~

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

403-517	Sent to Dugan Production Co Street and No. Box 208		
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code,	M 87499	
k U.S.G.	Postage	\$	
~	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		
Feb.	Date, and Address of Delivery	s 1.47	
³ S Form 3800, Feb. 1982	Postmari (Oatell), 8 V. 16 I.Z. 1986		

P 615 458 203

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

3-517	Sent to BHP Petroleumy (A)	mericas)	нс
* U.S.G.P.O. 1983-403-517	Sent to BHP Petrojexny (A. Street and No. Ste 600 5613 DT	C Park	cher.
0.18	P.O., State and ZIP Code	4	
.S.G.I	Postage	\$	
⊃ *	Certified Fee		
	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		
Feb.	TOTAL Postage and the A	\$ 1.67	
Form 3800, Feb. 1982	Postmark Pusto S		
'S For	1-SOOVNOHO		

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

Sent to R& B Drilling	.C.	
Street and No. Drusce	419	
P.O., State and ZIP Code	11 8749	7
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 Pestadores	\$ 1.47	
Post (for) or Dete		
USPO		
	P.O., State and ZIP Code 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 Person Post Post field or Field 10 10 10 10 10 10 10 10 10 10	P.O., State and ZIP Code Postage 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 Personal Content of the set of

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	ee 601 DTC 1
P.O., State and ZIP Code) 80za
Street and No. 2103 40 Street and No. 2103 40 P.O., State and ZIP Code Postage Certified Fee	\$
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	
TOT FOOT age and Fees	\$ 1.67
Timark or Date of Ods 7	.

RECEIPT FOR CERTIFIED MAIL

.

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

3-517	Sent to A Exome P. MCH	agh	
83-403	Street and No. P. O. Box 801		
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code	M 8749	7
I.S.G.I	Postage	\$	
*	Certified Fee		
	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		
Feb. 1982	TOTAL Postage and FeeRous	^s 1.67	
PS Form 3800,	Postmark or Date (1).		

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

+ U.S.G.P.O. 1983-403-517	Sent to 21 Paro Natur	al Gast
	Street and No. 130x 990	
0.19	P.O., State and ZIP Code	NM 8740
1.5.0.	Postage	\$
Þ	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
202	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL POLITICA Fees	\$ 1.47
PS FORM 3000, F8D. 1962	Post mil of Pare of TA	

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

on	D., State and				
o [Ŧ		dow	NM	874
Po S	stage	/		\$	
	rtified Fee			1	
Sp	ecial Delive	ry Fee		1	
Re	stricted Del	ivery Fee			
	turn Receip whom and I		0		
786 Da	turn receipt ite, and Add	showing to ress of De	whork		
<u>t</u> TC	TAL Postag		≈3) 33)		1.47
S Form 3800,	stmark or D	ate yate	INVS	7	

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

3-517	Sent to Southland Re	yalle Co
83-400	Street and No. Dramer.	yally (0 570
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code	M 8740,
I.S.G.F	Postage	\$
) *	Certified Fee	
	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	
Feb.	TOTAL POSICE ON SPES	\$ 1.67
PS Form 3800, Feb. 1982	Postman or Bare OF P	

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

-517	Sent to Beta Develop	ment Co
83-403	Sent to Beta Develops Street and No. 125 Petraleum	. Place
* U.S.G.P.O. 1983-403-517		NM 8740
.S.G.P	Postage	\$
) *	Certified Fee	
	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	
PS Form 3800, Feb. 1982	TOTAL POTO TOTAL POT	\$ 1.47
800,	Postma 2 Bar Co	
srm 3	1000	
PS Fc	WVIS V	

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

3-517	Sent to Columbus Ent	ngy Co
83-40	Street and No. D.D. Box 2038	~/
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code	m 87499
I.S.G.F	Postage	\$
*	Certified Fee	
	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	
Feb.	TOTAL Postage and Fees	\$ 1.67
PS Form 3800, Feb. 1982	Postmate or Date 6	

RECEIPT FOR CERTIFIED MAIL

-

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

-517	Sent to C.M. Paul		
* U.S.G.P.O. 1983-403-517	Street and No Lothe Unit	Lite Bla	J
°.0. 19	Street and No horn / huit P.O., State and ZIP Code	79701	
I.S.G.I	Postage	\$	
*	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Addres of Pelivery		
PS Form 3800, Feb. 1982	TOTAL Porters and Fest	\$ 1,47	
800,	Postman Date		
E L	LATINES D		
PS F	TPS		

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

* U.S.G.P.O. 1983-403-517	Sent to amoco Prod Ca	2	
	Street and No. 501 linger	+ D.L	
0.19	P.O., State and ZIP Code	NM 879	(0)
I.S.G.F	Postage	\$	
	Certified Fee		
	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		
Form 3800, Feb. 1982	TOTAL PORTAL AGE	\$ 1.62	
3800,	Postriary of Cate		
ern (ALL STREET		
PS F.	ALLAVYS S	ا ر 	. '

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

3-517	Sent to Southwest Pro	d Co
83-403	Street and No. 2706 Nation	1 Linda
* U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code	750H
.S.G.F	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Appress Delivery	
Feb.	TOTAL Bostage and Lete	\$1.67
S Form 3800, Feb. 1982	Posting or Date of or Date of the or	

7 SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the feverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide 3011 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) July 1082 for service(s) requested. 1. Khow to whom, date and address of delivery. 2. C Restricted Delivery. 447_R45 3. Article Addressed to: Gerome P. Mc Hugh P.O. Box 809 Farmingon NM 87499 Article Number 4. Type of Service: Registered Certified Express Mail P 612458200 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN RECEIPT Х 6. Şignatyfe - Agent nan en X 7. Date of Delive 8. Addressee's Address (ONLY if requested and fee paid)

3	SENDER: Complete items 1, 2, 3 and 4.	i
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. <u>The return receipt fee will provide</u> you the name of the person delivered to and the date of <u>delivery</u> . For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
983	1. 🛱 Show to whom, date and address of delivery.	
447-845	2. 🔲 Restricted Delivery.	1
45	3. Article Addressed to: C. M. Paul	Ş
	1100 Western Chints Life	٢
	C. M. Paul 1100 western chints Life Midland TX 79701	* *
	4. Type of Service: Article Number	.
	Registered Insured Certified COD Express Mail	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
Ŋ	5. Signature - Addressee	
M	X	Ì
DOMESTIC	6. Signature - Agent X R. Humen	
RETURN	7. Date of Delivery	
	8. Addressee's Address (ONLY if requested and fee paid)	
REC		k
RECEIPT		l.
-		

8	SENDER: Complete items 1, 2, 3 and 4.				
Enrm 3811	Put your address in the "RETURN TO" space on the				
1	 reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide 				
2	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)				
5	for service(s) requested.				
IND 1089 ANT 846	1. K Show to whom, date and address of delivery.				
447	2. Restricted Delivery.				
SVIC	3. Article Addressed to:				
	Texaco due				
	Box 2100 460, DTC Blud Denver CO 80201				
	440, DTA Blind				
	Denne CO SOZO				
	4. Type of Service: Article Number				
	Registered Insured PGIZ 458 195				
	Express Mail				
	Always obtain signature of addressee or agent and				
	DATE DELIVERED.				
D	5. Signature – Addressee				
<u> </u>	× ZA				
ES.	6. Signature – Agent				
10	x				
P	7. Date of Delivery				
DOMESTIC RETURN RECEIP	7. Date of Delivery				
RN	8. Addressee's Address (ONLY if requested and fee paid)				
RE					
CE					
IPT					

Ŏ SENDER: Complete items 1, 2, 3 and 4. Form 3811, July 1983 447-845 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. X Show to whom, date and address of delivery. 2. 🗍 Restricted Delivery. 3. Article Addressed to: - Production Co Duga Box 208 inton, NM 87499 7a 4. Type of Service: Article Number Registered Certified Express Mail P 612458 202 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN RECEIPT the Х Λ 6. Signature - Agent Х 7. Date of Delivery Same 8. Addressee's Address (ONLY if requested and fee paid)

പ് SENDER: Complete items 1, 2, 3 and 4. Form 3811, July 1983 447-845 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</u> you the name of the person delivered to and the date of <u>delivery</u>. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. X Show to whom, date and address of delivery. 2. 🗌 Restricted Delivery. 3. Article Addressed to: R& A Dailling Co. P. C. Draws 419 Farming face Nim 87479 Articie Number 4. Type of Service: Registered Certified Express Mail □ Insured □ COD DG12.458 198 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN RECEIPT Х 6. Signature - Agent x th 1. A.S. 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee poid) Aluna May 14 6211 - All march

8 SENDER: Complete items 1, 2, 3 and 4. Form 3811, July 1983 447-845 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. X Show to whom, date and address of delivery. 2. C Restricted Delivery. 3. Article Addressed to: amoro Production Co 501 Cirpust Dr. Farmington NM 87401 4. Type of Service: Article Number Registered
 Certified
 Express Mail P612 458 206 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee X NEmly DOMESTIC RETURN RECEIPT 1_ 6. Signature - Agent Х 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1, 2, 3 and 4. SENDER: Complete items 1, 2, 3 and 4. $\mu = 27$ Put your address in the "RETURN TO" space on the rin 3811, July 1983 reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide</u> you the name of the person delivered to and the date of <u>detivened</u> for additional fees the following services are available. Consult postmaster for fees and check box(es) for derivice(s) requested. 1. Show to whom, date and address of delivery. 2. C Restricted Delivery. 2 Article Addressed to 3. 0 Type of Service: Article Number с, Begistered Certified Express Mail □ Insured □ COD Ì ÷ Always obtain signature of addressee or agent and DATE DELIVERED. Signature - Addresse 5 DOMESTIC RETURN RECEIPT 6. gnature Agent 7. Date of Delivery 10-17 36 -8. Addressee's Address (ONLY if requested and fee paid)

3 SENDER: Complete items 1, 2, 3 and 4. Form 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 3811. July 1983 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. 447-RAR 2. Bestricted Delivery. 3. Article Addressed to: Southwest Production Co 2706 national Circle , Dirland, TX 75041 1 4. Type of Service: Article Number Insured COD Registered X Certified Express Mail P612458196 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN RECEIPT Ma Х 1.0 6. Signature - Agent Х 7. Date of Delivery 86 10~ 26-8. Addressee's Address (ONLY if requested and fee paid)

5

PS 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 3811, July 1983 447-845 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. K Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: Southland Layelty Co P.O. Drawer 570 Farming Law NM 87401 4. Type of Service: Article Number **Registered** P612458 197 Certified Express Mail Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED</u>. 5. Signature - Addressee DOMESTIC RETURN RECEIPT Х 6. Signature - Agent Х 7. Date of Delivery 1(1-22-86 8. Addressee's Address (ONLY if requested and fee paid) SANG

3 6 SENDER: Complete items 1, 2, 3 and 4. Form 3811. July 1983 447-845 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: Columber Evergy losp P. O. Box 2038 7 Aning foce NM 87499 Article Number 4. Type of Service: Registered Certified Express Mail Disured PG12 458 204 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN RECEIPT Х 6. Signature Agent Х o m 7. Date of Delivery 1-86 Û Ø 8. Addresses's Address (ONLY if requested and fee paid)

 $\breve{2}$ SENDER: Complete items 1, 2, 3 and 4. Form 3811. July 1983 447-845 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 tees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. X Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: BHP Petrojan · Check (ww ine Suite 5613 DTC Findenson Englewood Fr, 30/11 4. Type of Service: Article Number □ Insured □ COD D Registered PG12.458 203 Certified Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN RECEIPT amor Х 6. Signature - Agent Х 7. Date of Delivery 1. S. P. K. 8. Addressee's Address (ONLY if requested and fee paid)

×	SENDER: Complete items 1, 2, 3 and 4.				
Form 2811 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. <u>The return receipt fee will provide</u> you the name of the person delivered to and the date of <u>delivery</u> . For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.				
1983	1. A Show to whom, date and address of delivery.				
447-R45	2. 🛛 Restricted Delivery.				
9 4 15	3. Article A to: Bernelopment Co. 125 moleun Playee Jacquer NM 87401				
	4. Type of Service: Article Number				
	Registered Insured Cortified COD Express Mail				
	Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>				
DOM	5. Signature – Addressee X				
ESTIC	6. Signature agent				
DOMESTIC RETURN	7. Date of Delivery 10-20-86				
RN	8. Addressee's Address (ONLY if requested and fee paid)	ŧ			
RECEIPT					

.

:

3 SENDER: Complete items 1, 2, 3 and 4. Form 3811. July 1983 447-845 Put your address in the "RETURN TO" space on the paverse side. Failure to do this will prevent this card from being returned to you, <u>The return receipt fee will provide</u> 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. X Show to whom, date and address of delivery. 2. C Restricted Delivery. 3. Article Addressed to: Se Paro nate Baco P.O. Box 990 Fernington NM 8740) 4. Type of Service: Article Number Insured COD P612458201 Registered Certified Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC RETURN RECEIPT Х 6. Signature - Agent Х 7. Date of Delivery 202 0 6 8. Addressee's Address (ONLY if requested and fee paid)