AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Case No. 9332

Kevin Pfister, an employee and authorized representative of Terra Resources, Inc. the Applicant herein, being first duly sworn, upon oath, states that the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested persons entitled to receive notice, as shown by Exhibit "A" attached hereto, and that pursuant to Rule 1207, notice has been given at the correct addresses provided by such rule.

Kevin Pfister

Subscribed and sworn to before me this 15th day of March, 1988 by Kevin Pfister.

Doris M. Gallegos
Notary Public

My Commission Expires:

9-15-90

BEFORE THE OIL CONSERVATION DIVISION
TERRA EXHIBIT NO. 4
CASE NO. 9332

CAMPBELL & BLACK, P.A.
LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
J. SCOTT HALL
PETER N. IVES
JOHN H. BEMIS
MARTE D. LIGHTSTONE

GUADALUPE PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

February 23, 1988

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To all affected Interest Owners or Offset Operators

Re: Application of Terra Resources, Inc. for Compulsory Pooling and Unorthodox Well Location, Chaves County, New Mexico

Dear Interest Owner or Offset Operator:

This letter is to advise you that Terra Resources, Inc. has filed an application with the New Mexico Oil Conservation Division for Compulsory Pooling and Unorthodox Well Location, Chaves County, New Mexico.

This application has been set for hearing before a Division Examiner on March 16, 1988. You are not required to attend this hearing, but as an interest owner you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Very truly yours,

J. Scott Hall

JSH/dmg
encl.

BEFORE THE
NEW MEXICO OIL CONSERVATION DIVISION
DEPARTMENT OF ENERGY AND MINERALS

IN THE MATTER OF THE APPLICATION OF TERRA RESOURCES, INC. FOR COMPULSORY POOLING AND UNORTHODOX WELL LOCATION, CHAVES COUNTY, NEW MEXICO

CASE NO._____

APPLICATION

Terra Resources, Inc., through its undersigned counsel, applies for an order pooling all mineral interests for the surface to the base of the Atoka Morrow Formation underlying the E/2 of Section 22, T-14 S, R-27 E, N.M.P.M., Chaves County, New Mexico. Applicant also seeks an unorthodox well location and in support states:

1. Applicant proposes to dedicate the above referenced pooled unit to its Federal Comm. 22 Well No. 1 to be drilled at a proposed unorthodox gas well location 330' FSL and 330' FEL of said Section 22 to a depth adequate to test the Atoka-Morrow formation.

2. A standard 320 acre gas spacing and proration unit is proposed to be dedicated to the well.

3. Said pooling of interests and approval of the unorthodox well location will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

4. In order to permit the Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, the mineral interests should be pooled, the unorthodox well location should be granted and Applicant should be designated the Operator of the well to be drilled.

Wherefore, Applicant prays that this application be set for hearing before a duly appointed Examiner of the Oil Conservation Division on March 16, 1988, and that after notice and hearing as required by law, the Division enter its order pooling the lands and approving the unorthodox well location. Also to be considered will be the cost cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of Applicant as operator of the well and a charge for the risk involved in drilling said well.

Respectfully submitted:

CAMPBELL & BLACK, P.A.

By J. Scott Hall

J. Scott Hall
P.O. Box 2208
Santa Fe, New Mexico 87504-2208
(505) 988-4421

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.

3. Article Addressed to:

Myco Industries, Inc.
207 S. 4th Street
Artesia, New Mexico 88210

4. Article Number
P 784 194 518

Type of Service:
☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery 2-26-88

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

P 784 194 518

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

Sent to	Myco Industries, Inc.
Street and No.	207 S. 4th Street
P.O. State and ZIP Code	Artesia, New Mexico 88210
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	$ 1.67
Postmark or Date	2/23/88

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.

3. Article Addressed to:

Yates Drilling Corp.
207 S. 4th Street
Artesia, New Mexico 88210

4. Article Number

P 784 194 519

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

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

5. Signature – Addressee

X

6. Signature – Agent

X

7. Date of Delivery 2-26-88

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

PS Form **3811**, Feb. 1986 **DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1985

P 784 194 519

RECEIPT FOR CERTIFIED MAIL

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

Sent to	Yates Drilling Corp.
Street and No.	207 S. 4th Street
P.O., State and ZIP Code	Artesia, New Mexico 88210
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	$ 1.67
Postmark or Date	2/23/88

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.

3. Article Addressed to:

ABO Petroleum Corp.
207 S. 4th Street
Artesia, New Mexico 88210

4. Article Number
P 784 194 520

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Cy

6. Signature – Agent
X

7. Date of Delivery
2-26-88

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1985

P 784 194 520

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

Sent to	ABO Petroleum Corp.
Street and No.	207 S. 4th Street
P.O. State and ZIP Code	Artesia, New Mexico 88210
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	$ 1.67
Postmark or Date	2/23/88

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.

3. Article Addressed to:

Marshall & Winston
10 Desta Drive
Suite 300 West
Midland, Texas 79705

4. Article Number
P 784 194 521

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature – Addressee
X

6. Signature – Agent
X L. Nelson

7. Date of Delivery
2-28-88

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1985

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

P 784 194 521

Sent to	Marshall & Winston
Street and No.	10 Desta Drive Suite 300 West
P.O. State and ZIP Code	Midland, Texas 79705
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	$ 1.67
Postmark or Date	2/23/88

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.

3. Article Addressed to:	4. Article Number
Alps Oil Company Box 4023 Odessa, Texas 79700	P 784 194 522
	Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X	8. Addressee's Address *(ONLY if requested and fee paid)* Box 4023
6. Signature – Agent X Ruth Carlton	
7. Date of Delivery 2-26-88	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

P 784 194 522

RECEIPT FOR CERTIFIED MAIL

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

Sent to	Alps Oil Company
Street and No	Box 4023
P.O., State and ZIP Code	Odessa, Texas 79700
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	$ 1.67
Postmark or Date	2/23/88

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.

3. Article Addressed to:

Eastland Exploration, Inc.
Box 3506
Midland, Texas 79702

4. Article Number

P 784 194 523

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X

6. Signature – Agent

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

e of Delivery 2-26-88

1, Feb. 1986

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

P 784 194 523

RECEIPT FOR CERTIFIED MAIL

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

Sent to
Eastland Exploration, Inc.
Street and No.
Box 3506
P.O. State and ZIP Code
Midland, Texas 79702

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	$ 1.67
Postmark or Date	2/23/88

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.

3. Article Addressed to:

Eastland Resources Inc.
Box 3488
Midland, Texas 79702

4. Article Number
P 784 194 524

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Sandra K. Poston

7. Date of Delivery
FEB 26 1988

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

P 784 194 524

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

Sent to	Eastland Resources Inc.
Street and No.	Box 3488
P.O. State and ZIP Code	Midland, Texas 79702
Postage	$ .82
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	$ 1.57
Postmark or Date	2/23/88

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.

3. Article Addressed to:

J. H. Marks Trucking Company
Box 3186
Odessa, Texas 79760

4. Article Number

P 784 194 525

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X Peggy Ashley

6. Signature – Agent

X

7. Date of Delivery

3-2-88

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

P.O. Box 3186

PS Form **3811**, Feb. 1986 **DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1985

Postmark or Date	2/23/88
TOTAL Postage and Fees	$1.60
Return Receipt showing to whom, Date and Address of Delivery	.70
Return Receipt showing to whom and Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	.75
Postage	$.22
P.O. State and ZIP Code	Odessa, Texas 79760
Street and No.	Box 3186
Sent to	J.H. Marks Trucking Company

P 784 194 525

RECEIPT FOR CERTIFIED MAIL

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

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.

3. Article Addressed to:

Ben Fortson
300 Texas American Bank Bldg.
Ft. Worth, Texas 76102

4. Article Number

P 784 194 526

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X J. Gambill

7. Date of Delivery

1988

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1985

Postmark or Date	2/23/88
TOTAL Postage and Fees	$1.47
Return Receipt showing to whom and Date, and Address of Delivery	.70
Return Receipt showing to whom and Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	.75
Postage	$.22
P.O., State and ZIP Code	Ft. Worth, Texas 76102 Bldg.,
Street and No.	300 Texas American Bank
Sent to	Ben Fortson

P 784 194 526

RECEIPT FOR CERTIFIED MAIL

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

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.

3. Article Addressed to:	4. Article Number
Celeste C. Grynberg 1050 17th Street Denver, Colorado 80265	P 573 873 668
	Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P-573 873 668

Celeste C. Grynberg
1050 17th Street
Denver, Colorado 80265

1.22
1.75

1.70
1.67

2/23/88

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.

3. Article Addressed to:

Joan W. Walstrom
Post Office Box 1706
La Jolla, CA 92038

4. Article Number

P 573 873 669

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X Joan Walstrom

6. Signature — Agent

X

7. Date of Delivery

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

LA JOLLA MAR

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

Joan W. Walstrom
Post Office Box 1706
La Jolla, CA 92038

P-573 873 669

.22
.75

.70
1.67

2/23/88

P-573 873 670

L. A. Walstrom, Jr.
Post Office Box 67552
Los Angeles, CA

.22
.75

.70
1.67

2/23/88

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.

3. Article Addressed to:

Wicor Exploration Company
Box 940
Naperville, IL 60540

4. Article Number

P 573 873 671

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X Casey Wayne

7. Date of Delivery

3-2-88

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P-573 873 671

Wicor Exploration Co.
Box 940
Naperville, IL 60540

.22
.15

.70
1.67

2/23/88

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.

3. Article Addressed to:

Bureau of Land Management
United States of America
Post Office Box 1449
Santa Fe, New Mexico 87504
Attn: Bill Dalness

4. Article Number

P 573 873 680

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X

6. Signature – Agent

X

7. Date of Delivery

SANTA FE, NM FEB 25 1988 POST

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P-573 873 680

BLM
Attn: Bill Dalness
Post Office Box 1449
Santa Fe, NM 87504

.22
.75
.70
1.67

2/23/88

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.

3. Article Addressed to:

Phillips Petroleum Corp.
4001 Penbrook
Odessa, Texas 79762

4. Article Number

P 573 873 700

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X

6. Signature – Agent

X A Galvan

7. Date of Delivery

2-29-88

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P-573 873 700

Phillips Petroleum Corp.
4001 Penbrook
Odessa, Texas 79762

.22
.75
.70
1.67

2/23/88

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.

3. Article Addressed to:

DEPCO, Inc.
1000 Petroleum Club Building
Denver, Colorado 80202

4. Article Number

P 573 873 701

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

2-29-88

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P-573 873 701

DEPCO, Inc.
1000 Petroleum Club Bld.,
Denver, Colorado 80202

.22
.75
.70
1.67

2/23/88

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.

3. Article Addressed to:	4. Article Number
Santa Fe Operating Partners, L.P. 7200 I-40 East Amarillo, Texas 79106	P 573 873 702
	Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature – Agent X	
7. Date of Delivery 2-29-88	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P-573 873 702

Santa Fe Operating Ptr., L.P.
7200 I-40 East
Amarillo, TX 79106

.22
.75
.70
1.67

2/23/88

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.

3. Article Addressed to:

Estelle H. Yates
105 S. 4th Street
Artesia, New Mexico 88210

4. Article Number

P 573 873 703

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery 2·26·88

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P-573 873 703

Estelle H. Yates
105 S. 4th Street
Artesia, NM 88210

.22
.75

.70
1.67

2/23/88

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

P-573 873 668

Celeste C. Grynberg
1050 17th Street
Denver, Colorado 80265

FORWARDING ORDER EXPIRED

W237

Claim Check No.
14920
☐ Hold
Date
MAR 5 19
1ST Notice
2ND Notice
Return

Detached from
PS Form 3849-A,
Oct 1985

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

L. A. Walstrom, Jr.
Post Office Box 67552
Los Angeles, CA

P-573 873 670

CLAIM CHECK NO. 150404

☐ HOLD

DATE MAR 9 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

CLAIM CHECK NO. 185776

☐ HOLD

DATE

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

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.

3. Article Addressed to:

L. A. Walstrom, Jr.
Post Office Box 67552
Los Angeles, CA

4. Article Number

P 573 873 670

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ 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)*

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT