

P 612 458 202

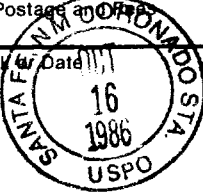
RECEIPT FOR CERTIFIED MAIL

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 <i>Dugan Production Co</i>	
Street and No. <i>P.O. Box 208</i>	
P.O., State and ZIP Code <i>Farmington NM 87499</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date 	

## RECEIPT FOR CERTIFIED MAIL


NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

Sent to <i>BHP Petroleum (America) Inc</i>	
Street and No. <i>Ste 600 5613 DTC Parkway</i>	
P.O., State and ZIP Code <i>Englewood CO 80111</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark of Post Office	

★ S Form 3800, Feb. 1982



P 612 458 198

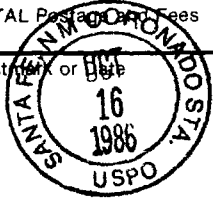
RECEIPT FOR CERTIFIED MAIL

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 <i>R &amp; B Drilling Co.</i>	
Street and No. <i>P.O. Drawer 419</i>	
P.O., State and ZIP Code <i>Farmington NM 87499</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date 	

P 612 458 195

**RECEIPT FOR CERTIFIED MAIL**

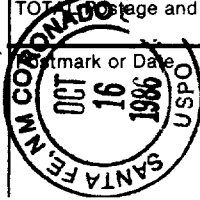
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to	<i>Tefaco Inc</i>	
Street and No.	<i>Box 2100 4601 DTC Blvd</i>	
P.O., State and ZIP Code	<i>Denver CO 80201</i>	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to whom and Date Delivered		
Return receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	<i>1.67</i>
Postmark or Date		



P 612 458 200

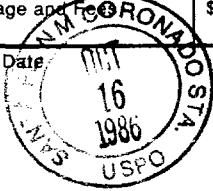
**RECEIPT FOR CERTIFIED MAIL**

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 <i>Jerome P. McHugh</i>	
Street and No. <i>P.O. Box 809</i>	
P.O., State and ZIP Code <i>Farmington NM 87499</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date 	


## 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 <i>21 Paso Natural Gas Co</i>	
Street and No. <i>P.O. Box 990</i>	
P.O., State and ZIP Code <i>Terrebonne NM 87401</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date 	

P 612 458 194

RECEIPT FOR CERTIFIED MAIL

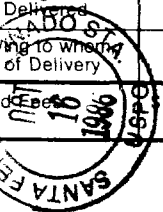
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to <i>Union Texas Pkz. Co</i>	
Street and No. <i>P.O. Box 1290</i>	
P.O., State and ZIP Code <i>Farmington NM 87499</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	<i>1.67</i>
Postmark or Date	



P 612 458 197

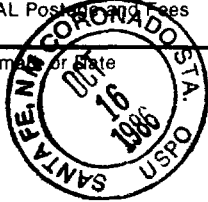
RECEIPT FOR CERTIFIED MAIL

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 <i>Southland Royalty Co</i>	
Street and No. <i>P.O. Drawer 570</i>	
P.O., State and ZIP Code <i>Farmington NM 87401</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date 	



P 612 458 205


**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	<i>Beta Development Co</i>	
Street and No.	<i>125 Petroleum Plaza</i>	
P.O., State and ZIP Code	<i>Farmington NM 87401</i>	
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to whom and Date Delivered		
Return receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees		\$ <i>1.67</i>
Postmark		

P 612 458 204

RECEIPT FOR CERTIFIED MAIL

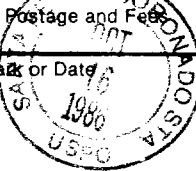
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to <i>Columbus Energy Co</i>	
Street and No. <i>P.O. Box 2038</i>	
P.O., State and ZIP Code <i>Farmington NM 87499</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date	



P 612 458 199

RECEIPT FOR CERTIFIED MAIL

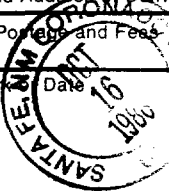
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to <i>C.M. Paul</i>	
Street and No. <i>1100 W. United Life Bldg</i>	
P.O., State and ZIP Code <i>Midland TX 79701</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark Date	



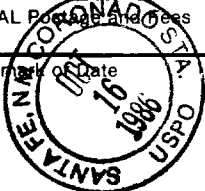
## RECEIPT FOR CERTIFIED MAIL

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 <i>Amaco Prod Co</i>	
Street and No. <i>501 Airport Dr</i>	
P.O., State and ZIP Code <i>Farmington NM 87401</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date 	

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

S Form 3800, Feb. 1982

Sent to <i>Southwest Prod Co</i>	
Street and No. <i>2706 National Lincoln</i>	
P.O., State and ZIP Code <i>Murband TX 75041</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark or Date <i>16 1986</i>	



**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:

*Jerome P. McHugh*  
*P.O. Box 809*  
*Farmington NM 87499*

## 4. Type of Service:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

## Article Number

*P 612 458 200*

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:**

C. M. Paul  
1100 Western United Life  
Midland TX 79701

**4. Type of Service:**

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

**Article Number**

P 612458 199

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

**5. Signature - Addressee**

X

**6. Signature - Agent**

X

R. Huffer

**7. Date of Delivery**

10-20-86 mh

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

PS Form 3811 July 1989 447,945

<b>SENDER: Complete items 1, 2, 3 and 4.</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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: <i>T. HACO Inc</i> <i>Box 2100</i> <i>4601 DTC Blvd</i> <i>Denver CO 80201</i>	
4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <i>D 612 458 195</i>
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature - Addressee <i>X</i> <i>KJ</i>	
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>10-20-86</i>	
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:

*Dugan Production Co  
P.O. Box 208  
Farmington, NM 87499*

4. Type of Service:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

Article Number

*P 012458 202*

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

5. Signature - Addressee

*X [Signature]*

6. Signature - Agent

*X*

7. Date of Delivery

*10-20-86 Same*

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:

*R & K Drilling Co.*  
*P.O. Drawer 417*  
*Farmington NM 87429*

## 4. Type of Service:

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

## Article Number

*0612458193*

Always obtain signature of addressee or agent and  
DATE DELIVERED.

## 5. Signature — Addressee

*X*

## 6. Signature — Agent

*X*

## 7. Date of Delivery

*11/11/83*

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

*Farmington NM 87429*  
*0612458193*

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:**

*Amoco Production Co  
501 Airport Dr.  
Farmington NM 87401*

**4. Type of Service:**

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

**Article Number**

*P 612 458 206*

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

5 Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4. 427

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:

Joseph Driscoll  
3706 National Circle  
Harlan, KY 40341

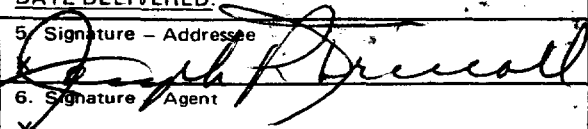
4. Type of Service:

☐ Registered  
☒ Certified  
☐ Express Mail

☐ Insured  
☐ COD

Article Number

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  


6. Signature - Agent  
☒

7. Date of Delivery

10-17-86

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:

*Southwest Production Co*  
*2706 National Circle*  
*Dalland, TX 75041*

## 4. Type of Service:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

## Article Number

*P612458196*

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

## 5. Signature - Addressee

X

*S. Mayer*

## 6. Signature - Agent

X

## 7. Date of Delivery

*10-26-86*

## 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:

*Southland Supply Co  
P.O. Drawer 570  
Farmington NM 87401*

## 4. Type of Service:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

## Article Number

*P612458 197*

Always obtain signature of addressee or agent and DATE DELIVERED.

## 5. Signature — Addressee

*X*

## 6. Signature — Agent

*X*

## 7. Date of Delivery

*10-22-86*

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

*SAME*

**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:

Columbus Energy Corp  
P. O. Box 2038  
Farmington NM 87499

## 4. Type of Service:

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

## Article Number

P612 458 204

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

## 5. Signature - Addressee

X

## 6. Signature - Agent

X

## 7. Date of Delivery

10-21-86

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

PO

DOMESTIC RETURN RECEIPT

PS Form 3811, JULY 1983 447-845



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

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

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

3. Article Addressed to:

BHP Petroleum Americas Inc.  
Suite 600  
5613 DTC Parkway  
Englewood CO 80111

4. Type of Service:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

Article Number

REG-758 903

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

*D. L. Miller*

6. Signature - Agent

X

7. Date of Delivery

*7/1/83*

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

DOMESTIC RETURN RECEIPT



PS Form 3811 July 1983 447-945

**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:

Beth Development Co.  
125 S. Alameda Plaza  
Jackson NM 87401

4. Type of Service:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

Article Number

612 458 205

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

10-20-86

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:

52 Paso Nat'l Park  
P.O. Box 990  
Farmington NM 87401

## 4. Type of Service:

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

## Article Number

612458 201

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

## 5. Signature - Addressee

X

## 6. Signature - Agent

X

## 7. Date of Delivery

J. Alva  
10-29-86

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

DOMESTIC RETURN RECEIPT