

PS Form 3811, July 1983 447-845

**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:  
Anadarko Producing Company  
Post Office Box 2497  
900 Gibraltar Savings Center  
Midland, Texas 79702

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 011  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
*[Stamp]*

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

*Eastland*

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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

3. Article Addressed to:  
Amoco Production Company  
Box 68  
Hobbs, New Mexico 88240

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 026  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
*[Stamp]*

8. Addressee's Address (ONLY if requested and fee paid)  
*4-15-86*

*Not PAID*

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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

3. Article Addressed to:  
APCO Production Company  
80 Sierra Cr., C.R. 240  
Durango, Colorado 81301

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 014  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
*[Stamp]*

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

*Eastland*

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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

3. Article Addressed to:  
BLM - Roswell District Office  
Post Office Box 1397  
Roswell, New Mexico 88201

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 035  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
*[Stamp]*

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

DOMESTIC RETURN RECEIPT

BEFORE EXAMINER CATALOG  
OIL CONSERVATION DIVISION  
*Eastland*  
EXHIBIT NO. *4*  
CASE NO. *8895*

RECEIVED APR 17 1986

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

KELLAHN and KELLAHN (WTK)  
117 N. Guadalupe  
P.O. Box 2265 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

POWER GRAYBURG UNIT

RECEIVED APR 16 1986

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.
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UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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KELLAHN and KELLAHN (WTK)  
117 N. Guadalupe  
P.O. Box 2265 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

RECEIVED

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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RETURN TO

KELLAHN and KELLAHN (WTK)  
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Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

POWER GRAYBURG UNIT

PS Form 3811, July 1983 447-845

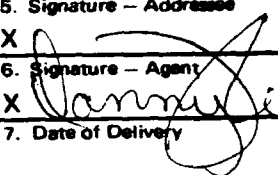
**SENDER: Complete items 1, 2, 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the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

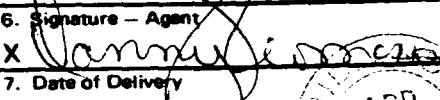
1. ☒ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Belnorth Petroleum Corp.  
One Petroleum Center, Bldg. 6  
3300 N. "A" Street  
Midland, Texas 79705

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 016  
☐ Express Mail

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

5. Signature - Addressee  
X 

6. Signature - Agent  
X 

7. Date of Delivery  
APR 1986

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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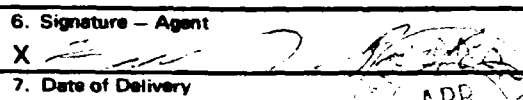
1. ☒ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
ARCO Oil & Gas Company  
Box 1610  
Midland, Texas 79702

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 028  
☐ Express Mail

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

5. Signature - Addressee  
X

6. Signature - Agent  
X 

7. Date of Delivery  
APR 1986

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

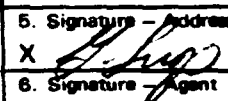
**SENDER: Complete items 1, 2, 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the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

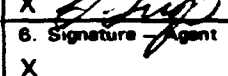
1. ☒ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
El Paso Natural Gas Company  
Box 1492  
El Paso, Texas 79978

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 024  
☐ 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

PS Form 3811, July 1983 447-845

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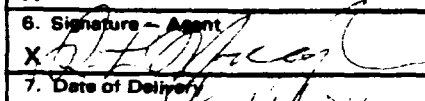
1. ☒ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Cal-Mon Oil Company  
Post Office Box 2066  
Midland, Texas 79702

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 025  
☐ Express Mail

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

5. Signature - Addressee  
X

6. Signature - Agent  
X 

7. Date of Delivery  
4-11-86

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

DOMESTIC RETURN RECEIPT

RECEIVED APR 17 1986

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 KELLAHN and KELLAHN (WTK)

117 N. Guardaluppe (Name of Sender)

P.O. Box 2265

Santa Fe, N. Mex. 87501 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

POWER GRAYBURG UNIT

RECEIVED APR 16 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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POWER GRAYBURG UNIT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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PENALTY FOR PRIVATE USE, \$300



RETURN TO KELLAHN and KELLAHN (WTK)

117 N. Guardaluppe (Name of Sender)

P.O. Box 2265

Santa Fe, N. Mex. 87501 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

POWER GRAYBURG UNIT

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UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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PENALTY FOR PRIVATE USE, \$300



RETURN TO KELLAHN and KELLAHN (WTK)

117 N. Guardaluppe (Name of Sender)

P.O. Box 2265

Santa Fe, N. Mex. 87501 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
Pogo Producing Company  
Box 10340  
300 Midland Tower  
Midland, Texas 79702

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 030  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*  
6. Signature - Agent  
X *[Signature]*  
7. Date of Delivery  
4-14-86  
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
Harvey E. Yates Company  
Box 1933  
Roswell, New Mexico 88201

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 032  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*  
6. Signature - Agent  
X  
7. Date of Delivery  
4/14/86  
8. Addressee's Address (ONLY if requested and fee paid)  
Box 1933

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
Northern Natural Gas Company  
One Petroleum Center, Bldg. 6  
3300 N. "A" Street  
Midland, Texas 79705

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 023  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*  
6. Signature - Agent  
X  
7. Date of Delivery  
4-14-86  
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
Union Texas Petroleum Corp.  
Div. of Allied Chemical Corp.  
Post Office Box 200128  
Houston, Texas 77216

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 031  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X  
6. Signature - Agent  
X *[Signature]*  
7. Date of Delivery  
APR 15 1986  
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

RECEIVED APR 16 1986  
POWER GRAYBURG UNIT



PENALTY FOR PRIVATE  
USE, \$300

**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** **KELLAHIN and KELLAHIN** (WTK)  
117 N. Guadalupe  
P.O. Box 2265

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

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PENALTY FOR PRIVATE  
USE, \$300

**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

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117 N. Guadalupe  
P.O. Box 2265

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

RECEIVED APR 16 1986  
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PENALTY FOR PRIVATE  
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**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

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117 N. Guadalupe  
P.O. Box 2265

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

RECEIVED APR 17 1986  
POWER GRAYBURG UNIT



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**UNITED STATES POSTAL SERVICE**  
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(No. and Street, Apt., Suite, P.O. Box or R.D. No.)  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

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1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: OCD - District II Post Office Drawer DD Artesia, New Mexico 88210	
4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 131 072 033
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature - Addressee X	
6. Signature - Agent X <i>Allemant</i>	
7. Date of Delivery APR 14 1986	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

POWER GRAYBURG UNIT

**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**

(WTK)

(Name of Sender)

KELLAHIN and KELLAHIN

117 N. Guadalupe

P.O. Box 2265 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)

Santa Fe, N. Mex. 87501

(City, State, and ZIP Code)



PENALTY FOR PRIVATE  
USE, \$300