

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

August 20, 1987

TO: ALL INTEREST OWNERS (SEE ATTACHED LIST)

RE: Proposed Twin Lakes San Andres Unit & Waterflood

Chaves County, New Mexico

Dear Interest Owner:

Pelto Oil Company has applied to the New Mexico Oil Conservation Division for approval of statutory unitization of the above Unit Area, together with a secondary recovery waterflood project. Copies of the Applications are attached hereto without exhibits. Please contact my office if you desire copies of the exhibits. These two matters will be heard by the Oil Conservation Division in Santa Fe, New Mexico on September 9, 1987.

Very truly yours,

PELTO OIL COMPANY

G. B. Murrell

Vice President - Land

GBM:jm:J56/25 Enclosures



TWIN LAKES UNIT ROYALTY INTEREST OWNERS

1029 Plus One Investors 2653 West Lawrence Springfield, IL 62704

J. E. Abram P. O. Box 567 Moses Lake, WA 98837

Aviva Limited Partnership P. O. Box 2532 Denver, CO 80201

John D. Briscoe & Mary S. Briscoe 118 Briscoe Road St. Leonard, MD 20685

Nancy Ellen Carlock St. Paul's Manor 2635 2nd Avenue #630 San Diego, CA 92103

Victor E. Carlock 2230-P Via Puerta Laguna Hills, CA 92653

Cities Service Oil & Gas Corporation P. O. Box 300 Tulsa, OK 74102

Commissioner of Public Lands P. O. Box 1148 Santa Fe, NM 87501

George E. Conley P. O. Box 99 Parker, CO 80134

Charles William Daniels 410 N. Ogden Drive Los Angeles, CA 90036

Dianne Elizabeth Daniels 232 Hampton Drive Venice, CA 90291 Margaret E. B. Daniels 14305 Eastridge Drive Whittier, CA 90602

William O. DeWitt P. O. Box 670322 Dallas, TX 75367-0322

E. M. Nominee Partnership Company 303 E. Seventeenth Avenue, Suite 500 Denver, CO 80203-1288

Sally Feldman 5374 Woodlands Estate Drive Bloomfield Hills, MI 48013

Jack W. Fleck 13343 Bel-Red Road, Suite 200 Bellevue, WA 98005

June A. Grothe 23317 Stirrup Drive Diamond Bar, CA 91765

William J. Harbeck 470 East Linden Avenue Lake Forest, IL 60045

W. V. Harlow, Jr. 600 Petroleum Building Amarillo, TX 79101

H. Lee Harvard P. O. Box 936 Roswell, NM 88201

Robert L. Haynie 1580 Lincoln Street Suite 400 Denver, CO 80203

J. T. Howard 804 W. Summit Street Roswell, NM 88201

J. M. Huber Corporation Oil & Gas Division P. O. Box 925142 Houston, TX 77292-4449

TWIN LAKES UNIT ROYALTY INTEREST OWNERS

Robert T. Jackson 513 South Hi-Lusi Mount Prospect, IL 60056

Jackie H. Johnson P. O. Box 515 Moses Lake, WA 98837

Charles A. Kelly c/o Chapman & Cutler 111 West Monroe Chicago, IL 60603

C. H. Kimbro
P. O. Box 250
Graford, TX 76045

John G. Leondukais P. O. Box 795 Crystal Bay, NV 89402

Ralph E. Loewenberg 450 Park Avenue New York, NY 10022

Marshall & Winston, Inc. 310 West Tower 10 Desta Drive Midland, TX 79705

Len Mayer Oil Producer 1625 Broadway Suite 2850 Denver, CO 80202

Murray C. McKinnon, Trustee of the Murray C. McKinnon Revocable Living Trust & Douglas A. McKinnon Trust 1200 Smith Street, Suite 670 Houston, TX 77002

David I. Miller 4604 Andrews Highway Midland, TX 79703

Mildred Miller
P. O. Box 482
Moses Lake, WA 98837

Moon Company P. O. Box 9598 Amarillo, TX 79105 Pauline W. Parker or Henry W. Parker, Trustees of Pauline W. Parker Trust dated 12-17-71 1105 Foshay Tower Minneapolis, MN 55402

David L. Peterson P. O. Box 1445 Ross, CA 94957

Charles I. Petschek 575 Madison Avenue New York, NY 10022

Lee S. Schlessman 1500 Grant, Suite 400 Denver, CO 80203

Frates Seeligson 1604 National Bank Commerce Bldg. San Antonio, TX 78205

Robert Rex Silverstone 844 Knollwood Road Deerfield, IL 60015

H. Peter Stern Mountainville, NY 10953

Beatrice P. B. Stone 5200 Montgomery Drive Santa Rosa, CA 95405

Grover S. Stone, Jr. 51 Eagle Street San Francisco, CA 94114

Sandra J. Stone 2162 Marlowe Road Santa Rosa, CA 94501

Steven L. Stone 1636 #2 Sexton Road Sebastopol, CA 95472

Barbara B. Sweeney
P. O. Box 8248
Santa Fe, NM 87504-8248

TWIN LAKES UNIT ROYALTY INTEREST OWNERS

Tenneco Oil Company 7990 IH 10 West San Antonio, TX 78230 Attention: Mike Hinze

John E. Walsh, Jr. c/o Charles I. Diedoker 6636 Pembroke San Antonio, TX 78240

Donald R. Watts 25 La Cuesta Drive San Rafael, CA 94904

Tania C. Whitman Trust Frederick C. Whitman, Trustee 233 Post Street, 6th Floor San Francisco, CA 94108

Frederick Winston & James T. Wyman, Trustees of Marital Trust U/W/O Frederick S. Winston 1105 Foshay Tower Minneapolis, MN 55402

Donald S. Wood 6 Back Bay Road South Barrington, IL 60010

David E. Wyman, Jr. 304 Pioneer Building Seattle, WA 98104

James T. Wyman & Frederick Winston, Successor Trustees U/W/O Francisca S. Winston 1105 Foshay Tower Minneapolis, MN 55402

James T. Wyman, Trustee Trust U/I Dated 10-2-63 1105 Foshay Tower Minneapolis, MN 55402

TWIN LAKES UNIT WORKING INTEREST OWNERS

Adams & McGahey
John W. Adams
Estates of R. W. & June Adams
c/o John W. Adams
513 Texas Commerce Bank Bldg.
Amarillo, TX 79109
(806) 353-1001

Columbia Gas Development Corporation
P. O. Box 1350
5847 San Felipe
Suite 2600
Houston, TX 77251-1350
(713) 787-3400
John L. Loftis, Vice President - Land
Tom Vo - Reservoir Engineer

Edwards & Leach Oil Company 501 N. W. Expressway, Suite 600 Oklahoma City, OK 73118 (405) 840-5020

Harbert Energy Corporation, Agent c/o Plumb Oil Company One Allen Center, Suite 3280 Houston, TX 77002 (713) 658-8896 Mark Mathias Dick Klauzinski Jack Frank

Harlow Corporation 600 Amarillo Petroleum Bldg. Amarillo, TX 79101 (806) 372-7381

NRM Operating Company, L.P. 2121 San Jacinto Street, Suite 2600 Dallas, TX 75021 (214) 880-0243 Herb Bell

Nabob Production Company P. O. Drawer 9598 Amarillo, TX 79105 800 S. Monroe Street Amarillo, TX 79101 (806) 376-4283 John O'Brien Betty Burgy

__ . . .

W. G. Stroecker
P. O. Box 1230
1119 Third Avenue
Fairbanks, Alaska 99707
100 Cushman
1st National Bank of Fairbanks
Fairbanks, AK 99701
Home: (907) 452-3748
Work: (907) 452-2146

Sun Exploration and Production Company P. O. Box 1861 #24 Smith Road Clay Desta Plaza Midland, TX 79702 Tim Lodle - Reservoir Engineer (915) 688-0300

Sun Exploration and Production Company P. O. Box 2880 5656 Blackwell Street Dallas, TX 75221-2880 (214) 890-6000 (Central) Marshall Munsell (214) 890-5776

Tenneco Oil Company 7990 IH 10 West San Antonio, TX 78230 (512) 366-8059 Mike Hinze - Division Landman

Trinidad Petroleum Corporation 1951 Hoover Court Birmingham, AL 35226 (205) 823-7081

TXO Production Corporation 900 Wilco Building Midland, TX 79701 Attention: Mr. Frank Kieffer (915) 682-7992

Marion S. Weeks P. O. Box 1230 (Street Address?) Fairbanks, AK 99707 (907) 488-4516

Brenda & Rick Winther 1948 Jack Street Fairbanks, AK 99701 (907) 452-5466

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PELTO OIL COMPANY FOR STATUTORY UNITIZATION AND APPROVAL OF A UNIT, CHAVES COUNTY, NEW MEXICO.

| No. | |
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APPLICATION

Pelto Oil Company hereby applies to the New Mexico Oil Conservation Division for an order approving statutory unitization of the area and formation known as the Twin Lakes San Andres Unit, Chaves County, New Mexico, and approving the Unit for the Twin Lakes San Andres Unit, and in support thereof, states:

- 1. Pelto Oil Company is engaged in the business of, among other things, producing and selling oil and gas as defined by the New Mexico Statutory Unitization Act (N.M. Stat. Ann. §§ 70-7-1 through 70-7-21 (1978), hereinafter referred to as the "Act").
- 2. The proposed area for which application is made for unitized operations pursuant to the Act is known as the Twin Lakes San Andres Unit, Chaves County, New Mexico (the "Unit Area"), and consists of 4863.82 acres, more or less, in Chaves County, New Mexico, being more particularly described in Exhibit A attached hereto. A map of the Unit Area is attached hereto as Exhibit B.
- 3. The formation for which application is made (the "Unitized Formation") is the subsurface portion of the Unit Area known as the San Andres formation, and the vertical limits thereof are found in the interval between 2708 and 2798 feet as recorded on the Dual Laterolog in the Pelto Oil Company O'Brien

- "L" No. 16 Well (Twin Lakes San Andres Unit Well No. 80), on December 23, 1984, said well located 2310 feet from the North line and 1675 feet from the East line of Section 6, Township 9 South, Range 29 East, Chaves County, New Mexico. The Unitized Formation shall further include all subsurface points throughout the Unit Area correlative to the above-identified depths.
- 4. The portion of the Unitized Formation included within the Unit Area has been reasonably defined by development.
- 5. Pelto Oil Company proposes to institute a water flood project for the secondary recovery of oil from the Unitized Formation within the Unit Area, as described in an accompanying application.
- 6. The proposed plan of unitization is embodied in the Unit Agreement, a true copy of which is attached hereto as Exhibit C, and the plan is fair, reasonable and equitable.
- 7. The proposed operating plan, covering the manner in which the Unit will be supervised and managed and costs allocated and paid, is embodied in the Unit Operating Agreement, a true copy of which is attached hereto as Exhibit D.
- 8. Pelto Oil Company projects that the unitized management, operation and further development of the Unitized Formation will increase production by approximately 3.5 million barrels of oil, will improve the oil producing rate, and will extend the producing life of the Unitized Formation beyond the year 2000. It is therefore evident that the unitized management, operation, and further development of the Unitized Formation is reasonably necessary in order to effectively carry on water flood

and secondary recovery operations to substantially increase the ultimate recovery of oil from the Unitized Formation within the Unit Area.

- 9. The method of operation which is proposed in the Unit Operating Agreement is feasible, will prevent waste and will result with reasonable probability in the increased recovery of substantially more oil from the Unitized Formation than would otherwise be recovered.
- 10. The estimated additional costs of conducting unitized operations will not exceed the estimated value of the additional oil and gas to be recovered, plus a reasonable profit.
- 11. The proposed unitization and adoption of the methods of operation embodied in the Unit Operating Agreement will benefit the working interest owners and royalty owners of the oil and gas rights within the Unitized Formation of the Unit Area.
- 12. Pelto Oil Company has made a good faith effort to secure voluntary unitization within the Unitized Formation of the Unit Area.
- 13. The participation formula contained in the Unit Agreement allocates the produced and saved unitized oil to the separately owned tracts in the Unit Area on a fair, reasonable and equitable basis, and protects the correlative rights of all owners of interest within the Unit Area.
- 14. The statutory unitization of the Unitized Formation within the Unit Area in accordance with the plan embodied in the Unit Agreement and Unit Operating Agreement will prevent waste and protect correlative rights.

- 15. By converting certain presently producing wells into injection wells, Pelto Oil Company proposes to inject fluids into the above described San Andres formation in the Twin Lakes San Andres Unit. Attached hereto as Exhibit E is a plat showing the location of all wells located within the Unit Area which are proposed to be used as producing wells or injection wells.
- 16. The water rights to be used for injection for the water flood project have been acquired by Pelto Oil Company, and are located approximately 27 miles to the southeast in Lea County. The water will be transported to the Unit Area by means of a pipeline to be constructed by the unit operator, which will belong to working interest owners of the Unit. Rights-of-way for the pipeline have already been acquired by Pelto Oil Company. Initially, 11,600 barrels of water per day will be injected, with an anticipated maximum injection volume of 21,800 barrels of water per day.

WHEREFORE, Pelto Oil Company requests that this application be set for hearing on September 9, 1987 and that the Division enter its order approving the Unit Agreement and Unit Operating Agreement, providing for the unitized management, operation and further development of the Unitized Formation and the Unit Area in accordance with the Act.

Pelto Oil Company further requests the establishment of a project allowable in accordance with Rule 701, the establishment of an administrative procedure for any change in, or additional, injection wells which might prove to be necessary, and also an administrative procedure for approving unorthodox well locations

for both producing and injection wells. Applicant also requests that the order include a provision for carrying any working interest owner, as provided in N.M. Stat. Ann. § 70-7-7 (F) (1978).

Respectfully submitted,

HINKLE, COX, EATON, COFFIELD & HENSLEY

Ву

Post Office Box 2068

Santa Fe, New Mexico 87504-2068

(505) 982-4554

Attorneys for Pelto Oil Company

EXHIBIT "A" to Application for Statutory Unitization Twin Lakes San Andres Unit Chaves County, New Mexico

Township 8 South - Range 28 East

 Section 25:
 SE/4, S/2SW/4, NE/4SW/4
 320.00 acres

 Section 26:
 SE/4SE/4
 40.00 acres

 Section 35:
 E/2E/2
 160.00 acres

 Section 36:
 All
 640.00 acres

 1,160.00 acres

Township 8 South - Range 29 East

Section 30: Lots 3 & 4, E/2SW/4, SW/4SE/4 197.60 acres

Section 31: All 634.88 acres

Section 32: W/2SW/4 80.00 acres

912.48 acres

Township 9 South - Range 28 East

| Section 1: | Lots 1-4, S/2N/2, SE/4, E/2SW/4 | 560.46 acres |
|-------------|---------------------------------|--------------|
| Section 2: | Lot 1 | 40.20 acres |
| Section 12: | NE/4, N/2SE/4, SE/4SE/4 | 280.00 acres |
| | | 880.66 acres |

Township 9 South - Range 29 East

| Section | 5: | Lots 3 & 4, S/2NW/4, SW/4 | 320.46 | acres |
|---------|-----|---------------------------|----------|-------|
| Section | 6: | A11 | 635.67 | acres |
| Section | 7: | A11 | 635.69 | acres |
| Section | 8: | W/2NW/4, NE/4NW/4 | 120.00 | acres |
| Section | 18: | Lot 1, E/2NW/4, W/2NE/4 | 198.86 | acres |
| | | | 1,910.68 | acres |
| | | Total Unit Acreage | 4,863.82 | acres |

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PELTO OIL COMPANY FOR AUTHORITY TO INSTITUTE A WATER FLOOD PROJECT, CHAVES COUNTY, NEW MEXICO.

| No. | |
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| | |

APPLICATION

Pelto Oil Company hereby applies to the New Mexico Oil Conservation Division for an order approving institution of a water flood project for secondary recovery of hydrocarbons in the proposed Twin Lakes San Andres Unit, Chaves County, New Mexico, and in support thereof, states:

- 1. Pelto Oil Company, in an accompanying application, has requested Division approval of statutory unitization and a unit for the proposed Twin Lakes San Andres Unit in Chaves County, New Mexico. The Unit Area, Unitized Formation, Unit Agreement, and Unit Operating Agreement are described in said application.
- 2. Pelto Oil Company proposes to institute a water flood project for the secondary recovery of oil and gas from the Unitized Formation within the Unit Area.
- 3. By converting certain presently producing wells, Pelto Oil Company proposes to inject fluids into the San Andres formation in the Twin Lakes San Andres Unit. Attached hereto as Exhibit No. 1 is a plat showing the location of all wells located within the Unit Area which are proposed to be used as producing wells or injection wells.
- 4. The water rights to be used for injection for the waterflood project have been acquired, and are located

approximately 27 miles to the southeast in Lea County. The water will be transported to the Unit Area by means of a pipeline to be constructed by the unit operator. This pipeline will belong to working interest owners of the Unit. Rights-of-way for the pipeline have already been acquired. Initially, 11,600 barrels of water per day will be injected, with an anticipated maximum injected volume of 21,800 barrels of water per day.

- 5. Water is to be injected at a surface pressure not to exceed 0.2 psi per foot of depth to top of injection zone, provided that surface pressure in excess of 0.2 psi per foot of depth to injection zone may be applied upon administrative approval as provided by Oil Conservation Division rules and regulations.
- 6. Approval of the water flood project will substantially increase recoverable reserves to be produced within the useful life of the new production facilities which will be installed, thereby preventing waste and protecting correlative rights.
- 7. A copy of Form C-108 relating to the proposed Twin Lakes San Andres Unit is attached hereto as Exhibit No. 2.

WHEREFORE, Pelto Oil Company requests that this application be set for hearing before the Division on September 9, 1987 and that the Division enter its order approving the water flood project.

Respectfully submitted,

HINKLE, COX, EATON, COFFIELD & HENSLEY

Ву

James Bruce
Post Office Box 2068
Santa Fe, New Mexico 87504-2068
(505) 982-4554

Attorneys for Pelto Oil Company

| | SENDER: Complete items 1, 2, 3 and 4. |
|-------------------------|--|
| Form 3811, July 1983 | Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. Show to whom, date and address of delivery. |
| 447-84 | 2. Restricted Delivery. |
| 5 | 3. Article Addressed to: TRINIDAD PETROLEUM CORP. 1951 HOOVER COURT BIRMINGHAM, AL 35226 |
| | 4. Type of Service: Article Number ☐ Registered ☐ Insured P ≥ 47 003 560 ☐ Express Mail |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
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| RETU | 7. Date of Delivery 8/H /87 |
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| Form 3811, July 1983 447-845 | Put your address in the "RET reverse side. Failure to do this being returned to you. The re you the name of the person delivery. For additional fees available. Consult postmaster for service(s) requested. 1. Show to whom, date a | s will prevent this card from turn receipt fee will provide elivered to and the date of the following services are for fees and check box(es) | |
| 447-1 | 2. A Restricted Delivery. | | |
| 45 | 3. Article Addressed to: MARION S. U. RO. BOX 1230 FAIRBANKS, | Ö | |
| | 4. Type of Service: | Article Number | |
| | Registered Insured Cortified COD Express Mail | P247003562 | |
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| DOMESTIC RETURN | 5. Signature – Addressee X | | |
| EST | 6. Signeture - Agent | | |
| Ö | 7. Date of Delivery | fe) | |
| UT31 | 2/24/87 | | |
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| | 447-8 | 2. Restricted Delivery. | |
| | <u>8</u> | 3. Article Addressed to: | |
| | | NRM OPERATING | G COMPANY, LIP |
| | | 2/2/ SAN JAC | INTO, SUITE 2600 |
| | | DALLAS, TX 7 | 502/ |
| | | 4. Type of Service: | Article Number |
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| | | Always obtain signature of ac DATE DELIVERED. | idressee <u>or</u> agent and |
| ļ | 8 | 5. Signature - Addresse | |
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| | RETURN | 7. Date of Delivery | AUG 25 1987 |
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| | RECE | 2121 San Jacinto Dallas, TX 75201- | |
| 1 | | Route #146 | |

| PS Form 3811, July 1983 447-845 | SENDER: Complete item Put your address in the "RET reverse side. Failure to do this being returned to you. The re you the name of the person d delivery. For additional fees t available. Consult postmaster for service(s) requested. 1. Show to whom, date a | URN TO" space on the swill prevent this card from turn receipt fee will provide elivered to and the date of he following services are for fees and check box(ss) | |
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| 447-845 | P.O. BOX 2880 DALLAS , TX 75 | | c 0. |
| | 4. Type of Service: Registered Insured Certified COD Express Mail | Article Number P247 003 559 | |
| MOD | Always obtain signature of ac DATE DELIVERED. 5. Signature — Addressee | ddressee <u>or</u> agent and | |
| DOMESTIC RETURN | 6. Signature - Agent X 7. Mane of Oelpery | Ves | |
| URN RECEIPT | 8. Addressee's Address (ONI | Y if requested and fee paid) | |

| 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. |
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| 4 5 | 3. Article Addressed to: W. G. STROECKER P.O. BOX 1230 FAIRBANKS, AK 99707 |
| //Jiv (gr. v. j. v. j | 4. Type of Service: Article Number Registered Insured P247 003 558 Express Mail |
| NOG | Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee |
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| PS For | SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the |
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| Form 3811, July 1983 447-845 | 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 447-8 | 1. Show to whom, date and address of delivery. 2. Restricted Delivery. |
| & | 3. Article Addressed to: EDWARDS F'LEACH OIL COMPANY 501 N.W. EXPRESSURY, STE. 600 OKLAHOMA CITY, OK 73118 |
| | 4. Type of Service: Article Number ☐ Registered ☐ Insured ☐ COD ☐ Express Mail Article Number P 247 003 553 |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| | 5. Signature - Addressee X (((an/a)) |
| | 6. Signature – Agent X |
| | 7. Date of Delivery 2/87 |
| DOMESTIC RETURN RECEIPT | 8. Addresse's Address (ONLY if requested and fee paid) |
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| PS Form 3811, July 1983 447-846 | 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. |
|---------------------------------|--|
| -846 | 3. Article Addressed to: COLUMBIA GAS DEVELOPMENT OUR PO. BOX 1350 5847 SAN FELIPE, SUITE 2600 HOUSTON, TX 77251-1350 4. Type of Service: Registered Insured P247 063 552 Express Mail |
| DOMESTIC RETURN RECEIPT | Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee X 6. Signature - Addresse Address (ONLY if requested and fee paid) |

| 2 | SENDER: Complete items 1, 2, 3 and 4. | | |
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| Form 3811, July 1983 | Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. | | |
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| 447-845 | 2. Restricted Delivery. | | |
| 5 | 3. Article Addressed to: | | |
| | HARLOW CORPORATION | | |
| | 600 AMARILLO PETROLEUM BD | | |
| | AMARILLO, TX 79101 | | |
| | 4. Type of Service: Article Number | | |
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| 8 | 6. Signature Agent | | |
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| 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. | | |
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| 983 | 1. Show to whom, date and address of delivery. | | |
| 447-5 | 2. Restricted Delivery. | | |
| 145 | 3. Article Addressed to: HARBERT ENERGY CORP, AGENT GE PLUMB OIL COMPANY ONE ALLEN CENTER, STE 3280 HOUSTON, TX 77002 | | |
| | 4. Type of Service: Article Number | | |
| | Registered Insured P247 003 554 Express Mail | | |
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| ESTIC | 6. Signature Agent X | | |
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| 3. Article Addressed to: | | | |
| DONALD S. WO | . | | |
| 6 BACK BAY 1 | ROAD | | |
| SOUTH BARRIN | GTON, IL 60010 | | |
| 4. Type of Service: | Article Number | | |
| ☐ Registered ☐ Insured ☐ COD ☐ Express Mail | P247003549 | | |
| Always obtain signature of ac DATE DELIVERED. | idressee or agent and | | |
| Signature - Addresse X | Si ylood | | |
| 6. Signature - Agent X | 8/21 | | |
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| 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 a | nd address of delivery. | |
| 2. Restricted Delivery. | | |
| 3. Article Addressed to: | | |
| JOHN W. ADAM | | |
| 513 TEXAS CO | MMERCE BANK BUTG | |
| AMARILLO, TX | 79109 | |
| 4. Type of Service: | Article Number | |
| Registered Insured Certified COD Express Mail | P247 003 55/ | |
| Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| 5. Signature – Addressee | | |
| 6. Signature - Appent | | |
| 7. Date of Delivery | | |
| 8. Addressee's Address (ONL | Y if requested and fee paid) | |
| 5137 | 2 ComuBK | |
| | | |

| 3 | SENDER: Complete items 1, 2, 3 and 4. | |
|--|--|--|
| PS 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. | |
| 1983 | 1. Show to whom, date and address of delivery. | |
| 447-5 | 2. Restricted Delivery. | |
| 3. Article Addressed to: FREDERICK WINSTON F JAMES T. WYMAN, TRUSTEE 1105 FOSHAY TOWER | | |
| . Comment | MINNEAPOLIS, AND 5540Z | |
| | 4. Type of Service: Article Number | |
| | □ Registered □ Insured □ 247 003 548 □ CoD □ Express Mail | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | |
| DOM | 5. Signature - Addressee X | |
| ESTIC | 6. Signature - Agent X Del Sallera | |
| RETU | 7. Date of Pelivery 87 | |
| TURN RECE | 8. Addressee's Address (ONLY if requested and fee paid) | |
| CEIPT | someasabove | |

| J | |
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| 5 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 evailable. Consult postmaster for fees and check box(es) for service(s) requested. |
| 983 44 | Show to whom, date and address of delivery. Restricted Delivery. |
| 846 | DAVID E. WYMAN, JR. 304 PIONEER BUILDING |
| | SEATTLE, WA 98104 4. Type of Service: Article Number Registered Insured P247 003 550 Express Mail |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| DOMESTIC | 5. Signature - Addressee X) Rule al Addresse 6. Signature - Agent X |
| RETU | 7. Date of Delivery AUS 2 1 1087 |
| AN RECEIPT | 8. Addressee's Address (ONLY if requested and fee paid) |

| 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 evailable. Consult postmaster for fees and check box(es) for service(s) requested. 1. Di Show to whorn, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: JOHN E. WALSH, JR. Clo CHARLES J.: DIE DOKER 6. Signature - March Payro 18246 Always obtain signature of addressee or agent and DATE DELIVERED. 5. 9/gnature - Addressee Always obtain signature of addressee or agent and DATE DELIVERED. 6. Signature - Addressee Always obtain signature of addressee or agent and DATE of Delivery. 7. Date of Delivery. 8. Addressee's Address (ONLY if requested and fee paid) |
|--|
| JOHN E. WALSH, JR. GOCHARLES T.: DIE DOKER 6636 PEMBROKE SAN ANTONIO, TX 78246 4. Type of Service: Article Number Registered Insured P247 003 545 Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 4. Type of Service: □ Registered □ Insured □ Cortified □ COD □ Express Mail Always obtain signature of addressee or agent and □ DATE DELIVERED. |
| DATÉ DELIVERED. |
| 5. Signature - Addressed |
| |
| 6. Signature – Agent X |
| AUG 25 1987 |
| 8. Addressee's Address (ONLY if requested and fee paid) SAME |

| PS Form 3811, July 1983 447-846 | SENDER: Complete item | | |
|---|---|---|--|
| E | Put your address in the "RETURN TO" space on the reverse side. Fallure to do this will prevent this card from | | |
| 3811 | being returned to you. The re you the name of the person d | elivered to and the date of | |
| È | delivery. For additional fees to available. Consult postmaster | the following services are for fees and check box(es) | |
| 19 | for service(s) requested. | | |
| 22 | 1. Show to whom, date a | nd address of delivery, | |
| 12 | 2. Restricted Delivery. | | |
| 8 | 3. Article Addressed to: | 2.11 | |
| | TENNECO OIL | | |
| | 7990 FH 10 WEST SAN ANTONIO, TX 78230 | | |
| | ATTN: MIKE HIM | _ | |
| ů. | 4. Type of Service: | Article Number | |
| | Registered Insured Certified COD | P247 003 544 | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| DOMESTIC | 5. Signature - Addressee | | |
| 6. Signature – Agent | | 100.00 | |
| | | | |
| Ę | | | |
| 7. Date of Delivery 8. Addressee's Address (ONLY if requested and) RECOMPT | | Y 13 requested and Jee paid) | |
| | | | |
| 7 | | | |

| PS 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. |
|---------------------------------|---|
| 47-845 | 3. Article Addressed to: TANIA C. WHITMAN TRUST FREDERICK C. WHITMAN, TRUSTEE 233 POST STREET, 6TH FLOOR SAN FRANCISCO, CA 94/08 4. Type of Service: Registered Insured Certified COD Express Mail |
| DOMESTIC RETURN RECEIPT | 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 sequested and fee paid |

| | and the second of the second o | |
|------------------------------|--|--|
| 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. | |
| 8 | 1. 🔀 Show to whom, date and address of delivery. | |
| 447- | 2. Restricted Delivery. | |
| 345 | 3. Article Addressed to: DONALD R. WATTS 25 LA CUESTA PRIVE SAN RAFAEL, CA 94904 | |
| | 4. Type of Service: Article Number | |
| | □ Registered □ Insured □ COD □ COD □ Express Mail | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | |
| MOM | S. Signature Addresse X. Martine Muly | |
| DOMESTIC | 6. Signature Agent | |
| RETURN | 7. Date of Delivery | |
| RETURN RECE | 8 Address (ONLY if requested and fee paid) | |
| CEIPT | | |

| PS Form 3811, July 1983 447-845 | Put your address in the "RET reverse side. Failure to do this being returned to you. The revou the name of the person dedelivery. For additional fees the evailable. Consult postmaster for service(s) requested. 1. Show to whom, date at 2. Restricted Delivery. | URN TO" space on the will prevent this card from turn receipt fee will provide alivered to and the date of ne following services are for fees and check box(es) |
|--|---|---|
| 945 | 3. Article Addressed to: GROVER S. S. SI EAGLE ST SAN FRANCISCO 4. Type of Service: Registered Insured | - |
| DOMESTIC CARROLL CARRO | Always obtain signature of ac DATE DELIVERED. 5. Signature – Addrassee X 6. Signature – Agent | |
| IC RETURN RECEIPT | X 7. Date of Delivery 8. Addressee's Address (ONL | Y if requested and the fair |

| 8 | 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 being returned to you. The return receipt fee will prevent the name of the person delivered to and the detailivery. For additional fees the following services a available. Consult postmester for fees and check box for service(s) requested. 1. Mes Show to whom, date and address of delivery. | | | |
| 8 | 1. Show to whom, date and address of delivery. | | |
| 447-845 | | | |
| 3 | 3. Article Addressed to: BARBARA B. SWEENEY P.O. BOX 8248 | | |
| | SANTA FE, NM 87504-8248 | | |
| | 4. Type of Service: Article Number | | |
| | Registered Insured P347 003 5743 Express Mail | | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| DOMESTIC | 5. Signature – Addressee | | |
| STIC | 6. Signature – Agent X | | |
| RETURN | 7. Date of Delivery | | |
| | 8. Addressee's Address (ONLY if requested and fee paid) | | |
| 2 | | | |

| PS 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, data and address of delivery. 2. Restricted Delivery. | | | |
| 845 | 3. Article Addressed to: STEVEN L. STONE 1636 #2 SEXTON ROAD | | |
| | SEBASTOPOL, CA 95472 5200 MONTROMERY DR. 95405 | | |
| | 4. Type of Service: SANTA LOSA, LA Registered Insured Certified COD Express Mail Article Number PQ47 003 542 | | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| MOD | 5. Signature - Addressee X Socio | | |
| DOMESTIC | 6. Signature – Agent X | | |
| RETURN | 7. Date of Delivery 8 - 24 - 87 | | |
| AN RECE | B. Addressee's Address (ONLY if requested and fee paid) | | |

| , | | | |
|--|---|--|--|
| 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: ROBERT REX SILVERSTONE 844 KNOLLWOOD ROAD DEERFIELD, TL GOOIS | | |
| 46 | | | |
| · Constant | 4. Type of Service: Article Number Registered Insured P247 003 537 Express Mail | | |
| : | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| DON | 5. Signature - Addresser Y. /// Nex h | | |
| ESTIC | /6_Signature - Agent X | | |
| RET | 7. Date of Delivery 2 | | |
| DOMESTIC RETURN RECEIPT | 8. Addresses's Address (ONLY if requested and fee paid) | | |
| | 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. | 2. Restricted Delivery. | | |
| ٠ | 3. Article Addressed to: BEATRICE P. B. STONE SLOD MONTGOMERY DR. SANTA ROSA, CA 95405 | | |
| l _ | Type of Service: Article Number | | |
| 楚 | Registered I Insured Certified I COD Express Mail | | |

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

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

5. Signature – Addressee X Bullium 6. Signature – Agent

7. Date of Delivery

| .' | | | |
|---------------------------------|--|------------------------------|--|
| 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. Fallure 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. | | |
| 2 | 3. Article Addressed to: | | |
| 6 | FRATES SEELINGSON | | |
| | 1604 NATIONAL BANK COMMERCE B. SAN ANTONIO, TX 78205 | | |
| | | | |
| | | | |
| | 4. Type of Service: | Article Number | |
| | Registered Insured Certified COD Express Mail | P 247 003 534 | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| 9 | 5. Signature - Addressee | | |
| | X - 1 | | |
| 811 | 6. Signature - Agent | | |
| CR | 7. Date of Delivery AUG 24 1987 | | |
| = | | 3024 198/ | |
| 2 | 8. Addressee's Address (ONI | Y if requested and fee paid) | |
| RECEIP1 | 6. Signature - Agent 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid) By All All All All All All All All All Al | | |

| : • | V - | | |
|--|--|--|--|
| SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on treverse side. Failure to do this will prevent this care being returned to you. The return receipt fee will pyou the name of the person delivered to and the delivery. For additional fees the following services available. Consult postmaster for fees and check be for service(s) requested. Show to whom, date and address of delivery. Restricted Delivery. 3. Article Addressed to: | | | |
| 8 | 3. Article Addressed to: | | |
| | H. PETER STERN | | |
| | MOUNTAINVILLE, NY 10953 | | |
| ' | 4. Type of Service: Article Number | | |
| | Registered Insured Certified COD COD Express Mail | | |
| Always obtain signature of addressee or agent and DATE DELIVERED. | | | |
| DOMESTIC RETURN | S. Signature – Addressee | | |
| SIS | 6. Signature - Agent X STA 7. Date of Delivery 8 24 7 | | |
| | | | |
| | 8. Addressee's Address (ONLY if requested and fee paid) | | |
| RECEIP | | | |

5. Signature - Addres

No N 6. Signature - Agent

7. Date of Delivery

B. Addressee's Address (ONLY if requested and feat

DOMESTIC RETURN

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|---------------------------------|---|--|--|
| re Form 3811, July 1983 447-846 | 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 | | |
| 3 | | | |
| 8 | | | |
| Ē | available. Consult postmester for feet and shock boules | | |
| Ž | TOF Service(s) requested. | | |
| 2 | 1. Show to whom, date and address of delivery. | | |
| 3 | 2. 🛘 Restricted Delivery. | | |
| 8 | 3. Article Addressed to: | | |
| l | MOON COMPANY (You & o) | | |
| | P.O. Box 9598 (27) | | |
| | AMARICLO, TX 79105 | | |
| | | | |
| | 4. Type of Service: Article Number | | |
| | Registered Dinsured P247003 531 | | |
| | Express Mail | | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| | 5. Signature - Addressee | | |
| DOMESTIC | x Muta | | |
| 188 | 6. Signature - Agent | | |
| C | 7. Date of Delivery | | |
| RETURN | 7.000 p 1 1937 | | |
| 2 | 8. Addressee's Address (ONLY if requested and fee paid) | | |
| 2 | 20x 9598 | | |
| RECEIP | (Land) of the H | | |
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| 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 the being returned to you. The return receipt fee will proving you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es for service(s) requested. Show to whom, date and address of delivery. Restricted Delivery. | | |
|---------------------------------|---|------------------------------|--|
| 8 | 3. Article Addressed to: CHARLES I. PETSCHEK 575 MADISON AVENUE NEW YORK, NY 10022 | | |
| | 4. Type of Service: ☐ Registered ☐ Insured ☐ COD ☐ Express Mail | Article Number P247 003 534 | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| DOMI | 5. Signature – Addressee X | • • | |
| ESTIC | 6. Signature – Agent X | arlenn- | |
| 7. Date of Delivery 8/21/87 | | 1/87 | |
| DOMESTIC RETURN RECEIP | 8. Addressee's Address (ONL | Y if requested and fee paid) | |

| PS 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. |
|---------------------------------|---|
| 8 | 3. Article Addressed to: LEN MAYER OIL PRODUCER 1625 BROADWAY SUITE 2850 DENVER, CO 80202 |
| | 4. Type of Service: Article Number Registered Insured P247003527 Express Mail |
| | Always obtain signature of addresses or agent and DATE DELIVERED. |
| | 5. Signature – Addressee X |
| DOMESTIC | 6. Signature – Agent |
| RETURN | 7. Date of Delivery |
| RN RECEIPT | 8. Addresse's Address (ONLY if requested and fee paid) |
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| | | | |
| 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. | | |
| 883 | | | |
| 447-8 | | | |
| : 5 | 3. Article Addressed to: | | |
| | MARSHALL & WINSTON, INC. 310 WEST TOWER | | |
| | | | |
| | 10 DESTA DRIVE | | |
| | MIDLAND, TX 79705 | | |
| | 4. Type of Service: Article Number | | |
| | Registered Insured P247 003 526 Express Mail | | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| Q | 5. Signature - Addressee | | |
| 2 | X ; | | |
| 8 | 6. Signature - Agent | | |
| DOMESTIC RETURN | x Jenni Veiber | | |
| Æ | Date of Defivery S Addressee's Address (ONLY if requested and fee paid) | | |
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| 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: MILDRED MILLER | | | |
| P.O. BOX 482 | | | |
| MOSES LAKE, WA 98837 | | | |
| 4. Type of Service: | Article Number | | |
| Registered Insured Certified COD Express Mail | P247003530' | | |
| Always obtain signature of ac | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| 5. Signature - Addressee | | | |
| 6. Signature - Agent X | 6. Signature - Agent | | |
| 7. Date of Delivery | | | |
| 7. Date of Delivery 8. Addressee's Address (ON. | LY if requested and fee paid) | | |

PS Form 3811, July 1983 447-845

| 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. |
|---------------------------------|--|
| 145 | 3. Article Addressed to: MURRAY C. MCKINNON, TRUSTEE 1200 SMITH ST, SUITE 670 HOUSTON, TX 7700Z |
| | 4. Type of Service: Article Number Registered Insured P247 003 528 Express Mail |
| Q | Always obtain signature of addressee or egent and DATE DELIVERED. 5. Signature in Addfissee. |
| DOMESTIC | 6. Signature – Agent |
| RETURN RECE | 7. Pate of Delivery 8. Addressee's Address (ONLY if requested and fee paid) |
| RECEIPT | • |

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|-------------------------|--|--|--|
| - 33 TI | 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 evailable. Consult postmaster for fees and check box(es) for service(s) requested. 1. Show to whom, date and address of delivery. | | |
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| * E | | | |
| Form 3811, July 1983 | | | |
| 8 | | | |
| 5 | 2. Restricted Delivery. | | |
| 447-846 | 3. Article Addressed to: | | |
| OUARICA A VIZIV | | | |
| i i | CHARLES A. KELLY Clochapman & Cutler | | |
| | 111 WEST MONROE | | |
| The same | CHICAGO TL 60603 | | |
| 2 | 4. Type of Service: Article Number | | |
| 3811, July 1983 447-845 | □ Registered □ Insured P 247 003 532 □ Express Mail | | |
| 2 | | | |
| DC | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| DO | 5. Signature – Addressee | | |
| | * Many Mentio | | |
| DOMESTIC | 6. Signature – Agent | | |
| 3 | 7. Date of Delivery | | |
| RETURN | 8-21-87 | | |
| Z | 8. Addressee's Address (ONLY if requested and fee paid) | | |
| REC | | | |
| RECEIP | | | |
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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 postmester for fees and check box(es) for service(s) requested. 1. X Show to whom, date and address of delivery. 447-2. Restricted Delivery. 3. Article Addressed to: JOHN G. LEON DUKAIS P.O. BOX 195 CRYSTAL BAY, NV 8940Z 4. Type of Service: Article Number Registered Certified Express Mail ☐ Insured ☐ COD P247 003 524 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee DOMESTIC 8. Addressee's Address (ONLY if requested and fee paid

| Ø.F | 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 | | |
|--|--|------------------------------|--|
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| 1,5 | | | |
| 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 being returned to you. The return receipt fee will prevou the name of the person delivered to and the date delivery. For additional fees the following services are evailable. Consult postmaster for fees and check box for service(s) requested. 1. Show to whom, data and address of delivery. | | | |
| 1983 | 1. Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: | | |
| 447-846 | | | |
| 5 | | | |
| | J.T. HOWARD | | |
| | 804 W. SUMMIT STREET | | |
| | ROSWELL, N. | u 88201 | |
| | 4. Type of Service: | Article Number | |
| | Registered Insured Certified COD Express Mail | P247 003 518 | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| DOM | S. Signatora - Addressee X - XIV | | |
| ESTIC | 6. Signature — Agent | | |
| RETURN | 7. Date of Delivery Z /- 87 | | |
| RN R | 8. Addressee's Address (ONL. | Y if requested and few paid) | |
| RECEIPT | NW 88500 | | |

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 T. JACKSON 513 SOUTH HI-LUSI MOUNT PROSPECT, IL 60056 4. Type of Service: Article Number ☐ Registered ☑ Certified ☐ Express Mail Insured COD P247 003 520 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addres DOMESTIC 6. Signatura oent 7. Date of Delivery B. Addressee's Address (ONLY if requested and fee paid)

8-25-87

Surple at Harbor This
morning (806-372-7381);

The said they received
both letters on the same
day and she dink it
was last Judg, the 2157.

B. Headley

BETTY HEADLEY

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 evallable. 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: WILLIAM J. HARBECK 470 EAST LINDEN AVE. LAKE FOREST, IL 60045 Article Number 4. Type of Service: ☐ Insured ☐ QOD ☐ Registered
Certified
Express Mail P247 003 514 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature Addit DOMESTIC RETURN RECEIPT 7. Date of Delive e's Address (ONLY if requested and fee paid) same as#3

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 postmester for fees and check 'nox(es) for service(s) requested. 1. A Show to whom, date and address of delivery. 447-845 2. A Restricted Delivery. 3. Article Addressed to: W. V. HARLOW, JR. 600 PETROLEUM BLDG. AMARILLO, TX 79101 4. Type of Service: **Article Number** | Insured | P247 003 515 Registered Certified
Express Mail Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED</u>. 5. Signature - Addresses 6. Signature - Agent 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid) BOX 14028 Ama- 2 79101

| _ • | |
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| PS Form 3811, July 1983 447-846 | 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. |
| 8 | 3. Article Addressed to: |
| - | ROBERT L. HAYNIE |
| 1 | • |
| | 1580 LINCOLN STREET |
| | suite 400 |
| - | DENVER, CO 80203 |
| i | 4. Type of Service: Article Number |
| | Registered Insured P247 003 5/7 Express Mail |
| | Always obtain signature of addressee or agent and |
| | DATE DELIVERED. |
| Q | 5. Signature - Addressee |
| 2 | x S D die A Mill |
| E | 6. Signature - Agent |
| DOMESTIC | X COUNTY IN |
| RETURN RECE | 7. Date of Delivery |
| 2 | 8. Addressee's Address (ONLY (i requested and fee paid) |
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| CE | |

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| : | SENDER: Complete items 1, 2, 3 and 4. |
| 1 | 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. |
| | 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: |
| jį | 3. Article Addressed to: |
| | H. LEE HARVARD |
| | P.O. Box 936 |
| | I . |
| | ROSWEZL, NM 88201 |
| | 4. Type of Service: Article Number |
| | Registered Insured P 247 003 5/6 |
| | Express Mail |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| Ç | |
| | <u>-X</u> |
| | 6. Signature - Agent |
| | 7. Date of Delivery |
| 7 | 8.24-87 |
| | 8. Addressee's Address (ONLY if requested and fee paid) |
| COMESTIC RETURN REC | POB0x936 |
| P | FU 120 X 126 |
| - | |
| 1, | |

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the Ceverse 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. A Restricted Delivery. 3. Article Addressed to: SALLY FELDMAN 5374 WOODLANDS ESTATE DRIVE BLOOMFIELD HILLS, MI 48013 Article Number 4. Type of Service: Registered
Certified
Express Mail Insured COD P247003511 Always obtain signature of addressee or agent and DATE DELIVERED. Signature - Addr DMESTIC RETURN RECEIPT 6. Signature - Agent 8. Addressee's Address (ONLY if requested and fee paid)

| PS Form 3811, July 1983 447-846 | 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, data and address of delivery. 2. Restricted Delivery. |
|---------------------------------|--|
| 8 | 3. Article Addressed to: |
| | WILLIAM O. DEWITT |
| | P.O. BOX 670322 |
| | DALLAS, TX 75367-0322 |
| | 4. Type of Service: Article Number |
| | Registered Insured P247 003 509 Express Mail |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| | 5. Signature - Addressee X - C |
| STIC | 6. Signature - Agent |
| DOMESTIC RETURN | 7. Date of Delivery 2861 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| AN RECEIP | B. Addressee's Address (ONLY # requested and fee paid) |
| 13 | <u> </u> |

| 8 | SENDER: Complete item | is 1, 2, 3 and 4. |
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| Form 3811, July 1983 | Put your address in the "RET reverse side. Failure to do this being returned to you. The re you the name of the person delivery. For additional fees available. Consult postmaster for service(s) requested. | s will prevent this card from turn receipt fee will provide elivered to and the date of the following services are |
| 98 | 1. Show to whom, date a | nd address of delivery. |
| 447-845 | 2. Restricted Delivery. | · • |
| 5 | 3. Article Addressed to: | |
| | JUNE A. GR | |
| | 23317 STIRK | RUP DRIVE |
| | DIAMOND BAR | , CA 91765 |
| | 4. Type of Service: | Article Number |
| | ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail | P247 003 513 |
| Ì | Always obtain signature of ac DATE DELIVERED. | idressee <u>or</u> agent and |
| 001 | 5 Signature - Addressee | 10 A |
| DOMESTIC | 6. Signature – Apeni | |
| RETURN | 7. Date of Delivery | |
| AN RECEIP | 8. Addressee's Address (ONL | Y if requested and fee paid) |

| 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. |
|---------------------------------|---|
| 983 | 1. Show to whom, date and address of delivery. |
| 447-8 | 2. A Restricted Delivery. |
| 6 | 3. Article Addressed to: |
| riade. I | JACK W. FLECK |
| | 13343 BEL-RED ROAD, STE. 200 |
| r r | BELLEVUE, WA 98005 |
| | 4. Type of Service: Article Number |
| | Registered Insured Particle 5/2 |
| | Always obtain signature of addressee of sea who |
| MOG | 5. Signature - Addressee X Juliu Milion |
| TS. | 6. Signature - Agent |
| D H | X 7. Date of Delivery |
| ETU | |
| DOMESTIC RETURN RECEI | 8. Addressee's Address (ONLY if requested and fee paid) |

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| 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. |
| 83 447- | Show to whom, data and address of delivery. Restricted Delivery. |
| 16 | 3. Article Addressed to: CHARLES WILLIAM DANIELS 410 N. OGDEN DRIVE LOS ANGELES, CA 90036 |
| A second | 4. Type of Service: Article Number Registered I Insured P 247 003 50 6 Certified I COD Express Meil |
| 8 | Always obtain signature of addressee or agent and DATE DELIVERED. 5 Signature Addressee |
| DOMESTIC R | 6. Signature — Agent X 7. Date of Delivery |
| RETURN REC | 8. Addressee's Address (ONLY if requested and fee paid) |
| CEPT | |
| | |

| 8 | SENDER: Complets item | s 1, 2, 3 and 4. |
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| % Form 3811, July 1983 447-845 | Put your address in the "RET reverse side. Failure to do this being returned to you. The re you the name of the person delivery. For additional fees to evailable. Consult postmaster for service(s) requested. | s will prevent this card from turn receipt fee will provide elivered to and the date of the following services are for fees and check box(es) |
| 83 | 1. 🖪 Show to whom, date a | nd address of delivery. |
| 4474 | 2. Restricted Delivery. | |
| £ | 3. Article Addressed to: | |
| - | GEORGE E. (| JONLEY |
| | P.O. BOX 99 | · |
| | PARKER, CO | 30134 |
| | , | , |
| | 4. Type of Service: | Article Number |
| | Registered Insured Certified COD Express Mail | P247 003 505 |
| | Always obtain signature of ac DATE DELIVERED. | dressee <u>or</u> agent and |
| DOMESTIC | 5. Signature Addressee | 43 |
| E\$1 | 6. Signature - Agent | |
| Ö | X | 1 / 190 \0 |
| RETU | 7. Date of Delivery | 7 (1907) |
| 20 | R. Addresses's Address (ON) | Y if requested and fee paid |
| Z | 0. 7.00.0000 7.00.000 702.72 | |
| N REC | 02.72 | 700 |
| RETURN RECEIP | (01/2 | |

| PS Form 3811, July 1983 44; | 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. 2. Restricted Delivery. |
|-----------------------------|--|
| 447-845 | 3. Article Addressed to: MARGARET E. B. DANIELS 14305 EASTRIDGE DRIVE WHITTIER, CA 9060Z |
| | 4. Type of Service: Article Number Registered Insured P247 003 508 Express Mail |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| DOMESTIC | S. Signature - Addresses X. Mirgaret C. B. Daniels 6. Signature - Agent |
| CRETURN | 7. Date of Delivery |
| RN RECE | 8. Addressee's Address (ONLY if requested and fee paid) |

| 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. |
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| 45 | 3. Article Addressed to: DIANNE ELIZABETH DANIELS 232 HAMPTON DRIVE VENICE, CA 90291 |
| and the same of th | 4. Type of Service: Article Number Registered Insured P 247 003 507 Express Mail Article Number P 247 003 507 |
| | Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee / h/2 |
| OMESTIC | 6. Signature Agepty |
| RETURN RECE | 7. Date of Delivery 8. Addressee's Address (ONLY if pequested and fee paid) |
| RECEIP | |

| | SENDER: Complete items 1, 2, 3 and 4. | |
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| . 1 | Put your address in the "RETURN TO" space on the reverse side. Fallure to do this will prevent this card from | |
| 3 | being returned to you. The return receipt fee will provide | l |
| DE E 2011 Liki 1002 447 04E | you the name of the person delivered to and the date of delivery. For additional fees the following services are | |
| | available. Consult postmaster for fees and check box(es) for service(s) requested. | |
| | Show to whom, date and address of delivery. | 1 |
| 3 | _ | l |
| | 2. Restricted Delivery. | l |
| | 3. Article Addressed to: | 1 |
| • | VICTOR E. CARLOCK | |
| | 2230-P Via Puerta | |
| | LAGUNA HILLS, CA 92653 | |
| | Executivity (1120) | 1 |
| | 4. Type of Service: Article Number | 1 |
| | Registered I Insured P 247 003 502 | l |
| | ☐ Express Mail | |
| | D Express men | - |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 7 | 5. Signature -Addressee | 1 |
| 3 | x Ly & Carlot | |
| ń | 6. Signature - Agent | 1 |
| | x | 1 |
| ļ | 7. Date of Delivery | |
| Ē | 8. Addresses's Address (ONLY if requested and fee paid) | - |
| Ž | 8. Addresses & Address (ONLT to requested with Jee pass) | l |
| Š | | |
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| 7 | | _ |
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| | Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from | |
| | 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 | |
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| | 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. | |
| | 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. It show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS | 3 |
| | 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. | |
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| | 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. It show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS | : |
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| | 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. Is show to whom, date and address of delivery. 2. Is Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 87501 4. Type of Service: Article Number | : |
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| | 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: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 87501 4. Type of Service: Registered Insured P247 003 504 | |
| | 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: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 87501 4. Type of Service: Registered Insured P247 003 504 Always obtain signature of addressee or agent and DATE DELIVERED. | |
| | 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: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 87501 4. Type of Service: Registered Insured P247 003 504 Always obtain signature of addressee or agent and | : |
| | 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 whorn, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 87501 4. Type of Service: Registered Insured P247 003 504 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee S. Signature - Addressee | |
| | 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 whorn, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 87501 4. Type of Service: Registered Insured P247 DO3 504 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X AUG X | |
| | 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. It is show to whom, date and address of delivery. 2. If Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 8750/ 4. Type of Service: Article Number P.47 DO3 504 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X 7. Date of Delivery AUG 7. Date of Delivery | |
| | 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 whorn, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 87501 4. Type of Service: Registered Insured P247 DO3 504 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X AUG 7. Date of Delivery 2.1 1.987 | |
| | 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. It is show to whom, date and address of delivery. 2. If Restricted Delivery. 3. Article Addressed to: COMMISSIONER OF PUBLIC LANDS P.O. BOX 1148 SANTA FE, NM 8750/ 4. Type of Service: Article Number P.47 DO3 504 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X 7. Date of Delivery AUG 7. Date of Delivery | |

| PS 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. |
|---------------------------------|---|
| 55 | 3. Article Addressed to: MANCY ELLEN CARLOS ST. PAUL'S MANOR 2635 2ND AVENUE #630 SAN DIEGO, CA 92103 |
| | 4. Type of Service: Article Number ☐ Registered ☐ Insured |
| DOMESTIC | Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature – Addressee X |
| STIC RETU | 6. Signature – Agent X 7 Pate of Pelivery 6-21-67 |
| RETURN RECEIPT | 8. Addressee's Address (ONLY if requested and fee paid) JUB SAN MIC GO CA DAS |

| PS Form 3811, July 1983 447-845 | SENDER: Complete items 1, 2, 3 and 4. Rutiyour 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) repuested. |
|---------------------------------|---|
| 1983 447- | 2. Restricted Delivery. |
| 245 | 3. Article Addressed to: CITIES SERVICE OIL & GAS CORI IPO. BOX 300 TULSA, OK 7410Z |
| | 4. Type of Service: Article Number Registered Con |
| 3 | Always obtain signature of addressee or agent and OATE DELIVERED. |
| DOM | 5. Signature - Addressee X Seal Vetto |
| DOMESTIC | 6. Signature – Agent X |
| RETURN | 7. Date of Delivery |
| RN RECEIP | B. Addressee's Address (ONLY if requested and fee paid) |

| Form 3811, July 1983 447-848 | 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 evallable. Consult postmaster for fees and check box(es) for service(s) requested. 1. All Show to whom, date and address of delivery. 2. A Restricted Delivery. | |
|------------------------------|---|--|
| \$ | 3. Article Addressed to: | |
| | J. E. ABRAM P.O. BOX 567 | |
| | Moses LAKE, WA 98837 | |
| | 4. Type of Service: Article Number | |
| | Registered Insured P247 003 497 Express Mail | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | |
| | 5. Gignature A Addressee XXXIII | |
| DOMESTIC | 6/Signature - Agent X | |
| RETU | 7. Date of Delivery AUG & 1 1007 | |
| RETURN RECEIPT | 8. Addressee's Address (ONLY if requested and fee paid) | |

| S For | SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the | |
|--------------------------------|---|--|
| S Form 3811, July 1983 447-845 | 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. | |
| 83 | 1. 🔀 Show to whom, date and address of delivery. | |
| 447-8 | 2. Restricted Delivery. | |
| 5 | 3. Article Addressed to: | |
| | 1029 Plus One Investors | |
| <i>"</i> | 2653 West Lawrence | |
| | Springfield, IL 62704 | |
| | 4. Type of Service: Article Number | |
| | | |
| | Registered Insured P 247 003 496 Express Mail | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | |
| g | 5. Signature – Addressee | |
| Ž | X | |
| STIC | 6. Signature Agent Collins X | |
| DOMESTIC RETURN RECEIP | 7. Date of Delivery | |
| 2 | 8. Addressee's Address (ONLY if requested and fee paid) | |
| æ | 0 1 tou. | |
| CEIP | Vice 5.7 ten, | |
| -1 | | |
| | | |

| S 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. | |
|--------------------------------|--|--|
| 5 | 3. Article Addressed to: | |
| i | JOHN D. EMARY S. BRISCOE | |
| | 118 BRISCOE RD. | |
| | ST / FOLIAPH UN DO/ OF | |
| į | ST. LEONARD, MD 20685 | |
| 1 | 4. Type of Service: Article Number | |
| | Registered Insured P247003500 Express Mail | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | |
| MOM | Signature - Addressee Brusene | |
| 2118 | 6. Signature – Agent | |
| RETU | 7. Date of Delivery S-21-57 | |
| 7 7 7 | 8. Addressee's Address (ONLY if requested and fee paid) | |
| DOMESTIC RETURN RECEIPT | | |

| ĺm | | |
|---------------------------------|---|--|
| PS Form 3811, July 1983 447-845 | Put your address in the "RET reverse side. Failure to do this being returned to you. The re you the name of the person delivery. For additional fees to available. Consult postmaster for service(s) requested. 1. Show to whom, date as | URN TO" space on the will prevent this card from turn receipt fee will provide elivered to and the date of the following services are for fees and check box(es) |
| 447-8 | 2. Restricted Delivery. | |
| 8 | 3. Article Addressed to: AVIVA LIMITED PO. BOX 2532 DENVER, CO 80 | - |
| | 4. Type of Service: ☐ Registered ☐ Insured ☐ COD ☐ Express Mail | Article Number P 247 003 499 |
| | Always obtain signature of ad DATE DELIVERED. | dressee <u>or</u> agent and |
| DOM | 5. Signature – Addresse X | |
| DOMESTIC | Significant Agent | sinstel |
| RETURN | 7. Date of Delivery | · 27 |
| RN RECEIPT | 8. Addressee's Address (ONL | Y if requested and fee paid) |
| | | |

P 247 003 533

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

| 194 | DAVID L. PETERSON | | |
|-------------------------|--|----|--|
| 4 | Street and No. | | |
| U.S.G.P.O. 1964-468-01 | P.O., State and ZIP Code | | |
| 8.0. | Postage | 8 | |
| • | 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 3600, Feb. 1962 | TOTAL Postage and Fees | \$ | |
| 90 | Postmark or Date | | |
| Ę | | Ī | |
| PS F | | | |

| S 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. | |
|--------------------------------|---|---|
| 47-8 | 2. Restricted Delivery. | |
| , 5 | 3. Article Addressed to: | |
| * | E.M. Nominee Pa Department #380 Denver, CO 802 | 71 |
| | 4. Type of Service: | Article Number |
| : | Registered Insured Cortified COD Express Mail | P 247 003 571 |
| : | Always obtain signature of ad DATE DELIVERED. | dressee of agent and |
| 9 | 5. Signature – Addressee X | () () () () () () () () () () |
| DOMESTIC R | Signature - Ageny X Date of Delivery | CHANCE |
| RETURN | | |
| N RECEIP | 8. Addressee's Address (ONL) | if requested and fee paid) |

| 6 Form 3811, July 1983 | Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. |
|------------------------|--|
| | 1. A Show to whom, date end address of delivery. 2. A Restricted Delivery. |
| 447-846 | 3. Article Addressed to: DAUD I. MILLER 4604 ANDREWS HIGHWAY MIDLAND, TX 79703 |
| | 4. Type of Service: Article Number Registered Insured P247003529 Express Mail |
| | Always obtain signature of addressee or agent and DATE DELIVERED. 5. Stonayure – Addressee |
| DOMESTIC RETURN RECE | 6. Signature – Agent |
| CRETU | 7. Data of Belligray 1887 |
| RN RECEIPT | 8. Addressee's Address (ONLY (frequested and fee paid) 5 AME |

| 3 | A SENDER COMPLETE | | |
|------------------------------|---|--|--|
| Form 3811, July 1983 447-845 | SENDER: Complete items 1, 2, 3 and 4. Put your eddress 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. | | |
| 83 447 | 1. Show to whom, date and address of delivery. 2. Restricted Delivery. | | |
| 345 | 3. Article Addressed to: TENNECD OIL COMPANY 1990 FH 10 WEST SAN ANTONIO, TX 78230 ATTN: MIKE HINZE | | |
| U | 4. Type of Service: Article Number | | |
| | Registered Insured P247 003 544 Express Mail | | |
| | Always obtain signature of addressee or agent and DATE DELIVERED. | | |
| DOM | 5. Signature – Addressee | | |
| DOMESTIC | 6. Signature - Agent X Flagor Wheele | | |
| RETURN | 7. Date of Delikery 8 - 21 - 87 | | |
| RN RECEIPT | | | |

RETURNED CERTIFIED LETTERS

- 8--20--87 Letter to all RI & WI Owners of hearing date with copies of Applications
 - 69 sent certified
 - $\frac{68}{1}$ receipts returned outstanding David L. Peterson

J57/106