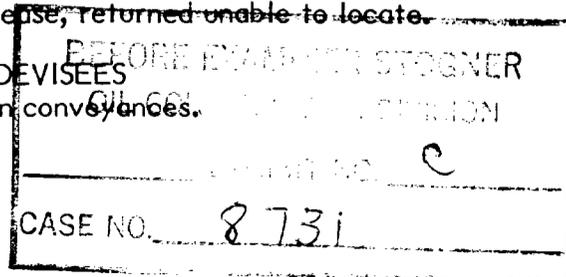


EXHIBIT "C"

RESPONDENTS AND CONTACTS MADE

1. SANFORD CLINTON, SR., AND WIFE ZYLPHA CLINTON
Sent certified letter offering to lease. The letter was received 09/30/85. Followed up with phone call on 10/22/85. Mr. Clinton advised that he did not want to lease, go ahead and force pool the interest (see Exhibit "C-7").
2. STANFORD CLINTON, JR.
Sent certified letter offering to lease. The letter was returned insufficient address. Followed up with phone call on 10/22/85. He has not decided whether to participate or lease the interest. He was advised that his interest would be force pooled (see Exhibit "C-2").
3. BRUCE CLINTON
Sent certified letter offering to Lease. The letter was received 09/30/85. Followed up with phone call on 09/30/85. He has not decided whether to participate or lease the interest. He was advised that his interest would be force pooled (see Exhibit "C-3").
4. JOHN C. MOHLER
Sent certified letter offering to lease. The letter was returned insufficient address (see Exhibit "C-8").
5. MARY JEAN CORBIN
Sent certified letter offering to lease. The letter was returned, unable to forward (see Exhibit "C-9").
6. JOHN F. STAFFORD
Sent certified letter offering to lease. The letter was returned unclaimed. Inexco advised that Mr. Stanford refused to lease (see Exhibit "C-5")
7. WILLIAM STAFFORD
Sent certified letter offering to lease. The letter was received but we have not heard from Mr. Stafford (see Exhibit "C-1").
8. JUANITA S. MCMILLAN
Title curative, she failed to sign lease number 27 as an individual. The lease was executed by Ms. McMillan as Trustee only.
9. ETHEL C. YATES
Sent certified letter offering to lease. The letter returned, unable to forward (see Exhibit "C-6").
10. MARY VENDT
No address found.
11. AMERICAN UNITED RESEARCH FOUNDATION
Sent certified letter offering to lease.
12. JNITARIAN UNIVERSALISTS ASSOCIATION
Sent certified letter offering to lease.
13. JACK WINSTON
No address found
14. OLIVE KIRBY
Sent certified letter offering to lease, returned unable to locate.
15. M. B. WEBSTER, ET UX, HEIRS AND DEVISEES
Title curative, wife did not join in conveyances.
16. CORINE FOSTER
Deceased, Title curative.



17. ROY NORRIS
Title curative.
18. BRIAN B. DILLARD
Title curative.
19. A. W. SALYARS
Title curative.
20. ELIZABETH TOLBERT
Title curative problem.
21. ETOILE POSTELLE
Title curative problem.
22. GEORGIA S. FELL
Title curative problem.

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

L. E. OPPERMANN

(Name of Sender)

707 L. INDIANA, SUITE B

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

MICHAUD TX 79701

(City, State, and ZIP Code)



PENALTY FOR PRIVATE USE: \$300

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 (if service(s) requested).

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:
 W. Lynn B. Stafford
 841 Teacup
 LA Hbr Co 90631

4. Type of Service:
 Registered Insured
 Certified
 Express Mail

Article Number
 P139
 072509

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 X 5/25/85

8. Addressee's Address (Only if indicated and fee paid)
[Stamp: BRNO 5891]

PS Form 3811, July 1983

L. E. Oppermann
707 W. Indiana, Suite B
Midland, TX 79701

RETURNED TO SENDER
REASON: UNDELIVERED
675859

RETURN RECEIPT REQUESTED
No such office in state of TX
No such street address
Address unknown
Insufficient address
Unclaimed
Refused
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

CERTIFIED MAIL
P 139 072 504

2ND NOTICE
RETURN

Detached from PS Form 3849-A Oct. 1980

MIDLAND TX
PM 1
27 SEP
1985

MIDLAND TX
SERVICES
79701

Stanford Clinton, Jr.
7, Box 983
Histor, Minn. 55407

Handwritten:
L.E. Oppermann
707 W Indiana TX
Midland 79701

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 STANFORD CLINTON, JR.
 Rt. 7, Box 983
 EXCELSIOR, MINN. 55402

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P139 072504

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)

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE: \$300

RETURN TO 

L. E. OPPERMANN

(Name of Sender)

707 E. INDIANA SUITE B

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

MIDLAND TX 75701

(City, State, and ZIP Code)

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:
 BRUCE CLINTON
 70 THE CLINTON CO.
 611 FOREST DR.
 MIAMI SPRINGS, FL 33166

4. Type of Service:
 Registered
 Certified
 Insured
 Express Mail
 Article Number: P139
 072506

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *[Signature]*
 X

6. Signature - Agent:
 X

7. Date of Delivery: 9/30
 MIAMI FL
 SEP 30 1985
 USPS

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

E. F. Oppermann
707 W. Indiana, Suite B
Midland, Texas 79701

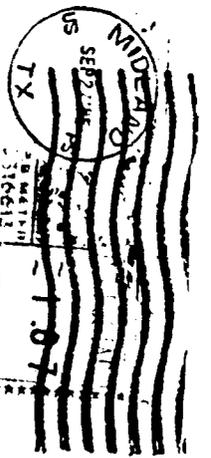
**RETURN RECEIPT
REQUESTED**

**CERTIFIED
MAIL**
P 139 072 502

PERSON CHECKED
RETURNED TO SENDER
RECEIVED BY ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Mrs. Corine Foster
8302 Ave. H
Lubbock, TX 79403



PS Form 3811, July 1983

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:
MRS. CORINE FOSTER
8302 AVE. H.
LUBBOCK, TX 79403

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	<i>P139</i> <i>072502</i>

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*)

DOMESTIC RETURN RECEIPT

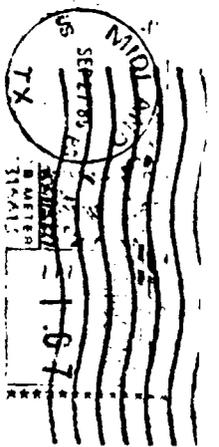
L. E. Uppertman
707 W. Indiana, Suite B
Midland, TX 79701

622

RETURN RECEIPT
REQUESTED

CERTIFIED
P 139 072 503
MAIL

Mr. John R. Stafford
5532 Ludlow Ave.
Garden Grove, CA 92641



30

78

EXHIBIT 'C-5'

10
OFFICE

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 JOHN B. STAFFORD
 5532 LUDLOW AVE.
 GARDEN GROVE, CA 92641

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P139 072503

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

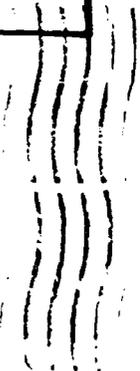
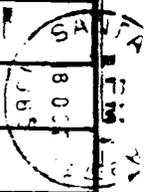
5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT



L. E. Oppermann
707 W. Indiana,
Midland. TX 79701

**RETURN RECEIPT
REQUESTED**

CERTIFIED

P 139 072 510

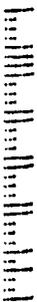
MAIL

**NOT DELIVERABLE AS ADDRESSEE
UNABLE TO REPLY
NEW YORK, N.Y.**

Ms. Ethel C. Yates
% M. B. Webster
400 Madison Ave.
New York, N. Y. 10021

MIDLAND, TX
PM 3
27 SEP
1985

MIDLAND, TX
SEP 27 1985
1:57





PS Form 3811, July 1983

SENDER: Complete items 1, 2, 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) or service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:

Ethel C. Yates
 400 Madison Ave
 N.Y. N.Y. 10021

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured	P139
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	072 510
<input type="checkbox"/> Express Mail	

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)

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE



EXHIBIT "C-7"

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE: \$300

RETURN TO

L. E. OPPENHAIM

(Name of Sender)

707 W. INDIANA, SUITE B

MIDLAND TX 79701

(City, State, and ZIP Code)

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:
 STANFORD CLINTON, SR.
 6000 NORTH BAY ROAD
 MIAMI BEACH, FL 33140

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P139 072505

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

5. Signature - Addressee
 X *B. Superstein*

6. Signature - Agent
 X

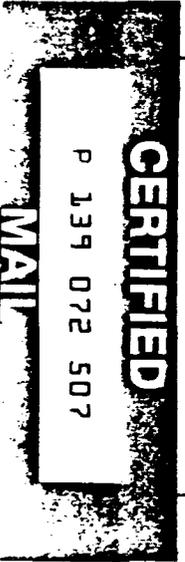
7. Date of Delivery
 9/30/85

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

DOMESTIC RETURN RECEIPT

L. E. Oppermann
707 W. Indiana, Suite B
Midland. TX 79701

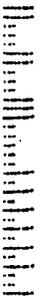
**RETURN RECEIPT
REQUESTED**



Mr. John C. Mohler
% John C. Mohler, Inc.
6203 Morningside
Houston, TX 77025



REASON CHECKED
Incorrectly addressed Refused
Address not known
Insufficient postage
No such street Number
No such office in state
Do not re-mail in this envelope



PS Form 3811, July 1983

● **SENDER:** Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 JOHN C. MOHLER
 70 JOHN C. MOHLER, INC.
 6203 MORINGSIDE
 HOUSTON, TX 77025

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P139 072507

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)

DOMESTIC RETURN RECEIPT

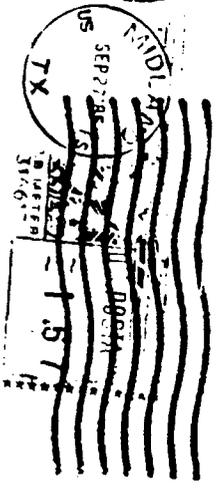
EXHIBIT "C-9"

L. E. Oppermann
707 W. Indiana, Suite B
Midland, TX 79701

**RETURN RECEIPT
REQUESTED**



Ms. Mary Jane Mohler Corbin
6939 South Delaware St.
Littleton, CO 80120



QCR 39 160355N1 10/03/85

RETURN TO SENDER
NO FORWARDING ORDER ON FILE
UNABLE TO FORWARD

CLAIM CHECK
NO.
903971

DATE
1/30/85
1ST NOTICE

2ND NOTICE
RETURN

Dispatched from
PS Form 3849-A
Oct. 1980

ARTICLE NO. **27550721**
 *IMPORTANT: Present this form to obtain your mail. ID required. Signature may be required.
 You may notify your carrier or Post Office for redelivery or pick up your mail
 after **2 M. (Days)**

REGISTERED REGISTERED CUSTOM (Form Number)
 REGISTERED REGISTERED REGISTERED
 REGISTERED REGISTERED REGISTERED

International mail subject to storage charges after 90 days
 RETURN TO SENDER RETURN TO SENDER
 RETURN TO SENDER RETURN TO SENDER

CLAIM CHECK NO. **903971**
 ADDRESS (Name and street)
6330 S. DICKINSON

DELIVERED BY AND DATE
 RECEIVED BY

PS Form 3849-A Oct. 1980 DELIVERY NOTICE OR RECEIPT

Littleton Post Office
 6753 So. Prince St
 8:30-5:00 M-F, 9:00-12:00 Sat
 798-2461

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

RETURN RECEIPT