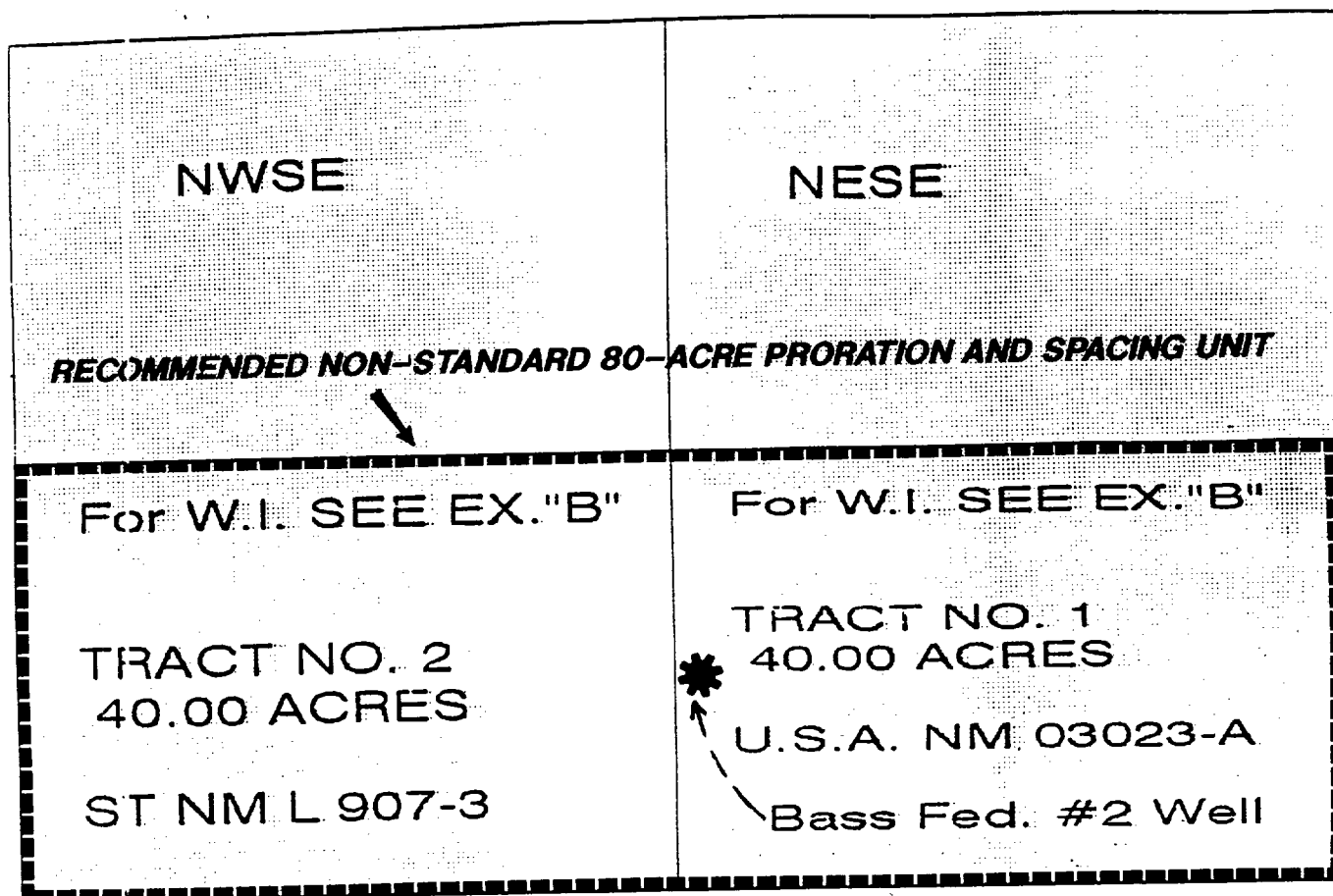


EXHIBIT "A"

To Communitization Agreement dated September 29, 1993.
Plat of Communitization area covering S½SE¼ of Section 30,
Township 20 South, Range 33 East, NMPM, Delaware Formation, Lea
County, New Mexico.



NOTE: Said spacing unit comprises 80.00 acres M/L

OPERATOR: Hallwood Petroleum, Inc.

WELL: Bass Federal #2 Well
Located at 1300' FEL X 660' FSL
Sec. 30-T20S-R33E
Lea County, New Mexico

Hallwood Energy Companies

4582 South Ulster Street Parkway-Stanford Place III-Suite 1700
Post Office Box 378111- Denver, Colorado-80237

EXHIBIT 1

CASE NO. 10998

DATE JUNE 9, 1994

Exhibits 1 through 4
Complete Set

BASS FEDERAL WELL NO. 2

CHRONOLOGICAL HISTORY

| <u>DATE</u> | <u>EVENT/REMARK</u> |
|-------------|--|
| 4/22/74 | Location exception approved (Case #5193) and Federal Drilling Permit issued. |
| 5/23/74 | Well spud by Original Operator - BELCO Petroleum. |
| 9/13/74 | Well completed in the South Salt Lake (Morrow) Pool, producing from Morrow zones at 13,221-13,399'. |
| 1/1/89 | Hallwood obtains ownership in well and assumes operations from ENRON OIL. |
| 1/1/90 | Hat Mesa (Delaware) Pool established, Order R-9095 and subject to statewide 40 acre spacing. |
| 3/90 | Well no longer capable of producing from Morrow. Shut-in. CUM = 1.35 BCF x 22.1 MBO. |
| 5/26/93 | Morrow zones plugged and abandoned, recomplete and test Wolfcamp zones at 11432-11475'. No commercial Wolfcamp production. |
| 8/9/93 | Wolfcamp zones plugged and abandoned, recomplete to Lower Delaware zones at 7900-8110'. |
| 9/27/93 | Started producing Lower Delaware zones. |
| 5/5/94 | Tested Upper Delaware zones at 6870 - 6965'. |
| 6/3/94 | Pump testing commingled Upper and Lower Delaware zones at approximately 120 BOPD x 150 BWPD x 40 MCFD. |

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Hallwood Energy Companies

4582 South Ulster Street Parkway-Stanford Place III-Suite 1700
Post Office Box 378111- Denver, Colorado-80237

EXHIBIT 2

CASE NO. 10998

DATE JUNE 9, 1994

EXHIBIT "A"

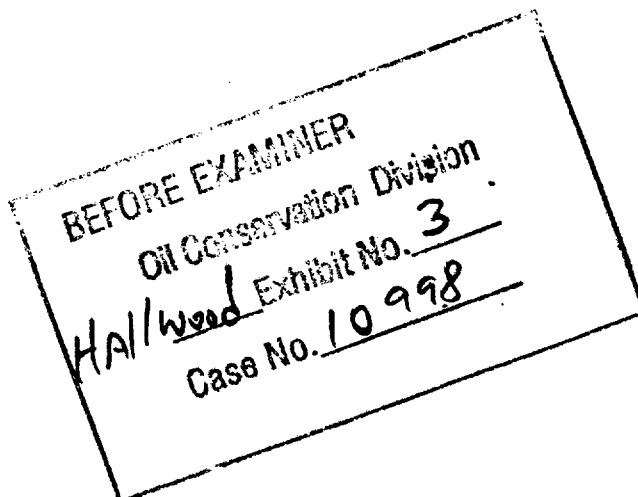
To Communitization Agreement dated September 29, 1993.
 Plat of Communitization area covering SWSE $\frac{1}{4}$ of Section 30,
 Township 21 South, Range 33 East, NMPM, Delaware Formation, Lea
 County, New Mexico.

| | |
|---|---|
| NWSE | NESE |
| For W.I. SEE EX."B" <i>Sta (NM)</i> TRACT NO. 2 40.00 ACRES ST NM L 907-3 | For W.I. SEE EX."B" <i>Fed</i> TRACT NO. 1 40.00 ACRES U.S.A. NM 03023-A Bass Fed. #2 Well |

NOTE: Said spacing unit comprises 80.00 acres M/L

OPERATOR: Hallwood Petroleum, Inc.

WELL: Bass Federal #2 Well
 Located at 1300' FEL X 660' FSL
 Sec. 30-T20S-R33E
 Lea County, New Mexico



Bass Federal #2 Well

To Communitization Agreement dated September 29, 1993, embracing
 SXSEW of Section 30, T 20S R 33E, N.M.P.M., Lea County, New Mexico

OPERATOR of Communitized Area: Hallwood Petroleum, Inc.

DESCRIPTION OF LEASES COMMITTED

TRACT NO. 1

LEASE Serial No.: U.S.A. NM 03023-A

LEASE DATE: May 1, 1952

LEASE TERM: Five years plus extension and as long thereafter.

LESSORS: United States of America

ORIGINAL LESSEE: Howard W. Jennings

PRESENT LESSEE: Texaco Inc. (Record Title)

Description of Land Committed: SEWSEW

Township 20 South, Range 33 East, Section 30

NUMBER OF ACRES: 40.00 gross and 40.00 net acres

BASIC ROYALTY: 12.50%

NAME AND PERCENT OF ORRI OWNERS: Howard W. Jennings 2.00% of
 8/8ths and Pauline V. Trigg
 1.50% of 3/8ths

NAME AND PERCENT OF W.I. OWNERS:

The working interests listed for the well and spacing unit are
 pursuant to that Certain Operating Agreement dated April 1, 1974.

| | |
|--------------------------------------|-----------|
| BASS ENTERPRISE PRODUCTION CO. | 27.83593% |
| HALLWOOD CONSOLIDATED PARTNERS, L.P. | 25.62800% |
| Robert M. Beren | 0.85427% |
| Sheldon K. Beren | 0.85427% |
| ELLIOT OIL COMPANY | 0.43829% |
| Therese Gadomski | 0.34171% |

| | |
|--------------------------------|-----------|
| G. Oil L. P. | 0.68342% |
| Frits Oil L. P. | 0.68342% |
| Texaco Exploration | 14.92363% |
| Southwest Royalties, Inc. | 1.37869% |
| Mid-Continent Energy, Inc. | 0.75035% |
| EM Nominee Partnership Company | 25.62802% |

TRACT NO. 2

LEASE SERIAL No.: ST NM L 907-3

LEASE DATE: May 21, 1968

LEASE TERM: Five years plus extension and as long thereafter.

LESSORS: State of New Mexico

Lessee on effective date of Agreement if different from present lessee: N/A.

PRESENT LESSEE: Hallwood Consolidated Partners, L.P.
 EM Nominee Partnership Company
 G Oil L.P.
 Fritz Oil L.P.
 Therese Gadomski
 Robert M. Beren
 Sheldon K. Beren

Description of Land Committed: SW $\frac{1}{4}$ SE $\frac{1}{4}$ Township 20 South, Range 33 East, Section 30

NUMBER OF ACRES: 40.00 gross and 40.00 net acres

POOLING Clause: No

BASIC ROYALTY: 12.50%

NAME AND PERCENT OF ORRI OWNERS: Sol WEST III $\frac{4}{5}$ of 5.00% and
Michael Shearn $\frac{1}{5}$ of 5.00%

NAME AND PERCENT OF W.I. OWNERS:

The working interests listed for the well and spacing unit are pursuant to that Certain Operating Agreement dated April 1, 1974.

| | |
|--------------------------------------|-----------|
| BASS ENTERPRISE PRODUCTION CO. | 27.83593% |
| HALLWOOD CONSOLIDATED PARTNERS, L.P. | 25.62800% |
| Robert M. Beren | 0.85427% |
| Sheldor. K. Beren | 0.85427% |
| ELLIOT OIL COMPANY | 0.43829% |
| Theresa Gadomski | 0.34171% |
| G. Oil L. P. | 0.68342% |
| Frits Oil L. P. | 0.68342% |
| Texaco Exploration | 14.92363% |
| Southwest Royalties, Inc. | 1.37869% |
| Mid-Continent Energy, Inc. | 0.75035% |
| EM Noninee Partnership Company | 25.62302% |

Pooling Provisions:

| <u>RECAPITULATION</u> | | |
|-----------------------|-----------------------------------|--|
| <u>TRACT NO.</u> | <u>NO. OF ACRES COMMITTED</u> | <u>PERCENTAGE OF INTEREST IN COMMUNITIZED AREA</u> |
| 1 | 40.00 | 50.00% |
| 2 | 40.00 | 50.00% |
| | <u>80.00</u> | <u>100.00%</u> |

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. 10998

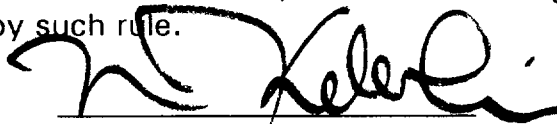
APPLICATION OF HALLWOOD PETROLEUM INC.
FOR APPROVAL OF AN UNORTHODOX OIL WELL
LOCATION AND A NON-STANDARD OIL PRORATION
AND SPACING UNIT, LEA COUNTY, NEW MEXICO.

CERTIFICATE OF MAILING

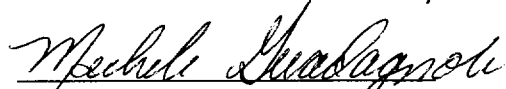
AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Hallwood Petroleum, Inc., states 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 addresses of all interested parties entitled to receive notice, that on the 16th and 17th day of May 1994, 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 case along with the cover letter, at least twenty days prior to the hearing set for June 9, 1994, 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.

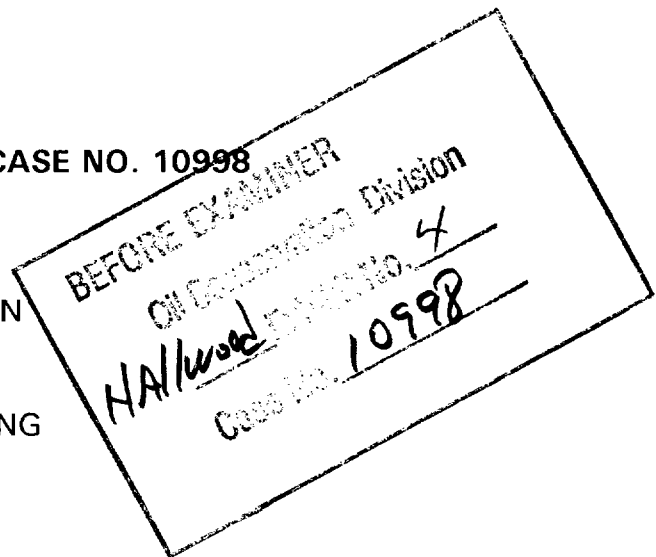

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 6th day of JUNE, 1994.


Notary Public

My Commission Expires:

June 9 1997





P 206 001 979

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Perry R. Bass, Trustee
Sid R Bass, Inc.
Thruline in.
Robert M. Bass Group, Inc.,
Lee M. Bass, Inc.
Wayne Bailey
Keystone, Inc
First City Bank Tower
201 Main Street
Forth Worth, Texas 76102.

800, June 1997

| | |
|---|----|
| Signature of Showing When & Date Delivered | |
| Return Receipt Showing to Whom and Addressee's Address | |
| Postage | \$ |
| Postmark or Date | |

Hallwood - bass Fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Wayne Bailey
Keystone, Inc
First City Bank Tower
201 Main Street
Forth Worth, Texas 76102.

Perry R. Bass, Trustee
Sid R Bass, Inc.
Thruline in.
Robert M. Bass Group, Inc.,
Lee M. Bass, Inc.

5. Signature (Addressee)

6. Signature (Agent)

Hallwood - bass Fed
5/16/94

ack it space

e article number,
red and the date

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

206 001 979

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☒ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

MAY 19 1994

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

PS Form 3811, December 1991 #U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Frits Oil L P
c/o First Manhattan Co
437 Madison Avenue
New York, NY 10022

| | |
|---------------------------|----|
| Postage | |
| Insurance Fee | |
| Registered Delivery Fee | |
| Return Receipt Fee | |
| Postage and Insurance Fee | |
| Postage and Insurance Fee | |
| TOTAL Postage | \$ |

30, June 1991

Hallwood - bass Fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

CERTIFIED.

Hallwood - bass Fed
5/16/94

so that we can

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

- 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.

3. Article Addressed to:

Frits Oil L P
c/o First Manhattan Co
437 Madison Avenue
New York, NY 10022

4a. Article Number

206 001 970

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 checked="" type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

52394

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 206 002 253



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

KEYSTONE INC
P.O. BOX 916107
FORT WORTH, TX 76181-6107

| | |
|---------------------------|----|
| 1. Article Number | |
| 2. Service Type | |
| 3. Date of Delivery | |
| 4. Signature of Addressee | |
| 5. Signature of Agent | |
| 6. Date of Delivery | |
| 7. Amount Paid | \$ |
| 8. Date of Delivery | |

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the reverse side?

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.

• HALLWOOD BASS FED 2
• 05/17/94

ck if space

article number,
ad and the date

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:

KEYSTONE INC
P.O. BOX 916107
FORT WORTH, TX 76181-6107

4a. Article Number

206 002 253

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)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 206 002 245



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

TERESE GADOSKI
C/O MARSHALL L. STEINMEN
660 WHITE PLAINS RO
SUITE 400
TARRYTOWN, NY 10091

| | |
|-------------------------|----|
| Postage & Fees | |
| Restricted Delivery Fee | |
| Postage & Fees | \$ |
| Postmark or Date | |

PS Form 3800, June 1991

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the reverse side?

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.

Print on the front of the postpiece or on the back if space

HALLWOOD BASS FED 2
05/17/94

article number,
and the date

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:

TERESE GADOSKI
C/O MARSHALL L. STEINMEN
660 WHITE PLAINS RO
SUITE 400
TARRYTOWN, NY 10091

4a. Article Number

206 002 245

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5/26/94

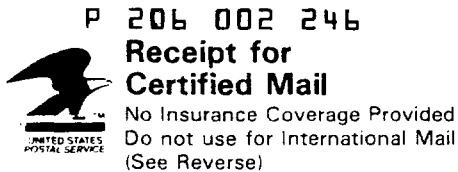
5. Signature (Addressee)

Nancy Madara

6. Signature (Agent)

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

Thank you for using Return Receipt Service.



FRIES OIL L.P.
C/O FIRST MANHATTAN CO
437 MADISON AVENUE
NEW YORK, NY 10022

| | | |
|------------------|---|----|
| 800, June 1991 | Certified Fee | |
| | Registered Delivery Fee | |
| | Restricted Delivery Fee | |
| | Return Receipt Showing to Whom & Date Delivered | |
| | Return Receipt Showing to Whom, Date, and Addressee's Address | |
| | TOTAL Postage & Fees | \$ |
| Postmark or Date | | |

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the reverse side?

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.

• HALLWOOD BASS FED 2
• 05/17/94

3. Article Addressed to: -

FRIES OIL L.P.
C/O FIRST MANHATTAN CO
437 MADISON AVENUE
NEW YORK, NY 10022

5. Signature (Addressee)

6. Signature (Agent)

• if space

article number,
and the date

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

206 002 246

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 checked="" type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

523 94

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

Thank you for using Return Receipt Service.

P 206 001 973

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Southwest Royalties Inc
(FORMERLY ELLWOOD OIL)
P.O. Box 11390
Midland, TX 79702

[illegible]

Hallwood - bass Fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

•Hollywood - pass Fed
5/16/94

o that we can

- 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.

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:

4a. Article Number

Article Number
206 001 973

Southwest Royalties Inc
(FORMERLY ELLWOOD OIL)
P.O. Box 11390
Midland, TX 79702

4b. ~~Service~~ Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. ~~Signature~~ (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



P 206 001 978

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail

Don Davis
Meridian Oil Inc.
P.O. Box 51810
Midland, Texas 79710-51810

3800, June 1991
PS

| | |
|---|----|
| Postage Fee | \$ |
| Insurance Fee | |
| Restricted Delivery Fee | |
| Return Receipt (showing Postmark & Date Delivered) | |
| Return Receipt (showing to whom Delivered and Addressee's Address) | |
| Postmark Date | \$ |

Hallwood - bass Fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Hallwood - bass Fed

5/16/94

o that we can
ack if space

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

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.

3. Article Addressed to:

Don Davis
Meridian Oil Inc.
P.O. Box 51810
Midland, Texas 79710-51810

4a. Article Number

206 001 978

4b. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input checked="" type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5/19/94

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 206 002 256



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

HALLWOOD CONSOL. RESOURCES CORP.
ACCT 200000371499

P.O. BOX 370111
DENVER, CO 80237

| | |
|---|----|
| Certified Fee | |
| Delivery Fee | |
| Postage and Delivery Fee | |
| Return Receipt Showing to Whom Delivered and Date Delivered | |
| Return Receipt Showing to Whom Delivered and Addressee's Address | |
| Postage | \$ |

0, June 1991

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the back?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Write "Return Receipt" on the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

**HALLWOOD BASS FED 2
205/17/94**

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:
HALLWOOD CONSOL. RESOURCES CORP.
ACCT 200000371499
P.O. BOX 370111
DENVER, CO 80237

4a. Article Number
206 002 256

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

7. Date of Delivery
5-19-94

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

U.S. MAIL MAY 19 1994 DENVER CO

P 206 002 251



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

**MICHAEL SHEARN
P.O. BOX 10151
EL PASO, TX 79992**

| | |
|---|----|
| Postage Fee | |
| Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Addressee's Address | |
| Postage & Fees | \$ |

PS Form 3800, June 1991

**HALLWOOD BASS FED 2
05/17/94**

Is your RETURN ADDRESS completed on the reverse side?

EL PASO, TEXAS 79901 05-21-94 19:27

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
**HALLWOOD BASS FED 2
05/17/94**

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:
**MICHAEL SHEARN
P.O. BOX 10151
EL PASO, TX 79992**

4a. Article Number
P 206 002 251

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

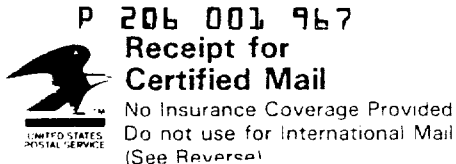
7. Date of Delivery
MAY 21 1994

5. Signature (Addressee)
Michael Shearn

6. Signature (Agent)

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

Thank you for using Return Receipt Service



Robert M. Beren
c/o Beren Corporation
970-4th Financial Center
Wichita, KS 67202

| | |
|---|----|
| Postage | |
| Postage Insurance | |
| Registered Mail Fee | |
| Return Receipt (showing to whom and date delivered) | |
| Return Receipt (showing to whom and date delivered - see address) | |
| Postage Insurance | \$ |

300, June 1991
Hallwood - bass Fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

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 - return this card to you.
- Attach this form to the front of the mailpiece, or on the back if it 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.

Hallwood - bass Fed
5/16/94

2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

Robert M. Beren
c/o Beren Corporation
970-4th Financial Center
Wichita, KS 67202

4a. Article Number

206 001 967

4b. Service Type

- ☒ Registered ☐ Insured
☒ Certified ☐ COB
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5-19-94

5. Signature (Addressee)

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

6. Signature (Agent)

Deane A. Koerber

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service



P 206 001 974

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Postmaster)

Trigg Family Trust U/A1/23/90
John and Pauline Trigg Trustee
P.O. Box 520
Roswell, NM 88202

800, June 1991

| | |
|---|----|
| Postage | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, and Addressee's Address | |
| Postage & Fees | \$ |
| Postmark or Date | |

Hallwood - bass fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Hallwood - bass Fed
5/16/94

so that we can
return the back if space

- 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.

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:

Trigg Family Trust U/A1/23/90
John and Pauline Trigg Trustee
P.O. Box 520
Roswell, NM 88202

4a. Article Number

206 001 974

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input checked="" type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5-20-94

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.



P 206 002 244

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

SHELDON K BEREN
P.O. BOX 5850
DENVER, CO 80217

800, June 1991

| | |
|---|----|
| Postage | |
| Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom Date Delivered | |
| Return Receipt Showing to Whom Date and Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

HALLWOOD BASS FED 2
05/17/94

1

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

HALLWOOD BASS FED 2
05/17/94

in so that we can

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.

3. Article Addressed to:

SHELDON K BEREN
P.O. BOX 5850
DENVER, CO 80217

5. Signature (Addressee)

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

206 002 244

4b. Service Type

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input 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)

Thank you for using Return Receipt Service.

P 206 002 250



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

LEE M. BASS INC
P.O. BOX 916107
FORT WORTH, TX 76191-6107

| | |
|---|----|
| Postage | |
| Postage and Fee | |
| Restricted Delivery Fee | |
| Return Receipt (including Postmark & Date Delivered) | |
| Return Receipt (showing to Whom Delivered & Addressee's Address) | |
| Postage and Fee | \$ |
| Postmark or Date | |

800, June 1991

HALLWOOD BASS FED 2
05/17/94

PS

Is your RETURN ADDRESS completed on the reverse side?

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 it to you.
- A: **HALLWOOD BASS FED 2**
- W: **05/17/94**
- Th: _____
- delivered: _____

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:

LEE M. BASS INC
P.O. BOX 916107
FORT WORTH, TX 76191-6107

4a. Article Number

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ CDD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

206 002 250
05-20-94

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-552-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 206 002 247



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PERRY R. BASS INC
P.O. BOX 916107
FORT WORKTH, TX
76191-6107

| | |
|---|--|
| Postage Paid | |
| Postage Due | |
| Postage and Insurance Fee | |
| Return Receipt showing Article Number & Date Delivered | |
| Return Receipt showing to whom Delivered and Addressee's Address | |
| Postage Paid | |

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the reverse side?

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.

back if space

HALLWOOD BASS FED 2
05/17/94

the article number,
verified and the date

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PERRY R. BASS INC
P.O. BOX 916107
FORT WORKTH, TX
76191-6107

4a. Article Number

P 206 002 247

4b. Service Type

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

MAY 20, 94

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT



THRU LINE INC
P.O. BOX 916107
FORT WORTH, TX 76191-6107

| | | |
|---------------|--|----|
| 00, June 1991 | Postage | |
| | Postage & Fees | |
| | Postage & Delivery Fee | |
| | Return Receipt showing Address & Date Delivered | |
| | Return Receipt showing to Whom Date and Addressee's Address | |
| | Postage & Fees | \$ |

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the reverse side?

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.
- At **HALLWOOD BASS FED 2**
- **05/17/94**
- The return receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THRU LINE INC
P.O. BOX 916107
FORT WORTH, TX 76191-6107

4a. Article Number
206 002 255

4b. Service Type

| | |
|--|--|
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input checked="" type="checkbox"/> Return Receipt for Merchandise |

5. Signature (Addressee)

6. Signature (Agent)
SCHEIDMAN

7. Date of Delivery
MAY 20 94

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

pp. 1-3800, June 1991

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| Initialing Page | |
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| 112. 100% (100%) (100%) | |
| 113. 100% (100%) (100%) | |

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS complicated on the reverse side?

- 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.

HALLWOOD BASS FED 2
05/17/94

delivery.

3. Article Addressed to:

JENNINGS PRODUCTION COMPANY
1717 MAIN STREET
SUITE 310
DALLAS, TX 75201

5. Signature (Addressee)

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

Article Number
206 002 249

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

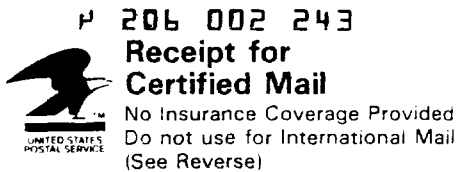
of Delivery 5-9-94

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

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
P.O. BOX 5810 1A
DENVER, CO 80217

| | | |
|----------------|---|----|
| 100, June 1991 | Postage | |
| | Delivery Fee | |
| | Registered Delivery Fee | |
| | Return Receipt (showing to whom & date delivered) | |
| | Return Receipt (showing to whom delivered - Addressee's Address) | |
| | Other Fees | \$ |

HALLWOOD BASS FED 2
05/17/94

SENDER:

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

HALLWOOD BASS FED 2

05/17/94

so that we can

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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
P.O. BOX 5810 1A
DENVER, CO 80217

4a. Article Number
P 206 002 243

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 checked="" type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery
5-19-94

5. Signature (Addressee)
CHAMPION MESSENGER

6. Signature (Agent)
P.O. BOX 6954

Addresssee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 206 001 968

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

State of New Mexico
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504-1148

| | | |
|--------------|---|----------|
| 0, June 1991 | <p>1. <u>Continuing from</u></p> <p>2. <u>Continuing from</u></p> <p>3. <u>Continuing from</u></p> <p>4. <u>Continuing from</u></p> <p>5. <u>Continuing from</u></p> <p>6. <u>Continuing from</u></p> <p>7. <u>Continuing from</u></p> <p>8. <u>Continuing from</u></p> <p>9. <u>Continuing from</u></p> <p>10. <u>Continuing from</u></p> <p>11. <u>Continuing from</u></p> <p>12. <u>Continuing from</u></p> <p>13. <u>Continuing from</u></p> <p>14. <u>Continuing from</u></p> <p>15. <u>Continuing from</u></p> <p>16. <u>Continuing from</u></p> <p>17. <u>Continuing from</u></p> <p>18. <u>Continuing from</u></p> <p>19. <u>Continuing from</u></p> <p>20. <u>Continuing from</u></p> <p>21. <u>Continuing from</u></p> <p>22. <u>Continuing from</u></p> <p>23. <u>Continuing from</u></p> <p>24. <u>Continuing from</u></p> <p>25. <u>Continuing from</u></p> <p>26. <u>Continuing from</u></p> <p>27. <u>Continuing from</u></p> <p>28. <u>Continuing from</u></p> <p>29. <u>Continuing from</u></p> <p>30. <u>Continuing from</u></p> <p>31. <u>Continuing from</u></p> <p>32. <u>Continuing from</u></p> <p>33. <u>Continuing from</u></p> <p>34. <u>Continuing from</u></p> <p>35. <u>Continuing from</u></p> <p>36. <u>Continuing from</u></p> <p>37. <u>Continuing from</u></p> <p>38. <u>Continuing from</u></p> <p>39. <u>Continuing from</u></p> <p>40. <u>Continuing from</u></p> <p>41. <u>Continuing from</u></p> <p>42. <u>Continuing from</u></p> <p>43. <u>Continuing from</u></p> <p>44. <u>Continuing from</u></p> <p>45. <u>Continuing from</u></p> <p>46. <u>Continuing from</u></p> <p>47. <u>Continuing from</u></p> <p>48. <u>Continuing from</u></p> <p>49. <u>Continuing from</u></p> <p>50. <u>Continuing from</u></p> <p>51. <u>Continuing from</u></p> <p>52. <u>Continuing from</u></p> <p>53. <u>Continuing from</u></p> <p>54. <u>Continuing from</u></p> <p>55. <u>Continuing from</u></p> <p>56. <u>Continuing from</u></p> <p>57. <u>Continuing from</u></p> <p>58. <u>Continuing from</u></p> <p>59. <u>Continuing from</u></p> <p>60. <u>Continuing from</u></p> <p>61. <u>Continuing from</u></p> <p>62. <u>Continuing from</u></p> <p>63. <u>Continuing from</u></p> <p>64. <u>Continuing from</u></p> <p>65. <u>Continuing from</u></p> <p>66. <u>Continuing from</u></p> <p>67. <u>Continuing from</u></p> <p>68. <u>Continuing from</u></p> <p>69. <u>Continuing from</u></p> <p>70. <u>Continuing from</u></p> <p>71. <u>Continuing from</u></p> <p>72. <u>Continuing from</u></p> <p>73. <u>Continuing from</u></p> <p>74. <u>Continuing from</u></p> <p>75. <u>Continuing from</u></p> <p>76. <u>Continuing from</u></p> <p>77. <u>Continuing from</u></p> <p>78. <u>Continuing from</u></p> <p>79. <u>Continuing from</u></p> <p>80. <u>Continuing from</u></p> <p>81. <u>Continuing from</u></p> <p>82. <u>Continuing from</u></p> <p>83. <u>Continuing from</u></p> <p>84. <u>Continuing from</u></p> <p>85. <u>Continuing from</u></p> <p>86. <u>Continuing from</u></p> <p>87. <u>Continuing from</u></p> <p>88. <u>Continuing from</u></p> <p>89. <u>Continuing from</u></p> <p>90. <u>Continuing from</u></p> <p>91. <u>Continuing from</u></p> <p>92. <u>Continuing from</u></p> <p>93. <u>Continuing from</u></p> <p>94. <u>Continuing from</u></p> <p>95. <u>Continuing from</u></p> <p>96. <u>Continuing from</u></p> <p>97. <u>Continuing from</u></p> <p>98. <u>Continuing from</u></p> <p>99. <u>Continuing from</u></p> <p>100. <u>Continuing from</u></p> | <p>S</p> |
|--------------|---|----------|

Hallwood - bass Fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

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 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.

mailwood - pass Fed
5/16/94

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

Consult postmaster for fee.

3. Article Addressed to:

State of New Mexico
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504-1148

4a. Article Number

206 001 968

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, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Ser

P 206 002 254



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

SOL WEST III
P.O. BOX 10151
EL PASO, TX 79992

| | |
|--|--|
| Postage | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom Date Delivered | |
| Return Receipt Showing to Whom Date and Addressee's Address | |
| Postmark | |

PS Form 3811, June 1991

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the reverse side?

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.

HALLWOOD BASS FED 2
05/17/94

Check if space

Article number,
ad and the date

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SOL WEST III
P.O. BOX 10151
EL PASO, TX 79992

4a. Article Number

206 002 254

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 checked="" type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery MAY 21 1994

5. Signature (Addressee)

SOL WEST

6. Signature (Agent)

On behalf of

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 206 002 248



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

MID-CONTINENT ENERGY INC
3400 MID-CONTINENT TOWER
410 SOUTH BOSTON
TULSA, OK 74103-4071

| | |
|--|----|
| Postage | |
| Registration Fee | |
| Restricted Delivery Fee | |
| Insurance (if not shown on label, add amount) | |
| Return Receipt (if not shown on label, add amount) | |
| Total | \$ |
| Postmark or Date | |

HALLWOOD BASS FED 2
05/17/94

Is your RETURN ADDRESS completed on the reverse side?

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.

HALLWOOD BASS FED 2
05/17/94

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

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

3. Article Addressed to:

MID-CONTINENT ENERGY INC
3400 MID-CONTINENT TOWER
410 SOUTH BOSTON
TULSA, OK 74103-4071

4a. Article Number

206 002 246

4b. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5-20-94

5. Signature (Addressee)

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

6. Signature (Agent)

Sharon L. Fair

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 206 001 975



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Texaco Exploration &
Production Inc.
P.O. Box 201665
Houston, TX 77216

| | |
|---|----|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom and Addressee's Address | |
| Postage | \$ |
| Postmark or Date | |

5800, June 1991

Hallwood - bass Fed
5/16/94

Hallwood - bass Fed

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.

Hallwood - bass Fed
5/16/94

so that we can

do 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.

3. Article Addressed to:

Texaco Exploration &
Production Inc.
P.O. Box 201665
Houston, TX 77216

5. Signature (Addressee)

6. Signature (Agent)

Michael Deane

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

206 001 975

4b. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COB |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date Delivered

MAY 19 1994

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

PS Form 3841, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



No Insurance Coverage Provided
Do not use for international Mail
(See Reverse)

PS Form 3800, June 1991

| | |
|-----------------------------------|----|
| Estimated Price | |
| Contract Price | |
| Estimated Price of Materials | |
| Estimated Price of Labor | |
| Estimated Price of Overhead | |
| Estimated Price of Profit | |
| Estimated Price of Insurance | |
| Estimated Price of Bonding | |
| Estimated Price of Transportation | |
| Estimated Price of Storage | |
| Estimated Price of Miscellaneous | |
| Estimated Price of Contingency | |
| Estimated Price of Total Bid | \$ |

HALLWOOD BASS FED 2
05/17/94
HALLWOOD BASS FED 2

Is your RETURN ADDRESS completed on the reverse side?

• 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
 re: **HALLWOOD BASS FED 2**
 dt: **05/17/94** :k if space
 • article number
 • d and the dat
 delivered.

Consult postmaster for fee.

4a. Article Number

Article Number
206 002 252

SID R. BASS INC
P.O. BOX 916107
FORT WORTH, TS 76191-6107

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

May 29

6. Signature (Agent)

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

PS Form 3811, December 1991

☆U.S. GPO: 1983-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



P 206 001 971

**Receipt for
Certified Mail**No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)Elliott Oil Company
P.O. Box 1355
Roswell, NM 88201

| | |
|---|----|
| Amount Due | |
| Postage and Fees | |
| Restricted Delivery Fee | |
| Return Receipt (if following instructions are received) | |
| Return Receipt (if following instructions are received) | |
| Postage and Fees | \$ |
| Postmark Date | |

800, June 1991

Hallwood - bass Fed
5/16/94

is your RETURN ADDRESS completed on the reverse side?

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 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.

Hallwood - bass Fed
5/16/94the
extra

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

3. Article Addressed to:

Elliott Oil Company
P.O. Box 1355
Roswell, NM 88201

4a. Article Number

206 001 971

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ Express Mail

Return Receipt for
Merchandise

7. Date of Delivery

MAY 18 1994

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, June 1991

| | |
|---------------------------|----|
| Vehicle Rental Fee | |
| Trip's Conveyance Fee | |
| Estimated Conveyance Fee | |
| Estimated Lodging Expense | |
| Estimated Travel Expenses | |
| Total Estimated Expenses | \$ |

| |
|-----------------|
| Remarks or Date |
|-----------------|

Hallwood - bass Fed
5/16/94

Is your RETURN ADDRESS completed on the reverse side?

Hollywood - bass Fed
5/16/94

so that we can

- 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.

G Oil L P
c/o First Manhattan Co
437 Madison Avenue
New York, NY 10022

6 Signature (Agent)

Diego Munoz

Consult postmaster for fee.

206 001 969

☐ Registered ☒ Insured

☐ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

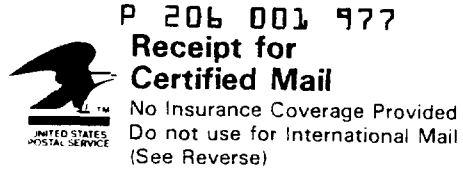
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

FU.S; GRQ: 1993-352-714

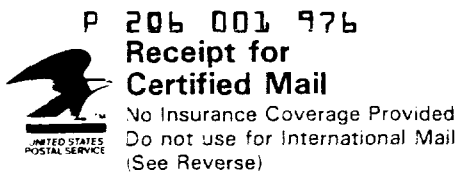
DOMESTIC RETURN RECEIPT



Enron Oil and Gas Company
P.O. Box 2267
Midland, Texas 79702
Attn: Mr. Patrick Tower

| | |
|--|----|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom Date, and Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

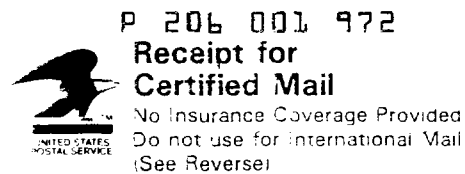
PS 206 001 977
Hallwood - bass Fed
5/16/94



BLM State of New Mexico
US Dept of the Interior
P.O. Box 1449
Santa Fe, NM 87501

| | |
|--|----|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom Date, and Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

PS 206 001 976
Hallwood - bass Fed
5/16/94



Therese Gadomski
c/o Marshall L. Steinman
660 White Plains Road
Suite 450
Tarrytown, NY 10591

| | |
|--|----|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom Date, and Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

PS 206 001 972
Hallwood - bass Fed
5/16/94