000		0.017796	0.000000		
026501-01	RICHARD B LODEWICK	ORRI	020185	051	0.009998	0.000000		0.009998	0.000000		
026521-01	BARBARA ANN BRUSS	ORRI	020185	051	0.003294	0.000000		0.003294	0.000000		
026715-01	ROGER B NIELSON	ORRI	020185	051	0.004166	0.000000		0.004166	0.000000		
026720-01	CAROLYN NIELSON SEDBERRY	ORRI	020185	051	0.004166	0.000000		0.004166	0.000000		
026774-01	U/W FOSTER MORRELL DECO	ORRI	020185	051	0.011563	0.000000		0.011563	0.000000		
026783-01	Laura PATRICIA LODEWICK	ORRI	020185	051	0.009998	0.000000		0.009998	0.000000		
026784-01	JOHN WIDNEY LODEWICK	ORRI	020185	051	0.009998	0.000000		0.009998	0.000000		
026881-01	C FRED LUTHY JR	ORRI	020185	051	0.002055	0.000000		0.002055	0.000000		
027085-01	ELIZABETH GALT CURRIER ES	ORRI	020185	051	0.001821	0.000000		0.001821	0.000000		
028132-01	LUCILLE PIPKIN	ORRI	020185	051	0.375913	0.000000		0.375913	0.000000		
028329-01	JACK GREENLY	ORRI	020185	051	0.02670	0.000000		0.02670	0.000000		
028453-01	CARL R DENOON ESTATE	ORRI	020185	051	0.021353	0.000000		0.021353	0.000000		
028942-03	TERESA HOME	ORRI	020185	051	0.000906	0.000000		0.000906	0.000000		

Exhibit H

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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY
OWNER		ITYPE	MOI
029682-01	ANN HOME EMMERSON TR	ORRI	020185 01 L NM, SAN JUAN
030016-01	CYRENE F MAPEL	ORRI	020185 01 G AS
030020-01	CHERYL L POTENZIANI	ORRI	020185 000000
030066-01	CYNTHIA VOGL	ORRI	020185 000000
030067-01	JAMES B WOODARD	ORRI	020185 000000
030140-02	CYRENE L INMAN	ORRI	020185 000000
030175-02	DORIS F FAMBRO	ORRI	020185 000000
030355-01	LEANOR WENTMORE ESTATE	ORRI	020185 000000
030373-01	GUALTHERA WESTERMAN ESTAT	ORRI	020185 000000
031116-10	AMOCO PRODUCTION COMPANY	ORRI	020185 000000
032526-05	ROGERS GIBBARD TRUST	ORRI	020185 000000
033252-01	ROBERT BEAMON TRUSTEE	ORRI	020185 000000
033293-02	MATAGORDA OIL COMPANY	ORRI	020185 000000
033318-05	MARALO INC	ORRI	020185 000000
033329-01	MELCONE CORPORATION	ORRI	020185 000000
033498-03	GLOBAL NATURAL RESOURCES	ORRI	020185 000000
033720-01	TOM L HAIL TRUSTEE	ORRI	020185 000000
033726-01	MABELLE HARDIE ROYALTY TR	ORRI	020185 000000
033745-01	BEN R HOWELL TRUST	ORRI	020185 000000
034498-01	HUFFAKER GREEN AND HUFFAK	ORRI	020185 000000
035966-01	EULA MAY JOHNSTON TRUST	ORRI	020185 000000
036282-01	MARY FRANCES TURNER JR TR	ORRI	020185 000000
036382-01	FIRST CITY TX MIDLAND TRU	ORRI	020185 000000
036633-01	V A JOHNSTON FAMILY TR	ORRI	020185 000000
036637-01	V A JOHNSTON FAMILY TRUST	ORRI	020185 000000
036697-01	MORRIS LEVINE	ORRI	020185 000000
036702-01	MORRIS LEVINE DECD	ORRI	020185 000000
036939-01	ROZELLE B CLEVELAND	ORRI	020185 000000
037057-01	LEAH B DOWNEY DECD	ORRI	020185 000000
037134-01	FRANCES ADAMS LANGMORE KE	ORRI	020185 000000
037218-01	REESE CLEVELAND DECD	ORRI	020185 000000
037840-01	EVERGREEN RESOURCES INC	ORRI	020185 000000
038218-01	ELLIOTT OIL COMPANY	ORRI	020185 000000
038304-01	POTENZIANI FAMILY PTSP	ORRI	020185 000000
038317-04	BOLACK MINERALS COMPANY	ORRI	020185 000000
038321-01	HANSON MCBRIDE PETROLEUM	ORRI	020185 000000
038461-01	HANSEL KING RIDDLE II TRU	ORRI	020185 000000
038475-01	EDNA E MORRELL LIVG TRUST	ORRI	020185 000000
038872-02	EVKO DEVELOPMENT COMPANY	ORRI	020185 000000
040361-02	CASSANDRA KEYSER	ORRI	020185 000000
0403238-01	C W COLWILL ESTATE	ORRI	020185 000000
040800-01	JAMES LISLE HINKLE	ORRI	020185 000000
040802-01	BETTIANNE HINKLE BOWEN	ORRI	020185 000000
0408875-01	EDNA IONE HALL SOLE TRUST	ORRI	020185 000000
0408947-01	WILLIAM FREDERICK JEFFS J	ORRI	020185 000000
050128-01	F A CRONICAN SR & H B CRO	ORRI	020185 000000
050139-01	FRANK O ELLIOTT LIVING TR	ORRI	020185 000000
050248-01	CHARLES E HINKLE	ORRI	020185 000000

**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY								
007970900	HUERRANO - DAKOTA	MOI	NM, SAN JUAN								
OWNER	ITYPE	EXP. DATE	EXP. NO.	===== 0 I L =====	TRUE OWNERSHIP	NET WORKING	GROSS INT	===== G A S =====	TRUE OWNERSHIP	NET WORKING	GROSS INT
050249-01	CYNTHIA LACKEY TRUSTEE FO	ORRI	020185	051	0.001875	0.000000	0.001875	0.000000	0.000000	0.000000	0.000000
050388-01	JULIE LEVINE MULLEN	ORRI	020185	051	0.000058	0.000000	0.000058	0.000000	0.000000	0.000000	0.000000
050491-01	BARRON PROPERTIES LTD	ORRI	020185	051	0.005438	0.000000	0.005438	0.000000	0.000000	0.000000	0.000000
050811-01	JOHN T HINKLE	ORRI	020185	051	0.003749	0.000000	0.003749	0.000000	0.000000	0.000000	0.000000
051910-01	LILLIAN T HINKLE	ORRI	020185	051	0.014997	0.000000	0.014997	0.000000	0.000000	0.000000	0.000000
053968-01	PRUDENTIAL BACHE ENERGY I	ORRI	020185	051	0.010043	0.000000	0.010043	0.000000	0.000000	0.000000	0.000000
053970-01	PRUDENTIAL BACHE ENERGY I	ORRI	020185	051	0.008304	0.000000	0.008304	0.000000	0.000000	0.000000	0.000000
053973-01	PRUDENTIAL BACHE ENERGY II	ORRI	020185	051	0.024007	0.000000	0.024007	0.000000	0.000000	0.000000	0.000000
053975-01	PRUDENTIAL BACHE ENERGY II	ORRI	020185	051	0.029701	0.000000	0.029701	0.000000	0.000000	0.000000	0.000000
053976-01	PRUDENTIAL BACHE ENERGY II	ORRI	020185	051	0.047152	0.000000	0.047152	0.000000	0.000000	0.000000	0.000000
053977-01	PRUDENTIAL BACHE ENERGY II	ORRI	020185	051	0.041043	0.000000	0.041043	0.000000	0.000000	0.000000	0.000000
053978-01	PRUDENTIAL BACHE ENERGY I	ORRI	020185	051	0.119636	0.000000	0.119636	0.000000	0.000000	0.000000	0.000000
053979-01	PRUDENTIAL BACHE ENERGY I	ORRI	020185	051	0.131871	0.000000	0.131871	0.000000	0.000000	0.000000	0.000000
053980-01	PRUDENTIAL BACHE ENERGY P	ORRI	020185	051	0.024894	0.000000	0.024894	0.000000	0.000000	0.000000	0.000000
054248-01	HENRY B KRAUSE	ORRI	020185	051	0.002225	0.000000	0.002225	0.000000	0.000000	0.000000	0.000000
054876-01	WILLIAM B HARDIE SR ROYAL	ORRI	020185	051	0.000222	0.000000	0.000222	0.000000	0.000000	0.000000	0.000000
055776-01	VIRGINIA SIMMONS	ORRI	020185	051	0.002225	0.000000	0.002225	0.000000	0.000000	0.000000	0.000000
055835-01	JUDY WINDIE	ORRI	020185	051	0.056755	0.000000	0.056755	0.000000	0.000000	0.000000	0.000000
055836-01	JANE WINDIE	ORRI	020185	051	0.005675	0.000000	0.005675	0.000000	0.000000	0.000000	0.000000
055838-01	GERALD FITZGERALD JR TRUS	ORRI	020185	051	0.002720	0.000000	0.002720	0.000000	0.000000	0.000000	0.000000
059484-01	LOWE PARTNERS LP	ORRI	020185	051	0.002720	0.000000	0.002720	0.000000	0.000000	0.000000	0.000000
064928-01	SANDRA CHAMBERS	ORRI	020185	051	0.000510	0.000000	0.000510	0.000000	0.000000	0.000000	0.000000
065231-01	LAURA DICHTER	ORRI	020185	051	0.000622	0.000000	0.000622	0.000000	0.000000	0.000000	0.000000
065232-01	MARK S SEXTON	ORRI	020185	051	0.000622	0.000000	0.000622	0.000000	0.000000	0.000000	0.000000
065233-01	JAMES C RYAN JR	ORRI	020185	051	0.000207	0.000000	0.000207	0.000000	0.000000	0.000000	0.000000
065234-01	JOHN J RYAN III	ORRI	020185	051	0.000207	0.000000	0.000207	0.000000	0.000000	0.000000	0.000000
065235-01	LARRY D DESTRIDGE	ORRI	020185	051	0.000207	0.000000	0.000207	0.000000	0.000000	0.000000	0.000000
065236-01	TIMOTHY G COREY	ORRI	020185	051	0.000207	0.000000	0.000207	0.000000	0.000000	0.000000	0.000000
065237-01	CARYL C CLOVER	ORRI	020185	051	0.000207	0.000000	0.000207	0.000000	0.000000	0.000000	0.000000
065887-01	THE FASKEN FOUNDATION	ORRI	020185	051	0.000272	0.000000	0.000272	0.000000	0.000000	0.000000	0.000000
066289-02	SAN JUAN 1990-A LP	ORRI	020185	051	0.038370	0.000000	0.038370	0.000000	0.000000	0.000000	0.000000
067006-01	FRANK A SCHULTZ TRUSTEE	ORRI	020185	051	0.005438	0.000000	0.005438	0.000000	0.000000	0.000000	0.000000
067057-01	JAMES ROBERT BEAMON TRUST	ORRI	020185	051	0.005286	0.000000	0.005286	0.000000	0.000000	0.000000	0.000000
067058-01	CATHRYN BEAMON	ORRI	020185	051	0.037000	0.000000	0.037000	0.000000	0.000000	0.000000	0.000000
067059-01	CLAUDIA MARCIA LUNDELL GI	ORRI	020185	051	0.035238	0.000000	0.035238	0.000000	0.000000	0.000000	0.000000
067124-01	LIPSHY FAMILY TRUST	ORRI	020185	051	0.000543	0.000000	0.000543	0.000000	0.000000	0.000000	0.000000
067188-01	LINDA JEANNE LUNDELL LIND	ORRI	020185	051	0.035238	0.000000	0.035238	0.000000	0.000000	0.000000	0.000000
067948-01	MARCIA BERGER	ORRI	020185	051	0.0002083	0.000000	0.0002083	0.000000	0.000000	0.000000	0.000000
067949-01	WWR ENTERPRISES INC	ORRI	020185	051	0.002083	0.000000	0.002083	0.000000	0.000000	0.000000	0.000000
067988-01	CAROLYN BEAMON TILLEY	ORRI	020185	051	0.037000	0.000000	0.037000	0.000000	0.000000	0.000000	0.000000
068615-01	ADAM BRUSS TRUST	ORRI	020185	051	0.001235	0.000000	0.001235	0.000000	0.000000	0.000000	0.000000
068616-01	JON BRUSS TRUST	ORRI	020185	051	0.001235	0.000000	0.001235	0.000000	0.000000	0.000000	0.000000
068617-01	PETER BRUSS TRUST	ORRI	020185	051	0.001235	0.000000	0.001235	0.000000	0.000000	0.000000	0.000000
068618-01	ERNEST BRUSS III TRUST	ORRI	020185	051	0.001235	0.000000	0.001235	0.000000	0.000000	0.000000	0.000000
068788-01	SOUTHERN NATL BANK OF HOU	ORRI	020185	051	0.007415	0.000000	0.007415	0.000000	0.000000	0.000000	0.000000
074159-01	BALLARD EXPLORATION CO IN	ORRI	020185	051	0.860551	0.000000	0.860551	0.000000	0.000000	0.000000	0.000000
074176-01	HOWELL GRANDCHILDRENS TRS	ORRI	020185	051	0.000111	0.000000	0.000111	0.000000	0.000000	0.000000	0.000000
074177-01	RICHARD PARKER LANGFORD	ORRI	020185	051	0.000056	0.000000	0.000056	0.000000	0.000000	0.000000	0.000000

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY
007970900	HUERRANO - DAKOTA	MOI	NM, SAN JUAN

OWNER	I TYPE	0 I L			G A S		
		TRUE OWNERSHIP	NET WORKING	GROSS INT	TRUE OWNERSHIP	NET WORKING	GROSS INT
074178-01 BEN HOWELL LANGFORD	ORRI	020185	051	0.000056	0.000000	0.000056	0.000000
074179-01 MADELINE HOWELL JASTREMB	ORRI	020185	051	0.000056	0.000000	0.000056	0.000000
075070-01 JO ANN SCHMIDT	ORRI	020185	051	0.003285	0.000000	0.003285	0.000000
075071-01 JAMES R PAYNE & JEAN PAYN	ORRI	020185	051	0.003285	0.000000	0.003285	0.000000
075082-01 INEZ PETTE ESTATE	ORRI	020185	051	0.075673	0.000000	0.075673	0.000000
075572-01 ROBERT WALTER LUNDELL	ORRI	020185	051	0.035238	0.000000	0.035238	0.000000
076162-01 LEVINE FAMILY TRUST B	ORRI	020185	051	0.000543	0.000000	0.000543	0.000000
076987-01 HALEY AYCOCK ESTATE	ORRI	020185	051	0.000679	0.000000	0.000679	0.000000
077039-01 ROSE MARION BERG	ORRI	020185	051	0.000272	0.000000	0.000272	0.000000
077040-01 DENNA ELY	ORRI	020185	051	0.000272	0.000000	0.000272	0.000000
077082-01 SHEILLA MARIE LEVINE TRUST	ORRI	020185	051	0.000054	0.000000	0.000054	0.000000
077094-01 TOM S & ANNA LOU HOME REV	ORRI	020185	051	0.000906	0.000000	0.000906	0.000000
077785-01 FRANK D GORHAM JR	ORRI	020185	051	0.382144	0.000000	0.382144	0.000000
078020-01 MURRAY FASKEN TRUST ACCOU	ORRI	020185	051	0.000272	0.000000	0.000272	0.000000
078022-01 TRUST F/B/O SUSAN FASKEN	ORRI	020185	051	0.000272	0.000000	0.000272	0.000000
078023-01 FRANK ANDREW FASKEN	ORRI	020185	051	0.000201	0.000000	0.000201	0.000000
078024-01 G R FASKEN	ORRI	020185	051	0.000070	0.000000	0.000070	0.000000
078025-01 STEVEN PRICE FASKEN	ORRI	020185	051	0.000272	0.000000	0.000272	0.000000
078317-01 MAUREEN GREER WRIGHT	ORRI	020185	051	0.002225	0.000000	0.002225	0.000000
999022-02 MERIDIAN OIL PRODUCTION I	ORRI	020185	051	0.102158	0.000000	0.102158	0.000000
999030-01 EL PASO PRODUCTION CO	ORRI	020185	051	0.396487	0.000000	0.388251	0.000000
<b>INTEREST TYPE TOTALS</b>				<b>8.361822</b>	<b>0.000000</b>	<b>8.353586</b>	<b>0.000000</b>

Exhibit E

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**MERIDIAN OIL INC.**  
**UNIT OWNERSHIP REPORT**

DOS755NB  
6

PROPERTY	UNIT NAME	OPERATOR	ST, COUNTY
OWNER		MOI	NM, SAN JUAN
	ITYPE	EXP. DATE	EXP. NO.
007970900	HUERFANO - DAKOTA		
999022-02	MERIDIAN OIL PRODUCTION I	UMI	020185
	INTEREST TYPE TOTALS		051
		0.047904	0.047904
		0.047904	0.047904
001283-01	GROSS OIL DELAMARE CORP	GWI	020185
007097-02	O J LILLY DEC'D	GWI	020185
009059-01	MARGARET DORIS MCCONNELL	GWI	020185
011823-01	WILLIAM J GREEN	GWI	020185
025714-01	ALBERT R GREER	GWI	020185
026000-01	LANGDON D HARRISON	GWI	020185
026521-01	BARBARA ANN BRUSS	GWI	020185
028268-01	FORREST GELBKE & JUNE GEL	GWI	020185
029600-01	DAVID WILLIAM WALTERS	GWI	020185
029940-01	CHARLES A & NANCIE A GREE	GWI	020185
030755-01	FRANK S KELLY ESTATE	GWI	020185
031116-10	ANOCO PRODUCTION COMPANY	GWI	020185
036103-02	LA PLATA GATHERING SYSTEM	GWI	020185
038105-01	BENSON MONTIN GREER	GWI	020185
038562-01	MCCONNELL TRUST	GWI	020185
038794-02	SUNLAND REFINING CORP	GWI	020185
050080-01	CONOCO INC/DELHI	GWI	020185
050484-01	PRIME ENERGY CORPORATION	GWI	020185
050503-01	A & D CHILDRENS TRUST	GWI	020185
06050-01	MARYAN KLINGER TRUST	GWI	020185
075507-01	HAMILTON FAMILY TRUST	GWI	020185
	INTEREST TYPE TOTALS		051
		0.002954	0.002954
		20.663924	24.982077
UNIT TOTALS		100.000000	100.000000
		100.000000	100.000000

Exhibit E  
Page 6 of 6

**EXHIBIT D**

P 144 971 015 ✓  
MARIANNE WEILL LESTER  
75 MERCER AVE  
WRTSDALE, NY 10530

P 144 971 017 ✓  
SIDNEY E LICHT  
6410 VETERANS AVE  
BROOKLYN, NY 11234

P 144 971 019  
MARGARET JENSIS DECD  
1615 PUTNAM AVE  
RIDGEWOOD, NY 11385

P 144 971 021  
MURRAY LANGFELDER  
2665 HOMECREST AVE  
BROOKLYN, NY 11235

P 144 971 023 ✓  
LAWRENCE L LAVALLE  
2600 N MILITARY TRL 4TH FL  
BOCA RATON, FL 33431

P 144 971 025  
SIDNEY E LICHT & MARTIN C LICHT  
EXECUT C/O SUMMIT SOLOMON & FELDESMAN  
445 PARK AVE  
NEW YORK, NY 10022

P 144 971 027 ✓  
ENID CAROL BARTON  
174 SUMMIT AVE  
SUMMIT, NJ 07091

P 144 971 029 ✓  
JEAN SAMMONS  
2038 E 64TH ST  
BROOKLYN, NY 11234

P 144 971 031  
FLORENCE DUBILIER AW  
C/O STEELE HECTOR DAVE  
PO BOX 2367  
PALM BEACH, FL 33480

P 144 971 033 ✓  
MILY D GRAMBLING  
916 CHERRY HILL LN  
EL PASO, TX 79912

P 144 971 016 ✓  
W BENTON HARRISON III  
561 S COUNTRY CLUB DR  
ATLANTIS, FL 33462

P 144 971 018 ✓  
DR ALEXANDER LORE  
85 15 CHEVY CHASE ST  
JAMAICA, NY 11432

P 144 971 020 ✓  
ANNE ZACHAREK  
166 JEWETT AVE  
JERSEY CITY, NJ 07304

P 144 971 022  
EDWARD GRAPEL  
7051 ENVIRON BLVD APT 536  
LAUDERHILL, FL 33319

P 144 971 024 ✓  
NELLY LIDELL  
40 E 88TH ST  
NEW YORK, NY 10028

P 144 971 026 ✓  
NANCI L FOX  
84 COLTEN AVE  
SAYVILLE, NY 11782

P 144 971 028 ✓  
TOTAL MINATOME CORPORATION  
PO BOX 201769  
HOUSTON, TX 77216

P 144 971 030 ✓  
NELLY LIDELL CHARLES J LEAVE & JULES  
GOLDEN EXEC. ESTATE OF MYRON LIDELL  
40 E 88TH ST  
NEW YORK, NY 10028

P 144 971 032 ✓  
HELEN G PIENKOWSKI  
35 BROAD ST APT 10  
FREEHOLD, NJ 07728

P 144 971 034 ✓  
JULIA SIMPSON  
12300 RADOYKA DR  
SARATOGA, CA 95070

P 144 971 035 ✓  
JOHN P WINDLE PERS REP FOR THE  
ESTATE OF LOUISE WINDLE DECD  
74 PHILLIPS ST  
JSTON, MA 02114

P 144 971 037 ✓  
DANIEL D DUDEN  
PO BOX 162481  
AUSTIN, TX 78716

P 144 971 039 ✓  
ROBERT W DUDEN  
PO BOX 162481  
AUSTIN, TX 78716

P 144 971 041 ✓ 765-369648

E JEAN KEYSER  
C/O COOPERS & LYBRAND  
200-600 OUELLETTE AVE  
WINDSOR, ON N9A

P 144 971 043 ✓  
MAXINE S GRAHAM  
1504 SOPLO ROAD SE  
ALBUQUERQUE, NM 87123

P 144 971 045 ✓  
JULIA B LILLY INDVDLY & ANC. ADMINX  
U/W O J LILLY DECD  
1906 ROCK CREEK DR  
ROUND ROCK, TX 78681

P 144 971 047 ✓  
ANNE L EVINGER  
5101 LEISURE DR  
MIDLAND, TX 79703

P 144 971 049 ✓  
R H FEUILLE  
11TH FLOOR  
TEXAS COMMERCE BANK BLDG  
EL PASO, TX 79901

P 144 971 051 ✓  
PATSY R CUMMINS INDEP EXEC OF  
CLOA W BARKLEY ESTATE  
PO BOX 872  
MIDLAND, TX 79702

P 144 971 053 ✓  
AMES J JOHNSTON  
ELEVEN GREENWAY PLZ STE 2608  
HOUSTON, TX 77046

P 144 971 036 ✓  
LEO A ACHTSCHIN  
6335 W NORTHWEST HWY 1917  
DALLAS, TX 75225

P 144 971 038 ✓  
DANIEL D DUDEN TRUST B  
PO BOX 162481  
AUSTIN, TX 78716

P 144 971 040 ✓  
GUY A WEILL  
50 E 79TH ST (20A)  
NEW YORK, NY 10021

P 144 971 042 ✓  
ROBERT W DUDEN TRUST A  
PO BOX 162481  
AUSTIN, TX 78716

P 144 971 044 ✓  
SIDNEY H DUNKEN  
C/O 21ST CENTURY CONTAINERS  
150 SELIG DR  
ATLANTA, GA 30336

P 144 971 046  
MARGARET DORIS MCCONNELL  
LIFE TENANT  
600 NORTH BROADWAY  
HOBART, OK 73651

P 144 971 048 ✓  
JERRY J ANDREW  
408 LONGWOODS DR  
HOUSTON, TX 77024

P 144 971 050 ✓  
MARY ANN HONEY  
10303 OCOTILLO DR  
SUN CITY, AZ 85373

P 144 971 052 ✓  
ROSALINE WEISS IND EXEC  
SIDNEY L WEISS ESTATE  
200 PATTERSON #614  
SAN ANTONIO, TX 78209

P 144 971 054 ✓  
R E BEAMON III  
A/K/A ROBERT E BEAMON III  
THREE RIVERWAY STE 470  
HOUSTON, TX 77056

P 144 971 055 ✓  
ROBERT BEAMON C/O KLEIN BANK  
ATTN: JOE NATION  
~ BOX 73249  
USTON, TX 77273

P 144 971 057 ✓  
LEE ETTA HEDBERG  
PO BOX 470337  
FORT WORTH, TX 76147

P 144 971 059 ✓  
PATTIE ANN BEAMON LUNDELL  
1616 S VOSS RD STE 870  
HOUSTON, TX 77057

P 144 971 061 ✓  
JOSEPHINE ADAMS WESTEFELD  
39 ROLLINGMEAD  
PRINCETON, NJ 08540

P 144 971 063 ✓  
PATRICIA G HARVEY  
PO DRAWER 140  
EL PASO, TX 79980

P 144 971 065 ✓  
FREDERICK EUGENE TURNER  
ONE ENERGY SQ STE 852  
4925 GREENVILLE AVE  
DALLAS, TX 75206

P 144 971 067 ✓  
J GLENN TURNER JR  
3131 TURTLE CREEK BLVD STE 1201  
DALLAS, TX 75219

P 144 971 069 ✓  
ELLIS RUDY  
PO BOX 789  
HOUSTON, TX 77001

P 144 971 071 ✓  
ELIZABETH JEANNE T CALLOWAY  
AS HER SEPARATE PROPERTY  
4801 ST JOHNS DR  
DALLAS, TX 75205

144 971 073 ✓  
AVID G MCLANE  
PO BOX 214430  
DALLAS, TX 75221

P 144 971 056 ✓  
KATHRYN D ASHBY  
PO BOX 1854  
MIDLAND, TX 79702

P 144 971 058 ✓  
PATTIE ANN BEAMON LUNDELL  
CC NO 1034  
1616 S VOSS RD APT 870  
HOUSTON, TX 77057

P 144 971 060 ✓  
JOHN A GRAMBLING  
916 CHERRY HILL LN  
EL PASO, TX 79912

P 144 971 062 ✓  
JAMES ROBERT MARTIN  
PO BOX 8617  
HORSESHOE BAY, TX 78654

P 144 971 064 ✓  
VIOLA I STEWART  
PO BOX 2460  
UVALDE, TX 78802

P 144 971 066 ✓  
FREDERICK EUGENE TURNER  
ONE ENERGY SQ STE 852  
4925 GREENVILLE AVE  
DALLAS, TX 75206

P 144 971 068 ✓  
J GLENN TURNER JR  
STE 1201  
3131 TURTLE CREEK BLVD  
DALLAS, TX 75219

P 144 971 070 ✓  
ELIZABETH JEANNE TURNER  
Calloway Separate PropRTY  
4801 ST JOHNS DR  
DALLAS, TX 75205

P 144 971 072 ✓  
ELIZABETH T CALLOWAY  
4801 ST JOHNS DR  
DALLAS, TX 75205

P 144 971 074 ✓  
ETOILE POSTELLE  
307 MONTCLAIR DR  
CORPUS CHRISTI, TX 78412

P 144 971 075 ✓  
PATTI JO WOOD  
PO BOX 1099  
SING STAR, TX 76471

P 144 971 077 ✓  
JOHN LEE TURNER  
PO BOX 797215  
DALLAS, TX 75379

P 144 971 079 ✓  
WILLIAM G WEBB  
C/O QUESTA PETROLEUM INC  
PO BOX 451  
ALBUQUERQUE, NM 87103

P 144 971 081 ✓  
CHESTER E THOMPSON JR  
5202 CENTRAL S W  
ALBUQUERQUE, NM 87105

P 144 971 083 ✓  
DONEVA J HUNTINGTON  
7080 COUNTRY ROAD 120  
HESPERUS, CO 81326

P 144 971 085 ✓  
KATHLEEN EARNEST RIOS TR  
ROBERT P EARNEST AND ANNA DOKUS EARNE  
944 MISSOURI ST  
SAN DIEGO, CA 92109

P 144 971 087 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR HERBERT R BRIGGS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 089 ✓  
LANGDON D HARRISON  
7517 TAMARRON PL NE  
ALBUQUERQUE, NM 87109

P 144 971 091 ✓  
RICHARD B LODEWICK  
2100 W WADLEY #21  
MIDLAND, TX 79705

144 971 093 ✓  
AMES GRANT PAULEK  
1901 RANCH DR  
FARMINGTON, NM 87401

P 144 971 076  
JOHN LEE TURNER  
JGT ESTATE  
PO BOX 797215  
DALLAS, TX 75379

P 144 971 078 ✓  
WILLIAM G WEBB  
1600 PACIFIC AVE STE 250  
DALLAS, TX 75201

P 144 971 080 ✓  
VICKIE K ALLEN  
131 N BAUER SPACE 66  
PALISADE, CO 81526

P 144 971 082 ✓  
DONALD A PAULEK  
1102 CANYON PLACE  
FARMINGTON, NM 87401

P 144 971 084 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR EDITH R BRIGGS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 086 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR WILLIAM C BRIGGS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 088 ✓  
TOM GALT  
352 FIFTH STREET  
ATLANTIC BEACH, FL 32233

P 144 971 090 ✓  
JANE C GORDEN  
11330 GREENBAY DR  
HOUSTON, TX 77024

P 144 971 092 ✓  
BARBARA ANN BRUSS  
C/O SUNWEST BK OF ALBUQUERQUE  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 094 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR ROGER B NIELSON  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 095 ✓  
SUNWEST BANK OF ALBUQUERQUE  
CAROLYN NIELSON SEDBERRY  
~ BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 097 ✓  
LAURA PATRICIA LODEWICK  
511 NEWELL  
DALLAS, TX 75223

P 144 971 099 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR C FRED LUTHY JR  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 101 ✓  
MINERALS MANAGEMENT SERVICE  
ROYALTY MANAGEMENT PROGRAM  
PO BOX 5810  
DENVER, CO 80217

P 144 971 103 ✓  
FORREST GELBKE & JUNE GELBKE  
12205 HEMLOCK DR  
AUBURN, CA 95603

P 144 971 105 ✓  
TERESA HOME  
20321 CELTIC  
CHATSWORTH, CA 91311

P 144 971 107 ✓  
ANN HOME EMMERSON TR  
1495 SW CLIFTON  
PORTLAND, OR 97201

P 144 971 109 ✓  
CHERYL L POTENZIANI  
PO BOX 36600 STATION D  
ALBUQUERQUE, NM 87176

P 144 971 111 ✓  
JAMES B WOODARD  
3613 IMPERIAL  
MIDLAND, TX 79703

144 971 113 ✓  
ORIS F FAMBRO  
2 SURREY LN  
BRECKENRIDGE, TX 76424

P 144 971 096 ✓  
UNITED NEW MEXICO TRUST CO TRT  
U/W FOSTER MORRELL DECD  
P O BOX 5614  
HOBBS, NM 88241

P 144 971 098 ✓  
JOHN WIDNEY LODEWICK  
3305 WENTWOOD  
DALLAS, TX 75225

P 144 971 100  
ELIZABETH GALT CURRIER EST. RODMAN G  
MOORE CO PERS REP C/O MADELINE MOORE  
P O BOX 77732  
TUCSON, AZ 85703

P 144 971 102 ✓  
LUCILLE PIPKIN  
P O BOX 1174  
ROSWELL, NM 88202

P 144 971 104 ✓  
ROBERTA JUNE DENOON THOMAS EX. EST  
CARL R DENOON C/O DOROTHY E DENOO  
RT 1 BOX 56  
DESOTO, GA 31743

P 144 971 106 ✓  
DAVID WILLIAM WALTERS  
17761 ROCKHURST RD  
CASTRO VALLEY, CA 94546

P 144 971 108 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR CYRENE F MAPEL  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 110 ✓  
CYNTHIA VOGL  
RT 4 BOX 127-B  
KAUFMAN, TX 75142

P 144 971 112 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR CYRENE L INMAN  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 114 ✓  
FIRST NATL BK & WILFRED B LANGMORE  
ELEANOR WETMORE ESTATE  
PO BOX 2080  
JACKSONVILLE, FL 32231

P 144 971 115 ✓  
WM M WESTERMAN PERSONAL REP  
GUALTHERA WESTERMAN ESTATE  
777 KENWICK TRL SW  
JOANKE, VA 24018

P 144 971 117 ✓  
ROGERS GIBBARD TRUST  
C/O SUSAN ROGERS EVELAND  
8608 HIDDEN MEADOW DR  
FORT WORTH, TX 76179

P 144 971 119 ✓  
MATAGORDA OIL COMPANY  
C/O TEXAS COMMERCE BANK  
PO BOX 200555  
HOUSTON, TX 77216

P 144 971 121 ✓  
MELCONE CORPORATION  
C/O MELVIN S COHN  
5847 SAN FELIPE STE 1700  
HOUSTON, TX 77057

P 144 971 123 ✓  
TOM L HAIL TR  
1201 LOUISIANA STE 3428  
HOUSTON, TX 77002

P 144 971 125 ✓  
TEXAS COMMERCE BANK TRUSTEE  
BEN R HOWELL TRUST  
PO BOX 722  
EL PASO, TX 79944

P 144 971 127  
NATIONSBK OF TX NA TRSTE  
EULA MAY JOHNSTON TR 661  
PO DRAWER 840738  
DALLAS, TX 75284

P 144 971 129 ✓  
FIRST CITY TEXAS MIDLAND NA  
TRUSTEE ACCT #99-0799-00  
PO BOX 10966  
MIDLAND, TX 79702

P 144 971 131 ✓  
SHOSS LEVINE TRUSTS B LIPSHEY & D  
SHOSS TRUSTES  
5439 CASTLEWOOD RD  
DALLAS, TX 75229

P 144 971 133 ✓  
FIRST CITY TEXAS MIDLAND NA  
U/W/O ROZELLE B CLEVELAND  
PO BOX 10966  
MIDLAND, TX 79702

P 144 971 116 ✓  
AMOCO PRODUCTION COMPANY  
PO BOX 841521  
DALLAS, TX 75284

P 144 971 118 ✓  
ROBERT BEAMON TRUSTEE  
THREE RIVERWAY STE 470  
HOUSTON, TX 77056

P 144 971 120 ✓  
MARALO INC  
PO BOX 2923  
HOUSTON, TX 77252

P 144 971 122 ✓  
GLOBAL NATURAL RESOURCES  
CORPORATION OF NEVADA  
PO BOX 200888  
HOUSTON, TX 77216

P 144 971 124 ✓  
ELIZABETH H LUND TRUSTEE  
MABELLE HARDIE ROYALTY TRUST  
1065 LOS JARDINES  
EL PASO, TX 79912

P 144 971 126 ✓  
HUFFAKER GREEN AND HUFFAKER  
PO BOX 419  
TAHOKA, TX 79373

P 144 971 128 ✓  
AMERITRUST TEXAS NA TRUSTEE  
MARY FRANCES TURNER JR TR 6743  
PO BOX 951412  
DALLAS, TX 75395

P 144 971 130  
V A JOHNSTON FAMILY TRUST  
PO BOX 925  
RALLS, TX 79357

P 144 971 132 ✓  
SHOSS LEVINE TRUSTS 8149 8150  
8151 BRUCE A LIPSHEY & DAVID SHOSS TR  
5439 CASTLEWOOD ROAD  
DALLAS, TX 75229

P 144 971 134 ✓  
MONTEZ JOHNSON TRUSTEE  
U/W OF LEAH B DOWNEY DECD  
PO BOX 225  
MIDLAND, TX 79702

P 144 971 135 ✓  
FIRST CITY TEXAS - MIDLAND NA  
REESE CLEVELAND DECEASED  
PO BOX 10966  
MIDLAND, TX 79702

P 144 971 137 ✓  
POTENZIANI FAMILY PTSP  
C/O FRANK POTENZIANI  
PO BOX 36600 STATION D  
ALBUQUERQUE, NM 87176

P 144 971 139 ✓  
STATE OF NEW MEXICO  
PO BOX 1148  
SANTA FE, NM 87501

P 144 971 141 ✓  
UNITED NEW MEXICO TRUST CO TRT  
EDNA E MORRELL LIVG TRUST  
P O BOX 5614  
HOBBS, NM 88241

P 144 971 143 ✓  
EVKO DEVELOPMENT COMPANY  
4710 CABRILLO ST  
SAN FRANCISCO, CA 94121

~~P 144 971 145 765369649~~  
JAMES MONTAGUE FARLEY & ANNE MAY  
COLWILL CO-EXEC OF CHARLES W  
SUITE 302 - 345 CHURCH ST  
OAKVILLE, ON L6J

P 144 971 147 ✓  
BETTIANNE HINKLE BOWEN  
1902 IVANHOE LANE  
ABILENE, TX 79605

P 144 971 149  
CONOCO INC/DELHI  
C/O AMOCO PRODUCTION CO  
PO BOX 841521  
DALLAS, TX 75284

P 144 971 151 ✓  
CHARLES E HINKLE  
LONOAK RT BOX 4  
KING CITY, CA 93930

144 971 153 ✓  
JULIE LEVINE MULLEN  
4747 EMORY  
EL PASO, TX 79922

P 144 971 136 ✓  
EVERGREEN RESOURCES INC  
1512 LARIMER ST  
1000 WRITER SQUARE  
DENVER, CO 80202

P 144 971 138 ✓  
HANSON MCBRIDE PETROLEUM CO  
PO BOX 1515  
ROSWELL, NM 88201

P 144 971 140 ✓  
H K RIDDLE TR OF HANSEL  
KING RIDDLE II TRUST  
P O BOX 13326  
ALBUQUERQUE, NM 87192

P 144 971 142 ✓  
MCCONNELL TRUST  
C/O SUNWEST BANK SUCC TRUSTEE  
PO BOX 26900  
ALBUQUERQUE, NM 87125

~~P 144 971 144 765369647~~  
CASSANDRA KEYSER  
7170 ISABELLE CT  
WINDSOR, ON N8S

P 144 971 146 ✓  
JAMES LISLE HINKLE  
P O BOX 2002  
ROSWELL, NM 88201

P 144 971 148 ✓  
JUNE ELAINE MACDONALD  
1219 LEXINGTON DR  
VISTA, CA 92084

P 144 971 150 ✓  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR F A CRONICAN SR & H B CRONI  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 152  
CYNTHIA LACKY TRUSTEE FOR  
HERSELF KRISTIN HINKLE & JENNA HINKLE  
ROUTE 3 BOX 519  
CARMEL, CA 93923

P 144 971 154 ✓  
BARRON PROPERTIES LTD  
C/O FIRST CITY TX MIDLAND NA  
PO BOX 10966  
MIDLAND, TX 79702

P 144 971 155 ✓  
JOHN T HINKLE  
P O BOX 1793  
ROSWELL, NM 88201

P 144 971 156 ✓  
LILLIAN T HINKLE  
P O BOX 2002  
ROSWELL, NM 88201

P 144 971 157 ✓  
PRUDENTIAL BACHE ENERGY INCOME  
C/O GRAHAM ROYALTY LTD  
PO BOX 840300  
DALLAS, TX 75284

P 144 971 158 ✓  
PRUDENTIAL BACHE ENERGY INCOME  
PRODUCTION PARTNERSHIP II P-11  
PO BOX 840300  
DALLAS, TX 75284

P 144 971 159 ✓  
PRUDENTIAL BACHE ENERGY INCOME  
LIMITED PARTNERSHIP IV P-16  
PO BOX 840300  
DALLAS, TX 75284

P 144 971 160  
JANE HARDIE TRUSTEE  
WILLIAM B HARDIE SR ROYALTY TR  
1065 LOS JARDINES  
EL PASO, TX 79912

P 144 971 161 ✓  
VIRGINIA SIMMONS  
P O BOX 270  
MEXIA, TX 76667

P 144 971 162 ✓  
JUDY WINDLE  
1258 PINECREST AVE  
CHARLOTTE, NC 28205

P 144 971 163 ✓  
JANE WINDLE  
202 BERLIN ST  
MONTPELIER, VT 05602

P 144 971 164 ✓  
GERALD FITZGERALD JR TRUSTEE  
GERALD FITZGERALD JR TRUST  
9125 EVANGELINE NE  
ALBUQUERQUE, NM 87111

P 144 971 165 ✓  
DEOBRAH K SLAUGHTER TRUSTEE  
A & D CHILDRENS TRUST  
963 RATCLIFF  
SHREVEPORT, LA 71104

P 144 971 166 ✓  
LOWE PARTNERS LP  
PO BOX 2923  
HOUSTON, TX 77252

P 144 971 167 ✓  
SANDRA CHAMBERS  
PO BOX 583  
SNYDER, TX 79550

P 144 971 168  
LAURA DICHTER  
2324 DAHLIA ST  
DENVER, CO 80207

P 144 971 169 ✓  
MARK S SEXTON C/O EVERGREEN PROP.  
1000 WRITER SQUARE  
1512 LARIMER ST  
DENVER, CO 80202

P 144 971 170 ✓  
JAMES C RYAN JR  
PO BOX 2485  
GREENVILLE, SC 29602

P 144 971 171 ✓  
JOHN J RYAN III  
CHERYL F LAWSON AIF  
PO BOX 10221  
GREENVILLE, SC 29603

P 144 971 172 ✓  
LARRY D ESTRIDGE  
PO BOX 728  
GREENVILLE, SC 29602

144 971 173 ✓  
TIMOTHY G COREY  
PO BOX 2485  
GREENVILLE, SC 29602

P 144 971 174 ✓  
CARYL C CLOVER  
PO BOX 2485  
GREENVILLE, SC 29602

P 144 971 175 ✓  
THE FASKEN FOUNDATION C/O BAYTECH INC  
AIF ATTN: THOMAS E K  
~ BOX 10158  
LAND, TX 79702

P 144 971 176  
SAN JUAN 1990-A LP  
C/O AMERITRUST PETROLEUM CORP  
PO BOX 951424  
DALLAS, TX 75395

P 144 971 177 ✓  
FRANK A SCHULTZ TRUSTEE  
500 N AKARD ST STE 2160 LB-1  
DALLAS, TX 75201

P 144 971 178 ✓  
MARYAN KLINGER TRUSTEE  
MARYAN KLINGER TRUST  
4777 GROUSE RUN #140  
STOCKTON, CA 95207

P 144 971 179 ✓  
JAMES ROBERT BEAMON TRUSTEE  
THREE RIVERWAY STE 470  
HOUSTON, TX 77056

P 144 971 180 ✓  
CLAUDIA MARCIA LUNDELL GILMER  
30 GOLDEN PL  
THE WOODLANDS, TX 77381

P 144 971 181 ✓  
GEORGE GALERSTEIN TRUSTEE  
HARRY LIPSHY  
3817 VINECREST  
DALLAS, TX 75229

P 144 971 182 ✓  
LINDA JEANNE LUNDELL LINDSEY  
PO BOX 631565  
NACOGDOCHES, TX 75963

P 144 971 183  
SUNWEST BANK OF ALBUQUERQUE NA  
AGENT FOR MARCIA BERGER  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 184 ✓  
SUNWEST BANK OF ALBUQUERQUE NA  
AGENT FOR WWR ENTERPRISES INC  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 185 ✓  
CAROLYN BEAMON TILLEY  
5225 PRESTON HAVEN  
DALLAS, TX 75229

P 144 971 186 ✓  
SUNWEST BANK OF ALBUQUERQUE NA  
FOR BARBARA BRUSS TRSTE ADAM BRUSS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 187 ✓  
SUNWEST BANK OF ALBUQUERQUE NA  
JON BRUSS TRUST  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 188 ✓  
SUNWEST BANK OF ALBUQUERQUE NA  
PETER BRUSS TRUST  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 189 ✓  
SUNWEST BANK OF ALBUQUERQUE NA  
ERNEST BRUSS III TRUST  
PO BOX 26900  
ALBUQUERQUE, NM 87125

P 144 971 190 ✓  
BALLARD EXPLORATION CO INC  
1021 MAIN ST STE 1705  
HOUSTON, TX 77002

P 144 971 191 ✓  
HOWELL GRANDCHILDRENS TRUST  
ESTATE (5-38010)  
P O BOX 722  
EL PASO, TX 79944

P 144 971 192 ✓  
RICHARD PARKER LANGFORD  
1512 JERSEY DR  
AUSTIN, TX 78758

144 971 193 ✓  
LEN HOWELL LANGFORD  
C/O EPPLER GUERIN & TURNER  
THE CENTRE 123 PIONEER PLZ  
EL PASO, TX 79901

P 144 971 194 ✓  
MADELINE HOWELL JASTRZEMBSKI  
1106 MESITA  
EL PASO, TX 79902

P 144 971 195 ✓  
JO ANN SCHMIDT  
HER SOLE & SEPARATE PROPERTY  
819 OAKLAWN WAY  
AIR OAKS, CA 95628

P 144 971 197 ✓  
GEORGIA PETTIE IND EXECUTOR  
INEZ PETTIE ESTATE  
PO BOX 92  
SLATON, TX 79364

P 144 971 199 ✓  
LEE AYCOCK IND EXECUTRIX  
HALEY AYCOCK ESTATE  
300 MEADOWLAKES DR  
MARBLE FALLS, TX 78654

P 144 971 201 ✓  
DENNA ELY  
5716 OVER DOWNS  
DALLAS, TX 75230

P 144 971 203 ✓  
TOM S & ANNA LOU HOME TRUSTEES  
OF THE TOM S & ANNA LOU HOME  
109 S MCCADDEN PL  
LOS ANGELES, CA 90004

P 144 971 205 ✓  
NEW 1ST CITY TEXAS MIDLAND NA  
& CELESTE FASKEN CO-INDEP EXEC  
PO BOX 10966  
MIDLAND, TX 79702

P 144 971 207 ✓  
FRANK ANDREW FASKEN  
RR 6 BOX 388  
PARIS, TX 75460

P 144 971 209 ✓  
STEVEN PRICE FASKEN  
11000 CANDELARIA NE  
ALBUQUERQUE, NM 87112

P 144 971 144 ✓  
DOW OIL CORP.  
P.O. BOX 769  
GEYSERVILLE, CA 95441

P 144 971 196 ✓  
JAMES R PAYNE & JEAN PAYNE  
525 SIERRA DR SE  
ALBUQUERQUE, NM 87108

P 144 971 198 ✓  
ROBERT WALTER LUNDELL  
1616 S VOSS #870  
HOUSTON, TX 77057

P 144 971 200 ✓  
ROSE MARION BERG  
5714 OVER DOWNS  
DALLAS, TX 75230

P 144 971 202  
NATIONSBANK TRUSTEE  
SHEILA MARIE LEVINE TRUST  
PO BOX 840738  
DALLAS, TX 75284

P 144 971 204 ✓  
FRANK D GORHAM JR  
DBA CUESTA PRODUCTION CO  
PO BOX 451  
ALBUQUERQUE, NM 87103

P 144 971 206 ✓  
NEW 1ST CITY TEXAS MIDLAND NA  
TRUST FBO SUSAN FASKEN  
PO BOX 10966  
MIDLAND, TX 79702

P 144 971 208 ✓  
G R FASKEN  
230 JOHNSON WOODS DR  
PARIS, TX 75460

P 144 971 041 ✓  
CURTIS LITTLE  
P.O. BOX 1258  
FARMINGTON, NM 87499

P 144 971 145 ✓  
SHEA OIL & GAS  
3232 W BRITTON RD STE 280  
OKLAHOMA CITY, OK 73120

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 015

MARIANNE WEILL LESTER  
75 MERCER AVE  
HARTSDALE, NY 10530

## 6. Signature (Agent)

## 4a. Article Number

P 144 971 016

W BENTON HARRISON III  
561 S COUNTRY CLUB DR  
ATLANTIS, FL 33462

## 7. Date of Delivery

5/15/93

## 4b. Service Type

Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):
  - 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 016

## 6. Signature (Agent)

## 4a. Article Number

P 144 971 016

W BENTON HARRISON III  
561 S COUNTRY CLUB DR  
ATLANTIS, FL 33462

## 7. Date of Delivery

5/15/93

## 4b. Service Type

Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 016

SIDNEY E LIGHT  
6410 VETERANS AVE  
BROOKLYN, NY 11234

## 4a. Article Number

P 144 971 016

DR ALEXANDER LORE  
85 15 CHEVY CHASE ST  
JAMAICA, NY 11432

## 4b. Service Type

Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5/18/93

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 016

W BENTON HARRISON III  
561 S COUNTRY CLUB DR  
ATLANTIS, FL 33462

## 4a. Article Number

P 144 971 016

DR ALEXANDER LORE  
85 15 CHEVY CHASE ST  
JAMAICA, NY 11432

## 4b. Service Type

Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5/18/93

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**ER**  
**SL**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 020  
ANNE ZACHAREK  
166 JEWETT AVE  
JERSEY CITY, NJ 07304

I also wish to receive the following services (for an extra fee):  
1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

4a. Article Number

4b. Service Type
<input type="checkbox"/> Registered
<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail
<input type="checkbox"/> Insured
<input type="checkbox"/> COD
<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery  
JER  
11/14/90

6. Signature (Addressee)  
*Anne Zacharek*

6. Signature (Agent)

8. Addressee's Address (Copy if requested and fees paid)  
166 JEWETT AVE  
JERSEY CITY, NJ 07304

PS Form 3811, November 1990 \*U.S. GPO: 1891-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 023  
LAWRENCE L LAVALLE  
2600 N MILITARY TRL 4TH  
BOCA RATON, FL 33431

## 4a. Article Number

Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 4b. Service Type

7. Date of Delivery  
11/17/93

## 5. Signature (Addressee)



## 6. Signature (Agent)



## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (if an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fees.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Return Receipt Requested

2.  Restricted Delivery

Consult postmaster for fee.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

P 144 971 024

## 4b. Service Type

Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

11/17/93

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088 DOMESTIC RETURN RECEIPT

**SENDER:****SENDER:**

- Complete items 1 and/or 2 for additional services.

• Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

Consult postmaster for fee.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

P 144 971 026

## 4b. Service Type

Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

11/17/93

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

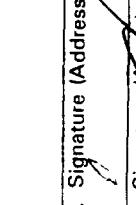
## 3. Article Addressed to:

P 144 971 027  
ENID' CAROL BARTON  
174 SUMMIT AVE  
SUMMIT, NJ 07091

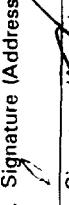
## 3. Article Addressed to:

P 144 971 027  
ENID' CAROL BARTON  
174 SUMMIT AVE  
SUMMIT, NJ 07091

## 5. Signature (Addressee)



6. Signature (Agent)



**PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT**

**PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT**

- also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fee.

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5/15/93

## 8. Addressee's Address (Only if requested and fee is paid)

5/15/93

**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 028  
TOTAL MINATOME CORPORATION  
PO BOX 201769  
HOUSTON, TX 77216

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

MAY 17 1993

## 8. Addressee's Address (Only if requested and fee is paid)

8. Addressee's Address (Only if requested and fee is paid)

**PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT**

**PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT**

**SENDER:**

- also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fee.

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5/14/93

## 8. Addressee's Address (Only if requested and fee is paid)

5/14/93

**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 030  
NELLY LIDDELL CHARLES C  
GOLDEN EXEC. ESTATE OF  
40 E 88TH ST  
NEW YORK, NY 10028

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5/14/93

## 8. Addressee's Address (Only if requested and fee is paid)

5/14/93

**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 030  
JEAH SAMMONS  
2038 E 64TH ST  
BROOKLYN, NY 11234

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5/14/93

## 8. Addressee's Address (Only if requested and fee is paid)

5/14/93

## 6. Signature (Agent)

5/14/93

## 6. Signature (Agent)

5/14/93

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address.  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

P 144 971 032  
 HELEN G PIENKOWSKI  
 35 BROAD ST APT 10  
 FREEHOLD, NJ 07728

Signature (Addressee)

Signature (Agent)

4a. Article Number

144 971 032

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	5/15/93	

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 034

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address

1.  Addressee's Address
2.  Restricted Delivery
3. Article Addressed to:

Consult postmaster for fee.

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	5/15/93	

8. Addressee's Address (Only if requested and fee is paid)

Emily Grant  
 5-15-93

6. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN REC

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address

1.  Addressee's Address
2.  Restricted Delivery
3. Article Addressed to:

Consult postmaster for fee.

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	5/15/93	

8. Addressee's Address (Only if requested and fee is paid)

Kathy Day  
 5-15-93

6. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 9/1 U35JOHN P WINDLE PERS REP FO  
ESTATE OF LOUISE WINDLE DI  
74 PHILLIPS ST  
BOSTON, MA 021145. Signature (Addressee)  
*John P. Windle*  
6. Signature (Agent)

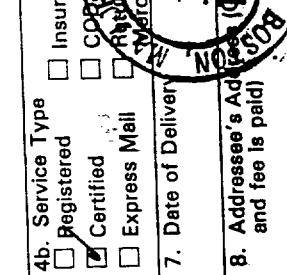
PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

4a. Article Number



7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)  
ESTATE OF LOUISE WINDLE DI  
74 PHILLIPS ST  
BOSTON, MA 02114

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 9/1 U35DANIEL D DUDEK TRUST B  
PO BOX 162481  
AUSTIN, TX 787165. Signature (Addressee)  
*Daniel D. Dudek*  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

P 144 9/1 U36

LEO A ACHTSCHIN  
6335 W NORTHWEST HWY 11  
DALLAS, TX 75225

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 9/1 U35DANIEL D DUDEK TRUST B  
PO BOX 162481  
AUSTIN, TX 787165. Signature (Addressee)  
*Daniel D. Dudek*  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 9/1 U35DANIEL D DUDEK TRUST B  
PO BOX 162481  
AUSTIN, TX 787165. Signature (Addressee)  
*Daniel D. Dudek*  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete Item 3, and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 U4  
ROBERT W DUDEK  
PO BOX 162481  
AUSTIN TX 78716



4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured	<input type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Express Mail
7. Date of Delivery	5/17/93	
8. Addressee's Address (Only If Requested and fee is paid)		

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address12.  Restricted Delivery

Consult postmaster for fee.

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 U4 U  
GUY A WEILL  
50 E 79TH ST (20A)  
NEW YORK, NY 10021



4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	5/15/93	
8. Addressee's Address (Only If Requested and fee is paid)		

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address2.  Restricted Delivery

Consult postmaster for fee.

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:

4a. Article Number

P 144 971 U4 2  
ROBERT W DUDEN TRUST A  
PO BOX 162481  
AUSTIN, TX 78716



4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery	5/11/93	
8. Addressee's Address (Only if requested and fee is paid)		

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 3, and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9'1 043  
MAXINE S GRAHAM  
1504 SOPLO ROAD SE  
ALBUQUERQUE, NM 87123

## 4a. Article Number

P 144 9'1 044

## 4b. Service Type

 Registered Insured Certified COD Express Mail Return Receipt for Merchandise

## 7. Date of Delivery

5/14/93

## 8. Addressee's Address (Only if requested and fee is paid)

*Walter A. Graham*  
6. Signature (Addressee)

## 5. Signature (Addressee)

## 6. Signature (Agent)

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9'1 044  
SIDNEY H DUNKEN  
C/O 21ST CENTURY CONTAIN  
150 SELIG DR  
ATLANTA, GA 30336

## 4a. Article Number

P 144 9'1 044

## 4b. Service Type

 Registered Insured Certified COD Express Mail Return Receipt for Merchandise

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee)

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9'1 045  
JULIA B LILLY INDVLDY & AN  
U/W O J LILLY DECD  
1906 ROCK CREEK DR  
ROUND ROCK, TX 78681

## 4a. Article Number

P 144 9'1 045

## 4b. Service Type

 Registered Insured Certified COD Express Mail Return Receipt for Merchandise

## 7. Date of Delivery

5-14-93

## 8. Addressee's Address (Only if requested and fee is paid)

## 9. Signature (Addressee)

## 10. Signature (Agent)

## 11. Date of Delivery

## 12. Section-Header

## 13. Section-Header

## 14. Section-Header

## 15. Section-Header

## 16. Section-Header

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:

P 144 971 049  
ANNE L EVINGER  
5101 LEISURE DR  
MIDLAND, TX 79703

*Julie Fisinger*  
Signature (Addresser)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:

P 144 971 048  
JERRY J ANDREW  
408 LONGWOODS DR  
HOUSTON, TX 77024

*Julie Fisinger*  
Signature (Addresser)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

4a. Article Number

P 144 971 048

JERRY J ANDREW  
408 LONGWOODS DR  
HOUSTON, TX 77024

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*5/14/93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Mary Ann Honey*  
Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

4a. Article Number

P 144 971 048

JERRY J ANDREW  
408 LONGWOODS DR  
HOUSTON, TX 77024

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*5/14/93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Mary Ann Honey*  
Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

4a. Article Number

P 144 971 048

MARY ANN HONEY  
10303 OCOTILLO DR  
SUN CITY, AZ 85373

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*5/14/93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Mary Ann Honey*  
Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 051  
PATSY R CUMMINS INDEP EXEC  
CLOA W BARKLEY ESTATE  
PO BOX 872  
MIDLAND, TX 79702

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
 5-25-93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*JAMES J JOHNSTON*  
 6. Signature (Agent)  
*JAMES J JOHNSTON*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 053  
JAMES J JOHNSTON  
ELEVEN GREENWAY PLZ STE 26  
HOUSTON, TX 77046

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
 5-17-93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
 6. Signature (Agent)  
*JAMES J JOHNSTON*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 052  
ROSALINE WEISS IND EXEC  
SIDNEY L WEISS ESTATE  
200 PATTERSON #614  
SAN ANTONIO, TX 78209

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
 5-14-93

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 054  
R E BEAMON III  
A/K/A ROBERT E BEAMON III  
THREE RIVERWAY STE 470  
HOUSTON, TX 77056

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
 5-17-93

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 053  
JAMES J JOHNSTON  
ELEVEN GREENWAY PLZ STE 26  
HOUSTON, TX 77046

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
 5-17-93

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4 & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

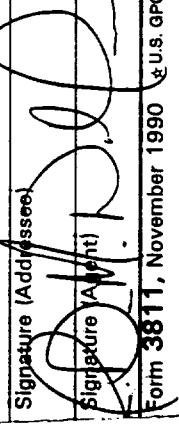
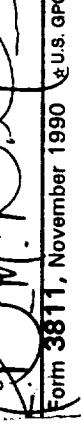
P 144 9/1 U55  
 ROBERT BEAMON C/O KLEIN I  
 ATTN: JOE NATION  
 PO BOX 73249  
 HOUSTON, TX

## 4a. Article Number

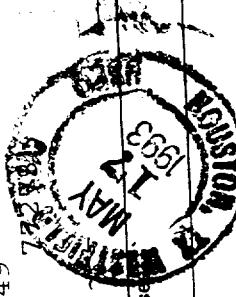
4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)   
 Signature (Agent) 

Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT



5. Signature (Addressee)  
 6. Signature (Agent)

Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4 & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

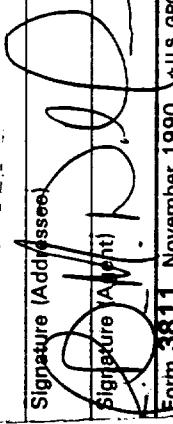
P 144 9/1 U56  
 KATHRYN D ASHBY  
 PO BOX 1854  
 MIDLAND, TX 79702

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)   
 Signature (Agent) 

Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

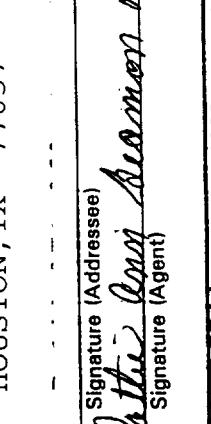
P 144 9/1 U58  
 PATTIE ANN BEAMON LUNDELL  
 CC NO 1034  
 1616 S VOSS RD APT 870  
 HOUSTON, TX 77057

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)   
 Signature (Agent) 

Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

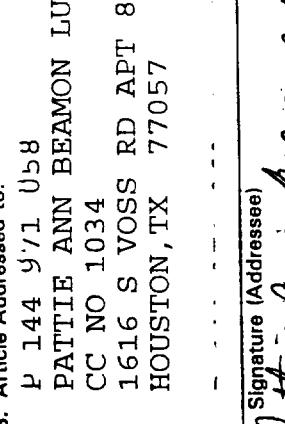
P 144 9/1 U59  
 LEE ETTE HEDBERG  
 PO BOX 470337  
 FORT WORTH, TX 76147

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)   
 Signature (Agent) 

Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.  
Complete items 3, and 4a & b.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 061  
PATTIE ANN BEAMON LUNDELL  
1616 S VOSS RD STE 870  
HOUSTON, TX 77057

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5/2/93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Pattie Ann Beamon Lunzell*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 059  
JOSEPHINE ADAMS WESTFIELD  
39 ROLLINGMEAD  
PRINCETON, NJ 08540

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*MAY 15 1993*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Josephine Adams Westfield*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 060  
JOHN A GRAMBLING  
916 CHERRY HILL LN  
EL PASO, TX 79912

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5/15/93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*John A Grambling*

6. Signature (Agent)

Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 061  
JOHN A GRAMBLING  
916 CHERRY HILL LN  
EL PASO, TX 79912

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5/15/93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*John A Grambling*

6. Signature (Agent)

Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 060  
JOHN A GRAMBLING  
916 CHERRY HILL LN  
EL PASO, TX 79912

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5/15/93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*John A Grambling*

6. Signature (Agent)

Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 063  
PATRICIA G HARVEY  
PO DRAWER 140  
EL PASO, TX 79980

## 5. Signature (Addressee)

*CJ*

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER**

- I also wish to receive the following services (for an extra fee):
- 1.  **Addressee's Address**
- 2.  **Restricted Delivery**
- 3.  **Consult postmaster for fee.**

## 4a. Article Number

P 144 9/1 064  
VIOLA I STEWART  
PO BOX 2460  
UVALDE, TX 78802

## 7. Date of Delivery

*5-1-93*

## 5. Signature (Addressee)

*Jeanne Radig*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- I also wish to receive the following services (for an extra fee):

1.  **Addresser's Address**
2.  **Restricted Delivery**
3.  **Consult postmaster for fee.**

*8*

## 4a. Article Number

## 4b. Service Type

- Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*5-1-93*

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- I also wish to receive the following services (for an extra fee):

1.  **Addresser's Address**
2.  **Restricted Delivery**
3.  **Consult postmaster for fee.**

*8*

## 4a. Article Number

## 4b. Service Type

- Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*5-1-93*

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- I also wish to receive the following services (for an extra fee):

1.  **Addresser's Address**
2.  **Restricted Delivery**
3.  **Consult postmaster for fee.**

*8*

## 4a. Article Number

## 4b. Service Type

- Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*5-1-93*

## 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 067  
J GLENN TURNER JR  
3131 TURTLE CREEK BLVD S  
DALLAS, TX 75219

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

5. Signature (Addressee)  


6. Signature (Agent)

7. Date of Delivery 11/91

3. Article Addressed to:

P 144 971 068  
J GLENN TURNER JR  
STE 1201  
3131 TURTLE CREEK BLVD  
DALLAS, TX 75219

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

5. Signature (Addressee)  


6. Signature (Agent)

7. Date of Delivery 11/91

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 067  
J GLENN TURNER JR  
3131 TURTLE CREEK BLVD S  
DALLAS, TX 75219

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery 11/91

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 069  
ELLIS RUDY  
PO BOX 789  
HOUSTON, TX 77001

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery 11/1993

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 069  
ELIZABETH JEANNE TURNER  
CALLEWAY SEPARATE PROPERTY  
4801 ST JOHNS DR  
DALLAS, TX 75205

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery 5-15-93

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

**SENDER:**

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 071  
ELIZABETH JEANNE T CALLO  
AS HER SEPARATE PROPERTY  
4801 ST JOHNS DR  
DALLAS, TX 75205

*J. Callo*  
5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 072  
ELIZABETH T CALLOWAY  
4801 ST JOHNS DR  
DALLAS, TX 75205

*E. Calloway*  
5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 073  
DAVID G MCCLANE  
PO BOX 214430  
DALLAS, TX 75221

*D.G. McClane*  
5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 074  
ETOILE POSTELLE  
307 MONTCLAIR DR  
CORPUS CHRISTI, TX 78412

*E. Postelle*  
5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 9/1 U/5

PATTI JO WOOD  
PO BOX 1099  
RISING STAR, TX 76471

4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
5-12-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee)  
*John J. Wood*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 U/7  
JOHN LEE TURNER  
PO BOX 797215  
DALLAS, TX 75379

4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
5-12-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
*John J. Wood*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 U/8  
WILLIAM G WEBB  
1600 PACIFIC AVE STE 250  
DALLAS, TX 75201

4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
5-12-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
*William G. Webb*

**SENDER:**

- Complete items 1 and/or 2 for additional services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

1. also wish to receive the following services (for an extra fee):  
Complete items 3, and 4a & b.  
Print your name and address on the reverse of this form so that we can return this card to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Write "Return Receipt Requested" on the mailpiece below the article number.  
The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.  
Consult postmaster for fee.

7. Date of Delivery  
5-12-93

8. Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 0'9  
WILLIAM G WEBB  
C/O QUESTA PETROLEUM INC  
PO BOX 451  
ALBUQUERQUE, NM 87103

4a. Article Number	144 9/1 0'9
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	11/15/90

5. Signature (Addressee)	
6. Signature (Agent)	
8. Addressee's Address (Only if requested and fee is paid)	WILLIAM G WEBB C/O QUESTA PETROLEUM INC PO BOX 451 ALBUQUERQUE, NM 87103

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 9/1 0'9  
VICKIE K ALLEN  
131 N BAUER SPACE 66  
PALISADE, CO 81526

4a. Article Number	P 144 9/1 0'9
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	11/15/90

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 0'81  
CHESTER E THOMPSON JR  
5202 CENTRAL S W  
ALBUQUERQUE, NM 87105

4a. Article Number	P 144 9/1 0'82
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	11/15/90

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 9/1 0'9  
VICKIE K ALLEN  
131 N BAUER SPACE 66  
PALISADE, CO 81526

4a. Article Number	P 144 9/1 0'9
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	11/15/90

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 0'9  
VICKIE K ALLEN  
131 N BAUER SPACE 66  
PALISADE, CO 81526

4a. Article Number	P 144 9/1 0'9
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	11/15/90

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 9/1 0'9  
VICKIE K ALLEN  
131 N BAUER SPACE 66  
PALISADE, CO 81526

4a. Article Number	P 144 9/1 0'9
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	11/15/90

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 083

DONEVA J HUNTINGTON  
7080 COUNTRY ROAD 120  
HESPERUS, CO 81326

*Doneva Huntington*

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fees.

4a. Article Number

P 144 971 084

SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR EDITH R BRIGGS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

5. Date of Delivery

5-13-93

8. Addressee's Address (Only if requested and fee is paid)

and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fees.

4a. Article Number

P 144 971 084

CERTIFIED MAIL  
EX-PRESS MAIL  
REGISTRED MAIL  
C.O.D.  
INSURED MAIL  
RETURN RECEIPT REQUESTED  
MAIL MERCHANDISE

5. Date of Delivery

14-11-93

6. Addressee's Address (Only if requested and fee is paid)

and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fees.

4a. Article Number

P 144 971 084

AGENT FOR WILLIAM C BRIGGS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

5. Date of Delivery

14-11-93

6. Addressee's Address (Only if requested and fee is paid)

and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fees.

4a. Article Number

P 144 971 086

SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR WILLIAM C BRIGGS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

5. Date of Delivery

14-11-93

6. Addressee's Address (Only if requested and fee is paid)

and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fees.

4a. Article Number

P 144 971 086

KATHLEEN EARNEST RIOS TR  
ROBERT P EARNEST AND ANNA D  
944 MISSOURI ST  
SAN DIEGO, CA 92109

5. Date of Delivery

14-11-93

6. Addressee's Address (Only if requested and fee is paid)

and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER**

• Complete items 1 and/or 2 for additional services.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 087  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR HERBERT R BRIGGS  
PO BOX 26900  
ALBUQUERQUE, NM 87125

5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1891-287-088

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
Date of Dec 1993

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1891-287-088

**DOMESTIC RETURN RECEIPT**

**SENDER**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 088  
TOM GALT  
352 FIFTH STREET  
ATLANTIC BEACH, FL 32233

5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1891-287-088

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
5/11/93

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1891-287-088

**DOMESTIC RETURN RECEIPT**

**SENDER**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 090  
JANE C GORDEN  
11330 GREENBAY DR  
HOUSTON, TX 77024

5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1891-287-088

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
5/14/93

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1891-287-088

**DOMESTIC RETURN RECEIPT**

**SENDER**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 089  
LLANGDON D HARRISON PL NE  
7517 TAMARRON NM 87109

5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1891-287-088

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4 & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number delivered to and the date of delivery.
  - The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
3. Article Addressed to:

P 144 971 091  
RICHARD B LODEWICK  
2100 W WADLEY #21  
MIDLAND, TX 79705

## 4a. Article Number

*PS*

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*MAY 12 1988*

## 8. Addressee's Address (Only if requested and fee is paid)

*Richard B Lodewick*

## 5. Signature (Addressee)

*[Signature]*

## 6. Signature (Agent)

*[Signature]*

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 092  
SARBARA ANN BRUSS  
2/O SUNWEST BK OF ALBUQUERQUE  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4a. Article Number

*PS*

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*JUN 1 1988*

## 8. Addressee's Address (Only if requested and fee is paid)

*Sarbara Ann Bruss*

## 5. Signature (Addressee)

*[Signature]*

## 6. Signature (Agent)

*[Signature]*

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 092  
SARBARA ANN BRUSS  
2/O SUNWEST BK OF ALBUQUERQUE  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4a. Article Number

*PS*

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*JUN 1 1988*

## 8. Addressee's Address (Only if requested and fee is paid)

*Sarbara Ann Bruss*

## 5. Signature (Addressee)

*[Signature]*

## 6. Signature (Agent)

*[Signature]*

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 092  
SARBARA ANN BRUSS  
2/O SUNWEST BK OF ALBUQUERQUE  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4a. Article Number

*PS*

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*JUN 1 1988*

## 8. Addressee's Address (Only if requested and fee is paid)

*Sarbara Ann Bruss*

## 5. Signature (Addressee)

*[Signature]*

## 6. Signature (Agent)

*[Signature]*

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 092  
SARBARA ANN BRUSS  
2/O SUNWEST BK OF ALBUQUERQUE  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4a. Article Number

*PS*

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*JUN 1 1988*

## 8. Addressee's Address (Only if requested and fee is paid)

*Sarbara Ann Bruss*

## 5. Signature (Addressee)

*[Signature]*

## 6. Signature (Agent)

*[Signature]*

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 092  
SARBARA ANN BRUSS  
2/O SUNWEST BK OF ALBUQUERQUE  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4a. Article Number

*PS*

## 4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

*JUN 1 1988*

## 8. Addressee's Address (Only if requested and fee is paid)

*Sarbara Ann Bruss*

## 5. Signature (Addressee)

*[Signature]*

## 6. Signature (Agent)

*[Signature]*

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to, and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 UY5

SUNWEST BANK OF ALBUQUE  
CAROLYN NIELSON SEDBERRY  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4a. Article Number

P 144 9/1 UY6

UNITED NEW MEXICO TRUST  
U/W FOSTER MORRELL DECD  
P O BOX 5614  
HOBBS, NM 88241

## 4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

14/11/90

## 8. Addressee's Address (Only if requested and fee is paid)

UNIT  
14/11/90

## 5. Signature (Addressee)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery
3. Article Addressed to:

## Consult postmaster for fee

## 4a. Article Number

P 144 9/1 UY5

SUNWEST BANK OF ALBUQUE  
CAROLYN NIELSON SEDBERRY  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

14/11/90

## 8. Addressee's Address (Only if requested and fee is paid)

UNIT  
14/11/90

## 5. Signature (Addressee)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

**SENDER**

• Complete items 1 and/or 2 for additional services.

• Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 UY1

LAURA PATRICIA LODEWICK  
511 NEWELL,  
DALLAS, TX 75223

## 4a. Article Number

P 144 9/1 UY8

JOHN WIDNEY LODEWICK  
3305 WENTWOOD  
DALLAS, TX 75225

## 4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

## 7. Date of Delivery

14/11/90

## 8. Addressee's Address (Only if requested and fee is paid)

UNIT  
14/11/90

## 5. Signature (Addressee)

## 6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address2.  Restricted Delivery

## 3. Article Addressed to:

## Consult postmaster for fee

## 4a. Article Number

## 4b. Service Type

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

## 5. Signature (Addressee)

## 6. Signature (Agent)

P 144 9/1 UY3

JOHN WIDNEY LODEWICK

3305 WENTWOOD

DALLAS, TX 75225

P 144 9/1 UY3

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9'1 099

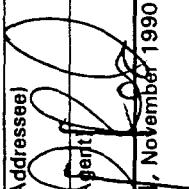
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR C FRED LUTHY J  
PO BOX 26900  
ALBUQUERQUE, NM 87125

4a. Article Number

4b. Service Type	<input checked="" type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery **1993**

## 5. Signature (Addressee)



8. Addressee's Address (Only if requested and fee is paid)

## PS Form 3811, November 1990 \*U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9'1 101  
MINERALS MANAGEMENT SERV.  
ROYALTY MANAGEMENT PROGRAM  
PO BOX 5810  
DENVER, CO 80217

4a. Article Number

7. Date of Delivery **1/16/93**

8. Addressee's Address (Only if requested and fee is paid)


**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9'1 102  
LUCILLE PIPKIN  
P O BOX 1174  
ROSWELL, NM 88202

4a. Article Number

7. Date of Delivery **5-17-93**

8. Addressee's Address (Only if requested and fee is paid)



- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery

## 4. Consult postmaster for fee.

4b. Article Number  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)



- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery

## 4. Consult postmaster for fee.

4b. Article Number  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)



PS Form 3811, November 1990 \*U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

**SENDER:**

• Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4 & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested", on the mailpiece below the article number.  
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 103  
 FORREST GELBKE & JUNE GEI  
 12205 HEMLOCK DR  
 AUBURN, CA 95603

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
11/5/93

## 5. Signature (Addressee)

*June Gelbke*

## 6. Signature (Agent)

*John Gelbke*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 104  
 ROBERTA JUNE DENOON THON  
 CARL R DENOON C/O DOROTE  
 RT 1 BOX 56  
 DESOTO, GA 31743

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
11/8/93

## 8. Addressee's Address (Only if requested and fee is paid)

*Roberta June Denoon Thon*

## 6. Signature (Agent)

*John Denoon*

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 104  
 ROBERTA JUNE DENOON THON  
 CARL R DENOON C/O DOROTE  
 RT 1 BOX 56  
 DESOTO, GA 31743

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
11/8/93

## 8. Addressee's Address (Only if requested and fee is paid)

*Roberta June Denoon Thon*

## 6. Signature (Agent)

*John Denoon*

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 104  
 ROBERTA JUNE DENOON THON  
 CARL R DENOON C/O DOROTE  
 RT 1 BOX 56  
 DESOTO, GA 31743

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
11/8/93

## 8. Addressee's Address (Only if requested and fee is paid)

*Roberta June Denoon Thon*

## 6. Signature (Agent)

*John Denoon*

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 104  
 ROBERTA JUNE DENOON THON  
 CARL R DENOON C/O DOROTE  
 RT 1 BOX 56  
 DESOTO, GA 31743

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
11/8/93

## 8. Addressee's Address (Only if requested and fee is paid)

*Roberta June Denoon Thon*

## 6. Signature (Agent)

*John Denoon*

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 104  
 DAVID WILLIAM WALTERS  
 17761 ROCKHURST RD  
 CASTRO VALLEY, CA 94546

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 104  
 DAVID WILLIAM WALTERS  
 17761 ROCKHURST RD  
 CASTRO VALLEY, CA 94546

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

## DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 107  
 ANN HOME EMMERSON TR  
 1495 SW CLIFTON  
 PORTLAND, OR 97201

4a. Article Number

P 144 971 108

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

MAY 10 1993

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)  
*Ann H. Emerson*

6. Signature (Agent)

Signature (Agent)  
*Ann H. Emerson*

4a. Article Number  
 P 144 971 108  
 SUNWEST BANK OF ALBUQUERQUE  
 AGENT FOR CYRENE F MAPEL  
 PO BOX 26900  
 ALBUQUERQUE, NM 87125

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

MAY 10 1993

8. Addressee's Address (Only if requested and fee is paid)

UN

IN

PA

UN

PA

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 109  
 CHEERY L POTENZIANI  
 PO BOX 36600 STATION D  
 ALBUQUERQUE, NM 87176

4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

MAY 14 1993

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)  
*Cheery L. Potenziani*

6. Signature (Agent)

Signature (Agent)  
*Cheery L. Potenziani*

5. Signature (Addressee)

Signature (Addressee)

6. Signature (Agent) (Only if requested and fee is paid)

Signature (Agent)  
*Cheery L. Potenziani*

6. Signature (Agent)

Signature (Agent)

6. Signature (Agent) (Only if requested and fee is paid)

7. Date of Delivery

Signature (Agent)  
*Cheery L. Potenziani*

Signature (Agent)  
*Cheery L. Potenziani*

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)  
*Cheery L. Potenziani*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT



**SENDER:**

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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested", on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 115  
WM M WESTERMAN PERSONAL RE ESTATE  
GUALTHERA WESTERMAN ESTATE  
3777 KENWICK TRL SW  
ROANOKE, VA 24018

4a. Article Number  
*P 144 971 115*

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5-17-93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*John W. Westerman*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested", on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 116  
AMOCO PRODUCTION COMP  
PO BOX 841521  
DALLAS, TX 75284

4a. Article Number  
*P 144 971 116*

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5-17-93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*J. J. L. Jackson*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested", on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 117  
ROBERT BEAMON TRUSTEE  
THREE RIVERWAY SITE 471  
HOUSTON, TX 77056

4a. Article Number  
*P 144 971 117*

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5-15-93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Mark Eveland*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested", on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 118  
ROBERT BEAMON TRUSTEE  
THREE RIVERWAY SITE 471  
HOUSTON, TX 77056

4a. Article Number  
*P 144 971 118*

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery  
*5-17-93*

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

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- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 119  
MATAGORDA OIL COMPANY  
C/O TEXAS COMMERCE BANK  
PO BOX 200555  
HOUSTON, TX 77216

## 4a. Article Number

4b. Service Type    Insured  
 Registered    COD  
 Certified    Return Receipt for Merchandise  
 Express Mail    Express Mail

## 7. Date of Delivery

MAY 17 1993

## 8. Addressee's Address (Only if requested and fee is paid)

*John Cohn*  
Signature (Addressee)  
Signature (Agent)

## DOMESTIC RETURN RECEIPT

Form 3811, November 1990 \* U.S. GPO: 1991-287-088

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**ENDER:**

## Complete items 1 and/or 2 for additional services.

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address2.  Restricted Delivery

## Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 120  
MARALO INC  
PO BOX 2923  
HOUSTON, TX 77252

## 4a. Article Number

4b. Service Type    Insured  
 Registered    COD  
 Certified    Return Receipt for Merchandise  
 Express Mail    Express Mail

## 7. Date of Delivery

MAY 17 1993

## 8. Addressee's Address (Only if requested and fee is paid)

*John Cohn*  
Signature (Addressee)  
Signature (Agent)

## DOMESTIC RETURN RECEIPT

Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

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- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address2.  Restricted Delivery

## Consult postmaster for fee.

## 3. Article Addressed to:

P 144 971 122  
GLOBAL NATURAL RESOURCE  
CORPORATION OF NEVADA  
PO BOX 200888  
HOUSTON, TX 77216

## 4a. Article Number

4b. Service Type    Insured  
 Registered    COD  
 Certified    Return Receipt for Merchandise  
 Express Mail    Express Mail

## 7. Date of Delivery

MAY 17 1993

## 8. Addressee's Address (Only if requested and fee is paid)

*John Cohn*  
Signature (Addressee)  
Signature (Agent)

## 5. Signature (Addressee)

*John Cohn*  
Signature (Addressee)

## 6. Signature (Agent)

*John Cohn*  
Signature (Agent)

## DOMESTIC RETURN RECEIPT

Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.

Pull this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 123  
TOM L HAIL TR  
1201 LOUISIANA STE 3428  
HOUSTON, TX 77002

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	

## 7. Date of Delivery

11/11/93

## 8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)  
Tom L Hail  
Signature (Agent)

## 5. Signature (Addressee)

Signature (Agent)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**RECIPIENT:**

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	

## 7. Date of Delivery

11/11/93

## 8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)  
Tom L Hail  
Signature (Agent)

## 6. Signature (Agent)

## 5. Signature (Addressee)

Signature (Agent)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can attach this card to you.

- Write "Return Receipt Requested" on the mailpiece, or on the back if space does not permit.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

Article Addressed to:  
3. Article Addressed to:  
4a. Article Number  
4b. Service Type  
5. Signature (Addressee)  
6. Signature (Agent)

7. Date of Delivery	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
8. Addressee's Address (Only if requested and fee is paid)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

4a. Article Number	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
5. Signature (Addressee)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
6. Signature (Agent)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 125  
TEXAS COMMERCE BANK TRUSTEE  
BEN R HOWELL TRUST  
PO BOX 722  
EL PASO, TX 79944

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	

## 7. Date of Delivery

11/11/93

## 8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)  
BEN R Howell  
Signature (Agent)

## 6. Signature (Agent)

4a. Article Number	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
5. Signature (Addressee)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
6. Signature (Agent)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.

Print your name and address on the reverse of this form so that we can attach this card to the front of the mailpiece, or on the back if space does not permit.

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

Article Addressed to:  
3. Article Addressed to:  
4a. Article Number  
4b. Service Type  
5. Signature (Addressee)  
6. Signature (Agent)

7. Date of Delivery	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
8. Addressee's Address (Only if requested and fee is paid)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

4a. Article Number	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
5. Signature (Addressee)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
6. Signature (Agent)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

7. Date of Delivery	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
8. Addressee's Address (Only if requested and fee is paid)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

4a. Article Number	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
5. Signature (Addressee)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
6. Signature (Agent)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

7. Date of Delivery	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
8. Addressee's Address (Only if requested and fee is paid)	<input type="checkbox"/> Also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a &amp; b.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 128  
AMERITRUST TEXAS NA TR)  
MARY FRANCES TURNER JR  
PO BOX 951412  
DALLAS, TX 75395

4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery		

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.
8. Addressee's Address (Only if requested and fee is paid)

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

**SENDER:**

• Complete items 1 and/or 2 for additional services.

• Complete items 3, and 4a &amp; b.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

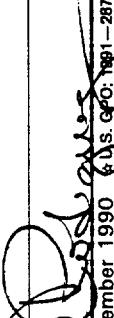
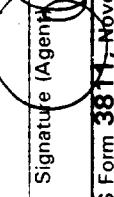
3. Article Addressed to:

P 144 971 129  
FIRST CITY TEXAS MIDLAND NA  
TRUSTEE ACCT #99-0799-00  
PO BOX 10966  
MIDLAND, TX 79702

4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery		

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)   
6. Signature (Agent) 

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 131  
SHOSS LEVINE TRUSTS B LIPSHIE  
SHOSS TRUSTS  
5439 CASTLEWOOD RD  
DALLAS, TX 75229

4a. Article Number  
*1/1*

5. Signature (Addressee)  
*Donald J. Hess*

6. Signature (Agent)  
*John J. Wain*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 132  
SHOSS LEVINE TRUSTS 814  
8151 BRUCE A LIPSHIE &  
5439 CASTLEWOOD ROAD  
DALLAS, TX 75229

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*Donald J. Hess*

6. Signature (Agent)  
*E661 81 WAIN*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 131  
FIRST CITY TEXAS MIDLAND NA  
U/W/O ROZELLE B CLEVELAND  
PO BOX 10966  
MIDLAND, TX 79702

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*Donald J. Hess*

6. Signature (Agent)  
*John J. Wain*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 134  
MONTEZ JOHNSON TRUSTEE  
U/W OF LEAH B DOWNEY DE  
PO BOX 225  
MIDLAND, TX 79702

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*Montez Johnson*

6. Signature (Agent)  
*John J. Wain*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:

P 144 971 134  
MONTEZ JOHNSON TRUSTEE  
U/W OF LEAH B DOWNEY DE  
PO BOX 225  
MIDLAND, TX 79702

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*Montez Johnson*

6. Signature (Agent)  
*John J. Wain*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.

• Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 135

FIRST CITY TEXAS - MIDLAND  
REESE CLEVELAND DECEASED  
PO BOX 10966  
MIDLAND, TX 79702

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

PO Box 10966

Midland, TX 79702

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

3. Article Addressed to:

P 144 9/1 135

POTENZIANI FAMILY PTSP

C/O FRANK POTENZIANI  
PO BOX 36600 STATION D  
ALBUQUERQUE, NM 87176

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

PO Box 36600

Albuquerque, NM 87176

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.

• Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 136

HANSON MCBRIDE PETROLEUM  
PO BOX 1515  
ROSWELL, NM 88201

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

PO Box 1515

Roswell, NM 88201

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.

• Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 136

EVERGREEN RESOURCES INC

1512 LARIMER ST  
1000 WRITER SQUARE  
DENVER, CO 80202

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

PO Box 1515

Denver, CO 80202

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.

• Complete items 3, and 4a & b.

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

• Attach this form to the front of the mailpiece, or on the back if space does not permit.

• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 136

1. □ Addressee's Address

2. □ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

**SENDER:**

Complete items 1 and/or 2 for additional services.

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 141  
 STATE OF NEW MEXICO  
 PO BOX 1148  
 SANTA FE, NM 87501

## 4. a. Article Number

P 144 971 140

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/>	<input type="checkbox"/> Return Receipt for Merchandise

## 7. Date of Delivery

11/14/1993

## 5. Signature (Addressee)

*Edna E. Morrell*

## 6. Signature (Agent)

*Edna E. Morrell*

## 7. Date of Delivery

11/14/1993

## 8. Addressee's Address (Only if requested and fee is paid)

EDNA E MORRELL LIVING TRUST  
P O BOX 5614  
HOBBS, NM 88241

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

1.  Addressee's Address2.  Restricted Delivery

3. Consult postmaster for fee.

## 4a. Article Number

5-14-971

## 4b. Service Type

 Registered Insured Certified COD Express Mail Return Receipt for Merchandise

## 7. Date of Delivery

5-14-971

## 5. Signature (Addressee)

*Edna E. Morrell*

## 6. Signature (Agent)

*Edna E. Morrell*

## 7. Date of Delivery

5-14-971

## 8. Addressee's Address (Only if requested and fee is paid)

EDNA E MORRELL LIVING TRUST  
P O BOX 5614  
HOBBS, NM 88241

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

1.  Addressee's Address2.  Restricted Delivery

3. Consult postmaster for fee.

## 4a. Article Number

5-14-971

## 4b. Service Type

 Registered Insured Certified COD Express Mail Return Receipt for Merchandise

## 7. Date of Delivery

5-14-971

## 5. Signature (Addressee)

*Edna E. Morrell*

## 6. Signature (Agent)

*Edna E. Morrell*

## 7. Date of Delivery

5-14-971

## 8. Addressee's Address (Only if requested and fee is paid)

EDNA E MORRELL LIVING TRUST  
P O BOX 5614  
HOBBS, NM 88241

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4 & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
  - The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
3. Article Addressed to:  
P 144 971 143

EVKO DEVELOPMENT COMPANY  
4710 CABRILLO ST  
SAN FRANCISCO, CA 94121

4a. Article Number	4b. Service Type
P 144 971 143	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery 5-15-93

5. Signature (Addressee)

6. Signature (Agent)

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088

1.  Addressee's Address  
2.  Restricted Delivery  
3. Article Addressed to:  
Consult postmaster for fee.

4a. Article Number

4b. Service Type

 Registered       Insured Certified       COD Express Mail       Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

JAMES LISLE HINKLE

9. Signature (Agent)

**SENDER:**

- I also wish to receive the following services (for an extra fee):
  - 1.  Addressee's Address
  - 2.  Restricted Delivery
  - 3. Article Addressed to: Consult postmaster for fee.
- I also wish to receive the following services (for an extra fee):
  - 1.  Addressee's Address
  - 2.  Restricted Delivery
  - 3. Article Addressed to: Consult postmaster for fee.

4a. Article Number

P 144 971 146  
JAMES LISLE HINKLE  
P O BOX 2002  
ROSWELL, NM 88201

4b. Service Type

 Registered       Insured Certified       COD Express Mail       Return Receipt for Merchandise

7. Date of Delivery

5-17-93

8. Addressee's Address (Only if requested and fee is paid)

9. Signature (Agent)

JAMES LISLE HINKLE

10. Signature (Agent)

JAMES LISLE HINKLE

11. Signature (Agent)

JAMES LISLE HINKLE

12. Signature (Agent)

JAMES LISLE HINKLE

**SENDEF**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

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

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 147  
BETTIANNE HINKLE BOWEN  
1902 IVANHOE LANE  
ABILENE, TX 79605

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> COD	<input type="checkbox"/> Return Receipt Merchandise
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Merchandise

## 7. Date of Delivery

3 - 15 - 91

## 8. Addressee's Address (Only if requested and fee is paid)

866/  
AVN LI  
W C D  
CO 25  
U.S. DOMESTIC RETURN RECEIPT

5. Signature (Addressee)  
*Jeanne E. Macdonald*  
Signature (Agent)

## PS Form 3811, November 1990 \* U.S. GPO: 161-287-006

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 148  
JUNE ELAINE MACDONALD  
1219 LEXINGTON DR  
VISTA, CA 92084

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

## 7. Date of Delivery

5 - 15 - 91

## 8. Addressee's Address (Only if requested and fee is paid)

Jeanne E. Macdonald  
Signature (Agent)

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 150  
SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR F A CRONICAN SF  
PO BOX 26900  
ALBUQUERQUE, NM 87125

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

## 7. Date of Delivery

5 - 14 - 91

## 8. Addressee's Address (Only if requested and fee is paid)

John W. Murphy  
Signature (Agent)

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 161-287-006

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 151  
 CHARLES E HINKLE  
 LONOAK RT BOX 4  
 KING CITY, CA 93930

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fee.

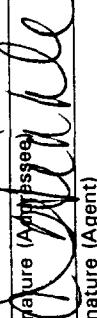
4.a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Merchandise

7. Date of Delivery  
5-12-93

8. Addressee's Address (Only if requested and fee is paid)

144-12-93

5. Signature (Addressee)  


6. Signature (Agent)

**PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 153  
 JULIE LEVINE MULLEN  
 4747 EMORY  
 EL PASO, TX 79922

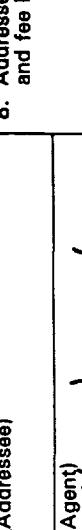
- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fee.

4.a. Article Number

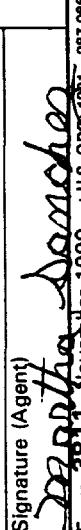
4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Merchandise

7. Date of Delivery  
MAY 14 1993

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  


6. Signature (Agent)

D. C. Sanchez  
**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 154  
 BARRON PROPERTIES LTD  
 C/O FIRST CITY TX MIDLAND  
 PO BOX 10966  
 MIDLAND, TX 79702

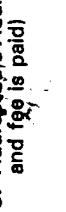
- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Consult postmaster for fee.

4.a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Merchandise

7. Date of Delivery  
May 18 1993

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  


6. Signature (Agent)

D. C. Sanchez  


**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 155  
JOHN T HINKLE  
P O BOX 1793  
ROSWELL, NM 88201

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5-18-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)



PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5-17-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)



PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 155  
PRUDENTIAL BACHE ENERGY INCO  
C/O GRAHAM ROYALTY LTD  
PO BOX 840300  
DALLAS, TX 75284

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5-18-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)



PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 155  
PRUDENTIAL BACHE ENERGY INCO  
PRODUCTION PARTNERSHIP II  
PO BOX 840300  
DALLAS, TX 75284

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5-18-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)



PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 155  
PRUDENTIAL BACHE ENERGY INCO  
C/O GRAHAM ROYALTY LTD  
PO BOX 840300  
DALLAS, TX 75284

## 4a. Article Number

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

5-18-93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)



PS Form 3811, November 1990 \* U.S. GPO: 1981-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 159

PRUDENTIAL BACHE ENERGY INCC  
LIMITED PARTNERSHIP IV P-16  
PO BOX 840300  
DALLAS, TX 75284

*[Handwritten Signature]*

7. Date of Delivery 1993

## 4a. Article Number

P 144 9/1 159

## 4b. Service Type

- Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 5. Signature (Addressee)

*[Handwritten Signature]*

## 6. Signature (Agent)

*[Handwritten Signature]*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

## 1 also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery
3. Consult postmaster for fee.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 162

JUDY WINDLE  
1258 PINCREST AVE  
CHARLOTTE, NC 28205

*[Handwritten Signature]*

5. Date of Delivery 5-18-93

## 4a. Article Number

P 144 9/1 161

VIRGINIA SIMMONS  
P O BOX 270  
MEXIA, TX 76667

*[Handwritten Signature]*

5. Date of Delivery 5-18-93

## 4b. Service Type

- Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature (Agent)

## 5. Signature (Addressee)

## 6. Signature (Agent)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 162

JUDY WINDLE  
1258 PINCREST AVE  
CHARLOTTE, NC 28205

*[Handwritten Signature]*

5. Date of Delivery 5-18-93

## 4a. Article Number

P 144 9/1 161

VIRGINIA SIMMONS  
P O BOX 270  
MEXIA, TX 76667

*[Handwritten Signature]*

5. Date of Delivery 5-18-93

## 4b. Service Type

- Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature (Agent)

## 5. Signature (Addressee)

## 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.  
Complete items 3, and 4a & b.  
Print your name and address on the reverse of this form so that we can return this card to you.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 163  
JANE WINDLE  
202 BERLIN ST  
MONTPELIER, VT 05602

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*5-15-93*

8. Addressee's Address (Only if requested and fee is paid)

*Jane Windle*  
Signature (Agent)

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.  
Complete items 3, and 4a & b.  
Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 164  
GERALD FITZGERALD JR TRUST  
GERALD FITZGERALD JR TRUST  
9125 EVANGELINE NE  
ALBUQUERQUE, NM 87111

## 4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*5-17-93*

## 8. Addressee's Address (Only if requested and fee is paid)

*Gerald Fitzgerald*  
Signature (Agent)

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.  
Complete items 3, and 4a & b.  
Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 165  
DEOBRAH K SLAUGHTER TRUSTEE  
A & D CHILDRENS TRUST  
963 RATCLIFF  
SHREVEPORT, LA 71104

## 4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*5-15-93*

## 8. Addressee's Address (Only if requested and fee is paid)

*A. Slaughter*  
Signature (Agent)

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

Complete items 1 and/or 2 for additional services.  
Complete items 3, and 4a & b.  
Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 166  
LOWE PARTNERS LP  
PO BOX 2923  
HOUSTON, TX 77252

## 4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*5-17-93*

## 8. Addressee's Address (Only if requested and fee is paid)

*John Lowe*  
Signature (Agent)

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

## 4a. Article Number

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

## 7. Date of Delivery

*May 17, 1993*

## 8. Addressee's Address (Only if requested and fee is paid)

*John Lowe*  
Signature (Agent)

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 167  
 SANDRA CHAMBERS  
 PO BOX 583  
 SNYDER, TX 79550

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise

## 7. Date of Delivery

5-17-93

## 8. Addressee's Address (Only if requested and fee is paid)

*Sandra Chambers*  
 6. Signature (Agent)

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066

- I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery  
Consult postmaster for fee.

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise

## 7. Date of Delivery

5-17-93

## 8. Addressee's Address (Only if requested and fee is paid)

*Cynthia Brewer*  
 6. Signature (Agent)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 170  
 JAMES C RYAN JR  
 PO BOX 2485  
 GREENVILLE, SC 29602

4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise

## 7. Date of Delivery

5-14-93

## 8. Addressee's Address (Only if requested and fee is paid)

*Cynthia Brewer*  
 6. Signature (Agent)

- I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery  
Consult postmaster for fee.

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise

## 7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

*Cynthia Brewer*  
 6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 | **DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 171

JOHN J RYAN III  
 CHERYL F LAWSON AIF  
 PO BOX 10221  
 GREENVILLE, SC 29603

*[Signature (Addressee)]*  
*[Signature (Agent)]*

## PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery
3. Article Addressed to:

## 4a. Article Number

P 144 971 171  
 4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

## 7. Date of Delivery

MAY 17 1999

## 5. Signature (Addressee)

*[Signature]*

(Agent)

## 6. Signature (Agent)

*[Signature]*

## 8. Addressee's Address (Only if requested and fee is paid)

**DOMESTIC RETURN RECEIPT**

<b>SENDER:</b> Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 3. Article Addressed to: P 144 971 171		I also wish to receive the following services (for an extra fee): • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 4a. Article Number P 144 971 172 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery MAY 17 1993 8. Addressee's Address (Only if requested and fee is paid)
--	--	--

<b>SENDER:</b> Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 3. Article Addressed to: P 144 971 171		I also wish to receive the following services (for an extra fee): • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 4a. Article Number P 144 971 172 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery MAY 17 1993 8. Addressee's Address (Only if requested and fee is paid)
--	--	--

<b>SENDER:</b> Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 3. Article Addressed to: P 144 971 171		I also wish to receive the following services (for an extra fee): • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 4a. Article Number P 144 971 174 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery MAY 17 1993 8. Addressee's Address (Only if requested and fee is paid)
--	--	--

**DOMESTIC RETURN RECEIPT**

Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT**

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**SENDER:**

1. Complete items 1 and/or 2 for additional services.

2. Complete items 3, and 4a &amp; b.

3. Print Your name and address on the reverse of this form so that we can return this card to you.

4. Attach this form to the front of the mailpiece, or on the back if space does not permit.

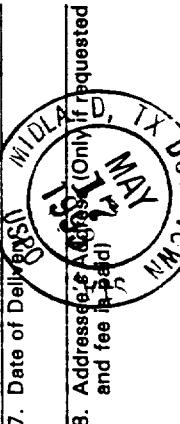
5. Write "Return Receipt Requested" on the mailpiece below the article number.

6. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 1/5

THE FASKEN FOUNDATION C/O BA  
 AIF ATTN: THOMAS E K  
 PO BOX 10158  
 MIDLAND, TX 79702



5. Signature (Addressee)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

5. Article Addressed to:

P 144 9/1 1/5

THE FASKEN FOUNDATION C/O BA  
 AIF ATTN: THOMAS E K  
 PO BOX 10158  
 MIDLAND, TX 79702



5. Signature (Addressee)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

1. Complete items 1 and/or 2 for additional services.

2. Complete items 3, and 4a &amp; b.

3. Print Your name and address on the reverse of this form so that we can return this card to you.

4. Attach this form to the front of the mailpiece, or on the back if space does not permit.

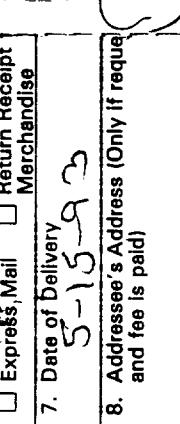
5. Write "Return Receipt Requested" on the mailpiece below the article number.

6. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 1/5

FRANK A SCHULTZ TRUSTEE  
 500 N AKARD ST STE 2160 LB-1  
 DALLAS, TX 75201



5. Signature (Addressee)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

I also wish to receive the following services (for an extra fee):

1.  Registered2.  Certified3.  Insured4.  COD5.  Express Mail6.  Return Receipt for Merchandise

7. Date of Delivery

5/18/90

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 1/9  
 JAMES ROBERT BEAMON TRUSTEE  
 THREE RIVERWAY STE 470  
 HOUSTON, TX 77056

4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> COD
<input type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/>

7. Date of Delivery

5/17/93

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 9/1 181  
 GEORGE GALERSTEIN, TRUSTEE  
 HARRY LIPSHY  
 3817 VINECREST  
 DALLAS, TX 75229

4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> COD
<input type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/>

7. Date of Delivery

5/17/93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****SENDER:**

- also wish to receive the following services (for an extra fee):
  - 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 180  
 AUDIA MARCIA LUNDELL, GILM  
 GOLDEN PL  
 3 WOODLANDS, TX 77381

4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> COD
<input type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/>

7. Date of Delivery

5/17/93

8. Addressee's Address (Only if requested and fee is paid)

Signature (Agent)

3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****ENDER:**

- also wish to receive the following services (for an extra fee):
  - 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

P 144 9/1 182  
 LINDA JEANNE LUNDELL, LINDSE  
 PO BOX 631565  
 NACOGDOCHES, TX 75963

4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input type="checkbox"/> COD
<input type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/>

7. Date of Delivery

5/17/93

8. Addressee's Address (Only if requested and fee is paid)

Signature (Agent)

3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT**

**SENDER:**

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- Complete items 3, and 4 & b.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

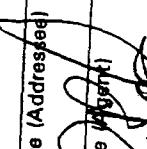
3. Article Addressed to:

P 144 971 183

SUNWEST BANK OF ALBUQUERQUE  
AGENT FOR MARCIA BERGER  
PO BOX 26900  
ALBUQUERQUE, NM 87125

4a. Article Number

P 144 971 184

4b. Service Type	<input type="checkbox"/> Insured <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt Merchandise	4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt Merchandise
5. Date of Delivery	14	6. Signature (Addressee)	
7. Date of Delivery	14	8. Addressee's Address (Only if requested and fee is paid)	11/11/90

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

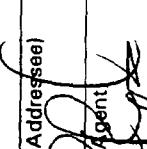
3. Article Addressed to:

P 144 971 183

CAROLYN BEAMON TILLEY  
5225 PRESTON HAVEN  
DALLAS, TX 75229

4a. Article Number

P 144 971 185

4b. Service Type	<input type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt to Merchandise	4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Date of Delivery	5-17-93	6. Signature (Addressee)	
7. Date of Delivery	5-17-93	8. Addressee's Address (Only if requested and fee is paid)	5225 Preston Haven Dallas, TX 75229

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

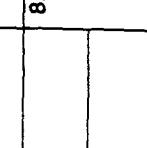
3. Article Addressed to:

P 144 971 185

CAROLYN BEAMON TILLEY  
5225 PRESTON HAVEN  
DALLAS, TX 75229

4a. Article Number

P 144 971 186

4b. Service Type	<input type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt to Merchandise	4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Date of Delivery	5-17-93	6. Signature (Addressee)	
7. Date of Delivery	5-17-93	8. Addressee's Address (Only if requested and fee is paid)	5225 Preston Haven Dallas, TX 75229

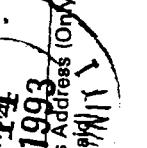
PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

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- Complete items 3, and 4 & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 184

4b. Service Type	<input type="checkbox"/> Insured <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Date of Delivery	14	6. Signature (Addressee)	
7. Date of Delivery	14	8. Addressee's Address (Only if requested and fee is paid)	11/11/90

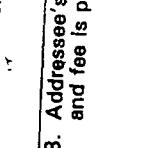
PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 184

4b. Service Type	<input type="checkbox"/> Insured <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	4b. Service Type	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Date of Delivery	14	6. Signature (Addressee)	
7. Date of Delivery	14	8. Addressee's Address (Only if requested and fee is paid)	11/11/90

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 187  
 SUNWEST BANK OF ALBUQUERQUE  
 JON BRUSS TRUST  
 PO BOX 26900  
 ALBUQUERQUE, NM 87125

## 4a. Article Number:

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery	MAY 14	

## 5. Signature (Addressee)

1993  
 JUN 14  
 JUN 14

## 6. Signature (Agent)

JUN 14  
 JUN 14

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 188  
 SUNWEST BANK OF ALBUQUERQUE  
 PETER BRUSS TRUST  
 PO BOX 26900  
 ALBUQUERQUE, NM 87125

## 4a. Article Number:

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery	MAY 14	

## 5. Signature (Addressee)

1993  
 JUN 14  
 JUN 14

## 6. Signature (Agent)

JUN 14  
 JUN 14

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 188  
 SUNWEST BANK OF ALBUQUERQUE  
 PETER BRUSS TRUST  
 PO BOX 26900  
 ALBUQUERQUE, NM 87125

## 4a. Article Number:

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery	MAY 14	

## 5. Signature (Addressee)

1993  
 JUN 14  
 JUN 14

## 6. Signature (Agent)

JUN 14  
 JUN 14

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 189  
 SUNWEST BANK OF ALBUQUERQUE  
 ERNEST BRUSS III TRUST  
 PO BOX 26900  
 ALBUQUERQUE, NM 87125

## 4a. Article Number:

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery	MAY 14	

## 5. Signature (Addressee)

1993  
 JUN 14  
 JUN 14

## 6. Signature (Agent)

JUN 14  
 JUN 14

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 971 190  
 BALLARD EXPLORATION CO INC  
 1021 MAIN ST STE 1705  
 HOUSTON, TX 77002

## 4a. Article Number:

4b. Service Type	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery	MAY 14	

## 5. Signature (Addressee)

1993  
 JUN 14  
 JUN 14

## 6. Signature (Agent)

JUN 14  
 JUN 14

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

**SENDER**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a &amp; b.

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

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 191  
HOWELL GRANDCHILDRENS TRUST  
ESTATE (5-38010)  
P O BOX 722  
EL PASO, TX 79944

4a. Article Number  
P 144 971 191  
HOWELL GRANDCHILDRENS TRUST  
ESTATE (5-38010)  
P O BOX 722  
EL PASO, TX 79944

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****ENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a &amp; b.

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

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 192  
RICHARD PARKER LANGFORD  
1512 JERSEY DR  
AUSTIN, TX 78758

4a. Article Number  
P 144 971 192  
RICHARD PARKER LANGFORD  
1512 JERSEY DR  
AUSTIN, TX 78758

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****ENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a &amp; b.

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

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 193  
BEN HOWELL LANGFORD  
1/O EPPLER GUERIN & TURNER  
THE CENTRE 123 PIONEER PLZ  
EL PASO, TX 79901

4a. Article Number  
P 144 971 193  
BEN HOWELL LANGFORD  
1/O EPPLER GUERIN & TURNER  
THE CENTRE 123 PIONEER PLZ  
EL PASO, TX 79901

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****ENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a &amp; b.

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

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 194  
MADELINE HOWELL JASTRZEMBSKI  
1106 MESITA  
EL PASO, TX 79902

4a. Article Number  
P 144 971 194  
MADELINE HOWELL JASTRZEMBSKI  
1106 MESITA  
EL PASO, TX 79902

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****ENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a &amp; b.

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

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 195  
JOHN DANNER-LANGFORD

4a. Article Number  
P 144 971 195  
JOHN DANNER-LANGFORD

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT****ENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a &amp; b.

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

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 196  
JOHN DANNER-LANGFORD

4a. Article Number  
P 144 971 196  
JOHN DANNER-LANGFORD

4b. Service Type  
 Registered    Insured  
 Certified    COD  
 Express Mail    Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 198  
 JO ANN SCHMIDT  
 HER SOLE & SEPARATE PROPERTY  
 6819 OAKLAWN WAY  
 FAIR OAKS, CA 95628

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	

## 7. Date of Delivery

5/15/92  
 8. Addressee's Address (Only if requested and fee is paid)

## 5. Signature (Addressee)

*John Ann Schmidt*

## 6. Signature (Agent)

*John Ann Schmidt*

## PS Form 3811, November 1980 \* U.S. GPO: 1981-287-088

## DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- Consult postmaster for fee.

## 3. Article Addressed to:

P 144 9/1 196  
 JAMES R PAYNE & JEAN PAY

525 SIERRA DR SE  
 ALBUQUERQUE, NM 87108

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	

## 7. Date of Delivery

5/17/92

## 8. Addressee's Address (Only if requested and fee is paid)

*Jean Payne*

## 6. Signature (Agent)

*Jean Payne*

## PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

## DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
- 2.  Restricted Delivery
- Consult postmaster for fee.

## 3. Article Addressed to:

P 144 9/1 196  
 GEORGIA PETTIE IND EXECUTIVE

INEZ PETTIE ESTATE  
 PO BOX 92  
 SLATON, TX 79364

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	

## 7. Date of Delivery

5/17/93

## 8. Addressee's Address (Only if requested and fee is paid)

*Georgia Pettie*

## 6. Signature (Agent)

*Georgia Pettie*

## PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

## DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

## 3. Article Addressed to:

P 144 9/1 196  
 JAMES R PAYNE & JEAN PAY

525 SIERRA DR SE  
 ALBUQUERQUE, NM 87108

## 4a. Article Number

4b. Service Type	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> COD
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	

## 7. Date of Delivery

5/17/93

## 8. Addressee's Address (Only if requested and fee is paid)

*Jean Payne*

## 6. Signature (Agent)

*Jean Payne*

## PS Form 3811, November 1990 \* U.S. GPO: 1981-287-088

## DOMESTIC RETURN RECEIPT

**SENDER**

• Completes items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 199  
LEE AYCOCK IND EXECUTRIX  
HALLEY AYCOCK ESTATE  
300 MEADOWLAKES DR  
MARBLE FALLS, TX 78654  
*-Kie-City cork*

5. Signature (Addressee)  
*Kie-City cork*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Completes items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 200  
ROSE MARION BERG  
5714 OVER DOWNS  
DALLAS, TX 75230

5. Signature (Addressee)  
*Rose Marion Berg*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Completes items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 200  
ROSE MARION BERG  
5714 OVER DOWNS  
DALLAS, TX 75230

5. Signature (Addressee)  
*Rose Marion Berg*

6. Signature (Agent)

**SENDER:**

- Completes items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 200  
DENNA ELY  
5716 OVER DOWNS  
DALLAS, TX 75230

5. Signature (Addressee)  
*Cathleen Heffner*

6. Signature (Agent)

**SENDER:**

- Completes items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
P 144 971 200  
ROSE MARION BERG  
5714 OVER DOWNS  
DALLAS, TX 75230

5. Signature (Addressee)  
*Rose Marion Berg*

6. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

  
*MAY 19 1993*  
*5-25-93*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:  
P 144 971 203

TOM S & ANNA LOU HOME TRUST  
OF THE TOM S & ANNA LOU HC  
109 S MCCADDEN PL  
LOS ANGELES, CA 90004

5. Signature (Addressee)  
6. Signature (Agent)
8. Addressee's Address (Only if required and fee is paid)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

**SENDER:**

- I also wish to receive the following services (for an extra fee):  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.
- 1.  Addressee's Address
- 2.  Restricted Delivery
- 3. Article Addressed to:  
Consult postmaster for fee.

<p>I also wish to receive the following services (for an extra fee): • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a &amp; b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</p>		<p>I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address</p>	
<p>3. Article Addressed to: P 144 971 204</p>		<p>4. Article Number 144 971 204</p>	
<p>4a. Article Type <input type="checkbox"/> Registered   <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified   <input type="checkbox"/> COD <input type="checkbox"/> Express Mail   <input type="checkbox"/> Return Receipt for Merchandise</p>		<p>4b. Service Type <input type="checkbox"/> Registered   <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified   <input type="checkbox"/> COD <input type="checkbox"/> Express Mail   <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>5. Signature (Addressee) H. N. DODD</p>		<p>6. Signature (Agent) H. N. DODD</p>	
<p>7. Date of Delivery 11/10/90</p>		<p>7. Date of Delivery 11/10/90</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number to and the date of delivery.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.
- 3. Article Addressed to:  
P 144 971 205

<p>• Complete items 1 and/or 2 for additional services.</p>		<p>• Complete items 1 and/or 2 for additional services.</p>	
<p>1. <input type="checkbox"/> Addressee's Address</p>		<p>1. <input type="checkbox"/> Addressee's Address</p>	
<p>2. <input type="checkbox"/> Restricted Delivery</p>		<p>2. <input type="checkbox"/> Restricted Delivery</p>	
<p>3. Article Addressed to: P 144 971 205</p>		<p>3. Article Addressed to: P 144 971 206</p>	
<p>4a. Article Number 144 971 205</p>		<p>4a. Article Number 144 971 206</p>	
<p>4b. Service Type <input type="checkbox"/> Registered   <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified   <input type="checkbox"/> COD <input type="checkbox"/> Express Mail   <input type="checkbox"/> Return Receipt for Merchandise</p>		<p>4b. Service Type <input type="checkbox"/> Registered   <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified   <input type="checkbox"/> COD <input type="checkbox"/> Express Mail   <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>5. Signature (Addressee) H. N. DODD</p>		<p>5. Signature (Addressee) H. N. DODD</p>	
<p>6. Signature (Agent) H. N. DODD</p>		<p>6. Signature (Agent) H. N. DODD</p>	
<p>7. Date of Delivery 11/10/90</p>		<p>7. Date of Delivery 11/10/90</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

<p>• Complete items 1 and/or 2 for additional services.</p>		<p>• Complete items 1 and/or 2 for additional services.</p>	
<p>1. <input type="checkbox"/> Addressee's Address</p>		<p>1. <input type="checkbox"/> Addressee's Address</p>	
<p>2. <input type="checkbox"/> Restricted Delivery</p>		<p>2. <input type="checkbox"/> Restricted Delivery</p>	
<p>3. Article Addressed to: P 144 971 205</p>		<p>3. Article Addressed to: P 144 971 206</p>	
<p>4a. Article Number 144 971 205</p>		<p>4a. Article Number 144 971 206</p>	
<p>4b. Service Type <input type="checkbox"/> Registered   <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified   <input type="checkbox"/> COD <input type="checkbox"/> Express Mail   <input type="checkbox"/> Return Receipt for Merchandise</p>		<p>4b. Service Type <input type="checkbox"/> Registered   <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified   <input type="checkbox"/> COD <input type="checkbox"/> Express Mail   <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>5. Signature (Addressee) H. N. DODD</p>		<p>5. Signature (Addressee) H. N. DODD</p>	
<p>6. Signature (Agent) H. N. DODD</p>		<p>6. Signature (Agent) H. N. DODD</p>	
<p>7. Date of Delivery 11/10/90</p>		<p>7. Date of Delivery 11/10/90</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-088 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 207

FRANK ANDREW FASKEN  
 RR 6 BOX 388  
 PARIS, TX 75460

5. Signature (Addressee)  
*John McElroy*

6. Signature (Agent)  
*John McElroy*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 207

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-18-93 A

8. Addressee's Address (Only if requested and fee is paid)

P.O. Box 1259

Farmington NM 87499

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 207

STEVEN PRICE FASKEN  
 11000 CANDELARIA NE  
 ALBUQUERQUE, NM 87112

5. Signature (Addressee)  
*John McElroy*

6. Signature (Agent)  
*John McElroy*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 207

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-18-93 A

8. Addressee's Address (Only if requested and fee is paid)

P.O. Box 1259

Farmington NM 87499

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 144 971 209

STEVEN PRICE FASKEN  
 11000 CANDELARIA NE  
 ALBUQUERQUE, NM 87112

5. Signature (Addressee)  
*John McElroy*

6. Signature (Agent)  
*John McElroy*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 209

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-18-93 A

8. Addressee's Address (Only if requested and fee is paid)

P.O. Box 1259

Farmington NM 87499

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 209

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-18-93 A

8. Addressee's Address (Only if requested and fee is paid)

P.O. Box 1259

Farmington NM 87499

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT



5. Signature (Addressee)  
*John McElroy*

6. Signature (Agent)  
*John McElroy*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-0866 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**SENDER:**

U.S. POSTAL SERVICE

**RECEIVER:**

U.S. POSTAL SERVICE

**ITEMS TO BE COMPLETED ON THE REVERSE SIDE:**

1. Article Addressed to:

2. Your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

4a. Article Number

D. 144-971-145

4b. Service Type

 Registered Insured Certified COB Return Receipt for Merchandise Express Mail Merchandise

7. Date of Delivery

5-17-93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

<p>I also wish to receive the following services (if any extra fees):</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Addressee's Address</li> <li>2. <input type="checkbox"/> Restricted Delivery</li> <li>3. <input type="checkbox"/> Consult postmaster for fees</li> </ol>		<p>I also wish to receive the following services (if any extra fees):</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Complete Items 1 and/or 2 of additional services.</li> <li>2. <input type="checkbox"/> Complete Items 3, and 4a &amp; b.</li> <li>3. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>4. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>5. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>6. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ol>	
<p>4a. Article Number</p> <p><b>D. 144-971-145</b></p> <p><b>329 Oil &amp; Gas</b></p> <p><b>3232: US Butter Rd #280</b></p> <p><b>On Sale Now Only</b></p> <p><b>13120</b></p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> COB</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Merchandise</p>	
<p>7. Date of Delivery</p> <p><b>5-17-93</b></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>5. Signature (Addressee)</p> <p><b>John Doe</b></p>		<p>6. Signature (Agent)</p>	

**DOMESTIC RETURN RECEIPT****PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT****PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT**

**EXHIBIT E**

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

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION  
FOR THE PURPOSE OF CONSIDERING:

CASE NO. 10735

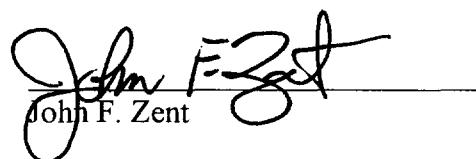
APPLICATION OF MERIDIAN OIL INC.  
FOR DOWNHOLE COMMINGLING AN  
ADMINISTRATIVE PROCEDURE FOR THE  
HUERFANO UNIT, SAN JUAN COUNTY,  
NEW MEXICO

CERTIFICATE OF MAILING

AND

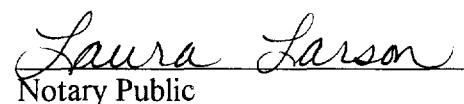
COMPLIANCE WITH ORDER R-8054

John F. Zent, authorized representative of MERIDIAN OIL INC., state that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct address of all interested parties entitled to receive notice, that on May 12, 1993, I caused to be mailed by certified mail, return-receipt requested notice of this hearing and a copy of the application for the above referenced, along with the cover letter, at least twenty days prior to the hearing set of June 3, 1993, to the parties shown in the application as evidenced by the attached copies of return-receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



John F. Zent

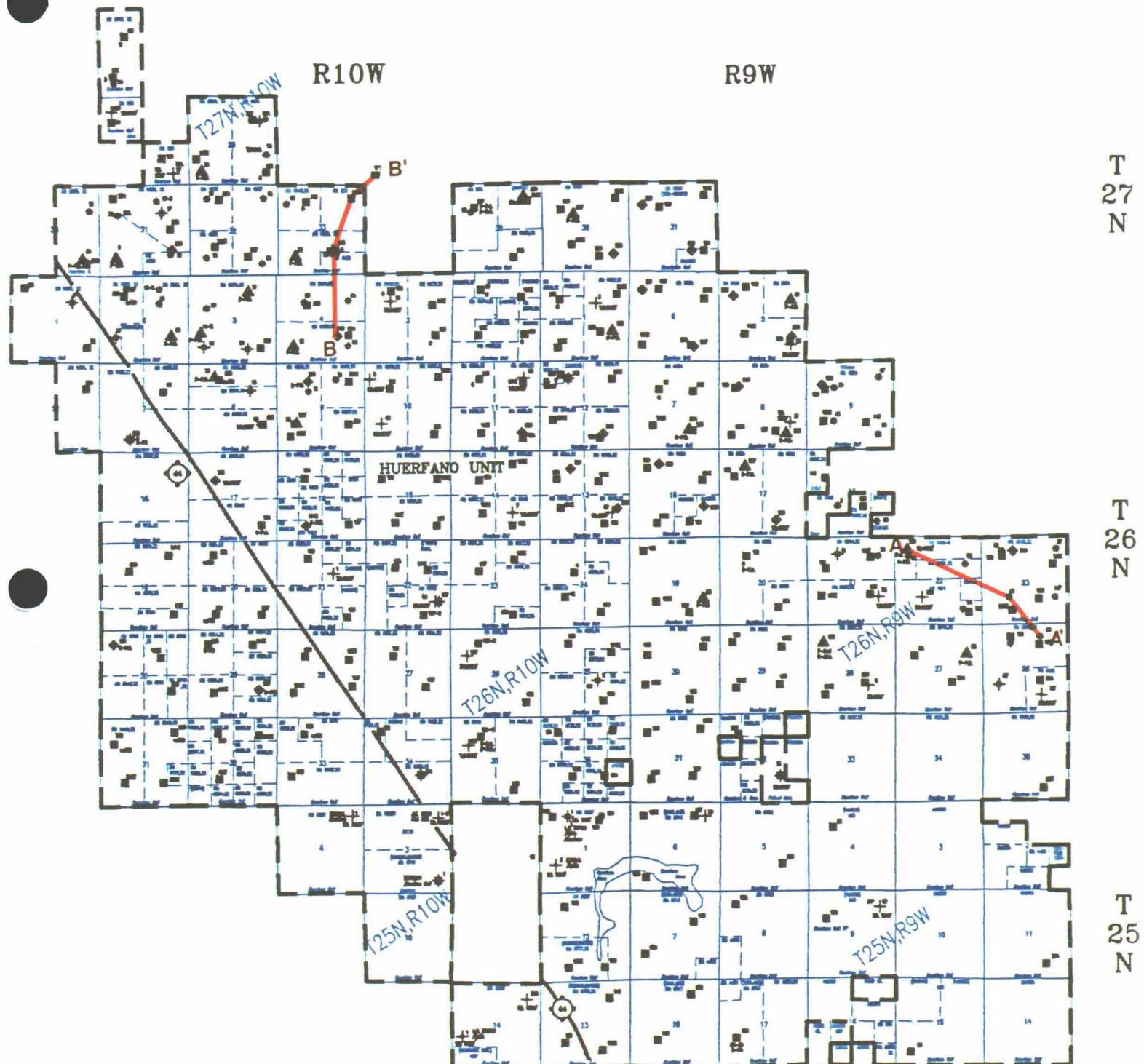
SUBSCRIBED AND SWORN to before me this 28th day of May, 1993.



Laura Larson  
Notary Public

My Commission Expires:  
January 8, 1995

**EXHIBIT F**



## HUERFANO UNIT

- ▲ FRUITLAND
- \* PICTURED CLIFFS
- MESAVERDE
- DAKOTA

**MERIDIAN OIL**  
FARMINGTON REGION  
JUNE 1, 1993

**EXHIBIT G**