# BILL SELTZER 507 PETROLEUM BUILDING MIDLAND, TEXAS 79701

1 1/

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

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 BEFORE EXAMINED 2

Amound Example 2

CASE NO. 8904

#### 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.

J. Randy Turner P. 0. Box 1540 Midland, Texas 915-682-1616 79702

funds

#### 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 # GPO: 1982-379-593

# GPO: 1982-379-593

### P 625 005 111

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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## P 625 005 110

#### RECEIPT FOR CERTIFIED MAIL

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2. RESTRICTED DELIVERY
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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 P 652 002 EXPRESS MAIL (Always obtain signature of addressee or agent)  I have received the article described above.  SIGNATURE Addressee Authorized agent
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Midland, Texas 79702  4. TYPE OF SERVICE:  REGISTERED INSURED P 652 002  SCENTIFIED COD 108  EXPRESS MAIL  (Always obtain signature of addressee or agent)  I have received the article described above.  SIGNATURE Addressee Authorized agent
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### P 652 002 109

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code Roswell, N.M.	38201
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1982	Return receipt showing to whom, Date, and Address of Delivery	
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3800,	Postmark or Date	
PS Form 3800, Feb. 1982	5/6/86	

#### P 652 002 108

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(Gee Hevelse)		
3-517	sGal-Mon Oil Co. P.O. Box 2066		
83-40	swiidiand, Texas		
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code R. L.	Monagh	an
J.S.G.F	Postage	<b>\$</b> .39	
*	Certified Fee	. 75 .	
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	Return Receipt Showing to whom and Date Delivered	70	
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800,	Postmark or Date		
PS Form 3800, Feb. 1982	5/6/86		

Form 3811, July 1982	SENDEN: Complete items 1, 2, 3, 4     Add your address in the space on reverse.	ind 4. 'RETURN TO''		
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	JARTICLE ADDRESSED TO: Jet Oil Co. JOO N. Pearl Lock Box 340 Dallas, Texas 75	5201		
	4. TYPE OF SERVICE:	ARTICLE NUMBER		
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## SENDER: Complete Items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse. Form 3811, July (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 ... RESTRICTED DELIVERY..... (The restricted delivery fee is charged in addition to the return receipt fee.) TOTAL S ARTICLE ADDRESSED TO: Mr McLeod & Mr Lauman -- Wiser Oil Co. Suite 540, One Allen Center 500 Dallas Street Houston Texas 77002 ARTICLE NUMBER P 652 002 4. TYPE OF SERVICE: ☐ INSURED REGISTERED CERTIFIED COD 107 DEXPRESS MAIL (Always obtain signature of addressee or agent) I have received the article described above. Authorized agent SIGNATURE Addressee DATÉ OF DELIVERY POSTMARK 6. ADDRESSEE'S ADDRESS (Only If requested, RETURN RECEIPT MAY 9 1980 7. UNABLE TO DELIVER BECAUSE: 7a. EMPLOYEE'S

# GPO: 1982-379-593

#### P 652 002 105

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

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3800,	Postmark or Date		
PS Form 3800,	5/6/86		

#### P 652 002 107

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

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#### SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" Form 3811, July space on reverse. (CONSULT POSTMASTER FOR FEES) 1. The following service is requested (check one). Show to whom and date delivered ..... **1982** Show to whom, date, and address of delivery ... RESTRICTED DELIVERY..... (The restricted delivery lee is charged in addition to the return receipt fee.) TOTAL \$ S.E. Cone, Jr. P.O. Box 10321 79408 Lubbock, Texas 4. TYPE OF SERVICE: ARTICLE NUMBER REGISTERED ☐ INSURED P 652 002 **⊠** CERTIFIED 118 EXPRESS MAIL (Always obtain signature of addresses or agent) I have received the article described above. Authorized agent SIGNATURE DATE OF DELIVERY DOSTA 6. ADDRESSEE'S ADDRESS (Only II re 1986 7. UNABLE TO DELIVER BECAUSE: + GPO: 1982-379-593

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### P 625 005 116

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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Restricted Delivery Fee		
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Return receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	<sup>\$</sup> 1.84	
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## P 652 002 118

## RECEIPT FOR CERTIFIED MAIL

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ç	Return receipt showing to whom, Date, and Address of Delivery	
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•	Postmark or Date	
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# GPO: 1982-379-593

## P 652 002 117

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

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* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code Lubbock, Texas	79408
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	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	. 70
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800,	Postmark or Date	
PS Form 3800, Feb. 1982	5/6/86 <sup>-</sup>	
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*	Certified Fee		. 75
	Special Delivery Fee		
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PS Form 3800, Feb. 1982	5/6/86		

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	:		TOTAL \$		
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ı	Midland, Texas 79702	
-	4. TYPE OF SERVICE: ARTICLE NUMBER	
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ł	☑CERTIFIED ☐COD 114	
	(Always obtain signature of addressee or agent)	
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BETHRUBECE	6. ADDRESSEE'S ADDRESS (Only Integration) 1986	
Ž	7. UNABLE TO DELIVER BECAUSE: PLOYEE'S	_
22	INITIALS	
2	<i> </i>	

# GPO: 1982-379-583

## P 652 002 114

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

-517	Mr. Charlie Dickenson Sento Cities Serivce Co.		
983-403	Street and No. P.O. Box 1919		
0.1	P.O., State and ZIP Code		
* U.S.G.P.O. 1983-403-517	Midland, Texas	<del>79702</del> .39	
*	Certified Fee	.75	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered	.70	
1982	Return receipt showing to whom, Date, and Address of Delivery		
Feb.	TOTAL Postage and Fees	\$ 1.84	
8	Postmark or Date		
PS Form 3800, Feb. 1982	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	
1. The following service is requested (check one).	
1. The following services 1. The following services and date delivered	
Show to whom, date, and address of delivery.	
Show to whom, date, are	
2. RESTRICTED DELIVERY fee is charged in addition	
to the return rossing	
TITO Spear	
MS. HILL	
3. ARTICLE ADDRESSI CO. Rebel Oil Dr	
Hobbs N.M. 88240	
- asmire.	
TOSCISTERED THOUSAND	
DECERTIFIED	
EXPRESS MAIL of addressee or agent)	
elation elation of	
there received the article described the shortest areas	
SIGNATURE Addresses AMMONTES	
POSTMARK (may be on reverse side)	
a - / DATE OF SEE.	
12.7.86	
6. ADDRESSEE'S ADDRESS (Only II requested)	
6. ADDRESSEE'S ADDRESS (	i
THE COURT OF THE C	İ
7. UNABLE TO DELIVER BECAUSE: 78. EMPLOYEE'S INITIALS	ı
7. UNABLE TO DECIVE	ı
7. UNABLE TO DELIVER BECAUSE: 78. EMPLOYEE'S INITIALS  OF THE PROPERTY OF THE	23 23
© # GPO: 1982-379-5	

# b P25 005 775

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

		Craar					
5 6	Seh	& Ellie Spear			$\dashv$		
* U.S.G.P.O. 1983-403-31	Stre	et and No.			-	h 7.	^
19	P.G	Suste and Zip Code Mexi Hobbs, New Mexi	co		381	[4	. U
O.P.	Po	stage	\$	.3	9_	1	
r U.S.	100	ertified Fee		.7	5_		
_	1	pecial Delivery Fee				1	
	F	lestricted Delivery Fee	1			4	
	L	Return Receipt Showing to whom and Date Delivered			70	$\dashv$	
	ı	Return receipt showing to whom, Date, and Address of Delivery					
	1			\$ <u>1</u>	. 8	4	
	PS Form 3800, Feb.	Postmark or Date					
	orm 3	5/6/86					
	ν. υ.						

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. 0. 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. 0. 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

#### P 652 002 147

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	Sent to Earnest Angelo, .	Jr.
83-403	Street and No. 410 N. Main	
J. 19	P.O., State and ZIP Code	0.1
★ U.S.G.P.O. 1983-403-517	Midland, Tx. 7971	\$,39
<b>→</b>	Certified Fee	45
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	·90
Feb.	TOTAL Postage and Fees	\$ 2.04
PS Form 3800, Feb. 1982	Postmark or Date	

#### SENDER: Complete items 1, 2, 3 and 4.

410 M. MAIN

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. Aestricted Delivery.
- 3. Article Addressed to:
  Barnes Adelante Trusts No. 2
  P.O. Box 505
  Midland, Texas 79702

4. Type of Servi	Article Number			
☐ Registered ☐ Certified ☐ Express Mail	☐ Insured ☐ COD	P 1	652 79	002

Always obtain signature of addressee  $\underline{or}$  agent and  $\underline{\text{DATE DELIVERED}}.$ 

5. Signature - Addressee

DOMESTIC X

RETURN RECE

3811,

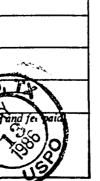
1983

6. Signature - Agent

X A LAND

8. Addressee's Address (ONLY if

B04505



#### P 652 002 179

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	1		
U.S.G.P.O. 1983-403-517	Beattones Adelante P.O. Box 505 Street and No.	Trusts	No
.0. 198	P.J. Gland, ZIP Cexas	79702	
J.S.G.P	Postage	\$,39	
*	Certified Fee	. 25	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery	.90	
Feb.	TOTAL Postage and Fees	\$2.24	
PS Form 3800,	Postmark or Date		

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 nate 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 Article Number 4. Type of Service: P 652 002 ☐ Insured ☐ Registered 146 **Gertified** □ cod ☐ Express Mail

Always obtain signature of addressee or agent and

8. Addressee's Address (ONLY if required

DATE DELIVERED. 5. Signature - Addressee

6. Signature - Agent

Date of Delivery

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: Article Number ☐ Insured ☐ COD P 652 002 Registered Certified 145 Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC 6. Signetur RETURN 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid DOX 505

## P 652 002 146

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	Sento Barnes, Jr.	
83-403	Street and No. P.O. Box 673	
★ U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code Midland, Texas 7	9702
.S.G.	Postage	\$,39
*	Certified Fee	175
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Defivery	.90
PS Form 3800, Feb. 1982	TOTAL Postage and Fees —	\$ 2.04
3800,	Postmark or Date	
orm (	1 1000	
PS F	$g_{ij}$ in	

## P 652 002 145 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

-517	sesteve C. Barnes	
* U.S.G.P.O. 1983-403-517	Street and No. Box 505	
.0. 19	P.O. State and AIP Code	79702
.S.G.P	Postage	\$,39
*	Certified Fee	, 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery.	90
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$7.04
800	Postmark or Date/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
orm 3	\ \ 1986 }	
PS F(	USPO	1

#### 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 nete of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. M Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: Viola S. Barnes 1400 S. Big Spring, Suite 28 Midland, Texas 4. Type of Service: Article Number P 652 002 Registered Insured COD Certified 143 Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN Signature 371/Az Agent 8. Addressee's Address (ONLY if requested and fee paid)

#### P 652 002 144

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	sev to Elaine Barne:	S
83-400	stRet and NBOX 505	
+ U.S.G.P.O. 1983-403-517	P.Mistle and in Crexas	79702
.S.G.F	Postage	\$ .39
<b>→</b>	Certifled Fee	.75
	Special Delivery Fee	
-	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
Feb.	TOTAL Postage and Fees	2:04
PS Form 3800, Feb. 1982	Postmark or Date	

## 652 002 143

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Swiola S. Barnes	<del></del>	]
Simpled NS. Big Spi	ing. Si	hite
P.O., State and ZIP Code Midland Texas		2 {
Postage	\$ ,20	
Certified Fee	75	
Special Delivery Fee	• • • •	
Restricted Delivery Fee	· ·	
Return Receipt Showing to whom and Date Delivered		
Peturn receipt showing to whom, Date, and Address of Delivery	.90	
TOTAL Postage and Fees	\$2.04	
Postmark or Date		
	P.O. State and ZIP Code Midland, Texas Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom-and Date Delivery Paturn receipt showing to whom, Date, and Address of Delivery	Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to whom and Date Delivered  Feturn receipt showing to whom Date, and Address of Delivery  TOTAL Postage and Fees

75-aum 3811, huly 1883	SENDEH: Complete items 1, 2, 3 and 4.  Putwourladdress in the "RETURN TO" space on the everse side! Failure to do this will prevent this card from boing returned to you. The return receipt lee will provide you the rame 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.			
IIII	B. Afticle Addressed to:			
	P.O. Box 127			
	Midland, Texas 79702			
797	4 Type of Service: Article Number			
197 W J	Degistered Sinsuma P 652 002 COD 3 142			
'w	Always obtain signature of addressee of agent and			
~	DATE DELIVERED.			
D	5. Signature – Addresse			
¥.	S. Signature - Agent			
STIC	xy hills som			
DOMESTIC RETURN RACAN	7. Dave of Oblivery			
RN 7	8. Addressee's Address (ONLY if requested and fee paid)			
aca w	Midland Tr 29702			

#### SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the Form reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide 3811. 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 78613 Cedar Park, Texas Article Number 4. Type of Service: P 652 002 ☐ Insured ☐ COD ☐ Registered Certified 141 ☐ Express Mail Always obtain signature of addressed or agent and DATE DELIVERED. 5. Signature - Addres DOMESTIC x Mult 6. Signature - Agent 7. Date of Delivery 8. Addressee's Address, ONLY if requested and fee paid

#### P 652 002 142

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	Sert to ank Kell Caho	on
83-40	Street and NBOX 127	
.o.	P.M.Edibandip Coexas	79702
* U.S.G.P.O. 1983-403-517	Postage	\$ ,39
*	Certified Fee	, 7,5
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	<i>x</i>
1982	Return receipt showing to whom, Date, and Address of Delivery	.40
Feb.	TOTAL Postage and Fees	\$2.04
PS Form 3800, Feb. 1982	Postmark or Date	

#### P 652 002 141

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See neverse)		
517	segde S. Hill		
* U.S.G.P.O. 1983-403-517	Street and No. P.O. Box 1568		
0.19	P.O. State and ZIP Code Cedar Park, Tx.		7861
S.G.F	Postage	\$	.39
<b>→</b>	Certified Fee		, 75
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery		-90
Feb.	TOTAL Postage and Fees	\$_	Do. C
PS Form 3800, Feb. 1982	Postmark or Date	/	

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. Description 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: **Article Number** ☐ Insured☐ COD P 652 002 Registered (Certified 140 ☐ Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. Addresse DOMESTIC 6. Signature – Agent RETURN RECEIPT 7. Date of Delivery 1 4 MAY 1986

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

TEXAS AMERICAN BANK BLOG.

## 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. A 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 Article Number 4. Type of Service: | Insured P 652 002 Registered Certified 139 ☐ Express Mail Always obtain signature of addressee or agent and DATE DEMWERED. DOMESTIC 6. Signature Х 7. Date of Delivery 8. Addressee's Address (ONE)

## P 652 002 140

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

-517	sHidl Revocalbe	rusts	
U.S.G.P.O. 1983-403-517	s2610 Niexas Amer Bldg., 500 Thro	ican Ba ckmorto	nk n
.0.19	P.C. State and ZIR Code Ft. Worth, Tx.	76102	
S.G.F	Postage	\$ ,39	
*	Certified Fee	. 75	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery	.90	
Feb.	TOTAL Postage and Fees	\$2.04	
PS Form 3800, Feb. 1982	Postmark or Date.		-

#### P 652 002 139

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See neverse)	
1-517	s&obert M. Daven	port
63-403	Street and NBox 3511	
* U.S.G.P.O. 1983-403-517	P.O. State and ZIP Code Midland, Texas	79702
J.S.G.F	Postage	s, 39
*	Certified Fee	, 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
Feb.	TOTAL Postage and Fees	\$2.0d
3800,	Postmark or Date	
S Form 3800, Feb. 1982	1986	:
S		

300

## 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. 1983 1. Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: Jane Barnes Ramsland P.O. Drawer 10505 Midland, Texas 79702 4. Type of Service: Article Number Insured P 652 002 Registered Certified Express Mail 137 Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED</u>. 5. Signature - Addressee DOMESTIC RETURN RECEIPT 6. s Address (ONLY if requested and fee

#### P 625 005 138

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

-517	saussell J. Rams	land	
83-403	Street and Na P.O. Drawer 1050	05	
Settlessell J. Ramsland  Signature 10505  Po. State and ZIP Code Midland, Texas 7970  Postage  Certified Fee			
.S.G.F	Postage	\$,39	
<b>→</b>	Certified Fee	,75	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery	,90	
Feb.	TOTAL Postage and Fees	\$ 2.04	
PS Form 3800,	Postmark or Date		

## P 652 002 137

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See Reverse)	
3-517	sedane Barnes Ram	sland
* U.S.G.P.O. 1983-403-517	Street and No. Drawer 105	05
.o.	P.Mistrand JIP Code Midiand, Texas	79702
J.S.G.F	Postage	\$ ,39
*	Certified Fee	. 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
Feb.	TOTAL Postage and Fees	\$2.04
3800,	Postmark or Date	
Form 3800,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

## P 652 002 148

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	Schaudia R. Burc	h
983-40	Steet and Notales 105	05
P.O. ±	PMishemorp of Exas	79702
* 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	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
Feb.	TOTAL Postage and Fees	\$9.04
PS Form 3800,	Postmark or Date 1980	
_ !		1

#### 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. Aestricted Delivery.
- 3. Article Addressed to: Russell J. Ramsland, Jr. P.O. Drawer 10505 Midland, Texas 79702

☐ Begistered ☐ Certified ☐ Express Mail	☐ Insured ☐ COD	P 65 135	2 002	•
Always obtain si DATE DELIVER		ldressee <u>or</u>	agent and	,

Article Number

5. Signature - Addressee

4. Type of Service:

DOMESTIC X 6. Signature ٠x'

Address (ONLY if requested and fee pe

3-517	Sent to Russell J. Rams	land,	Jr
83-403	Street ond Norawer 10505		
.0.19	P.O. State and ZIP Code Midland, Texas	79702	
+ U.S.G.P.O. 1983-403-517	Postage	\$,39	
<b>→</b>	Certified Fee	. 25	
	Special Delivery Fee		
	Restricted Delivery Fee	·	
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery	,90	
Feb. 1982	TOTAL Postage and Fees	\$2.04	
3800,	Postmark or Date		
S Form 3800,			
S			

P 652 002 135

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

#### 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.

B. Addressee's Address (ONLY if requested and TES pa

- 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 ☑ Certified ☐ Express Mail

P 652 002 ☐ Insured □ cop 133

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

DOMESTIC

RETURN

RECEIPT

6. Sjenature – Agent mm

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

P 652 002 134

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	<sup>Seg</sup> tto R. Henderson	n
83-403	Street and No. P.O. Box 2477	
+ U.S.G.P.O. 1983-403-517	P.O. State and ZIP Code Midland, Texas	79702
.S.G.	Postage	\$.39
) *	Certified Fee	- 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
Feb.	TOTAL Postage and Fees	\$ 7.04
PS Form 3800, Feb. 1982	Postmark or Date $1986$	,

## F 652 002 133

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	` .	
* U.S.G.P.O. 1983-403-517	Sent to SDS Properties, Street and No.	Inc.
.O. 198	P.O. Box 10 P.O. State and ZIP Code Roswell, N.M.	38202
S.G.P	Postage	\$,39
÷	Certified Fee	. 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
982	Return receipt showing to whom, Date, and Address of Delivery	.90
Ť	TOTAL Postage and Fees	\$2.04
20 T	Postmark or Date	

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

2	П	Dar.		Delivery.	
۷.	_	nesi	rictea	Delivery.	

3. Article Addressed to: Paul J. Kelly P.O. Drawer 2068 Santa Fe, N.M. 87504

4.	Type of Ser	vice:	
	Registered		Ir

Certified ☐ Express Mail ☐ Insured ☐ COD

Article Number

P 652 002 132

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

DOMESTIC

RETURN 8

\$

6. Signature - Agent

7. Date of Delivery

8. Addressee's Address (ONLY if

Form

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

79702 Midland, Texas

-					_
1.	Type	nf	Ser	vice	•:

Article Number

Registered Certified
Express Mail ☐ Insured ☐ COD

P 652 002 131

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

DOMESTIC

RETURN

RECEIPT

6. Signature - Agent

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

٠, ٠

P 625 005 735

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	Paul J. Kelly	
83-40	Street and No Drawer 206	8
.0.19	P.OS affe and FIE Cody . M.	87504
+ 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	
1982	Return receipt showing to whom, Date, and Address of Delivery	190
Feb.	TOTAL Postage and Fees	\$2.04
PS Form 3800, Feb. 1982	Postmark or Date. 1986	
Form	7/300	1
PS		•

P 652 002 131

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

1517	selul. Herd	
83-403	Street ond NBox 130	
* U.S.G.P.O. 1983-403-517	P.O. State and ZIP Code Midland, Texas	79702
.S.G.F	Postage	· 39
) *	Certified Fee	75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	:204
3800,	Postmark or Date	
E		
PS F		. *
	<b></b>	

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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: Article Number Insured COD ☐ Begistered Certified P 652 002 ☐ Express Mail 130 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC 13 6. Signature - Agent RETURN RECEIPT 7. Date of Delivery

#### P 652 002 130

#### RECEIPT FOR CERTIFIED MAIL.

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	sMccCes, Inc. P.O. Box 3580	
* U.S.G.P.O. 1983-403-517	Street and No.  Midland, Texas P.O., State and ZIP Code	79702
S.G.P.	Postage	\$ ,39
n *	Certified Fee	. 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
Feb.	TOTAL Postage and Fees	\$ 2.04
PS Form 3800, Feb. 1982	Postmark or Date	
PS Fc	1986	/ ]

70	v (6			
PS F	SENDER: Complete items 1, 2, 3 and 4.			
OTT	Put your address in the "RE"	TURN TO" space on the		
ပ္ည	reverse side. Failure to do this will prevent this card being returned to you. The return receipt fee will pr			
811	you the name of the person of	delivered to and the date of		
<u></u>	delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es			
ź	for service(s) requested.	Side Side Side South		
Form 3811, July 1983	1. Show to whom, date a	and address of delivery.		
_	2. Restricted Delivery.			
	3. Article Addressed to:			
	Laurie B. Barr	•		
	P.O. Box 198			
i	Midland, Texas	79702		
į	4. Type of Service:	Article Number		
	Begistered Insured	P 652 002		
	☐ Certified ☐ COD ☐ Express Mail	129		
	C CAPICIS Man			
	Always obtain signature of addressee or agent and DATE DELIVERED.			
ӯ	5. Signature - Addressee			
DOMESTIC	X			
S	6 Signature - Many			
	X/ COUV	13.00		
RETURN	7. Date of Delivery	The Factor		
핡	8. Addressee's Address (ONL)	Y if requestioned for post		
RE	0.112.	12/ 0867		
8		1 / 120 /0/		

## P 625 005 129

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

١	sent to Laurie B. Barr	
* U.S.G.P.O. 1983-403-51	Street and No. 198	
. 198 8	P.O. State and JIP Code xas	7-9702
.G.P.	Postage	\$ ,34
* U.S	Certified Fee	. 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
5	the best long to whom.	-90
•	TOTAL Postage and Fees	\$ 2.0
1	Return receipt showing to Date, and Address of Delivery  TOTAL Postage and Fees  Postmark or Date  E	

SEIVUEN. 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. Ц	Restricted	Delivery

Claude F.		÷
P.O. Box		
Houston,	Texas	77265

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

Always obtain signature_c	of addressee or agent and
DATE DELIVERED	<b>~</b> . — `

5.	Signardre	Addresse	
X		XXI (	
6.	Signature -	Agent	//

7. Date of Delivery

DOMESTIC RETURN RECEIPT

8.	Addressee's Address	(ONLY if req
	P.O.Bex 6	832
		_

HOUSTON

#### 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. W Show to whom, date and address of delivery.
- 2. Restricted Delivery.
- 3. Article Addressed to: Shirley Ann Wynn Suite 811 Preston State Bank Bldg. Dallas, Texas 75225

4. Type of Servi	ce:		Ar	ticle Nur	nber
☐ Registered ☐ Certified ☐ Express Mail		Insured COD	P 12	652 27	002

Always obtain signature	of addressee <u>c</u>	or agent and
DATE DELIVERED.		-

DOMESTIC RETURN RECEIPT	5.	Signature - Addressee
8	X	
ES	6.	Signature - Agent
금	x	Pat Robertson
	7.	Date of Delivery 1 4 1000
JRNI	8.	Addressee's Address (ONLY if requested and fee paid)
REC		
EPT		

#### P 652 002 128

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	<sup>Sec</sup> t1aude F. Wynn	
83-40	Street end NBox 6832	
.0.	P. Nous cont, Ciexas	77265
+ U.S.G.P.O. 1983-403-517	Postage	\$ ,39
*	Certified Fee	,75
	Special Delivery Fee	
i	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
Feb.	TOTAL Postage and Fees	\$ 2.04
PS Form 3800, Feb. 1982	Postmark or Date	

#### P 652 002 127

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

517	SegMirley Ann Wyn	n	
+ U.S.G.P.O. 1983-403-517	Suite 811 Street and No. Preston State B	ank Bl	lg
1		75225	
S.G.P	Postage	139	
	Certified Fee	. 75	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
982	Return receipt showing to whom, Date, and Address of Delivery	190	
rab.	TOTAL Postage and Fees	\$2.04	
200	Postmark or Date		
S Earm 3800 Feb. 1982	1986		
· v	A Part of the		١

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

## b P25 005 75P

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

+ U.S.G.P.O. 1983-403-517	Sw. 10 Forrest Wynn		
983-4	Street and No. Preston State Ba	ink Bl	lg.
P.O. 15	P.Dastray, IPfexas 75	225	
J.S.G.	Postage	\$.39	
*	Certified Fee	. 75	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery	.40	
Feb.	TOTAL Postage and Fees	2.04	
3800,	Postmark or Date		
orm 3	A A MAN		
PS Form 3800,	L Toop	//	
J	<u></u>		

#### SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the Form 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 3811, 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 Boradway Suite 1212 79401 Lubbock, Texas Article Number 4. Type of Service: P 652 002... ☐ Insured ☐ Registered 125 COD Certified Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature / Addressee DOMESTIC RETURN 6. Signature - Age 7. Date of Delivery Address (ONLY if requested and fee paid) #12/2

## P 652 002 125 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	1000 11010100)	
103-517	Seatten. Welborn	
5	Suite 1212	
.O. 18	P.D. Forderic Core xas	79401
★ U.S.G.P.O. 1983-403-51	Postage	: 37
. *	Certified Fee	. 75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	2.69
800,	Postmark or Date	r T
E 3		
Ē.		
S		

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. B Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: Jack Markham Suite 1212 1500 Broadway Lubbock, Texas 79401 4. Type of Service: Article Number P 652 002 ☐ Insured. ☐ 月egistered ☑ Certified COD 180 ☐ Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. DOMESTIC 7. Date of Delivery 5-15-8'6

8. Addressee's Address (ONLY if requested and fee paid). 1500 Brding #1212 SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the Form 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. Y Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: Robert C. Tucker 1408 W. Pecan Street Midland, Texas 79701 Article Number 4. Type of Service: ☐ Insured P 652 002 Registered . COD ☑ Certified 123 ☐ Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signasure DOMESTIC 6. Signature - Agent

7. Date of Delivery

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

1408 W-Peca

#### P 625 005 790

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

1217	Sent to Jack Markham	
3-403	sissu intrevo. 1212	
* U.S.G.P.O. 1983-403-517	P.Lubbock <sup>IP O</sup> Texas	79401
.S.G.F	Postage	\$,39
*	Certified Fee	,75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	,
1982	Return receipt showing to whorn, Date, and Address of Delivery	-90
Feb.	TOTAL Postage and Fees	\$2.04
3800,	Postmark or Date	
PS Form 3800, Feb. 1982	1986 / /	
PS F	USPO	

#### P 652 002 123

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(Gee Heverse)	
-517	sandbert C. Tucke	r
83-403	sile408 NW. Pecan S	treet
* U.S.G.P.O. 1983-403-517	PO State and ZIP Code Midland, Texas	79701
S.G.P	Postage	\$ , 3,9
<b>→</b>	Certified Fee	, 73
	Special Delivery Fee	·
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	.90
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$2.04
800,	Postmark or Date	
orm 3	1986	
PS F	VSPO	

J50 W. TEXM # 1140

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: .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 DOMESTIC RETURN 6. Signature - Agent 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid)

#### P P25 005 757

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3.517	Staten-Goins E	ngineeı	ing
* U.S.G.P.O. 1983-403-517	Street and No. 1140 Two First City Ce		ntei
o.	P.O., State and ZIP Code Midland, Texas	79701	
.S.G.F	Postage	\$ , 39	
*	Certified Fee	. 15	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery	-90	
Feb. 1982	TOTAL Postage and Fees	\$2.04	
8	Postmark or Date		
PS Form 3800,			
PS			

# P 625 005 178

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

			1
. [	Sent	M. Crouch, Jr.	
	SiPe	pt@nd NBOX 1082	
* U.S.G.P.O. 1983-403-311	PM	idland, Texas	79702
.G.P.	Pos	stage	\$ ,39
* O.S.		rtified Fee	
	- 1	pecial Delivery Fee	
		estricted Delivery Fee	
		Return Receipt Showing to whom and Date Delivered	1-6
	- F	Return receipt showing to whom, Date, and Address of Delivery	1,90
	Feb. 1982	TOTAL Postage and Fees	\$ 3004
		Postmark or Date	
	Form 3800,	1	
	Fort	1360	; 
	U	3.1	

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. M Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: Christine Ray P.O. Box 505 Midland, Texas 79702 4. Type of Service: Article Number P 652 002 ☐ Registered ☐ Insured (Certified □ COD 120 Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC 6. Signature - Agent 7. Date of Delivery 8. Addressee's Address (ONLY i) Box 505

#### P 625 005 750

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

3-517	Sento Christine Ray	
83-403	Street and No. P.O. Box 505	
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code Midland, Texas	79702
J.S.G.1	Postage	: 39
*	Certified Fee	, 15
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	·
1982	Return receipt showing to whom, Date, and Address of Delivery	-90
Feb.	TOTAL Postage and Fees	\$2.04
PS Form 3800, Feb. 1982	Postmark or Date 900	

#### 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. If Show to whom, date and address of delivery.
- 2. Restricted Delivery.
- 3. Article Addressed to: Conrad E. Coffield P.O. Box 3580 Midland, Texas 79702

⊶.	Type of oc.	
	Registered Certified	☐ Insured

4 Tune of Service

Article Number

☐ Express Mail

P 652 002 119

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

5. Signature - Addresses	÷.	AND
X		AND
6. Signatura - Agent	Dill	O MAY
X SILLUCIOT	PUU	
7 Date of Delivery		10

DOMESTIC

RETURN

1986

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

1 3510

## P 652 002 119

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

`	
soparad E. Coffie	1d
Street and No. 3580	
PMister and FIP Code xas	79702
Postage	\$,39
Certified Fee	. 75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
is abouted to whom,	.40
TOTAL Postage and Fees	\$ 2.04
Postmark or Date 1986	
	Return Receipt Showing to whom and Date Delivery  Return receipt showing to whom and Date Delivered  Return receipt showing to whom, Date, and Address of Delivery  TOTAL Postage and Fees  Postmark or Date

	-
ß	ſ
Form	
381	

#### 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 wallable. Consult postmaster for fees and check box(es)

vice(s) requested.

. il 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	. т	ype	of	S	ervic	e:

Article Number

Registered X Certified ☐ Express Mail ☐ Insured ☐ COD

P 652 002

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

DOMESTIC

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_F	Yatd	of D	eliver	v '' -
• •				٠,
	~~	- /		· (/
	~		7 -	· / .

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

P 625 005 127

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

-517	sea.d. Martin			
83-403	Street Ond NBOX 3341			
* U.S.G.P.O. 1983-403-517	PO State and ZIP Code Midland, Texas	79702		
.S.G.F	Postage	\$ 39		
*	Certified Fee	. 75		
	Special Delivery Fee			
	Restricted Delivery Fee			
	Return Receipt Showing to whom and Date Delivered			
1982	Return receipt showing to whom, Date, and Address of Delivery	-90		
Feb. 1982	TOTAL Postage and Fees	\$ 2.04		
PS Form 3800,	Postmark or Date			

# P 625 005 150

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See Heverse)	
12	sanewis C. Cox	
3-403	Street and No. Box 10	
0.198	P.O., State and ZIP Code M. ROSWELL, N.M.	38202
+ U.S.G.P.O. 1983-403-517	Postage	\$,39
	Certified Fee	, 7,5
	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	50,04
	Postmark or Date	
	ا ف	

Address (ONLY if requested and fee paid)

8. Addressee's

## P 652 002 149

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

3-517	Spaul W. Eaton	
83-400	Street and No. P.O. Box 12118	
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code Amarillo, Texas	79101
.s.g.	Postage	\$ 39
*	Certified Fee	75-
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	,
1982	Return receipt showing to whom, Date, and Address of Delivery	90
Feb.	TOTAL Postage and Fees	204
3800,	Postmark or Date	
S Form 3800, Feb. 1982		
ζ,	· · · ·	