

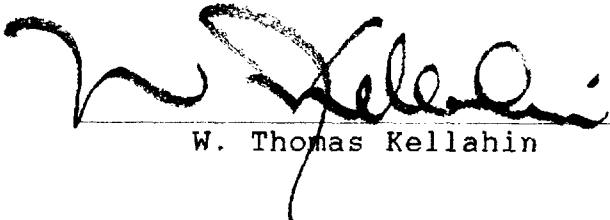
STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE
APPLICATION OF MERIDAN OIL, INC.
FOR COMPULSORY POOLING,
SAN JUAN COUNTY, NEW MEXICO

CASE: 9750

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

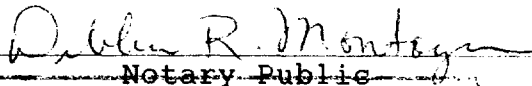
In accordance with Division Rule 1207 (Order R-8054), I hereby certify that on September 13, 1989, I caused to be mailed by certified mail, return receipt, a notice of this hearing and a copy of the first ammended application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for October 4, 1989, to the parties shown in the Application as evidenced by the attached copy of the return receipt cards.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before met This October 2, 1989 by
W. Thomas Kellahin, attorney for applicant.

My Commission Expires:

July 25, 1993


Notary Public

BEFORE EXAMINER STOONER
Oil Conservation Division
<u>Meridian</u> Exhibit No. <u>9</u>
Case No. <u>9750 Amended</u>
<u>OCT 4TH</u>

KELLAHIN, KELLAHIN and AUBREY

Attorneys at Law

W. Thomas Kellahin
Karen Aubrey

El Patio - 117 North Guadalupe
Post Office Box 2265

Santa Fé, New Mexico 87504-2265

Telephone 982-4285

Area Code 505

Fax: 505/982-2047

Jason Kellahin
Of Counsel

September 12, 1989

HAND-DELIVERED

Mr. William LeMay
Oil Conservation Division
Post Office Box 2088
Santa Fe, New Mexico 87504

RECEIVED

SEP 12 1989

OIL CONSERVATION DIVISION

Re: First Amended Application of Meridian Oil, Inc.
for Compulsory Pooling,
Well Name: Allison Unit Well No. 135
San Juan County, New Mexico

Dear Mr. LeMay:

On behalf of Meridian Oil, Inc. please find enclosed our First Amended Application for Compulsory Pooling which we would request be set for hearing on the next available Examiner's docket now scheduled for October 4, 1989. This amends our application heard at the Examiner's hearing held on September 6, 1989.

By copy of this letter to all parties to be pooled, we are notifying them by certified mail, return-receipt requested, that they have the right to appear at the hearing, to make a statement to the Division, to present evidence and cross-examine witnesses either in support of or in opposition to the application. In addition, they are advised that the entry of a Compulsory Pooling Order will affect their rights to share in the production from the subject well.

Very truly yours,



W. Thomas Kellahin

WTK/lw
Encl.

cc: ✓ Mr. Alan Alexander - Federal Express
✓ Mr. Owen Lopez, Esq. - Federal Express
P.O. Drawer 2068
Santa Fe, New Mexico 87501

✓ Certified Mail Return-Receipt all parties listed on Exhibit "A" of the Application, w/encl.

EXHIBIT "A"

Attached to and made a part of that certain Operating Agreement dated August 11, 1989, between EL PASO NATURAL GAS COMPANY, as Operator, and Non-Operators.

I. LANDS SUBJECT TO OPERATING AGREEMENT:

Township 32 North, Range 6 West

Section 9: SW/4, S/2 NW/4, Lots 3, 4
Containing 278.20 acres, more or less

II. RESTRICTIONS, IF ANY, AS TO DEPTHS OR FORMATIONS:

This Agreement shall cover only the Fruitland Coal formation.

III. ADDRESSEES AND PERCENTAGES OR FRACTIONAL INTERESTS OF PARTIES TO THIS AGREEMENT:

El Paso Natural Gas Company c/o Land Department Meridian Oil Inc. P.O. Box 4289 Farmington, New Mexico 87499-4289	Operator
---	----------

Allison Unit Working Interest Owners c/o Land Department Meridian Oil Inc. P.O. Box 4289 Farmington, New Mexico 87499-4289	25.161754%
--	------------

Southland Royalty Company c/o Land Department Meridian Oil Inc. P.O. Box 4289 Farmington, New Mexico 87499-4289	3.594536%
---	-----------

*T. H. McElvain Oil and Gas Properties 220 Shelby Street P.O. Box 2148 Santa Fe, New Mexico 87504-2148	55.934941%
---	------------

*Richmond-Hogue Oil and Gas Company
2651 North Harwood, Suite 360
Dallas, Texas 75201

Judy G. Zweiback 9008 Pacific Omaha, NE 68114	1.797268%
---	-----------

Myrna G. Raffkind 3800 Danbury Amarillo, TX 79109	1.797268%
---	-----------

Barbara Ann Witten 535 East 86th Street New York, NY 10028	3.594536%
--	-----------

Robert C. Witten 535 East 86th Street New York, NY 10028	3.594536%
--	-----------

Vicki Mizel 101 West Broadway, #1300 San Diego, CA 92101	0.898634%
--	-----------

*Subject to Farmout Agreement with Richmond-Hogue Oil and Gas Company

EXHIBIT "A" (CONTINUED)

III. ADDRESSES AND PERCENTAGES OR FRACTIONAL INTERESTS OF PARTIES TO THIS AGREEMENT (CONTINUED):

Gary Dean Mizel 0.898634%
c/o Pamela Staack
3801 East Florida Ave., #605
Denver, CO 80210

Steven Mayer Mizel 0.898634%
c/o Kaufmann Alsberg & Co.
20 Broad Street
27th Floor
New York, NY 10005

Larry Mizel 0.898634%
3600 Yosemite Street
Suite 1040
Denver, CO 80281

Lance Brewster Reemstma 0.336988%
57 Edgcroft Road #A
Kensington, California 94707

Malcolm E. Smith 0.449317%
803 S. Edgefield Ave.
Dallas, Texas 75208

Jessie Mae Wakeland 0.112329%
603 W. Peter Smith
Fort Worth, Texas 76104

Edgar John Layland 0.031991%
102 Hutchunson Drive
Smyrna, Tennessee 37167

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Robert C. Witten
535 East 86th Street
New York, NY 10028

4. Article Number 0484051648

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature Address *[Signature]*

6. Signature - Agent *[Signature]*

7. Date of Delivery 9-18-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Steven Mayer Mizel
c/o Kaufmann Alsborg & Co.
20 Broad Street - 27th Floor
New York, NY 10005

4. Article Number 0484051645

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature Address *[Signature]*

6. Signature - Agent *[Signature]*

7. Date of Delivery SEP 18 1989

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Barbara Ann Witten
535 East 86th Street
New York, NY 10028

4. Article Number 0484051649

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature Address *[Signature]*

6. Signature - Agent *[Signature]*

7. Date of Delivery 9-18-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Edgar John Layland
102 Hutchinson Drive
Smyrna, TN 37167

4. Article Number 0484051640

Type of Service: ☐ Registered ☒ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature Address *[Signature]*

6. Signature - Agent *[Signature]*

7. Date of Delivery 9-16-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to:

Ms. Vicki Mizel
101 West Broadway #1300
San Diego, CA 92101

4. Article Number
p484081649

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
Downtown Station
335 E. St. 92101
Mon-Fri 8:30-5:00 Sat 8:30-1:00
123-6096

5. Signature - Agent
X *[Signature]*

6. Signature - Addressee
X *[Signature]*

7. Date of Delivery
123-6096

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to:

EI Paso Natural Gas Co.
c/o Land Department
P.O. Box 4289
Farmington, NM 87499-4289

4. Article Number
p153299093

Type of Service:
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
3535 E. 30th

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
3/14/89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to:

Mr. Gary Dean Mizel
c/o Pamela Staack
3801 East Florida Ave. #605
Denver, CO 80210

4. Article Number
p484081640

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
9-15-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to:

Myrna G. Raefkind
3800 Danbury
Amarillo, TX 79109

4. Article Number
p484081650

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
3800 Danbury
79109

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
9-15-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

WTC Meridian Allison #135

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Ms. Judy G. Zweiback
9008 Pacific
Omaha, NE 68114

4. Article Number: 9484081610

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature - Address: *Jenna Thompson*

6. Signature - Agent: *X*

7. Date of Delivery: 9-16-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

WTC Meridian Allison #135

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: T. H. McElvain Oil and Gas
220 Shelby Street
P.O. Box 2148
Santa Fe, NM 87504-2148

4. Article Number: 9484081610

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature - Address: *T. H. McElvain*

6. Signature - Agent: *ASUB*

7. Date of Delivery: *SEP 15 1989*

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

WTC Meridian Allison #135

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Malcolm E. Smith
803 S. Edgefield Ave.
Dallas, TX 75208

4. Article Number: 9484081642

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature - Address: *Malcolm E. Smith*

6. Signature - Agent: *X*

7. Date of Delivery: *SEP 15 1989*

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

WTC Meridian Allison #135

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Richmond-Hogue Oil and Gas
2651 North Harwood, #360
Dallas, TX 75201

4. Article Number: 9484081642

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature - Address: *Richmond-Hogue Oil and Gas*

6. Signature - Agent: *ASUB*

7. Date of Delivery: *SEP 15 1989*

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

10-20-64 10-20-64 10-20-64 10-20-64

1. **SENDER:** Complete items 1 and 2 when additional service is desired, and complete item 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt will provide you the name of the person delivered to and the date of delivery. For additional fees, the following services are available. Contact postmaster for rates and check boxes for additional fees and indicate quantity.
1. ☒ Show to whom delivered date, and address of addressee.
(Extra charge)
2. ☐ Restricted Delivery
(Extra charge)

3. **Article Addressed to:**
Mr. Freddy McCall
3600 Yosemite Street #1046
Denver, CO 80231

4. **Article Number:** 10-20-64
Type of Service: ☐ Insured ☐ Registered ☐ COD ☐ Return Receipt for Merchandise
☒ Registered ☐ Insured ☐ Registered ☐ COD ☐ Return Receipt for Merchandise
Always obtain return of address of addressee.
5. **Signature of Addressee:** [Signature]
6. **Signature of Agent:** [Signature]
7. **Date of Delivery:** 10-20-64

PS Form 3811, Mar. 1968 U.S.G.P.O. 1968-212-865 DOMESTIC RETURN RECEIPT

P 155 279 089

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Richmond-Hague 21162	
Street and No.	
2651 N. Harwood #360	
P.O. State and ZIP Code	
Dallas, TX 75201	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

PS Form 3800, June 1985

P 155 279 090

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
V.H. McElvain 211	
Street and No.	
PO Box 2148	
P.O. State and ZIP Code	
Santa Fe, NM 87504-2148	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

PS Form 3800, June 1985

P-484 051 650

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Myrna Raffkind	
Street and No.	
3800 Danbury	
P.O. State and ZIP Code	
Amesbury, VT 09109	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

U.S.G.P.O. 153-506

PS Form 3800, June 1985

P-484 051 610

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Hedy Zweiback	
Street and No.	
9008 Pacific	
P.O. State and ZIP Code	
Amesbury, VT 09114	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

U.S.G.P.O. 153-506

PS Form 3800, June 1985

P-484 051 648

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Robert Witten	
Street and No. 535 E. 86th Street	
P.O. State and ZIP Code New York NY 10028	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 649

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Barbara Witten	
Street and No. 535 E. 86th Street	
P.O. State and ZIP Code New York NY 10028	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 646

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Gary Mizel	
Street and No. 3801 E. Florida Ave #605	
P.O. State and ZIP Code Denver, CO 80210	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 647

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Vicki Mizel	
Street and No. 101 W. Broadway #1300	
P.O. State and ZIP Code San Diego, CA 92101	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 644

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506	Sent to	Harry Mizel
	Street and No.	3600 Yosemite #1040
	P.O. State and ZIP Code	Denver, CO 80281
	Postage	\$.25
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$ 2.00
PS Form 3800, June 1985	Postmark or Date WTK Meridian Allison # 135	

P-484 051 645

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506	Sent to	Steven M. Mizel
	Street and No.	20 Broad Street 27th floor
	P.O. State and ZIP Code	New York, NY 10005
	Postage	\$.25
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$ 2.00
PS Form 3800, June 1985	Postmark or Date WTK Meridian Allison # 135	

P-484 051 642

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506	Sent to	Malcolm Smith
	Street and No.	803 S. Edgewood Ave
	P.O. State and ZIP Code	Dallas, TX 75208
	Postage	\$.25
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$ 2.00
PS Form 3800, June 1985	Postmark or Date WTK Meridian Allison # 135	

P-484 051 643

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506	Sent to	Janice B. Reemstra
	Street and No.	57 Edgewood Rd #A
	P.O. State and ZIP Code	Kensington, CA 94707
	Postage	\$.25
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$ 2.00
PS Form 3800, June 1985	Postmark or Date WTK Meridian Allison # 135	

P-484 051 641

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Jessie Mae Wateland	
Street and No. 603 W. Peter Smith	
P.O. State and ZIP Code Fort Worth, TX 76104	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date WTK Meridian Allison #135	

P-484 051 640

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Edgar John Kayland	
Street and No. 102 Hutchinson Dr.	
P.O. State and ZIP Code Smyrna, TN 37167	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date WTK Meridian Allison #135	

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

IN THE MATTER OF THE APPLICATION
OF MERIDIAN OIL INC. FOR
COMPULSORY POOLING,
SAN JUAN COUNTY, NEW MEXICO

CASE NO. 9750

CERTIFICATE OF MAILING

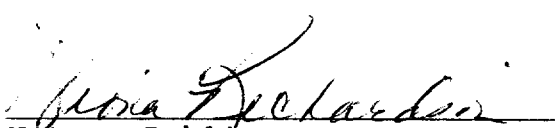
AND

COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on August 16, 1989, 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 September 6, 1989 to the parties shown in the application as evidenced by the attached copy of the return receipt cards.


W. Thomas Kellahin

SUBSCRIBED AND SWORN TO before me this 5th day of September, 1989.


Notary Public

My Commission Expires:

Oct 28, 1989

BEFORE EXAMINER STOOGNER OIL CONSERVATION DIVISION <u>Meridian</u> EXHIBIT NO. <u>9</u> CASE NO. <u>9750</u>

SUPPLEMENTAL LIST OF PARTIES TO BE POOLED

The Estate of John A. Pierce, Deceased:

Martin A. Pierce
Post Office Box AA
Aztec, NM 87410

David A. Pierce
Box 2802
Farmington, NM 87401

John B. Pierce
Post Office Box AA
Aztec, NM 87410

Susan Leigh Pierce Nelson
107 West 30th
Farmington, NM 87401

Lance Brewster Reemstma
937 Bathurst Street
Toronto, Ontario, Canada

Dick Vanhorn Reemstma
706 E. 3rd Street, #12
Salt Lake City, UT 84102

Belinda Lopez
97 Beach Drive
Pittsburg, CA 94565

Judy C. Zweiback
9008 Pacific
Omaha, NE 68114

Myrna G. Raffkind
3800 Danbury
Amarillo, TX 79109

Barbara Ann Witten
535 East 86th Street
New York, NY 10028

Robert C. Witten
535 East 86th Street
New York, NY 10028

Vicky Mizel
101 West Broadway, #1300
San Diego, CA 92101

Gary Dean Mizel
c/o Pamela Staeck
3801 East Florida Ave, #605
Denver, CO 80210

Steven Mayer Mizel
c/o Kaufmann Alsberg & Co.
20 Broad Street
27th Floor
New York, NY 10005

Larry Mizel
3600 Yosemite Street
Suite 1040
Denver, CO 80281

Exhibit "A"

T.H. McElvain Oil and Gas Properties	40.9435928
220 Shelby Street	
Post Office Box 2148	
Santa Fe, New Mexico 87504-2148	

*Richmond-Hogue Oil and Gas Partnership
2651 North Harwood, Suite 360
Dallas, Texas 75201

*Subject to Farmout Agreement with Richmond-Hogue Oil
and Gas Company.

P 155 278 637

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Steven Myer Mizel	
Street and No. 670 Kaufman, Alsberg & C.	
P.O., State and ZIP Code 20 Borad, 27th Floor NY, NY 10005	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 636

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Gary Dean Mizel	
Street and No. c/o Pamela Staeck	
P.O., State and ZIP Code 3801 E. Florida #605 Denver, CO 80210	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	.90
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985



P 155 278 635

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Vicky Mizel	
Street and No. 101 W. Broadway, #1300	
P.O., State and ZIP Code San Diego, CA 92101	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	.90
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

All Entries MUST be in Ball Point or Typed

REGISTERED NO. R 486 223 203		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 4.50	Special Delivery \$	
	Handling Charge \$	Return Receipt \$ 90	
	Postage \$ 52	Restricted Delivery \$	
	Received by 	to <input type="checkbox"/> Domestic <input type="checkbox"/> Intl	
Customer Completion (Please Print)	Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit
	FROM: Kellahint Aubrey		
	P.O. Box 2265		
	Santa Fe NM 87504		
TO: Lance Brewster Reemstma			
937 Bathurst St			
Toronto, Ontario, Canada			

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)
June 1986 (See Information on Reverse)

P 155 278 638

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Larry Mizel	
Street and No. 3800 Yosemite Street	
P.O., State and ZIP Code Suite 1040 Denver, CO 80281	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	.90
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 632

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Myrna G. Raffkind	
Street and No. 1800 Danbury	
City, State and ZIP Code Amarillo, TX 79109	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 629

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Belina Lopez	
Street and No. 97 Beach Dr.	
City, State and ZIP Code Pittsburg, CA 94565	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 628

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Dick Vanhorn Reemstma	
Street and No. 706 E. 3rd St, #12	
City, State and ZIP Code Salt Lake City, UT 84101	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 634

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Robert C. Witten	
Street and No. 535 E. 86th St	
City, State and ZIP Code NY, NY 10028	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/ Allison	

PS Form 3800, June 1985

P 155 278 633

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Barbara Ann Witten	
Street and No. 505 East 86th St	
City, State and ZIP Code New York, NY 10028	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 631

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Judy C. Zweiback	
Street and No. 9008 Pacific	
City, State and ZIP Code Omaha, NE 68114	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 624

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Martin A. Pierce	
Street and No. Box AA	
Aztec, NM 87410	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	
WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 623

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Richmond-Hogue O&G Ptnr	
Street and No. 6251 N. Harwood Ste 360	
Dallas, TX 75201	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	
WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 622

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to T.H. McElvain O&G Prop	
Street and No. Box 2148	
Santa Fe, NM 87504-2148	
P.O., State and ZIP Code	
Postage	\$.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.20
Postmark or Date	
WTK/Meridian/CP-Allison	

PS Form 3800, June 1985

P 155 278 627

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Susan Leigh Pierce Nelson	
Street and No. Box AA	
107 W. 30th	
Farmington, NM 87401	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	
WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 626

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to John B. Pierce	
Street and No. Box AA	
Aztec, NM 87410	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	
WTK/Maridian/Allison	

PS Form 3800, June 1985

P 155 278 625

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to David A. Pierce	
Street and No. Box 2802	
Farmington, NM 87401	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	
WTK/Meridian/Allison	

PS Form 3800, June 1985

1. DER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

2. address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

3. Show to whom delivered, date, and addressee's address.

4. ☐ Restricted Delivery (Extra charge)

5. Addressed to:

6. **Meridian/Allison**

7. **Beach Drive**

8. **tsburg, CA 94565**

9. Article Number
P 155 278 629

10. Type of Service:
☐ Registered
☐ Insured
☒ Certified
☐ COD
☐ Return Receipt for Merchandise
☐ Express Mail

11. Always obtain signature of addressee or agent and DATE DELIVERED.

12. Addressee's Address (ONLY if requested and fee paid)
Meridian/Allison

13. Signature - Agent
Meridian/Allison

14. Date of Delivery
8-21-89

15. **3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT**

1. DER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

2. address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

3. Show to whom delivered, date, and addressee's address.

4. ☐ Restricted Delivery (Extra charge)

5. Addressed to:

6. **Meridian/Allison**

7. **Beach Drive**

8. **tsburg, CA 94565**

9. Article Number
P 155 278 633

10. Type of Service:
☐ Registered
☐ Insured
☒ Certified
☐ COD
☐ Return Receipt for Merchandise
☐ Express Mail

11. Always obtain signature of addressee or agent and DATE DELIVERED.

12. Addressee's Address (ONLY if requested and fee paid)
Meridian/Allison

13. Signature - Agent
Meridian/Allison

14. Date of Delivery
8-21-89

15. **3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT**

1. SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

2. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

3. Show to whom delivered, date, and addressee's address.

4. ☐ Restricted Delivery (Extra charge)

5. Addressed to:

6. **Robert C. Witten**

7. **535 East 86th Street**

8. **New York, NY 10028**

9. Article Number
P 155 278 634

10. Type of Service:
☐ Registered
☐ Insured
☒ Certified
☐ COD
☐ Return Receipt for Merchandise
☐ Express Mail

11. Always obtain signature of addressee or agent and DATE DELIVERED.

12. Addressee's Address (ONLY if requested and fee paid)
WTK/Meridian/Allison

13. Signature - Agent
WTK/Meridian/Allison

14. Date of Delivery
8-21-89

15. **PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT**

1. SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

2. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

3. Show to whom delivered, date, and addressee's address.

4. ☐ Restricted Delivery (Extra charge)

5. Addressed to:

6. **Barbara Ann Witten**

7. **535 East 86th Street**

8. **New York, NY 10028**

9. Article Number
P 155 278 633

10. Type of Service:
☐ Registered
☐ Insured
☒ Certified
☐ COD
☐ Return Receipt for Merchandise
☐ Express Mail

11. Always obtain signature of addressee or agent and DATE DELIVERED.

12. Addressee's Address (ONLY if requested and fee paid)
WTK/Meridian/Allison

13. Signature - Agent
WTK/Meridian/Allison

14. Date of Delivery
8-21-89

15. **PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to: Judy C. Zweiback
9008 Pacific
Omaha, NE 68114

Signature - Agent: *Judy C. Zweiback*

Date of Delivery: *Aug 22 1989*

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number: P 155 278 631

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to: Ricky Mizel
11 W. Broadway, #1300
San Diego, CA 92101

Signature - Agent: *Ricky Mizel*

Date of Delivery: *Aug 21 1989*

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number: P 155 278 635

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
815 "E" St. 92101
Mon-Fri 8:30-5:00, Sat 8:30-Noon
232-5096

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to: Gary Dean Mizel
c/o Pamela Stack
3801 E. Florida Ave, #605
Denver, CO 80210

Signature - Agent: *Gary Dean Mizel*

Date of Delivery: *Aug 25 1989*

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number: P 155 278 636

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to: Steven Mayer Mizel
c/o Kaufman, Albers & Co
20 Broad St, #1005
New York, NY 10005

Signature - Agent: *Steven Mayer Mizel*

Date of Delivery: *Aug 21 1989*

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number: P 155 278 637

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery (Extra charge)

Article Addressed to: David A. Pierce
Box 2802
Farmington, NM 87401
TK/Meridian/Allison

4. Article Number
P 155 278 625

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
Fee not paid

5. Signature — Address
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
8-16-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery (Extra charge)

Article Addressed to: Myrna G. RalfeKing
3800 Danbury
Amarillo, TX 79109
WTK/Meridian/Allison
RECEIVED AUG 23 1989

4. Article Number
P 155 278 632

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
3800 Danbury
79109

5. Signature — Address
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
8-21-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery (Extra charge)

Article Addressed to: T.H. McElvain OEG Prop
P.O. Box 2148
Santa Fe, NM 87504-2148
WTK/Meridian/CP-Allison

4. Article Number
P 155 278 622

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
1899

5. Signature — Address
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
8-21-89

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery (Extra charge)

Article Addressed to: Richmond-Hogue OEG Prop
2651 N. Hartwood, Ste 360
Dallas, TX 75201
WTK/Meridian/CP-Allison
RECEIVED AUG 23 1989

4. Article Number
P 155 278 623

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
2651 N. Hartwood
Dallas TX 75201

5. Signature — Address
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
AUG 21 1989

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT