

BILL SELTZER
507 PETROLEUM BUILDING
MIDLAND, TEXAS 79701

2

May 6, 1986

Re: Amerind Oil Co.
Application for Unorthodox
Well Location, Lea County,
New Mexico

TO OFFSET OWNERS

Gentlemen:

Enclosed please find a copy of Amerind Oil Co. Application
for Unorthodox Well Location, Lea County, New Mexico.

We have requested the Oil Conservation Division to set this
application on their May 28, 1986 docket for hearing.

If you have any questions, please call.

Yours very truly,

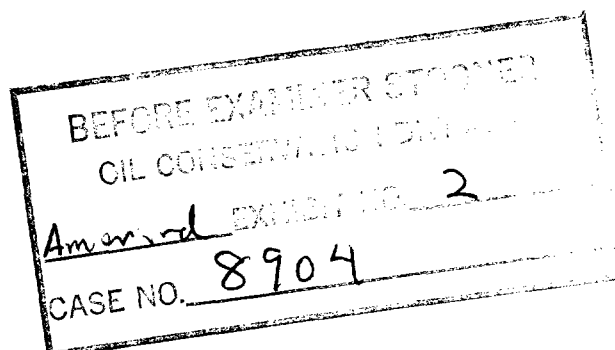
Bill Seltzer
Bill Seltzer

BS/kp
Enclosure

cc: Ms. Florene Davidson
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Mr. J. Randy Turner, Attorney
P.O. Box 1540
Midland, Texas 79702

Mr. Robert C. Leibrock
Amerind Oil Co.
500 Wilco Building
Midland, Texas 79701



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

CASE NO.

APPLICATION FOR AMERIND OIL CO.
FOR AN UNORTHODOX OIL WELL LOCATION,
LEA COUNTY, NEW MEXICO.

APPLICATION

Comes now Amerind Oil Co. through its attorneys and respectfully requests approval of an unorthodox oil well location, Lea County, New Mexico and in support thereof, states as follows:

1. Applicant is operator with interests underlying W/2 NE/4 Section 29, Township 16 South, Range 37 East, N.M.P.M., Lea County, New Mexico.

2. Applicant wishes to drill its Wiser "B" State #1 Well as an unorthodox oil well to test the Strawn Formation underlying said W/2 NE/4 Section 29, to an approximate depth of 11,500 feet, at a location 810 feet from the North line and 1650 feet from the East line of said Section 29.

3. Applicant proposes to dedicate said W/2 NE/4 Section 29 to said well.

4. The proposed well is approximately 1/4th mile from the Northeast Lovington Pennsylvania Pool to the North.

5. A well at said unorthodox location will better enable the Applicant to produce oil underlying the proration unit.

6. Approval of the unorthodox location will be in the interests of conservation, prevention of waste and protection of correlative rights.

WHEREFORE, Applicant respectfully requests that this case be set for an examiner's hearing on the May 28, 1986 docket.

Dated this 2nd day of May, 1986.

Respectfully submitted,

STUBBEMAN, McRAE, SEALY,
LAUGHLIN, & BROWDER, INC.

By: 

J. Randy Turner
P.O. Box 1540
Midland, Texas 79702
915-682-1616

OFFSET OPERATORS

Texaco, Inc.
P.O. Box 3109
Midland, Texas 79702
Attn: Mr. Stephen L. Chandler

Rebel Oil Co.
603 Seco Dr.
Hobbs, New Mexico 88240
Attn: Ms. Ellie Spear

Sohio Oil Co.
Two Lincoln Centre
5420 LBJ Freeway
Suite #1000/LB03
Dallas, Texas 75240
Attn: Mr. Steve Soule

H.E. Yates Co.
P.O. Box 1933
Roswell, New Mexico 88201

Cal-Mon Oil Co.
P.O. Box 2066
Midland, Texas 79702
Attn: Mr. R.L. Monaghan

Jet Oil Co.
700 N. Pearl
Lock Box 340
Dallas, Texas 75201

Wiser Oil Co.
Suite 540, One Allen Center
500 Dallas Street
Houston, Texas 77002
Attn: George L. McLeod, Jr.
Gary W. Lauman

Jack O. McCall
1210 One First City Center
Midland, Texas 79701

S.E. Cone, Jr.
P.O. Box 10321
Lubbock, Texas 79408

Kastman Oil Co.
P.O. Box 5930
Lubbock, Texas 79408

A.T. Carleton
P.O. Box 10340
Midland, Texas 79702

Mr. Charlie Dickenson
Cities Service Co.
P.O. Box 1919
Midland, Texas 79702

Form 3811, July 1982

- **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered
☐ Show to whom, date, and address of delivery ..
 2. ☐ **RESTRICTED DELIVERY**
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: **Mr. Stephen Chandler**
Texaco, Inc.
P.O. Box 3109
Midland, Texas 79702

4. TYPE OF SERVICE: ☐ REGISTERED ☐ INSURED ☒ CERTIFIED ☐ COD ☐ EXPRESS MAIL
 ARTICLE NUMBER
P 652 002
111

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

5. DATE OF DELIVERY

POSTMARK
(may be on reverse side)

6. ADDRESSEE'S ADDRESS (Only if requested)

1986

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

* GPO: 1982-379-593

RETURN RECEIPT

P 652 002 111

RECEIPT FOR CERTIFIED MAILNO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sender: Texaco, Inc. P.O. Box 3109 Midland, Texas 79702 Attn: Stephen L. Chandler	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date 5/6/86	

* U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

PS Form 3811, July 1982

- **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered
☐ Show to whom, date, and address of delivery ..
 2. ☐ **RESTRICTED DELIVERY**
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: **Mr. Steve Soule**
Sohio Oil Co.
Two Lincoln Centre
5420 LBJ Freeway
Suite 1000/LB03
Dallas, Texas 75240

4. TYPE OF SERVICE: ☐ REGISTERED ☐ INSURED ☒ CERTIFIED ☐ COD ☐ EXPRESS MAIL
 ARTICLE NUMBER
P 652 002
110

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

5. DATE OF DELIVERY

POSTMARK
(may be on reverse side)

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

* GPO: 1982-379-593

RETURN RECEIPT

P 652 002 110

RECEIPT FOR CERTIFIED MAILNO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sender: Mr. Steve Soule Sohio Oil Co. Two Lincoln Centre 5420 LBJ Freeway Suite 1000/LB03 Dallas, Texas 75240	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date 5/6/86	

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PS Form 3800, Feb. 1982

Form 3811, July 1982

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(CONSULT POSTMASTER FOR FEES)

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☒ Show to whom and date delivered \$
☐ Show to whom, date, and address of delivery .. \$

2. ☐ **RESTRICTED DELIVERY** \$
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:

H.E. Yates Co.
P.O. Box 1933
Roswell, N.M. 88201

4. TYPE OF SERVICE:

☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

P 652 002
109

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

Janet M. Furb

5. DATE OF DELIVERY

5-9-86

POSTMARK
(may be on reverse side)

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT

★ GPO: 1982-379-593

P 652 002 109

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

H.E. Yates Co.	
Street and No. P.O. Box 1933	
P.O., State and ZIP Code Roswell, N.M. 88201	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	
5/6/86	

PS Form 3811, July 1982

- **SENDER:** Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

☒ Show to whom and date delivered \$
☐ Show to whom, date, and address of delivery .. \$

2. ☐ **RESTRICTED DELIVERY** \$
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:

Mr. R.L. Monaghan
Cal-Mon Oil Co.
P.O. Box 2066
Midland, Texas 79702

4. TYPE OF SERVICE:

☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

P 652 002
108

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

R.L. Monaghan

5. DATE OF DELIVERY

5/6/86

POSTMARK
(may be on reverse side)

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT

★ GPO: 1982-379-593

P 652 002 108

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Cal-Mon Oil Co.	
P.O. Box 2066	
Street and No. Midland, Texas 79702	
P.O., State and ZIP Code Attn: Mr. R.L. Monaghan	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	
5/6/86	

- **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered \$
☐ Show to whom, date, and address of delivery .. \$
 2. ☐ **RESTRICTED DELIVERY** \$
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**

Jet Oil Co.
700 N. Pearl
Lock Box 340
Dallas, Texas 75201

4. **TYPE OF SERVICE:**

- ☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

P 652 002
105

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☒ Addressee ☐ Authorized agent

[Signature]

5. **DATE OF DELIVERY**

MAY 08 1986

POSTMARK

(may be on reverse side)

6. **ADDRESSEE'S ADDRESS (Only if requested)**7. **UNABLE TO DELIVER BECAUSE:**7a. **EMPLOYEE'S INITIALS**

★ GPO: 1982-379-583

RETURN RECEIPT

P 652 002 105

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Jet Oil Co. 700 N. Pearl Lock Box 340 Dallas, Texas 75201 P.O., State and ZIP Code	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	
5/6/86	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

- **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered \$
☐ Show to whom, date, and address of delivery .. \$
 2. ☐ **RESTRICTED DELIVERY** \$
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**

Mr. McLeod & Mr.
Lauman--Wiser Oil Co.
Suite 540, One Allen Center
500 Dallas Street
Houston, Texas 77002

4. **TYPE OF SERVICE:**

- ☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

P 652 002
107

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

[Signature]

5. **DATE OF DELIVERY**

MAY 9 1986

POSTMARK

(may be on reverse side)

6. **ADDRESSEE'S ADDRESS (Only if requested)**7. **UNABLE TO DELIVER BECAUSE:**7a. **EMPLOYEE'S INITIALS**

★ GPO: 1982-379-583

RETURN RECEIPT

P 652 002 107

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Mr. George L. McLeod, Jr. Mr. Gary W. Lauman Wiser Oil Co. Suite 540, One Allen Ctr. 500 Dallas Street Houston, Texas 77002 P.O., State and ZIP Code	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	
5/6/86	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

- **SENDER:** Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

☒ Show to whom and date delivered \$
☐ Show to whom, date, and address of delivery \$

- 2.
- ☐
- RESTRICTED DELIVERY**
- \$
-
- (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:

Jack O. McCall
1210 One First City Center
Midland, Texas 79701

4. TYPE OF SERVICE:

☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

P 652 002
116

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

[Signature]

5. DATE OF DELIVERY

POSTMARK
(may be on reverse side)

1986

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a EMPLOYEE'S INITIALS

RETURN RECEIPT

★ GPO: 1982-379-593

P 652 002 116

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

Sent to Jack O. McCall	
Sheet and No. 1210 One First City Cntr.	
P.O., State and ZIP Code Midland, Texas 79701	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	,70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date 5/6/86	

PS Form 3800, Feb. 1982

- **SENDER:** Complete Items 1, 2, 3, and 4.
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(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

☒ Show to whom and date delivered \$
☐ Show to whom, date, and address of delivery .. \$

- 2.
- ☐
- RESTRICTED DELIVERY**
- \$
-
- (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:

S.E. Cone, Jr.
P.O. Box 10321
Lubbock, Texas 79408

4. TYPE OF SERVICE:

☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

P 652 002
118

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

[Signature]

5. DATE OF DELIVERY

POSTMARK
(may be on reverse side)

MAY
7
1986

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a EMPLOYEE'S INITIALS

RETURN RECEIPT

★ GPO: 1982-379-593

P 652 002 118

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

Sent to S.E. Cone, Jr.	
Sheet and No. P.O. Box 10321	
P.O., State and ZIP Code Lubbock, Texas 79408	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date 5/6/86	

PS Form 3800, Feb. 1982

PS Form 3811, July 1982

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered
☐ Show to whom, date, and address of delivery ..
2. ☐ RESTRICTED DELIVERY.....
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:
Kastman Oil Co.
P.O. Box 5930
Lubbock, Texas 79408

4. TYPE OF SERVICE: ARTICLE NUMBER
☐ REGISTERED ☐ INSURED P 652 002
☒ CERTIFIED ☐ COD 117
☐ EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
M. Hofer

5. DATE OF DELIVERY POSTMARK
(may be on reverse side)
LUBBOCK TEXAS MAY 8 1986

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE: EMPLOYEE'S INITIALS

RETURN RECEIPT

★ GPO: 1982-379-593

P 652 002 117

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

SENT TO: Kastman Oil Co.
Street and No. P.O. Box 5930
P.O., State and ZIP Code Lubbock, Texas 79408

Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	5/6/86

PS Form 3811, July 1982

● SENDER: Complete items 1, 2, 3, and 4.
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(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered
☐ Show to whom, date, and address of delivery ..
2. ☐ RESTRICTED DELIVERY.....
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:
A.T. Carleton
P.O. Box 10340
Midland, Texas 79702

4. TYPE OF SERVICE: ARTICLE NUMBER
☐ REGISTERED ☐ INSURED P 652 002
☒ CERTIFIED ☐ COD 115
☐ EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
A. T. Carleton

5. DATE OF DELIVERY POSTMARK
(may be on reverse side)
MIDLAND TEXAS MAY 8 1986

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE: EMPLOYEE'S INITIALS

RETURN RECEIPT

★ GPO: 1982-379-593

P 652 002 115

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

SENT TO: A.T. Carleton
Street and No. P.O. Box 10340
P.O., State and ZIP Code Midland, Texas 79702

Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	5/6/86

PS Form 3811, July 1982

● **SENDER:** Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered
☐ Show to whom, date, and address of delivery ..
 2. ☐ **RESTRICTED DELIVERY**
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. **ARTICLE ADDRESSED TO:** Mr. Charlie Dickenson--Cities Service Co.
P.O. Box 1919
Midland, Texas 79702

4. **TYPE OF SERVICE:** ☐ REGISTERED ☐ INSURED ☒ CERTIFIED ☐ COD ☐ EXPRESS MAIL
ARTICLE NUMBER P 652 002 114

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
 5. **DATE OF DELIVERY** 5-7-86
 6. **ADDRESSEE'S ADDRESS (Only if requested)**
 7. **UNABLE TO DELIVER BECAUSE:**

POSTMARK (may be on reverse side)
7 1986

EMPLOYEE'S INITIALS

★ GPO: 1982-379-583

P 652 002 114

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

Mr. Charlie Dickenson
Cities Service Co.

Street and No. P.O. Box 1919
P.O., State and ZIP Code Midland, Texas 79702

Postage .39
 Certified Fee .75
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to whom and Date Delivered .70
 Return receipt showing to whom, Date, and Address of Delivery
 TOTAL Postage and Fees \$ 1.84

Postmark or Date
5/6/86

PS Form 3811, July 1982

● **SENDER:** Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered
☐ Show to whom, date, and address of delivery ..
 2. ☐ **RESTRICTED DELIVERY**
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. **ARTICLE ADDRESSED TO:** Ms. Ellie Spear
Rebel Oil Co.
603 Seco Dr.
Hobbs, N.M. 88240

4. **TYPE OF SERVICE:** ☐ REGISTERED ☐ INSURED ☒ CERTIFIED ☐ COD ☐ EXPRESS MAIL
ARTICLE NUMBER P 652 002 112

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
 5. **DATE OF DELIVERY** 5-7-86
 6. **ADDRESSEE'S ADDRESS (Only if requested)**
 7. **UNABLE TO DELIVER BECAUSE:**

POSTMARK (may be on reverse side)

7a. **EMPLOYEE'S INITIALS**

★ GPO: 1982-379-583

P 652 002 112

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

Ms. Ellie Spear
Rebel Oil Co.

Street and No. 603 Seco Dr.
P.O., State and ZIP Code Hobbs, New Mexico 88240

Postage .39
 Certified Fee .75
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to whom and Date Delivered .70
 Return receipt showing to whom, Date, and Address of Delivery
 TOTAL Postage and Fees \$ 1.84

Postmark or Date
5/6/86

The following parties are the owners of a Reversionary Working Interest after payout of the Amerind Oil Co. #1 Cal-Mon "29" State located in the E/2 NE/4 of Section 29, T-16-S, R-37-E, Lea County, New Mexico.

Ernest Angelo, Jr.
410 N. Main
Midland, Texas 79701

Barnes Adelante Trusts No. 2
P. O. Box 505
Midland, Texas 79702

J. C. Barnes, Jr.
P. O. Box 673
Midland, Texas 79702

Steve C. Barnes
P. O. Box 505
Midland, Texas 79702

V. Elaine Barnes
P. O. Box 505
Midland, Texas 79702

Viola S. Barnes
1400 S. Big Spring, Suite 28
Midland, Texas 79701

Frank Kell Cahoon
P. O. Box 127
Midland, Texas 79702

Joe S. Hill
P. O. Box 1568
Cedar Park, Texas 78613

Hill Revocable Trusts
Kenneth Waltrip, Trustee
Patsy Sue Waltrip, Trustee
Dorothy Jean Keemon, Trustee
2610 Texas American Bank Building
500 Throckmorton
Fort Worth, Texas 76102

Robert M. Davenport
P. O. Box 3511
Midland, Texas 79702

Russell J. Ramsland
P. O. Drawer 10505
Midland, Texas 79702

Jane Barnes Ramsland
P. O. Drawer 10505
Midland, Texas 79702

Claudia R. Burch
P. O. Box 10505
Midland, Texas 79702

Russell J. Ramsland, Jr.
P. O. Drawer 10505
Midland, Texas 79702

Joe R. Henderson
P. O. Box 2477
Midland, Texas 79702

SDS Properties, Inc.
P. O. Box 10
Roswell, New Mexico 88202

Paul J. Kelly
P. O. Drawer 2068
Santa Fe, New Mexico 87504

J. H. Herd
P. O. Box 130
Midland, Texas 79702

McCes, Inc.
P. O. Box 3580
Midland, Texas 79702

Laurie B. Barr
P. O. Box 198
Midland, Texas 79702

Claude F. Wynn
P. O. Box 6832
Houston, Texas 77265

Shirley Ann Wynn
Suite 811
Preston State Bank Building
Dallas, Texas 75225

W. Forrest Wynn
Suite 811
Preston State Bank Building
Dallas, Texas 75225

J. M. Welborn
1500 Broadway
Suite 1212
Lubbock, Texas 79401

Jack Markham
Suite 1212
1500 Broadway
Lubbock, Texas 79401

Robert C. Tucker
1408 W. Pecan Street
Midland, Texas 79701

O'Brien-Goins Engineering
1140 Two First City Center
Midland, Texas 79701

J. H. Crouch, Jr.
P. O. Box 1082
Midland, Texas 79702

Christine Ray
P. O. Box 505
Midland, Texas 79702

Conrad E. Coffield
P. O. Box 3580
Midland, Texas 79702

C. D. Martin
P. O. Box 3341
Midland, Texas 79702

Lewis C. Cox
P. O. Box 10
Roswell, New Mexico 88202

Paul W. Eaton
P. O. Box 12118
Amarillo, Texas 79101

Form 3811, July 1983

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:
Ernest Angelo, Jr.
410 N. Main
Midland, Texas 79701

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured	P 652 002
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	147
<input type="checkbox"/> Express Mail	

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X *Salverson*

7. Date of Delivery

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

410 N. MAIN
Midland, TX. 79701

DOMESTIC RETURN RECEIPT

P 652 002 147

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Ernest Angelo, Jr.	
Street and No. 410 N. Main	
P.O., State and ZIP Code Midland, Tx. 79701	
Postage	\$ 39
Certified Fee	95
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

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:
Barnes Adelante Trusts No. 2
P.O. Box 505
Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured	P 652 002
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	179
<input type="checkbox"/> Express Mail	

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

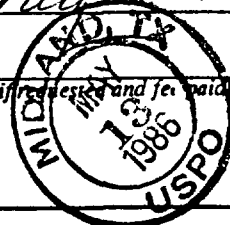
6. Signature - Agent

X

7. Date of Delivery

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

Box 505



DOMESTIC RETURN RECEIPT

P 652 002 179

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Barnes Adelante Trusts No.	
P.O. Box 505	
Street and No.	
Midland, Texas 79702	
P.O., State and ZIP Code	
Postage	\$ 39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

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:
J.C. Barnes, Jr.
P.O. Box 673
Midland, Texas 79702

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

Article Number
P 652 002
146

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)

Box 673



DOMESTIC RETURN RECEIPT

P 652 002 146

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to J.C. Barnes, Jr.	
Street and No. P.O. Box 673	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date	

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:
Steve C. Barnes
P.O. Box 505
Midland, Texas 79702

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

Article Number
P 652 002
145

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

5. Signature — Addressee

X

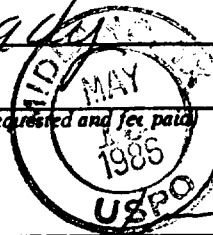
6. Signature — Agent

X

7. Date of Delivery

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

Box 505



DOMESTIC RETURN RECEIPT

P 652 002 145

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Steve C. Barnes	
Street and No. P.O. Box 505	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date	

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.

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

3. Article Addressed to:
V. Elaine Barnes
P.O. Box 505
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 144
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

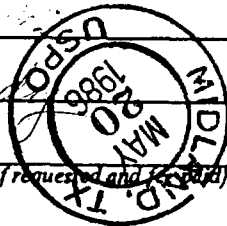
X

6. Signature - Agent

X

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

P 652 002 144

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to V. Elaine Barnes	
Street and No. P.O. Box 505	
P.O., State and ZIP Code Midland, Texas 79702	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$2.04
Postmark or Date MAY 20 1983 MIDLAND TX	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

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.

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

3. Article Addressed to:
Viola S. Barnes
1400 S. Big Spring, Suite 28
Midland, Texas 79701

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 143
☐ 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 for paid)

DOMESTIC RETURN RECEIPT

P 652 002 143

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Viola S. Barnes	
Street and No. 1400 S. Big Spring, Suite 28	
P.O., State and ZIP Code Midland, Texas 79701	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$2.04
Postmark or Date	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

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:
Frank Kell Cahoon
P.O. Box 127
Midland, Texas 79702

4. Type of Service: ☐ Registered ☒ Insured ☐ Certified ☐ COD ☐ Express Mail
Article Number: MAY P 652 002
13 142
1986

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

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
PO Box 127
Midland, Tx 79702

DOMESTIC RETURN RECEIPT

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

Postage \$ 1.39
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 .90
TOTAL Postage and Fees \$ 2.04
Postmark or Date

Sent to: Frank Kell Cahoon
Street and No. P.O. Box 127
P.O. State and ZIP Code: Midland, Texas 79702

P 652 002 142

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

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:
Joe S. Hill
P.O. Box 1568
Cedar Park, Texas 78613

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P 652 002
141

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

Postage \$.39
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 .90
TOTAL Postage and Fees \$ 2.04
Postmark or Date

Sent to: Joe S. Hill
Street and No. P.O. Box 1568
P.O. State and ZIP Code: Cedar Park, Tx. 78613

P 652 002 141

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

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:
 Hill Revocable Trusts
 2610 Texas American Bank Bldg.
 500 Throckmorton
 Ft. Worth, Texas 76102

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

P 652 002
 140

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Cheri Fenz*

6. Signature - Agent

X

7. Date of Delivery

14 MAY 1986

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

2610

TEXAS AMERICAN BANK BLDG.

DOMESTIC RETURN RECEIPT

P 652 002 140

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Hill Revocable Trusts	
2610 Texas American Bank Bldg., 500 Throckmorton	
P.O. State and ZIP Code Ft. Worth, Tx. 76102	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 14 1986	

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:
 Robert M. Davenport
 P.O. Box 3511
 Midland, Texas 79702

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

P 652 002
 139

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

P 652 002 139

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Robert M. Davenport	
P.O. Box 3511	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 14 1986	

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:

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

3. Article Addressed to:
Russell J. Ramsland
P.O. Drawer 10505
Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured	P 652 002
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	138
<input type="checkbox"/> Express Mail	

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

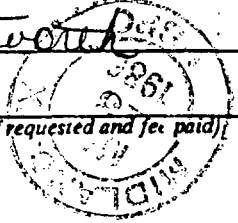
5. Signature - Addressee
X

6. Signature - Agent
X *Judy Whitworth*

7. Date of Delivery
5/13/86

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

Jan



DOMESTIC RETURN RECEIPT

P 652 002 138

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sender Russell J. Ramsland	
Street and No. P.O. Drawer 10505	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 13 1986	

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:

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

3. Article Addressed to:
Jane Barnes Ramsland
P.O. Drawer 10505
Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured	P 652 002
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	137
<input type="checkbox"/> Express Mail	

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

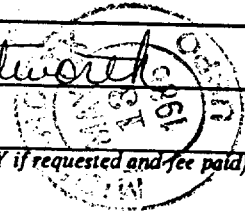
5. Signature - Addressee
X

6. Signature - Agent
X *Judy Whitworth*

7. Date of Delivery
5/13/86

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

Same



DOMESTIC RETURN RECEIPT

P 652 002 137

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sender Jane Barnes Ramsland	
Street and No. P.O. Drawer 10505	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 13 1986	

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:
Claudia R. Burch
P.O. Drawer 10505
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 148
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

5-13-86

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

Same

DOMESTIC RETURN RECEIPT

P 652 002 148

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Claudia R. Burch	
Street and No. P.O. Drawer 10505	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date 1986	

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

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:
Russell J. Ramsland, Jr.
P.O. Drawer 10505
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 135
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

5-13-86

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

Same

DOMESTIC RETURN RECEIPT

P 652 002 135

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Russell J. Ramsland, Jr.	
Street and No. P.O. Drawer 10505	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date 1986	

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

PS Form 3811, July 1983

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:
Joe R. Henderson
P.O. Box 2477
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 134
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

MAY
13
1986

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

Box 2477
Midland, Tx. 79702

DOMESTIC RETURN RECEIPT

P 652 002 134

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Joe R. Henderson	
Street and No. P.O. Box 2477	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 13 1986	

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:
SDS Properties, Inc.
P.O. Box 10
Roswell, New Mexico 88202

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 133
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X *Jammy Schickling*

7. Date of Delivery

5-15-86

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

DOMESTIC RETURN RECEIPT

P 652 002 133

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to SDS Properties, Inc.	
Street and No. P.O. Box 10	
P.O. State and ZIP Code Roswell, N.M. 88202	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 15 1986	

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:
 Paul J. Kelly
 P.O. Drawer 2068
 Santa Fe, N.M. 87504

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 652 002
☐ Express Mail 132

Always obtain signature of addressee or agent and
 DATE DELIVERED.

5. Signature - Addressee

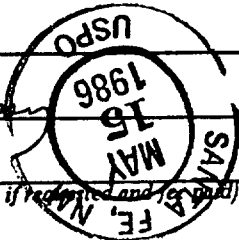
X

6. Signature - Agent

X

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

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:
 J.H. Heard
 P.O. Box 130
 Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 652 002
☐ Express Mail 131

Always obtain signature of addressee or agent and
 DATE DELIVERED.

5. Signature - Addressee

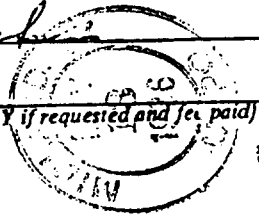
X

6. Signature - Agent

X

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

P 652 002 132

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Paul J. Kelly	
Street and No. P.O. Drawer 2068	
P.O. State and ZIP Code Santa Fe, N.M. 87504	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date 1986 USPO	

* U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

P 652 002 131

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to J.H. Heard	
Street and No. P.O. Box 130	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date	

* U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Form 3811, July 1983

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:

McCes, Inc.
P.O. Box 3580
Midland, Texas 79702

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

P 652 002
130

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

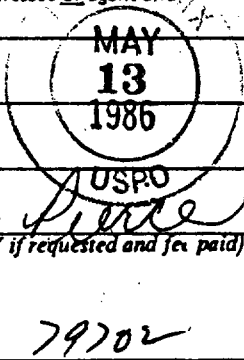
X

7. Date of Delivery

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

Box 3580
Midland Tx 79702

DOMESTIC RETURN RECEIPT



P 652 002 130

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to McCes, Inc.	
P.O. Box 3580	
Street and No. Midland, Texas 79702	
P.O., State and ZIP Code	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 13 1986	

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:

Laurie B. Barr
P.O. Box 198
Midland, Texas 79702

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

P 652 002
129

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

Laurie B. Barr
MAY 13 1986
USPS

P 652 002 129

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Laurie B. Barr	
P.O. Box 198	
P.O., State and ZIP Code Midland, Texas 79702	
Postage	\$.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 13 1986	

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.

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

3. Article Addressed to:
Claude F. Wynn
P.O. Box 6832
Houston, Texas 77265

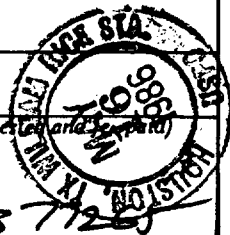
4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 128
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
P.O. Box 6832
HOUSTON TEXAS 77265

DOMESTIC RETURN RECEIPT



P 652 002 128

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1983-403-517 PS Form 3800, Feb. 1982	Sent to	Claude F. Wynn
	Street and No.	P.O. Box 6832
	P.O. State and ZIP Code	Houston, Texas 77265
	Postage	\$ 1.39
	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	.90
	TOTAL Postage and Fees	\$ 2.04
Postmark or Date		1982

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.

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

3. Article Addressed to:
Shirley Ann Wynn
Suite 811
Preston State Bank Bldg.
Dallas, Texas 75225

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 127
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
X

6. Signature - Agent
X *Pat Robertson*

7. Date of Delivery
JAN 14 1982

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

DOMESTIC RETURN RECEIPT

P 652 002 127

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1983-403-517 PS Form 3800, Feb. 1982	Sent to	Shirley Ann Wynn
	Street and No.	Suite 811 Preston State Bank Bldg.
	P.O. State and ZIP Code	Dallas, Texas 75225
	Postage	\$ 1.39
	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	.90
	TOTAL Postage and Fees	\$ 2.04
Postmark or Date		1982

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:
 W. Forrest Wynn
 Suite 811
 Preston State Bank Bldg.
 Dallas, Texas 75225

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 126
☐ Express Mail

Always obtain signature of addressee or agent and
 DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery
 MAY 14 1986

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

DOMESTIC RETURN RECEIPT

P 652 002 126

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to W. Forrest Wynn	
Street and No. Suite 811 Preston State Bank Bldg.	
P.O. State and ZIP Code Dallas, Texas 75225	
Postage	\$ 39
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	90
TOTAL Postage and Fees	\$ 3.04
Postmark or Date MAY 14 1986	

* U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

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:
 J.M. Welborn
 1500 Broadway
 Suite 1212
 Lubbock, Texas 79401

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 125
☐ Express Mail

Always obtain signature of addressee or agent and
 DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

5-15-86

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

1500 Broadway #1212
 Lubbock, Tex

DOMESTIC RETURN RECEIPT

P 652 002 125

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to J.M. Welborn	
Street and No. 1500 Broadway Suite 1212	
P.O. State and ZIP Code Lubbock, Texas 79401	
Postage	\$ 39
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	90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 15 1986	

* U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Form 3811, July 1983

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.

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

3. Article Addressed to:
Jack Markham
Suite 1212
1500 Broadway
Lubbock, Texas 79401

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 180
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee
X *Nancy Cox*

6. Signature - Agent
X

7. Date of Delivery
5-15-86

8. Addressee's Address (ONLY if requested and fee paid).
1500 Bidway #1212
Lubbock, TX

DOMESTIC RETURN RECEIPT

P 652 002 180

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Jack Markham	
Suite No. 1212	
1500 Broadway	
P.O. State and ZIP Code Lubbock, Texas 79401	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 15 1986 USPO	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

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.

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

3. Article Addressed to:
Robert C. Tucker
1408 W. Pecan Street
Midland, Texas 79701

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 123
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee
X *R. C. Tucker*

6. Signature - Agent
X

7. Date of Delivery
5-13-86

8. Addressee's Address (ONLY if requested and fee paid)
1408 W. Pecan
79701

DOMESTIC RETURN RECEIPT

P 652 002 123

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Robert C. Tucker	
Suite No. 1408 NW. Pecan Street	
P.O. State and ZIP Code Midland, Texas 79701	
Postage	\$ 1.39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 13 1986 USPO	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

PS Form 3811, July 1983

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 box(es) for service(s) requested.

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

2. ☐ Restricted Delivery.

3. Article Addressed to:
O'Brien-Goins Engineering
1140 Two First City Center
Midland, Texas 79701

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 121
☐ Express Mail

Always obtain signature of addressee or agent and, L A
DATE DELIVERED.

5. Signature - Addressee MAY 13 1986
X

6. Signature - Agent 1986
X *J. H. Crouch, Jr.*

7. Date of Delivery TX

8. Addressee's Address (ONLY if requested and fee paid)
550 W. TEXAS # 1140
MIDLAND TX 79701

P 652 002 121

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

Sent to: O'Brien-Goins Engineering
Street and No. 1140 Two First City Center
P.O., State and ZIP Code Midland, Texas 79701

Postage \$.39
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 90
TOTAL Postage and Fees \$ 2.04

Postmark or Date

PS Form 3811, July 1983

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 box(es) for service(s) requested.

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

2. ☐ Restricted Delivery.

3. Article Addressed to:
J.H. Crouch, Jr.
P.O. Box 1082
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 178
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee
X *J. H. Crouch, Jr.*

6. Signature - Agent
X

7. Date of Delivery

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

P 652 002 178

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1983-403-517

Sent to: J.H. Crouch, Jr.
Street and No. P.O. Box 1082
P.O., State and ZIP Code Midland, Texas 79702

Postage \$.39
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 90
TOTAL Postage and Fees \$ 2.04

Postmark or Date

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.

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

3. Article Addressed to:
Christine Ray
P.O. Box 505
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 120
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

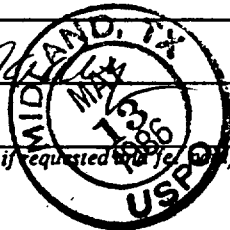
6. Signature - Agent

X

7. Date of Delivery

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

Box 505



DOMESTIC RETURN RECEIPT

P 652 002 120

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Christine Ray	
Street and No. P.O. Box 505	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$ 39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date 1986 USPO	

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.

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

3. Article Addressed to:
Conrad E. Coffield
P.O. Box 3580
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 119
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

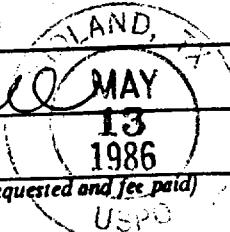
X

7. Date of Delivery

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

Box 3580

Midland TX 79702



DOMESTIC RETURN RECEIPT

P 652 002 119

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Conrad E. Coffield	
Street and No. P.O. Box 3580	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$ 39
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	.90
TOTAL Postage and Fees	\$ 2.04
Postmark or Date 1986 USPO	

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:
C.D. Martin
P.O. Box 3341
Midland, Texas 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 151
☐ 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)

Box 3341

Midland Tx 79702

DOMESTIC RETURN RECEIPT

P 652 002 151

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982	Sender's Name C.D. Martin	
	Street and No. P.O. Box 3341	
	P.O. State and ZIP Code Midland, Texas 79702	
	Postage	\$.39
	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	.90
	TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 13 1986 USPO		

PS Form 3800, Feb. 1982

PS Form 3811

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:
Lewis C. Cox
P.O. Box 10
Roswell, N.M. 88202

4. Type of Service: Article Number
☐ Registered ☐ Insured P 652 002
☒ Certified ☐ COD 150
☐ Express Mail

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

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

5-14-86

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

DOMESTIC RETURN RECEIPT

P 652 002 150

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982	Sender's Name Lewis C. Cox	
	Street and No. P.O. Box 10	
	P.O. State and ZIP Code Roswell, N.M. 88202	
	Postage	\$.39
	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	.90
	TOTAL Postage and Fees	\$ 2.04
Postmark or Date MAY 14 1986 USPO		

PS Form 3800, Feb. 1982

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:
Paul W. Eaton
P.O. Box 12118
Amarillo, Texas 79101

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	P 652 002 149

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *My Roberts*

6. Signature - Agent
X

7. Date of Delivery
14/5/86

8. Addressee's Address (ONLY if requested and fee paid)
POBX12118

DOMESTIC RETURN RECEIPT

P 652 002 149

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
★ U.S.G.P.O. 1983-403-517

Sent to Paul W. Eaton	
Street and No. P.O. Box 12118	
P.O., State and ZIP Code Amarillo, Texas 79101	
Postage	\$ 39
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	90
TOTAL Postage and Fees	204
Postmark or Date	