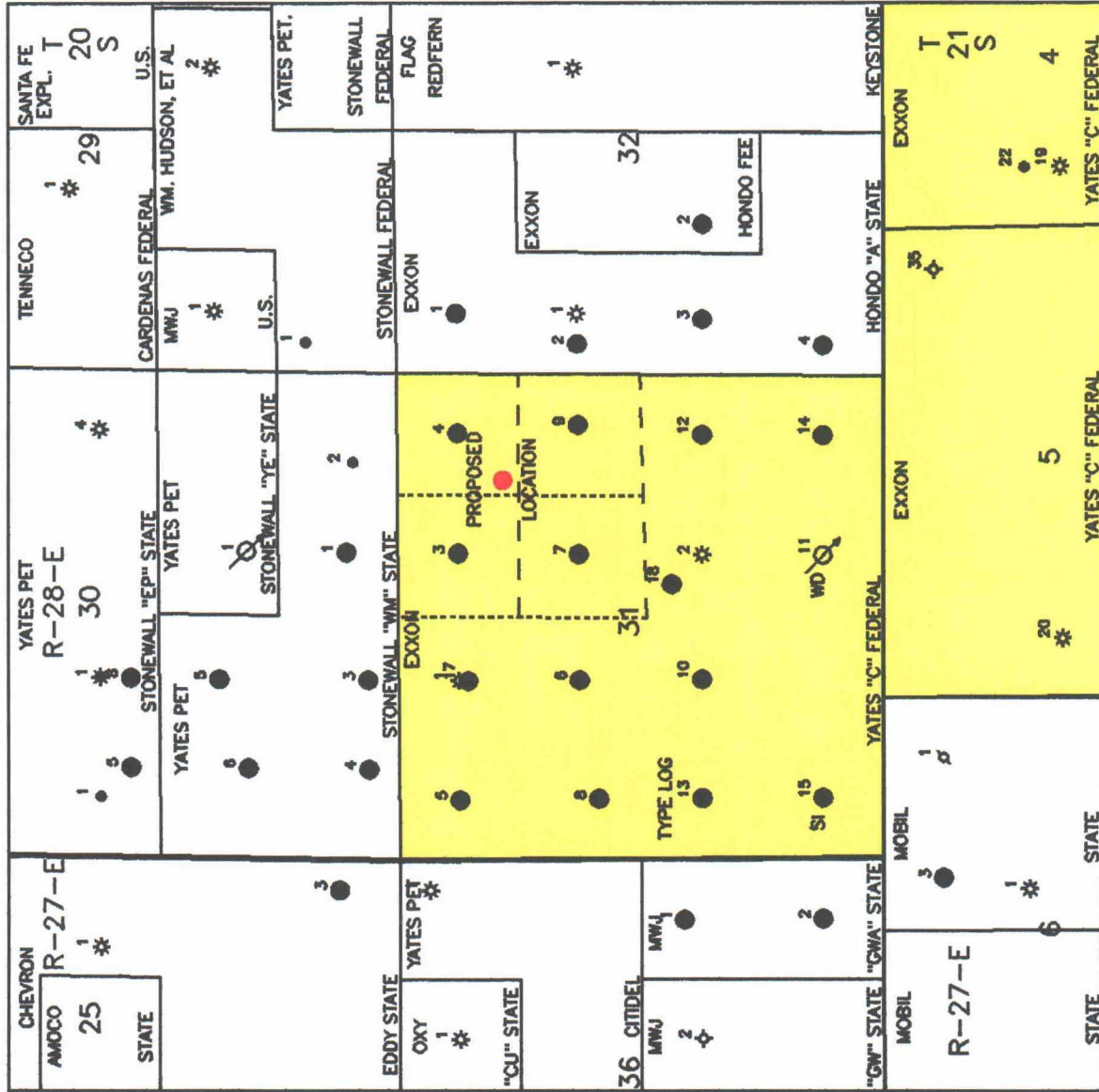


<b>EXXON CORPORATION</b>	
AVALON (DELAWARE) FIELD EDDY COUNTY, NEW MEXICO TOWNSHIP 20-S RANGE 28-E	
LOCATOR MAP	
T.C. MAXWELL / G.G. BEAULIER	APRIL 15, 1990

Exhibit No. /  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

Exhibit No. 2  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990



Mr. David Catanach

2

Send Overnight Mail

Copies sent Certified Mail - Return Receipt

**Addresses:**

certified mail number:

#371082

NMOCD District II RECEIVED  
811 South First Street  
Artesia, New Mexico 88210

#371083

Mr. James Bruce RECEIVED  
Hinkle, Cox, Eaton, Coffield, & Hensley  
500 Marquette NW, Suite 740  
Albuquerque, New Mexico 87102-2121

#371084

Bureau of Land Management RECEIVED  
Carlsbad Resource Area  
P.O. Box 1778  
Carlsbad, New Mexico 88220

**Attachments:**

NMOCD Form C-101  
NMOCD Form C-102  
BOP Diagram  
Offset Operators List

Exhibit No. 3A  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

Eddy County, New Mexico  
March 22, 1990

T-20-S, R-27-E

Section 36

certified mail number:

#371038	William B. Blakemore, II Tommy Phipps Edwin J. White C/O Alpha Twenty One Corp. 303 W. Wall - Suite 2100 Midland, Tx. 79701	RECEIVED
#370137	Yates Petroleum Corp. Yates Drilling Co. Abo Petroleum Corp. John A. Yates S. P. Yates Myco Industries, Inc. 105 S. 4th Artesia, NM 88210	RECEIVED
#371036	MWJ Producing Company Martin & Williams William H. Martin R. Kenneth William Edward H. Judson John L. Schlagel 400 W. Illinois Midland, Tx. 79701	RECEIVED
#371039	Sigmar Inc. & LAJ Corp. 400 W. Illinois - Suite 1100 Midland, Tx. 79701	RECEIVED
#370140	OXY U.S.A. Inc. P. O. Box 300 Tulsa, OK. 74102	RECEIVED

---

Eddy County, New Mexico  
March 22, 1990

T-20-S, R-27-E

Section 25

certified mail	number:	
#371045	Amoco Production Company	RECEIVED
	P. O. Box 3092	
	Houston, Tx. 77001	
#371046	Nortex Corp.	RECEIVED
	1212 Main - Suite 1400	
	Houston, Tx. 77002	
#371070	Pennzoil Exploration & Production Company	RECEIVED
	P. O. Box 2967	
	Houston, Tx. 77252-2967	
#371071	Chevron U.S.A. Inc.	RECEIVED
	P. O. Box 1635	
	Houston, Tx. 77251	

---

**T-205 R-18-E**  
**Section 30**

certified mail number:

#371072	<b>Exxon Corporation</b> <b>P. O. Box 2305</b> <b>Houston, Texas 77252-2305</b>	RECEIVED
#371073	<b>Sun Operating Ltd. Partnership</b> <b>P. O. Box 2880</b> <b>Dallas, Texas 75231</b>	RECEIVED
#371071	<b>Chevron U.S.A.</b> <b>P. O. Box 1635</b> <b>Houston, Texas 77251</b>	RECEIVED
#371037	<b>Yates Petroleum</b> <b>Myco Industries Inc.</b> <b>Yates Drilling Co.</b> <b>ABO Petroleum Co.</b> <b>105 S. 4th</b> <b>Artesia, New Mexico 88210</b>	RECEIVED
#371047	<b>Mesa Petroleum</b> <b>P. O. Box 2009</b> <b>Amarillo, Texas 79189</b>	RECEIVED
#371088	<b>Coquina Oil Corp. -----</b> <b>P. O. Box 2960</b> <b>Midland, Texas 79702</b>	UNDELIVERABLE AS ADDRESSED - FORWARDING ORDER EXPIRED CHANGE OF ADDRESS RE-SENT -- RECEIVED
#371048	<b>American National Petroleum Co. -----</b> <b>P. O. Box 42175</b> <b>Houston, Texas 77242-2175</b>	UNDELIVERABLE AS ADDRESSED - FORWARDING ORDER EXPIRED CHANGE OF ADDRESS RE-SENT
#371050	<b>North American Royalty Co. -----</b> <b>306 W. Wall, Suite 1400</b> <b>Midland, Texas 79701</b>	RECEIVED
#371051	<b>Mobil Producing Texas &amp; New Mexico Inc.</b> <b>P. O. Box 633</b> <b>Midland, Texas 79702</b>	RECEIVED

*AK*

Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

certified mail number;  
Section 6

#371062	Harvey E. Yates Company P. O. Box 1933 . Roswell, NM 88202	RECEIVED
#371051	Mobil Producing Texas & New Mexico Inc. P. O. Box 633 Midland, Tx. 79702	RECEIVED
#371019	Petrus Oil Company 12377 Merit Dr. - Suite 1600 Dallas, Tx. 75251	RECEIVED
#371017	Hondo Oil & Gas Company 410 East College Roswell, NM 88291	RECEIVED

---

Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

Section 7  
number:

certified mail

#371035	Monsanto Oil Company now BHP Petroleum (Americas) Inc. 6 Desta Dr. Midland, Tx. 79705	RECEIVED
#371051	Mobil Producing Texas & New Mexico Inc. P. O. Box 633 Midland, Tx. 79702	RECEIVED
#371017	Hondo Oil & Gas Company 410 East College Roswell, NM 88291	RECEIVED
#371044	Atlantic Richfield Company P. O. Box 1610 Midland, Tx. 79702	RECEIVED
#371021	William E. Jeffers P. O. Box 65 Artesia, NM 88210	RECEIVED

---



Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

Section 8

certified mail number: #371079	Santa Fe Energy Operating Partners LP 500 W. Illinois Midland, Tx. 79701	RECEIVED
#371037	Yates Petroleum Corp. 207 S. 4th Artesia, NM 88210	RECEIVED
#371085 #371025	Mark L. Shidler, Inc. 911 Walker St. - Suite 565 Houston, Tx. 77002	RECEIVED
#371023	Basin Petroleum Co. P. O. Box 4028 Albuquerque, NM 87119	HAVE NOT RECEIVED RETURN RECEIPT
#371063	Viking Oil & Gas Company P. O. Box 1267 Minneapolis, MN 55440	RECEIVED
#371057	H. L. Brown, Jr. P. O. Box 2237 Midland, Tx. 79702	RECEIVED
#371053	Vivian L. Smith 2000 W. Loop S. - Suite 1900 Houston, Tx. 77027	RECEIVED
#371061	Harvard & LeMay Exploration Co. Harvard Energy Partners LeMay Exploration LTD P. O. Box 936 Roswell, NM 88201	RECEIVED
#371060	Eastern Star Oil & Gas Exploration Co. 7475 W. 5th, Suite 204 Lakewood, CO 80226	ATTEMPTED - NOT KNOWN CALLED DIRECTORY - NO LISTING
#371056	W. Wilson Corp. 619 W. Texas, Suite 400 Midland, Tx. 79701	RECEIVED
#371040	OXY U.S.A. Inc. P. O. Box 300 Tulsa, OK 74102	RECEIVED

Eddy County, New Mexico  
March 22, 1990  
Page 2

T-21-S, R-27-E

Section 8

certified mail number:  
#371078

Prudential Bache Energy Income Production Partnership VP 18  
109 Northpark Blvd.  
Covington, LA 70433

---

RECEIVED

**T-20-S R-28-E**  
**N2, SW, S2SE Section 29**

certified mail number:

#371032	<b>Bureau of Land Management 120 S. Federal Place Santa Fe, New Mexico 87501</b>	RECEIVED
#371072	<b>Exxon Corporation P. O. Box 2305 Houston, Texas 77252-2305</b>	RECEIVED
#371031	<b>Mary Ard William A. Hudson II Edward R. Hudson, Jr. 1000 First National Bank Building Fort Worth, Texas 77002</b>	UNDELIVERABLE AS ADDRESSED - FORWARDIN ORDER EXPIRED see #371036
#371034	<b>Mesa Operating Ltd. Partnership P. O. Box 2009 Amarillo, Texas 79189</b>	RECEIVED
#371037	<b>Yates Petroleum Myco Industries Inc. Yates Drilling Co. ABO Petroleum Co. 105 S. 4th Artesia, New Mexico 88210</b>	RECEIVED
#371088	<b>Coquina Oil Corp. ----- P. O. Box 2960 Midland, Texas 79702</b>	UNDELIVERABLE AS ADDRESSED - FORWARDIN ORDER EXPIRED CHANGE OF ADDRESS RE-SENT -- RECEIVED
#371033	<b>Kerr-McGee Corp. ----- 123 Robert S. Kerr Ave. Oklahoma City, Oklahoma 73102</b>	RECEIVED
#371067	<b>Rosalind Redfern P. O. Box 2127 Midland, Texas 79702</b>	RECEIVED
#371064	<b>Claremont Corp. 2640 E. 12th Avenue, No. 612 Denver, Colorado 80206</b>	REFUSED
#371050	<b>North American Royalty Co.  306 W. Wall, Suite 1400 Midland, Texas 79701</b>	RECEIVED
#	<b>William H. Martin, R. Ken Williams, and Edward H. Judson Partnership 413 First National Bank Bldg. Midland, Texas 79702</b>	see #371031, 371036

Eddy County, New Mexico  
March 22, 1990  
Page 2

T-21-S, R-27-E

Section 9

certified mail number:

#371058

Petroleum Acquisitions, Inc.  
501 NW Expressway  
Oklahoma City, OK 73118

RETURN TO SENDER  
CHANGE OF ADDRESS  
RE-SENT

Eddy County, New Mexico

T-21-S, R-27-E

Section 4

certified mail number:

#371077	Hamon Operating 3900 Republic Bank Tower Dallas TX 75201
#371020	Petrus Oil Co 400 West Illinois Avenue Independence Plaza Suite 940 Midland TX 79701

RECEIVED

RECEIVED

Eddy County, New Mexico  
March 22, 1990

T-20-S, R-28-E

certified mail number:

Section 32

#371068	George D. Riggs, Bruce P. Riggs, & Kay Hood P. O. Box 322 Carlsbad, NM 88220	RECEIVED
#371065	A. F. Chisholm P. O. Box 625 Laurel, MS 39440	NOT DELIVERABLE AS ADDRESSED CHANGE OF ADDRESS RE-SENT
#371052	Kearney A. Walters 815 Brandon Dr. Jackson, Av. 39208	HAVE NOT RECEIVED RETURN RECIEPT
#371066	E. P. Russell Homewood Laurel, MS 39440	ATTEMPTED/AUTHORIZED FORWARDING TIME HAS EXPIRED CALLED DIRECTORY - NO LISTING
#371069	Dudley J. Hughes Box 525 Beeville, Tx. 78102	NO SUCH ADDRESS CALLED DIRECTORY - NO LISTING
#371022	Dan A. Hughes Box 525 Beeville, Tx. 78102	RECEIVED
#371080	R. L. Bunnell Box 110 Carlsbad, NM 88220	MOVED, LEFT NO ADDRESS CALLED DIRECTORY - NO LISTING
#371024	J. A. Morgan 534 6th Laurel, MS 39440	RECEIVED
#371072	Exxon Corp. P. O. Box 1600 Midland, Tx. 79702	
#371017	Hondo Oil & Gas Company 410 East College Roswell, NM 88201	RECEIVED
#371034	Mesa Operating Limited Partnership Mesa Operating Company P. O. Box 2009 Amarillo, Tx. 79189	RECEIVED

Eddy County, New Mexico  
March 22, 1990  
Page 2

T-20-S, R-28-E

CERTIFIED MAIL NUMBER:

Section 32

#371033	Flag Redfern Oil Company (now Kerr McGee) 123 Robert S. Kerr Av. Oklahoma City, OK 73102	RECEIVED
#371037	Yates Petroleum Corp. Myco Industries Inc. Yates Drilling Co. John A. Yates Los Chicos 105 S. 4th Artesia, NM 88210	RECEIVED
#371087	Napeco, Inc. ----- P. O. Box 236 Midland, Tx. 79702	NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD CHANGE OF ADDRESS RE-SENT -- RECEIVED
#371111	Jake L. Hamon ----- P. O. Box 663 Dallas, Tx. 75221	DECEASED FORWARDING ORDER EXPIRED CHANGE OF ADDRESS RE-SENT -- see 371076 or 371077
#371074	Lisa Kennedy Hicks ----- 3025 Republic Bank Tower Dallas, Tx. 75201	RECEIVED
#371043	Joseph O. Kennedy, III P. O. Box 302 Dallas, Tx. 75221	FORWARDING ORDER EXPIRED CALLED DIRECTORY - NO LISTING
#3710 <sup>18</sup> <del>85</del>	Clayton Chapell Kennedy 9421 Thornberry Lane Dallas, Tx. 75220	RECEIVED
#371107	Carol Chapell Henry, Trustee of the 1974 Chapell Trust; Donald Clayton Chapell c/o Jake L. Hamon P. O. Box 663 Dallas, Tx. 75221	ATTEMPTED, UNKNOWN CHANGE OF ADDRESS RE-SENT - see 371076 or 371077

---

Exhibit No. \_\_\_\_\_  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

Section 9

certified mail number:

#371037

Yates Petroleum Corp.  
Yates Drilling Co.  
Abo Petroleum Co.  
Myco Industries, Inc.  
105 S. 4th  
Artesia, NM 88210

RECEIVED

#371040

OXY U.S.A. Inc.  
P. O. Box 300  
Tulsa, OK 74102

RECEIVED

#371055

Ray Westfall  
P. O. Box 4  
Loco Hills, NM 88255

RECEIVED

#371076

Hamon Operating Co.  
325 N. St. Paul - Suite 3900  
Dallas, Tx. 75201-3902

RECEIVED

Donald Clayton Chapell  
Carol Chapell Henry  
C/O Jake L. Hamon  
325 N. St. Paul - Suite 3900  
Dallas, Tx. 75201-3902

ATTEMPTED, UNKNOWN  
CHANGE OF ADDRESS  
RE-SENT  
see 371076, 371077

Exxon Corporation  
P. O. Box 1600  
Midland, Tx. 79702

#371048

American National Petroleum Co. -----  
P. O. Box 42175  
Houston, Tx. 77242-2175

UNDELIVERABLE AS ADDRESSED - UNABLE TO  
FORWARD  
CHANGE OF ADDRESS  
RE-SENT

#371059

Estate of William D. Oliver -----  
C/O Pat Fisher  
P. O. Box 241  
Dallas, Tx. 75221

RECEIVED

#371054

Jack O. McCall  
1210 First City Tower  
Midland, tx. 79701

RECEIVED

#371075

Chas. Cline Moore  
138 Harvard  
Mill Valley, CA 94941

RECEIVED



● **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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Sun Operating Ltd. Partnership  
P O Box 2880  
Dallas TX 75231

4. Article Number **371073**

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

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

5. Signature — Address  
X

6. Signature — Agent  
X

7. Date of Delivery **APR 4 1990**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

COQUINA OIL CORPORATION  
P O BOX 27725  
1717 ST JAMES PLACE SUITE 200  
HOSTON TX 77056

4. Article Number **371088**

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

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

5. Signature — Address  
X

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery **4-5-90**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Bureau of Land Management  
120 South Federal Place  
Santa Fe NM 87501

4. Article Number **371032**

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

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

5. Signature — Address  
X

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery

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

**1530**  
**USPO**

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

Exhibit No. **3B**  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

**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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  George D. Riggs/Bruce P. Riggs & Kay Hood P O Box 322 Carlsbad NM 88220	4. Article Number <b>371068</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X <i>Bruce Riggs</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery <b>3/29/90</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  H L Brown Jr P O Box 2237 Midland TX 79702	4. Article Number <b>371057</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Willie</i>	
7. Date of Delivery <b>3-29-90</b>	

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Clayton Chapell Kennedy 9421 Thornberry Lane Dallas TX 75220	4. Article Number <b>371018</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery <b>APR - 9 1990</b>	

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  <b>Harvey E Yates P O Box 1933 Roswell NM 88202</b>	4. Article Number <b>371062</b>
5. Signature - Addressee <b>X</b> <i>Mary Whitlow</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <b>X</b>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery <b>3-29-90</b>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  <b>William B. Blakemore II Tommy Phipps Edwin J. White C/O Alpha Twenty One Corp 303 West Wall Suite 2100 Midland TX 79701</b>	4. Article Number <b>371038</b>
5. Signature - Addressee <b>X</b>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <b>X</b> <i>Melody B. B.</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery <b>3-30-90</b>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  <b>North American Royalty Co. 306 West Wall Suite 1400 Midland TX 79701</b>	4. Article Number <b>371050</b>
5. Signature - Addressee <b>X</b> <i>Heidi Wilmer</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <b>X</b>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery <b>3-29</b>	8. Addressee's Address (ONLY if requested and fee paid)

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:	4. Article Number
William E Jeffers P O Box 65 Artesia NM 88210	371021
5. Signature — Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery 3-29-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:	4. Article Number
Hondo Oil & Gas Company 410 East College Roswell NM 88201	371017
5. Signature — Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery 3/29/90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:	4. Article Number
Harvard & LeMay Exploration Co Harvard Energy Partners LeMay Exploration P O Box 936 Roswell NM 88201	371051
5. Signature — Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery 3-29-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Jack O McCall  
1210 First City Tower  
Midland TX 79701

4. Article Number **371054**

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

8-29

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

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Santa Fe Energy Operating  
500 West Illinois  
Midland TX 79701

4. Article Number

**371079**

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

3-29-90

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

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Petrus Oil Co  
400 West Illinois Avenue  
Independence Plaza Suite 940  
Midland TX 79701

4. Article Number **371020**

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

3-29-90

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

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:	4. Article Number <b>371039</b>
<b>Sigmor Incorporated &amp; LAJ Corporation 400 West Illinois Suite 1100 Midland TX 79701</b>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature - Addressee <b>X</b> <i>[Signature]</i>	
6. Signature - Agent <b>X</b>	
7. Date of Delivery <b>3-29-90</b>	

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:	4. Article Number <b>371056</b>
<b>W Wilson Corporation 619 West Texas Suite 204 Midland TX 79701</b>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature - Addressee <b>X</b>	
6. Signature - Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>MAR 28 1990</b>	

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:	4. Article Number <b>371044</b>
<b>ARCO Oil and Gas Company P O Box 1610 Midland TX 79702</b>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature - Addressee <b>X</b>	
6. Signature - Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>MAR 29 1990</b>	

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

<b>MWJ Producing Company</b> <b>Martin &amp; Williams</b> <b>William H. Martin</b> <b>R. Kenneth William</b> <b>Edward H. Judson</b> <b>John L. Schlagerl</b> <b>400 West Illinois</b>	<b>4. Article Number</b> <b>371036</b> <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <b>Always obtain signature of addressee or agent and DATE DELIVERED.</b> <b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>5.</b> <b>X Midland, Texas 79702</b> <b>6. Signature - Agent</b> <b>X</b> <b>7. Date of Delivery</b> <b>3-29-90</b>	

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

<b>3. Article Addressed to:</b> <b>Prudential Bache Energy Income</b> <b>109 Northpark Blvd</b> <b>Covington LA 70433</b>	<b>4. Article Number</b> <b>371078</b> <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <b>Always obtain signature of addressee or agent and DATE DELIVERED.</b> <b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>5. Signature - Addressee</b> <b>X</b> <b>6. Signature - Agent</b> <b>X</b> <b>7. Date of Delivery</b> <b>4-2-90</b>	

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

<b>3. Article Addressed to:</b> <b>Viking Oil &amp; Gas Company</b> <b>P O Box 1267</b> <b>Minneapolis MN 55440</b>	<b>4. Article Number</b> <b>371063</b> <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <b>Always obtain signature of addressee or agent and DATE DELIVERED.</b> <b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>5. Signature - Addressee</b> <b>X</b> <b>6. Signature - Agent</b> <b>X</b> <b>7. Date of Delivery</b> <b>4-2-90</b>	

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Rosalind Redfern  
P O Box 2127  
Midland TX 79702

4. Article Number **371067**

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

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

5. Signature — Addressee  
X

6. Signature — Agent  
X *Shirley Choate*

7. Date of Delivery **MAR 28 1991**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Ray Westfall  
P O Box 4  
Loco Hills NM 88255

4. Article Number **371055**

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

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

5. Signature — Addressee  
X *Ray Westfall*

6. Signature — Agent  
X *Chris Jackson*

7. Date of Delivery **MAR 29 1990**

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

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Kerr-McGee Corporation  
123 Robert South Kerr Avenue  
Oklahoma City Oklahoma 73102

4. Article Number **371033**

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

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

5. Signature — Addressee  
X

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery **MAR 29 1990**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Pennzoil Exploration & Producti P O Box 2967 Houston TX 77252-2967	4. Article Number <b>371070</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <b>APR 2 - 1990</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  MR JAMES BRUCE 500 MARQUETTE NW, SUITE 740 HINKLE COX EATON COFFIELD & HENSLEY ALBUQUERQUE NM 87102-2121	4. Article Number <b>371083</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <b>4/3/90</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Mobil Producing P O Box 633 Midland TX 79702	4. Article Number <b>371051</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <b>MAR 29 1990</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Amoco Production Company  
P O Box 3092  
Houston TX 77001

4. Article Number **371045**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X

7. Date of Delivery **APR - 2 1990**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Mesa Operating Ltd.  
P O Box 2009  
Amarillo TX 79189

4. Article Number **371034**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X

7. Date of Delivery **APR 2**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Chevron U.S.A. Incorporated  
P O Box 1635  
Houston TX 77251

4. Article Number **371071**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X **CURTIS NICKERSON**

7. Date of Delivery **APR 2 - 1990**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Mesa Petroleum  
P O Box 2009  
Amarillo TX

4. Article Number **371047**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery **APR 2**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Hamon Operating  
325 St Paul Suite 3900  
Dallas TX 75201-3902

4. Article Number **371076**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery **4-2-90**

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

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Charles Cline Moore  
138 Harvard  
Mill Valley CA 94941  
EJ

4. Article Number **371075**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *[Signature]*

6. Signature — Agent  
X

7. Date of Delivery **APR 2 1990**

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

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

NAPECO INCORPORATED  
P O BOX 283  
HOUSTON TX 77001

4. Article Number **371087**

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

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

5. Signature - Address  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery **APR 3 - 1990**  
WORD'S MAIL SERVICE

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Exxon Corporation  
P O Box 2305  
Houston TX 77252-2305

4. Article Number **371072**

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

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

5. Signature - Address  
X

6. Signature - Agent  
X **CURTIS NICKERSON**

7. Date of Delivery **APR 02 1990**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Nortex Corporation  
1212 Main Suite 1400  
Houston TX 77002

4. Article Number **371046**

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

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

5. Signature - Address  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery **APR - 2 1990**

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Lisa Kennedy Hicks 3025 Republic Bank Tower Dallas TX 75201	4. Article Number <b>371071</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Robert [unclear]</i>	
7. Date of Delivery 4-2-90	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Monsanto Oil Company BHP Petroleum Inc. 6 Desta Drive Midland, Tx 79702	4. Article Number <b>371035</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Donnie Higginbottom</i>	
7. Date of Delivery 4-4-90	

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Mark L Shidler Inc. 911 Walker Street Suite 565 Houston TX 77002	4. Article Number <b>371085</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery APR 02 1990	

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Hamon Operating 3900 Republic Bank Tower Dallas TX 75201	4. Article Number <b>371077</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>J. A. Morgan</i>	
7. Date of Delivery <i>4-2-90</i>	

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  J. A. Morgan 534 6th Laurel MS 39440	4. Article Number <b>371024</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X <i>J. A. Morgan</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery <i>4/2</i>	

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  OXY U.S.A. Incorporated P O Box 300 Tulsa Oklahoma 74102	4. Article Number <b>371040</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery <i>4-2-90</i>	

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

NMOC DISTRICT II  
811 SOUTH FIRST STREET  
ARTESIA NM 88210

4. Article Number

371082

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

4-2-90

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Dan A. Hughes  
Box 525  
Beeville TX 78102

4. Article Number

371022

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

3-30-90

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

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Estate of William D Oliver  
C/O Pat Fisher  
P O Box 241  
Dallas TX 75221

4. Article Number

371059

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

MAR 31 1990

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

PS Form 3811, Apr. 1989

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Petrus Oil Company  
12377 Merit Drive Suite 1600  
Dallas TX 75251

4. Article Number **371019**

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

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

5. Signature -- Addressee  
X

6. Signature -- Agent  
X *Y. Bushnell*

7. Date of Delivery

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

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

BUREAU OF LAND MANAGEMENT  
CARLSBAD RESOURCE AREA  
P O BOX 1778  
CARLSBAD NM 88220

4. Article Number **371084**

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

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

5. Signature -- Address  
X

6. Signature -- Agent  
X *Betty Hill*

7. Date of Delivery

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

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Vivian L Smith  
2000 West Loop South Suite 190  
Houston TX 77027

4. Article Number **371053**

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

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

5. Signature -- Addressee  
X

6. Signature -- Agent  
X *Barbara B. Smith*

7. Date of Delivery *3/30/90*

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

PS Form 3811, Apr. 1989 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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Yates Petroleum Corporation  
Yates Drilling Company  
Abo Petroleum Corporation  
John A Yates  
S P Yates  
Myco Industries Incorporated  
207 South 4th  
Artesia NM 88210

X

7. Date of Delivery

3/29/90

4. Article Number **371037**

Type of Service:

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

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

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

**IN COMPANY, U.S.A.**  
BOX 1600 • MIDLAND, TEXAS 79702-1600

RETURN RECEIPT REQUESTING

NO.
371080

R. L. Bunnel  
Box 110  
Carlsbad NM 88220

**FIRST CLASS**

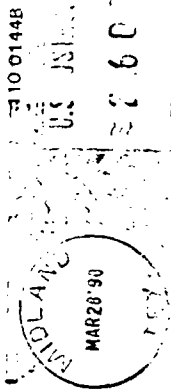
**MOVED, LEFT NO ADDRESS**

<b>3. Article Addressed to:</b>  R. L. Bunnel Box 110 Carlsbad NM 88220	
<b>4. Article Number</b> 371080	
<b>5. Signature - Addressee</b> X	
<b>6. Signature - Agent</b> X	
<b>7. Date of Delivery</b>	
<b>8. Addressee's Address (ONLY if requested and fee paid)</b>	
<b>9. Signature of addressee or agent and DATE DELIVERED.</b>	
<b>10. Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
<b>11. SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b> 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 services requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using  
Return Receipt Service.

Name MAR 20 1990  
1st Notice  
2nd Notice  
Return



**XON COMPANY, U.S.A.**  
OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

RETURN RECEIPT REQUESTED

CERTIFIED MAIL  
**371064**

NO.

**FIRST CLASS**

~~Claremont Corporation~~  
~~2640 East 12th Ave No 612~~  
~~Denver Colorado 80206~~

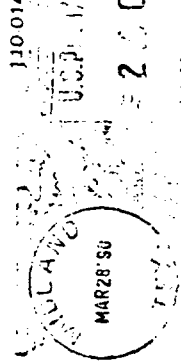
*Claremont  
Plummary*

Is your RETURN ADDRESS  
completed on the reverse side?

Thank you for using  
Return Receipt Service.

<b>3. Article Addressed to:</b>  Claremont Corporation 2640 East 12th Ave No 612 Denver Colorado 80206		<b>4. Article Number</b> <b>371064</b>	
<b>5. Signature - Address</b> X		<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
<b>6. Signature - Agent</b> X		Always obtain signature of addressee or agent and DATE DELIVERED.	
<b>7. Date of Delivery</b>		<b>8. Addressee's Address (ONLY if requested and fee paid)</b>	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-985 DOMESTIC RETURN RECEIPT

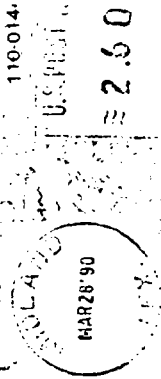
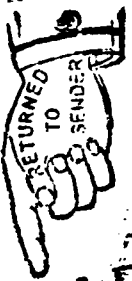


**XON COMPANY, U.S.A.**  
OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

RETURN RECEIPT REQUESTED

CERTIFIED MAIL  
**371060**

NO.



**Eastern Star Oil & Gas Co**  
**7475 West 5th Suite 204**  
**Lakewood CO 80226**

**FIRST CLASS**

(no return)

- ☐ MOVED — LEFT NO ADDRESS
- ☐ FORWARDING ORDER EXPIRED
- ☐ NO SUCH NUMBER
- ☒ ATTEMPTED — NOT KNOWN
- ☐ VACANT ☐ REFUSED
- ☐ RT# 2640 INITIALS *md*

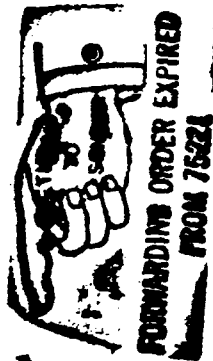
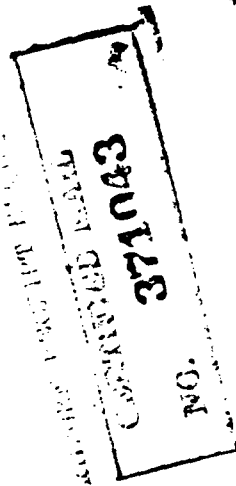
Is your RETURN ADDRESS completed on the reverse side?

<b>3. Article Addressed to:</b>  Eastern Star Oil & Gas Co 7475 West 5th Suite 204 Lakewood CO 80226	
<b>6. Signature — Addressee</b> <b>X</b>	
<b>6. Signature — Agent</b> <b>X</b>	
<b>7. Date of Delivery</b>	
<b>4. Article Number: 371060</b>	
<b>5. Sender:</b> 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 box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
<b>8. Addressee's Address (ONLY if requested and fee paid)</b>	

Thank you for using  
Return Receipt Service.

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**ON COMPANY, U.S.A.**  
E BOX 1600 • MIDLAND, TEXAS 79702-1600



**FIRST CLASS**

Joseph O. Kennedy III  
P O Box 302  
Dallas TX 75221

APR 02 1990

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using  
Return Receipt Service.

<b>SENDER:</b> 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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: <div>Joseph O. Kennedy III P O Box 302 Dallas TX 75221</div>	
4. Article Number <b>371043</b>	
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	
6. Signature - Agent X	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid) Always obtain signature of addressee or agent and DATE DELIVERED.	

no p.o.  
(214)

N COMPANY, U.S.A.

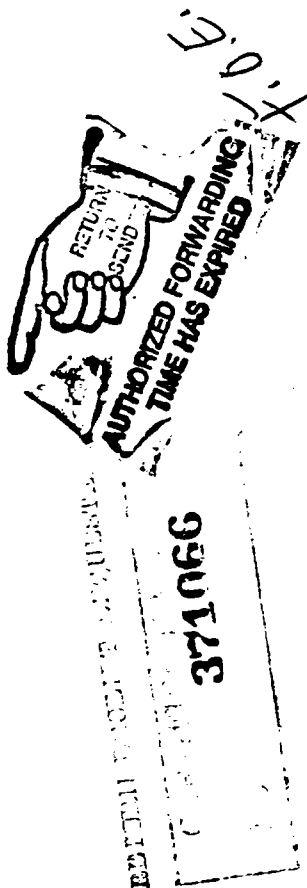
OX 1600 • MIDLAND, TEXAS 79702-1600

11901448

U.S.P.S.

2.00

MAR 28 '90



FIRST CLASS

E. P. Russell  
Homewood  
Laurel MS 39440



(109)

Thank you for using  
Return Receipt Service.

<b>3. Article Addressed to:</b>  E. P. Russell Homewood Laurel MS 39440		<b>4. Article Number</b>  371066	
<b>5. Signature -- Address</b> X		<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
<b>6. Signature -- Agent</b> X		Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
<b>7. Date of Delivery</b>		<b>8. Addressee's Address (ONLY if requested and fee paid)</b>	

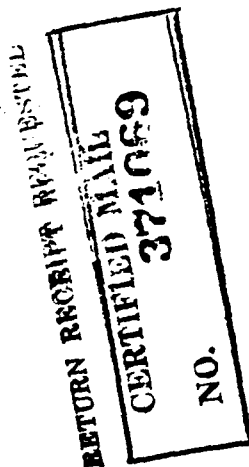
● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person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

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, Mar. 1985 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**ON COMPANY, U.S.A.**

E BOX 1600 • MIDLAND, TEXAS 79702-1600



**FIRST CLASS**

Dudley J. Hughes  
Box 525  
Beeville TX 78102

Exhibit No. \_\_\_\_\_  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

3. Article Addressed to:  Dudley J. Hughes Box 525 Beeville TX 78102		4. Article Number <b>371069</b>
5. Signature — Address X		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X		
7. Date of Delivery		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
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 fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

PG Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

5/2  
David Dudley

U.S. 2  
MAR 28 '90

五

## Clavin's Check

156036<sup>No.</sup>

**PHD**

**Date**

157 Notice

## 2ND Notice

**WUOLAH**

Detached Agent,  
PS Form 2643-4  
Oct. 1994

Is your **HEATING** system completed on time?

三、

081501

□ **1919**

●

**Start Now!**

**END Notice**

## How to

Detached from  
Pg Form 3248-A.  
Oct. 1965

Mary Ard  
William A. Hudson  
Edward R. Hudson Jr.  
1000 First National Bank Bldg.  
Fort Worth, Texas 76104

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

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

3. ☐ Show to whom delivered, date, and addressee's address. 4. ☐ Restricted Delivery (Extra charge)

**Article Addressed to:**

Mary Ard  
William A. Hudson II  
Edward R. Hudson  
1000 Exchange National Bank Bldg.  
Fort Worth, Texas

**WITNESSES:**

**Signature - Agent**

**7. Date of Delivery**

**Thank you for using  
Return Receipt Service.**

4. Article Number 371031

**Type of Service**

**Insured**

000

Return Receipt  
For Merchandise

**THE**

**Always obtain signature of addressee**

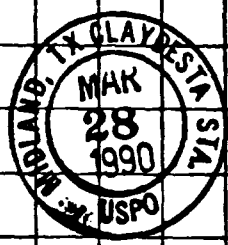
AT&T COMPANY

**Addressed & Addressed  
Covered and the World**

2044 1022 4118300 1988-212-805 DOMESTIC RETURN RECEIPT




Number of Articles	Name of Addressee, Street, and Post-Office Address	Indicate type of mail			Check appropriate block for Registered Mail:		Affix stamp here if issued as certificate of mailing or for additional copies of this bill.											
		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> COD	<input type="checkbox"/> Certified	<input type="checkbox"/> Express Mail	Postage	Fee	Handling Charge	Act. Value (if Regis.)	Insured Value	Due Sender if C.O.D.	R. R. Fee	S. D. Fee	S. M. Fee	Ret. Del. Fee	Remarks	
71023	Basin Petroleum P O Box 4028 Albuquerque NM 87119																	
71024	J. A. Morgan 534 6th Laurel MS 39440																	
71025	Mark L Shidler Inc. 911 Walker Street Suite 565 Houston TX 77002																	
71031	Mary Ard William A. Hudson II Edward R. Hudson Jr 1000 First National Bank Bldg Fort Worth TX 77002																	
71032	Bureau of Land Management 120 South Federal Place Santa Fe NM 87501																	
71033	Kerr-McGee Corporation 123 Robert South Kerr Avenue Oklahoma City Oklahoma 73102																	



The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

Received at Post Office  
 T. *[Signature]*  
 RECEIVED BY (name of receiving employee)  
*[Signature]*

Indicate type of mail		Check appropriate block for Registered Mail:		Affix stamp here if issued as certificate of mailing or for additional copies of this bill.					
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Certified		<input type="checkbox"/> Express Mail <input type="checkbox"/> Without Postal Insurance <input type="checkbox"/> With Postal Insurance		POSTMARK AND DATE OF RECEIPT Due Sender If C.O.D.					
Name of Addressee, Street, and Post-Office Address		Handling Charge	Act. Value (If Regis.)	Insured Value	R. N. Fee	S. D. Fee	S. H. Fee	Rest. Del. Fee	Remarks
71047	Mesa Petroleum P O Box 2009 Amarillo TX								
71048	American National Petroleum Co. P O Box 42175 Houston TX 77242-2175								
71049	Coquina Oil Corporation P O Box 2960 Midland TX 79702								
71050	North American Royalty Co. 306 West Wall Suite 1400 Midland TX 79701								
71051	Mobil Producing P O Box 633 Midland TX 79702								
71052	Kearney A. Walters 815 Brandon Drive Jackson Avenue 39208								
Total Number of Pieces Received at Post Office		POSTMASTER, PER/Name of receiving employer 							



The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

NAME AND ADDRESS OF SENDER

Indicate by check:  
☐ Registered  
☐ Insured  
☐ COD  
☐ Certified

Registered Mail:  
☐ With Postal Insurance  
☐ Without Postal Insurance

Additional copies of this bill.

POSTMARK AND DATE OF RECEIPT

Line	Number of Article	Name of Addressee, Street, and Post-Office Address	Postage	Fee	Handling Charge	Act. Value (If Reg.)	Insured Value	Due Sender If C.O.D.	R. R. Fee	S. D. Fee	S. H. Fee	Ret. Del. Fee	Remarks
1	371065	A. F. Chisholm P O Box 625 Laurel MS 39440											
2													
3		E. P. Russell Homewood Laurel MS 39440											
4	371066												
5													
6	371067	Rosalind Redfern P O Box 2127 Midland TX 79702											
7													
8		George D. Riggs/Bruce P. Riggs & Kay Hood P O Box 322 Carlsbad NM 88220											
9	371068												
10	371069												
11		Dudley J. Hughes Box 525 Beeville TX 78102											
12													
13	371070	Pennzoil Exploration & Product P O Box 2967 Houston TX 77252-2967											
14													
15													
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		POSTMASTER, PER (Name of receiving employee)		The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.							



FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

© U. S. G. P. O. 1986-166-





The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail domestic reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

FORM MUST BE COMPLETED BY TYPEWRITER. INK OR BALL POINT PEN

U.S. G.P.O. 1986-166-494