

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: W. T. Wynn 1603 West Dengar Midland, Texas 79705		4. Article Number P 299 868 755	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Addressee X <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery 9-3-87			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 299 868 755

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	W. T. Wynn
Street and No.	1603 W. Dengar
P.O. State and ZIP Code	Midland TX 79705
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

BEFORE EXAMINER CATANIACH  
OIL CONSERVATION DIVISION  
EXHIBIT NO. 4B  
CASE NO. 9215  
SUBMITTED BY APPLICANT  
HEARING DATE SEPTEMBER 23, 1987

P 299 868 760

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Andrew C. Lattu
Street and No	
P.O. Box	3453
P.R. State and ZIP Code	Midland TX. 79701
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

\* U.S.G.P.O. 1985-480-754

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
ANDREW C. LATTU  
P. O. Box 3453  
Midland, Texas 79701

4. Article Number  
P 299 868 760

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

SEP - 4 1987

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Cibola Energy Corporation P. O. Box 1668 Albuquerque, New Mexico 87103  Attn: Harvey Yates, Jr.		4. Article Number P 299 868 759  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature - Addressee X <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X		9-8-87 <i>[Signature]</i>	
7. Date of Delivery			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 299 868 759

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Cibola Energy	
Attn: HET, Jr.	
Sheet and No	
P.O. Box 1668	
Albuquerque, NM 87103	
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 Return	
TOTAL Postage and Fees	
Number of Pages	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

MERIDIAN OIL, INC.  
21 Desta Drive  
Midland, Texas 79705

Attn: Don Davis

4. Article Number

P 299 868 758

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Don Davis*

6. Signature - Agent

X

7. Date of Delivery

*Don Davis* 9-3-87

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 299 868 758

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE CVERAGE FROM USG  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Meridian Oil
Attn:	Don Davis
Street and No.	21 Desta Drive
PO, Suite and ZIP Code	Midland 79705
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Conoco, Inc. P. O. Box 1959 Midland, Texas 79702  Attn: Boyd Nelson.	<b>4. Article Number</b> P 299 868 756  <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
<b>5. Signature — Addressee</b> <i>Addie Johnson</i>	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> X	
<b>7. Date of Delivery</b> 9-3-87 <i>murfis</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 299 868 756  
 RECEIPT FOR CERTIFIED MAIL  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to	Conoco, Inc.
Attn:	Boyd Nelson
Street and No.	P.O. Box 1959
P.O. State and ZIP Code	Midland TX 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

HONDO OIL & GAS COMPANY  
P. O. Box 2208  
Roswell, New Mexico 88202

Attn: Eugene Wentworth

4. Article Number

P 299 868 757

Type of Service:

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

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

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

9-4-85

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNAL USE ONLY

(See Reverse)

Sent to	HONDO OIL & GAS COMPANY
Attn:	Eugene Wentworth
Street and No.	P.O. Box 2208
P.O. State and ZIP Code	Roswell, NM 88202
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	
Postmark of Date	

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

P 299 868 757

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:	4. Article Number
UNION OIL OF CALIFORNIA P. O. Box 3100 Midland, Texas 79701	P 299 868 748
Attn: Linda Hicks	Type of Service:
5. Signature — Addressee X <i>Jimmy Hale</i>	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
6. Signature — Agent X	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
7. Date of Delivery 9-3-87 <i>muefio</i>	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	UNION OIL OF CALIFORNIA
Attn:	Linda Hicks
Street and No	POB 3100
P.O., State and Zip Code	Midland Tx. 79701
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

P 299 868 748

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Yates Energy Corporation 1010 Sunwest Center Roswell, New Mexico 88201  Attn: Kent Hammonds	<b>4. Article Number</b> P 299 868 749
	<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature — Addressee</b> X	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> X <i>B. Goodloe</i>	
<b>7. Date of Delivery</b> 9/13/87 LU	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

Sent to	Yates Energy Corp
Street and No.	1010 Sunwest Center
P.O. State and ZIP Code	RD 2011, NM 88201
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

\* U.S.G.P.O. 1985-460-794

PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

P 299 868 749



P 299 868 750

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Spiral Inc.</i>	
Street and No. <i>POB 1933</i>	
P.O. State and ZIP Code <i>Roswell, NM 88201</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

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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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery.

3. Article Addressed to: SPIRAL, INC. EXPLORERS PETROLEUM CORP. P. O. Box 1933 Roswell, New Mexico 88201	4. Article Number P 299 868 750
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>[Signature]</i>	
7. Date of Delivery <i>9-3-87</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> STATE OF NEW MEXICO LAND OFFICE P. O. Box 1148 Santa Fe, New Mexico 87504-1148  Attn: Pete Martinez	<b>4. Article Number</b> P 299 868 751  <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature - Addressee</b> X <i>[Signature]</i>	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature - Agent</b> X	
<b>7. Date of Delivery</b> SEP 3 1981	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

**P 299 868 751**

(See Reverse)

Sent to Pete Martinez State Land Office	Postage	
Street and No. PO Box 1148	Certified Fee	
P.O. State and Zip Code Santa Fe, NM 87504-1148	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
	Return Receipt showing to whom Date and Address of Delivery	
	TOTAL Postage and Fees	
	Postmark or Date	

\* U.S.G.P.O. 1985-480-794 PS Form 3800, June 1985