

OPERATOR, WELL

1991 Ave Prod.

1992 Ave Prod.

Strata Fe Energy
Operating Partners

Longknife 35 Fed. No. 1

13 BOPD

9.0 BOPD

Parkway "36" State No. 1

3.9 BOPD

4.7 BOPD

" " No. 2

20.4 BOPD

12.6 BOPD

" " No. 3

24.7 BOPD

20.6 BOPD

" " No. 4

6.09 BOPD

6.25 BOPD

" " No. 6

20.8 BOPD

13.8 BOPD

" " No. 7

4.7 BOPD

3.0 BOPD

Strata Production
Company

Haleon State No. 2

4.3 BOPD

2.3 BOPD

Siete Oil & Gas
Company

Flathead State No. 1

11.6 BOPD

9.2 BOPD

Osage Federal No. 1

80.2 BOPD

80.0 BOPD

" " No. 2

77 BOPD

76 BOPD

" " No. 3

63.4 BOPD

55.4 BOPD

" " No. 4

35 BOPD

19.5 BOPD

" " No. 5

10.6 BOPD

2.3 BOPD

Renegade Federal No. 1

77 BOPD

67 BOPD

" " No. 2

78 BOPD

76 BOPD

" " No. 3

24.2 BOPD

17.7 BOPD

Mendian Oil
Inc.

Apache "A" Federal No. 1

79 BOPD

72 BOPD

" " No. 2

95 BOPD

73 BOPD

" " No. 3

51.5 BOPD

53.3 BOPD

" " No. 4

28.1 BOPD

44.0 BOPD

Apache Federal No. 1

39.1 BOPD

88 BOPD

" " No. 2

36.5 BOPD

49 BOPD

VICCA S. JAMES
P O BOX 386
ALAMOGORDO NM 88310

1. Please print or type name of addressee in full.
2. Please print or type address in full.
3. Please print or type city, state and zip code.
4. Please print or type telephone number.
5. Please print or type date of birth.
6. Please print or type date of issue.
7. Please print or type date of expiration.
8. Please print or type date of receipt.
9. Please print or type date of return.
10. Please print or type date of delivery.

PS Form 3811, December 1981
U.S. GPO: 1982-525-102

Is your RETURN ADDRESS completed on the reverse side?

6. Signature (Agent)

5. Signature (Addressee)

AUBREY L OR BETTY JO DUNN SR
P O BOX 386
ALAMOGORDO NM 88310

8. Addressee's Address (City if restricted)

7. Date of Delivery

4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise

1. Article Number

2. Restricted Delivery

3. Addressee's Address

4. Consult postmaster for fee

5. Article Number

6. Restricted Delivery

7. Addressee's Address

8. Consult postmaster for fee

9. Article Number

10. Restricted Delivery

11. Addressee's Address

12. Consult postmaster for fee

13. Article Number

14. Restricted Delivery

15. Addressee's Address

DOMESTIC RETURN RECEIPT

1. Addressee's Name HAROLD D. STONE Agent of Insurance INSURETY CO. OF N.Y.		2. Address 100 W. 42nd St. New York 36, N.Y.	
3. Addressee's Title Agent of Insurance		4. Addressee's Telephone 100 W. 42nd St.	
5. Addressee's City New York		6. Addressee's State N.Y.	
7. Addressee's Zip 10014		8. Addressee's Country U.S.A.	
9. Addressee's Business Insurance		10. Addressee's Occupation Agent of Insurance	
11. Addressee's Age 40		12. Addressee's Sex Male	
13. Addressee's Marital Status Single		14. Addressee's Religion Protestant	
15. Addressee's Education High School		16. Addressee's Income \$10,000	
17. Addressee's Assets None		18. Addressee's Liabilities None	
19. Addressee's Credit Good		20. Addressee's References None	
21. Addressee's References None		22. Addressee's References None	
23. Addressee's References None		24. Addressee's References None	
25. Addressee's References None		26. Addressee's References None	
27. Addressee's References None		28. Addressee's References None	
29. Addressee's References None		30. Addressee's References None	
31. Addressee's References None		32. Addressee's References None	
33. Addressee's References None		34. Addressee's References None	
35. Addressee's References None		36. Addressee's References None	
37. Addressee's References None		38. Addressee's References None	
39. Addressee's References None		40. Addressee's References None	
41. Addressee's References None		42. Addressee's References None	
43. Addressee's References None		44. Addressee's References None	
45. Addressee's References None		46. Addressee's References None	
47. Addressee's References None		48. Addressee's References None	
49. Addressee's References None		50. Addressee's References None	
51. Addressee's References None		52. Addressee's References None	
53. Addressee's References None		54. Addressee's References None	
55. Addressee's References None		56. Addressee's References None	
57. Addressee's References None		58. Addressee's References None	
59. Addressee's References None		60. Addressee's References None	
61. Addressee's References None		62. Addressee's References None	
63. Addressee's References None		64. Addressee's References None	
65. Addressee's References None		66. Addressee's References None	
67. Addressee's References None		68. Addressee's References None	
69. Addressee's References None		70. Addressee's References None	
71. Addressee's References None		72. Addressee's References None	
73. Addressee's References None		74. Addressee's References None	
75. Addressee's References None		76. Addressee's References None	
77. Addressee's References None		78. Addressee's References None	
79. Addressee's References None		80. Addressee's References None	
81. Addressee's References None		82. Addressee's References None	
83. Addressee's References None		84. Addressee's References None	
85. Addressee's References None		86. Addressee's References None	
87. Addressee's References None		88. Addressee's References None	
89. Addressee's References None		90. Addressee's References None	
91. Addressee's References None		92. Addressee's References None	
93. Addressee's References None		94. Addressee's References None	
95. Addressee's References None		96. Addressee's References None	
97. Addressee's References None		98. Addressee's References None	
99. Addressee's References None		100. Addressee's References None	

1. Complete items 1 and 2 when additional services are desired, and so forth, and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will result in card being returned to you. The return receipt fee will provide you the name of the carrier, date and date of delivery. For additional fees the following services are available. Consult the rates and check charges for additional services requested. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)		4. Article Number 411338553	
3. Article Addressed to: PATRICIA K JENNINGS 1107 NORTH KENTUCKY ROSNELL NH 88202-5024		Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (Required and fee paid) NOV 16 1992	
5. Signature - Address 6. Signature - Agent 7. Date of Delivery		NOV 16 1992	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

1. Article Addressed to:		4. Article Number 4111938603	
2. Article Addressed to:		5. Signature - Agent X <i>Monica Sparks</i>	
3. Article Addressed to:		6. Signature - Addressee X <i>Monica Sparks</i>	
7. Date of Delivery 11-16-92		8. Addressee's Address (Only if requested and fee paid)	
9. Service Type Registered Certified Express Mail		10. Addressee's Address (Only if requested and fee paid)	
11. Addressee's Address (Only if requested and fee paid)		12. Addressee's Address (Only if requested and fee paid)	

Is your RETURN ADDRESS completed on the reverse side?

1. Article Addressed to:		4. Article Number 4561867074	
2. Article Addressed to:		5. Signature - Agent X <i>William & Loreta Hunter Trust</i>	
3. Article Addressed to:		6. Signature - Addressee X <i>William & Loreta Hunter Trust</i>	
7. Date of Delivery		8. Addressee's Address (Only if requested and fee is paid)	
9. Service Type Registered Certified Express Mail		10. Addressee's Address (Only if requested and fee is paid)	
11. Addressee's Address (Only if requested and fee is paid)		12. Addressee's Address (Only if requested and fee is paid)	

1. Article Addressed to:		4. Article Number 4111938603	
2. Article Addressed to:		5. Signature - Agent X <i>Monica Sparks</i>	
3. Article Addressed to:		6. Signature - Addressee X <i>Monica Sparks</i>	
7. Date of Delivery 11-16-92		8. Addressee's Address (Only if requested and fee paid)	
9. Service Type Registered Certified Express Mail		10. Addressee's Address (Only if requested and fee paid)	
11. Addressee's Address (Only if requested and fee paid)		12. Addressee's Address (Only if requested and fee paid)	

Is your RETURN ADDRESS completed on the reverse side?

1. Article Addressed to:		4. Article Number 4561867074	
2. Article Addressed to:		5. Signature - Agent X <i>William & Loreta Hunter Trust</i>	
3. Article Addressed to:		6. Signature - Addressee X <i>William & Loreta Hunter Trust</i>	
7. Date of Delivery		8. Addressee's Address (Only if requested and fee is paid)	
9. Service Type Registered Certified Express Mail		10. Addressee's Address (Only if requested and fee is paid)	
11. Addressee's Address (Only if requested and fee is paid)		12. Addressee's Address (Only if requested and fee is paid)	

Is your RETURN ADDRESS completed on the reverse side?

[illegible]

1. Name of the person to whom the letter is addressed
2. Name of the person who wrote the letter
3. Name of the person who delivered the letter
4. Name of the person who received the letter
5. Name of the person who sent the letter
6. Name of the person who received the letter
7. Name of the person who sent the letter
8. Name of the person who received the letter
9. Name of the person who sent the letter
10. Name of the person who received the letter

1. Addressee's complete name, address, and complete return address in the "RETURN TO" space on the reverse of 9. Failure to do this will prevent the carrier from returning to you the return receipt we will provide, and the carrier will not be able to deliver to you the date of delivery for the return receipt and the carrier's services are available. Consent destination for return receipt only. Addressee's address for additional services is released.		2. ☐ Restricted Delivery (Extra charge)	
3. Article Addressed to:		Article Number 1111338749	
4. Signature - Address		Type of Service:	
X		☐ Registered	
5. Signature - Agent		☐ Insured	
X		☒ Certified	
6. Signature - Agent		☐ COD	
X		☐ Return Receipt	
7. Date of Delivery		☐ Express Mail	
1-16-92		☐ Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)		9. Addressee's Address (ONLY if requested and fee paid)	

1. Name of addressee 2. Street address 3. City and State and Zip Code 4. Country to which delivered (use abbreviations if desired)		5. Name of addressee's business 6. Business address 7. City and State and Zip Code	
8. Signature of addressee 9. Signature of addressee's business		10. Signature of sender 11. Signature of sender's business	
12. Date of delivery 13. Date of delivery		14. Date of delivery 15. Date of delivery	

* U.S.G.P.O. 1969-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

5. Signature (Addressee)
Robert L. Dale

6. Signature (Agent)

ROBERT L. DALE
15419 PEACH HILL ROAD
SARATOGA CA 95070

- SENDER:
- Complete items 1 and 2 for additional services.
 - Complete items 3 and 4a, b, c.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the package, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the merchandise below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
3. Article Addressed to:

- 4a. Article Number
4561 867064
- 4b. Service Type
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
11-16-92

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

5. Signature (Addressee)
Robert L. Dale

S. H. GALT
P.O. BOX 1105
ROSELAND NM 88002-1105

- SENDER:
- Complete items 1 and 2 for additional services.
 - Complete items 3 and 4a, b, c.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the package, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the merchandise below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
3. Article Addressed to:

- 4a. Article Number
4561 867064
- 4b. Service Type
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
11-16-92

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

5. Signature (Addressee)

6. Signature (Agent)

BLAKEFIELD ENERGY COMPANY
P.O. BOX 2725
ROSELAND NM 88002-2725

- SENDER:
- Complete items 1 and 2 for additional services.
 - Complete items 3 and 4a, b, c.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the package, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the merchandise below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
3. Article Addressed to:

- 4a. Article Number
4561 867071
- 4b. Service Type
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
11-16-92

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

5. Signature (Addressee)

6. Signature (Agent)

CHARTER GALT
P.O. BOX 1627
SARATOGA NM 87004-1627

- SENDER:
- Complete items 1 and 2 for additional services.
 - Complete items 3 and 4a, b, c.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the package, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the merchandise below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
3. Article Addressed to:

- 4a. Article Number
4561 867066
- 4b. Service Type
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
11-16-92

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: • Complete items 1 and 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		3. Article Addressed to:	
ROBERT V EATON 2505 SAN JUAN LE W NM ALBUQUERQUE NM 87104		4a. Article Number 561867063	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail		2. ☐ Restricted Delivery	
5. Signature (Addressee) R. V. Eaton		7. Date of Delivery 11-16-92	
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid) 16 1002	

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: • Complete items 1 and 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		3. Article Addressed to:	
HAWAIIAN CIT. PROPERTIES INC 10 BOX 419 KOSIOWE, NM 88002-0419		4a. Article Number 561867063	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail		2. ☐ Restricted Delivery	
5. Signature (Addressee) H. V. Eaton		7. Date of Delivery 11-16-92	
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid) 16 1002	

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER: • Complete items 1 and 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece next to the article number.		3. Article Addressed to:	
SANTA FE ENERGY RESOURCES INC 500 WEST ILLINOIS SUITE 500 MIDLAND TX 79701		4a. Article Number 711338585	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail		2. ☐ Restricted Delivery	
5. Signature (Addressee)		7. Date of Delivery 11-16-92	
6. Signature (Agent) H. V. Eaton		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, October 1990

*U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

SENDER: • Complete items 1 and 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece next to the article number.		3. Article Addressed to:	
SANTA FE ENERGY RESOURCES INC 500 WEST ILLINOIS SUITE 500 MIDLAND TX 79701		4a. Article Number 711338585	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail		2. ☐ Restricted Delivery	
5. Signature (Addressee)		7. Date of Delivery 11-16-92	
6. Signature (Agent) H. V. Eaton		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, Nov. 1988

*U.S. GPO: 1988-212-865

DOMESTIC RETURN RECEIPT

DEWID & DINA HUBBARD TRUST P.O. BOX 928 KODAK, NM 88211-0001		4. Article Number 111 536 596	
5. Signature — Address DEWID HUBBARD		Type of Service: ☒ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
6. Signature — Agent DEWID HUBBARD		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 11-16-92		Always obtain signature of addressee or agent and DATE DELIVERED.	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

MILDRED RUTH ERICSON P.O. BOX 532 CROWELL, TX 79207		4. Article Number 111 536 596	
5. Signature — Address MILDRED RUTH ERICSON		Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
6. Signature — Agent MILDRED RUTH ERICSON		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery NOV 17 1992		Always obtain signature of addressee or agent and DATE DELIVERED.	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

1. If the item is damaged, the sender must fill out this form and attach it to the item.
2. If the item is damaged, the sender must fill out this form and attach it to the item.
3. If the item is damaged, the sender must fill out this form and attach it to the item.

RECEIVED
FEB 11 1990
RICHMOND, VA 22302-0569

5. Signature (Agent)
[Signature]
6. Signature (Agent)

PS Form 3811, October 1990 * U.S. GPO: 1990-273-861 DOMESTIC RETURN RECEIPT

4a. Service Number
111 338 580

4b. Service Type
☒ Registered
☐ Insured
☐ Certified
☐ Express Mail

4c. Return Receipt for
☐ Registered
☐ Insured
☐ Certified
☐ Express Mail

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

RECEIVED

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6 for additional services.
- Print your name and address on the reverse of this form so that we can return this form to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.
- Article Addressed to:

4a. Service Number
111 338 580

4b. Service Type
☒ Registered
☐ Insured
☐ Certified
☐ Express Mail

4c. Return Receipt for
☐ Registered
☐ Insured
☐ Certified
☐ Express Mail

7. Date of Delivery

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

PS Form 3811, October 1990 * U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

1. If the item is damaged, the sender must fill out this form and attach it to the item.
2. If the item is damaged, the sender must fill out this form and attach it to the item.
3. If the item is damaged, the sender must fill out this form and attach it to the item.

ANDREW P. DATA
24 BEECH STREET
ESSEX, CONNECTICUT 06422

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

7. Date of Delivery

4a. Service Number
111 338 580

4b. Service Type
☒ Registered
☐ Insured
☐ Certified
☐ Express Mail

4c. Return Receipt for
☐ Registered
☐ Insured
☐ Certified
☐ Express Mail

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

PS Form 3811, October 1990 * U.S. GPO: 1990-273-861 DOMESTIC RETURN RECEIPT

RECEIVED

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6 for additional services.
- Print your name and address on the reverse of this form so that we can return this form to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.
- Article Addressed to:

4a. Service Number
111 338 580

4b. Service Type
☒ Registered
☐ Insured
☐ Certified
☐ Express Mail

4c. Return Receipt for
☐ Registered
☐ Insured
☐ Certified
☐ Express Mail

7. Date of Delivery

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

PS Form 3811, October 1990 * U.S. GPO: 1990-273-861

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 delivering to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

4. Article Number 7111 338 753	
Type of Service: ☒ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address	6. Addressee's Address (ONLY if requested and fee paid)
7. Signature — Agent	
8. Signature — Agent	
9. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 delivering to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

4. Article Number 7111 338 753	
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address	6. Addressee's Address (ONLY if requested and fee paid)
7. Signature — Agent	
8. Signature — Agent	
9. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

4. Article Number 7111 338 753	
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address	6. Addressee's Address (ONLY if requested and fee paid)
7. Signature — Agent	
8. Signature — Agent	
9. Date of Delivery	

PS Form 3811, December 1981 * U.S.G.P.O. 1988-212-865 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 delivering to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

4. Article Number 7111 338 753	
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address	6. Addressee's Address (ONLY if requested and fee paid)
7. Signature — Agent	
8. Signature — Agent	
9. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. **2. ☐ Restricted Delivery** (Extra charge)

3. Article Addressed to:

4. Article Number: 111 338 757

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail ☐ Signature Required

5. Signature - Agent: X

6. Signature - Addressee: X

7. Date of Delivery: 11/11/88

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

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 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 boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. **2. ☐ Restricted Delivery** (Extra charge)

3. Article Addressed to:

4. Article Number: 111 338 757

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail ☐ Signature Required

5. Signature - Agent: X

6. Signature - Addressee: X

7. Date of Delivery: 11/11/88

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

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 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 boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. **2. ☐ Restricted Delivery** (Extra charge)

3. Article Addressed to:

4. Article Number: 111 338 757

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail ☐ Signature Required

5. Signature - Agent: X

6. Signature - Addressee: X

7. Date of Delivery: 11/11/88

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

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 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 boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. **2. ☐ Restricted Delivery** (Extra charge)

3. Article Addressed to:

4. Article Number: 111 338 757

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail ☐ Signature Required

5. Signature - Agent: X

6. Signature - Addressee: X

7. Date of Delivery: 11/11/88

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

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

U.S. G.P.O. 1992-323-402

DOMESTIC RETURN RECEIPT

6. Signature (Agent)

5. Signature (Addressee)

Stan H. Stocker

STAN H STOCKER
3302 ST JAMES CT
TYLER TX 75701

3. Article Addressed to:

SENDER: Complete items 1 and 2 for additional services. Complete items 3 and 4 for additional services. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

4a. Article Number

1561 858 804

4b. Service Type

Registered ☐ Insured ☐
Certified ☒ COD ☐
Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

11-17-92

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

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and 2 for additional services. Complete items 3 and 4 for additional services. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

4a. Article Number

1561 858 804

4b. Service Type

Registered ☐ Insured ☐
Certified ☒ COD ☐
Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

11-17-92

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

PS Form 3811, Dec 1991 U.S. G.P.O. 1992-323-402 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

U.S. G.P.O. 1992-323-402

DOMESTIC RETURN RECEIPT

6. Signature (Agent)

5. Signature (Addressee)

MCKAY OIL CORPORATION
P O BOX 2014
ROSWELL NM 88202-2014

3. Article Addressed to:

SENDER: Complete items 1 and 2 for additional services. Complete items 3 and 4 for additional services. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

4a. Article Number

1561 858 804

4b. Service Type

Registered ☐ Insured ☐
Certified ☒ COD ☐
Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

11-16-92

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

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and 2 for additional services. Complete items 3 and 4 for additional services. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

4a. Article Number

1561 858 804

4b. Service Type

Registered ☐ Insured ☐
Certified ☒ COD ☐
Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

11-16-92

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

PS Form 3811, Mar 1983 U.S. G.P.O. 1983-212-805 DOMESTIC RETURN RECEIPT

SENDERS: 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 boxes for additional services requested.

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

3. Article Addressed to:

TABLE & MONEY
P O BOX 470
ALBUQUERQUE NM 87110-0470

4. Article Number: 1111338760

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature — Address

6. Signature — Agent: 11-16-92

7. Date of Delivery: 11-16-92

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDERS: 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 boxes for additional services requested.

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

3. Article Addressed to:

PIERCE INNEVOCABLE TRUST #2
6201 UPTOWN BLVD NE #201
ALBUQUERQUE NM 87110

4. Article Number: 1111338763

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise

5. Signature — Address

6. Signature — Agent: 11-16-92

7. Date of Delivery: 11-16-92

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDERS: 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 boxes for additional services requested.

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

3. Article Addressed to:

STUART D HANSON
P O BOX 722
NOSHIL NM 88210-0712

4. Article Number: 1561869868

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature — Address

6. Signature — Agent: 11-16-92

7. Date of Delivery: 11-16-92

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDERS: 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 boxes for additional services requested.

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

3. Article Addressed to:

MARY G SQUIDOW
P O BOX 1627
SANTA FE NM 87504-1627

4. Article Number: 1111338762

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise

5. Signature — Address

6. Signature — Agent: 11-16-92

7. Date of Delivery: 11-16-92

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for a national service.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address following service (for an extra fee)

2. ☐ Restricted Delivery Consult postmaster for fee

3. Article Addressed to:

4a. Article Number: PS 3811

4b. Service Type: ☒ Registered ☐ Insured ☐ Certified ☐ COD

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

7. Date of Delivery: 11-16

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address following services (for an extra fee)

2. ☐ Restricted Delivery Consult postmaster for fee

3. Article Addressed to:

4a. Article Number: PS 3811

4b. Service Type: ☐ Registered ☐ Insured ☐ Certified ☐ COD

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

7. Date of Delivery: 11-16

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address following services (for an extra fee)

2. ☐ Restricted Delivery Consult postmaster for fee

3. Article Addressed to:

4a. Article Number: PS 3811

4b. Service Type: ☐ Registered ☐ Insured ☐ Certified ☐ COD

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

7. Date of Delivery: 11-17-92

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address following services (for an extra fee)

2. ☐ Restricted Delivery Consult postmaster for fee

3. Article Addressed to:

4a. Article Number: PS 3811

4b. Service Type: ☐ Registered ☐ Insured ☐ Certified ☐ COD

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

7. Date of Delivery: 11-17-92

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 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 to whom the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

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

3. Article Addressed to:

4. Article Number: 7111338592

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

8. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

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

10. Addressee's Address ONLY if requested and fee paid

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 to whom the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

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

3. Article Addressed to:

4. Article Number: 7111338594

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

8. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

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

10. Addressee's Address ONLY if requested and fee paid

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 to whom the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

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

3. Article Addressed to:

4. Article Number: 7111338593

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

8. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

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

10. Addressee's Address ONLY if requested and fee paid

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 to whom the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

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

3. Article Addressed to:

4. Article Number: 7111338593

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

8. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

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

10. Addressee's Address ONLY if requested and fee paid

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

[illegible][illegible]

SENDING 1. Complete items 1 and 2 for additional services. 2. Complete items 3 and 4 if it is: a. ☐ <u>Domestic</u> mail and address on the reverse of this form so that we can return this card to you. b. ☐ <u>Airmail</u> this form to the front of the package, or on the back if space does not permit. c. ☐ <u>Weight</u> "Guaranteed Receipt Requested" on the mailpiece next to the article number. 3. Article Addressed to:		4. Also, when to return the following services (fill in extra space): 1. ☐ Addressee's Signature 2. ☐ Restricted Delivery Consent postmaster for fee	
MICHAEL J NORTON III 688 COUNTY STREET NEW BEDFORD MA 02740		4a. Article Number <u>11338577</u>	
5. Signature (Addressee) <u>Michael C. Perry</u>		4b. Service Type ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
6. Signature (Agent)		7. Date of Delivery <u>4-17</u>	
8. Addressee's Address (Only if requested and fee is paid)			

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 the package from being returned to you. **Do not include postage or a return address on the package.** To insure proper care of delivery, for additional fees and services are available, contact postal office for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. **2. ☐ Restricted Delivery** (extra charge)

3. **Article Addressed to:**

JAMES L. SCHULTZ
803 TWIN DIAMOND ROAD
KOSMELL NH 88201

4. **Article Number**
411 338 616

5. Signature - Address
X *James Schultz*

6. Signature - Agent
X */*

7. Date of Delivery
11-24-92

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

Always obtain signature of addressee or agent and DATE DELIVERED.

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Completed on the reverse side:

- Complete items 1 and/or 2 for additional service.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ ~~Addressee's Address~~
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

GARON GAGLE
2202 AVENUE C
LUBBOCK TX 79400

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

100

- Indicate the item 1 and/or 2 for additional services
- Indicate the items 3, 4 and 5, as applicable
- Indicate the name and address on the reverse of this form so that we can return it to you by first class mail
- Attach the form to the front of the mail piece, or on the back if space is not permitted
- **Return Receipt Requested** - on the mail piece below the article number
- **Signature Required** - sign it when the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Article Addressed to:

46 April 2009

ARMAN EAST INVESTMENT CORPORATION
ONE PETROLEUM BUILDING
ROSWELL NM 88001

42. Service Type

- Registered _____ Surety _____
 Certified _____ OGD _____
 Express Mail _____ Return Receipt _____

7. Date of Delivery

6. Shirley A. 36481

114492

8. Addressee's - across (Only if requested and fee is paid)

Return Receipt Service.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

44. Angle Number
111 339 883

☐ 4b. Service Type	☐ Insured	☐ Return Receipt for Merchandise
☐ Registered	☐ COB	
☐ Certificate of		
☐ Express, Regd.		

Food delivery

10. Addressee's Address (only if requested)
 (no fee is paid)

PS Form 3811, Mar 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

1. Signature (Agent)
John M. Litten

2. Signature (Addressee)
Warren Inc

3. Article Addressed to:
WARREN INC
P O BOX 7250
ALBUQUERQUE NM 87194-7250

4. Service Type:
☒ Registered
☐ Insured
☐ Certified
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise

5. Date of Delivery
4/5/89

6. Addresser's Address (Only if requested and fee is paid)

7. Date of Delivery

8. Addresser's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 * U.S.G.P.O. 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

PS Form 3811, Mar 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

1. Signature (Agent)
Anna Mae Welborn Trust

2. Signature (Addressee)
Anna Mae Welborn Trust

3. Article Addressed to:
ANNA MAE WELBORN TRUST
1500 DEANWAY SUITE 1212
LUBBOCK TX 79401

4. Service Type:
☐ Registered
☐ Insured
☐ Certified
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise

5. Date of Delivery
4/5/89

6. Addresser's Address (Only if requested and fee is paid)

7. Date of Delivery

8. Addresser's Address (Only if requested and fee is paid)

PS Form 3811, Mar 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)	
3. Article Addressed to: J M MELBOURN 1500 BROADWAY SUITE 1212 LUBBOCK TX 79401	
4. Article Number F-387878525	
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail	
5. Signature - Address	
6. Signature - Agent	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)	
3. Article Addressed to: C P ANN P O BOX 6832 HOUSTON TX 77265	
4. Article Number F-387878529	
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail	
5. Signature - Address	
6. Signature - Agent	
7. Date of Delivery NOV 17 1988	
8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDING COMPANY (PARTS 1 AND 2) (FROM ADDRESS AND DESTINATION) Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the carrier from returning to you. The return address is the address to which the carrier will return the item if it cannot be delivered. It is not the address to which the carrier will deliver the item. The return address is the address to which the carrier will return the item if it cannot be delivered. It is not the address to which the carrier will deliver the item. The return address is the address to which the carrier will return the item if it cannot be delivered. It is not the address to which the carrier will deliver the item.	
1. ☐ Show to whom delivered, city, and business's address. 2. ☐ Restricted Delivery (Extra charge)	
3. Article Number <i>P111-337-563</i>	
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
4. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature — Agent X <i>Sharon Scott</i>	
6. Date of Delivery <i>11/16/92</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDING COMPANY (PARTS 1 AND 2) (FROM ADDRESS AND DESTINATION) Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the carrier from returning to you. The return address is the address to which the carrier will return the item if it cannot be delivered. It is not the address to which the carrier will deliver the item. The return address is the address to which the carrier will return the item if it cannot be delivered. It is not the address to which the carrier will deliver the item.	
1. ☐ Show to whom delivered, city, and business's address. 2. ☐ Restricted Delivery (Extra charge)	
3. Article Addressed to: <i>2</i>	
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
4. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature — Agent X	
6. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN AT

don the reverse and

RUSSELL J RAYSLAND SR
P O BOX 10505
MIDLAND TX 79702-0505

Signature (Agent)
Signature (Addressee)

PS Form 3811, December 1981

AUST.GPO: 1982-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

1. Article Addressed to:
2. Restricted Delivery
3. Article Addressed to:
4. Service Number
5. Service Type
6. Date of Delivery
7. Addressed to Address (Only if requested and fee is paid)
8. Signature (Agent)
9. Signature (Addressee)

111 339 838

Express Mail
Return Receipt for Merchandise

PS Form 3811, Mar. 1988

U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

STINGLINE PARTNERSHIP
3301 CANALE FOREST ROAD
EDMOND OK 73013

Signature — Agent
Signature — Addressee

PS Form 3811, Mar. 1988

U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

1. Article Addressed to:
2. Restricted Delivery
3. Article Addressed to:
4. Service Number
5. Service Type
6. Date of Delivery
7. Addressed to Address (Only if requested and fee is paid)
8. Signature (Agent)
9. Signature (Addressee)

337 272 552

Express Mail
Return Receipt for Merchandise

ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3 and 4a.
- Place this form and contents in a separate envelope so that we can follow-up services for an extra fee.
- Return this card to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- Write "Return Receipt Requested" in the mailbox below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Also wish to receive the following services for an extra fee:

2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number: 6111339 845

4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD

Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery: 11/17/92

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

Signature (Agent): [Signature]

Signature (Addressee): [Signature]

JANE BARNES RAMSLAND
P O BOX 10505
MIDLAND TX 79702-0505

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3 and 4a.
- Place this form and contents in a separate envelope so that we can follow-up services for an extra fee.
- Return this card to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailbox below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Also wish to receive the following services for an extra fee:

2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number: 6111339 852

4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD

Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery: 11/17/92

8. Addressee's Address (Or, if requested and fee is paid)

Signature (Agent): [Signature]

Signature (Addressee): [Signature]

RONDERO COMPANY INC
P O BOX 430
ROSWELL NM 88202-0430

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

3. Article Addressed to: MCKAY OIL CORPORATION P O BOX 2014 ROSWELL NM 88202-2014		4. Article Number: 111 339 551	
5. Signature - Address X		Type of Service: ☒ Registered ☐ Certified ☐ Express Mail ☐ Insured ☐ COD ☐ Return Receipt ☐ Registered Mail	
6. Signature of Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 11-16-92		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, December 1991 * U.S.G.P.O. 1992-323-402 DOMESTIC RETURN RECEIPT

3. Article Addressed to: OED OAK CATTLE COMPANY P O BOX 998 ARDMORE OK 73402		4. Article Number: 111 339 349	
5. Signature - Addressee X		Type of Service: ☒ Registered ☐ Certified ☐ Express Mail ☐ Insured ☐ COD ☐ Return Receipt for Merchandise	
6. Signature (Agent) X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 11-16-92		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse?

JACK MARKHAM
1500 BROADWAY SUITE 1212
LUBBOCK TX 79401

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

1. ☐ Addressed to Addressee
2. ☐ Restricted Delivery
3. ☐ Return Receipt for Merchandise
4. ☐ Certified
5. ☐ Registered
6. ☐ Insured
7. ☐ COD
8. ☐ Return Receipt for Merchandise
9. ☐ Express Mail
10. ☐ Return Receipt for Merchandise
11. ☐ Date of Delivery
12. ☐ Addressee's Address (Only if requested and fee is paid)

Article Number
111 339 843

Is your RETURN ADDRESS completed on the reverse?

GRANK S & ROBIN L MORGAN
P O BOX 1
AKTISIA NM 88211

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

1. ☐ Addressed to Addressee
2. ☐ Restricted Delivery
3. ☐ Return Receipt for Merchandise
4. ☐ Certified
5. ☐ Registered
6. ☐ Insured
7. ☐ COD
8. ☐ Return Receipt for Merchandise
9. ☐ Express Mail
10. ☐ Return Receipt for Merchandise
11. ☐ Date of Delivery
12. ☐ Addressee's Address (Only if requested and fee is paid)

Article Number
111 339 843

Is your RETURN ADDRESS completed on the reverse side?

1. Article Addressed to:

2. Article Number: 337 278 546

3. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

4. Date of Delivery: 11-17-92

5. Signature (Agent): [Signature]

6. Addressee's Address (Only if requested and fee is paid):

7. Article Addressed to:

8. Article Number: 337 278 546

9. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

10. Date of Delivery: 11-17-92

11. Signature (Agent): [Signature]

12. Addressee's Address (Only if requested and fee is paid):

13. Article Addressed to:

14. Article Number: 337 278 546

15. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

16. Date of Delivery: 11-17-92

17. Signature (Agent): [Signature]

18. Addressee's Address (Only if requested and fee is paid):

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

1. Article Addressed to:

2. Article Number: 337 278 546

3. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

4. Date of Delivery: 11-17-92

5. Signature (Agent): [Signature]

6. Addressee's Address (Only if requested and fee is paid):

7. Article Addressed to:

8. Article Number: 337 278 546

9. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

10. Date of Delivery: 11-17-92

11. Signature (Agent): [Signature]

12. Addressee's Address (Only if requested and fee is paid):

13. Article Addressed to:

14. Article Number: 337 278 546

15. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

16. Date of Delivery: 11-17-92

17. Signature (Agent): [Signature]

18. Addressee's Address (Only if requested and fee is paid):

Thank you for using Return Receipt Service.

1. Article Addressed to:

2. Article Number: 337 278 546

3. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

4. Date of Delivery: 11-17-92

5. Signature (Agent): [Signature]

6. Addressee's Address (Only if requested and fee is paid):

7. Article Addressed to:

8. Article Number: 337 278 546

9. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

10. Date of Delivery: 11-17-92

11. Signature (Agent): [Signature]

12. Addressee's Address (Only if requested and fee is paid):

13. Article Addressed to:

14. Article Number: 337 278 546

15. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

16. Date of Delivery: 11-17-92

17. Signature (Agent): [Signature]

18. Addressee's Address (Only if requested and fee is paid):

1. Article Addressed to:

2. Article Number: 337 278 546

3. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

4. Date of Delivery: 11-17-92

5. Signature (Agent): [Signature]

6. Addressee's Address (Only if requested and fee is paid):

7. Article Addressed to:

8. Article Number: 337 278 546

9. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

10. Date of Delivery: 11-17-92

11. Signature (Agent): [Signature]

12. Addressee's Address (Only if requested and fee is paid):

13. Article Addressed to:

14. Article Number: 337 278 546

15. Service Type: ☒ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise

16. Date of Delivery: 11-17-92

17. Signature (Agent): [Signature]

18. Addressee's Address (Only if requested and fee is paid):

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

2. Article Number: 1111 339 841

3. Service Type:

4. Registered ☐ Insured ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise ☐

5. Date of Delivery: NOV 1 1992

6. Signature (Agent): [Signature]

7. Addressee's Address (Only if requested and fee is paid):

8. Addressee's Address (Only if requested and fee is paid):

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

2. Article Number: 1111 339 842

3. Service Type:

4. Registered ☐ Insured ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise ☐

5. Date of Delivery: NOV 1 1992

6. Signature (Agent): [Signature]

7. Addressee's Address (Only if requested and fee is paid):

8. Addressee's Address (Only if requested and fee is paid):

Thank you for using Return Receipt Service.

PS Form 3811, Nov. 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

2. Article Number: 1111 339 841

3. Service Type:

4. Registered ☐ Insured ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise ☐

5. Date of Delivery: NOV 1 1992

6. Signature (Agent): [Signature]

7. Addressee's Address (Only if requested and fee is paid):

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, Nov. 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

2. Article Number: 1111 339 842

3. Service Type:

4. Registered ☐ Insured ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise ☐

5. Date of Delivery: NOV 1 1992

6. Signature (Agent): [Signature]

7. Addressee's Address (Only if requested and fee is paid):

8. Addressee's Address (Only if requested and fee is paid):

Is your RETURN ADDRESS completed on the reverse?

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

6. Signature (Agent)

5. Signature (Addressee)

EDWARD R HUDSON JR
516 TEXAS STREET
FORT WORTH TX 76102-4612

3. Article Addressed to:

4a. Article Number

4b. Service Type

4c. Registered Delivery

4d. Restricted Delivery

4e. Certified Mail

4f. Return Receipt for Merchandise

4g. Express Mail

4h. Registered Mail

4i. Restricted Delivery

4j. Certified Mail

4k. Return Receipt for Merchandise

4l. Express Mail

4m. Registered Mail

4n. Restricted Delivery

4o. Certified Mail

4p. Return Receipt for Merchandise

4q. Express Mail

4r. Registered Mail

4s. Restricted Delivery

4t. Certified Mail

4u. Return Receipt for Merchandise

4v. Express Mail

4w. Registered Mail

4x. Restricted Delivery

4y. Certified Mail

4z. Return Receipt for Merchandise

4aa. Express Mail

4ab. Registered Mail

4ac. Restricted Delivery

4ad. Certified Mail

4ae. Return Receipt for Merchandise

4af. Express Mail

4ag. Registered Mail

4ah. Restricted Delivery

4ai. Certified Mail

4aj. Return Receipt for Merchandise

4ak. Express Mail

4al. Registered Mail

4am. Restricted Delivery

4an. Certified Mail

4ao. Return Receipt for Merchandise

Thank you for using Return Receipt Service

PS Form 3811, Mar. 1988

*U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

7. Date of Delivery

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

9. Signature - Agent

10. Signature (Addressee)

11. Article Addressed to:

12. Article Number

13. Service Type

14. Registered Delivery

15. Restricted Delivery

16. Certified Mail

17. Return Receipt for Merchandise

18. Express Mail

19. Registered Mail

20. Restricted Delivery

21. Certified Mail

22. Return Receipt for Merchandise

23. Express Mail

24. Registered Mail

25. Restricted Delivery

26. Certified Mail

27. Return Receipt for Merchandise

28. Express Mail

29. Registered Mail

30. Restricted Delivery

31. Certified Mail

32. Return Receipt for Merchandise

33. Express Mail

34. Registered Mail

35. Restricted Delivery

36. Certified Mail

37. Return Receipt for Merchandise

38. Express Mail

39. Registered Mail

40. Restricted Delivery

41. Certified Mail

42. Return Receipt for Merchandise

43. Express Mail

44. Registered Mail

45. Restricted Delivery

46. Certified Mail

47. Return Receipt for Merchandise

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

6. Signature (Agent) *[Signature]*

5. Signature (Addressee)

4. Article Number *411 539 871*

3. Article Addressed to:

ALAN HAMPTON
P.O. BOX 2588
ROSMILL, NM 88202-2588

2. Restricted Delivery

1. Addressed to Addressee's Address

4b. Service Type
☐ Registered
☒ Certified
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery *11-19-92*

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

6. Signature (Agent) *[Signature]*

5. Signature (Addressee)

4. Article Number *411 539 840*

3. Article Addressed to:

FRANCES H HUDSON
616 TEXAS STREET
FORT WORTH TX 76102

2. Restricted Delivery

1. Addressed to Addressee's Address

4b. Service Type
☐ Registered
☒ Certified
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery *NOV 16 1992*

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

1. The first part of the document is a list of the names of the members of the committee.

2. The second part of the document is a list of the names of the members of the committee.

3. The third part of the document is a list of the names of the members of the committee.

4. The fourth part of the document is a list of the names of the members of the committee.

5. The fifth part of the document is a list of the names of the members of the committee.

6. The sixth part of the document is a list of the names of the members of the committee.

7. The seventh part of the document is a list of the names of the members of the committee.

8. The eighth part of the document is a list of the names of the members of the committee.

9. The ninth part of the document is a list of the names of the members of the committee.

10. The tenth part of the document is a list of the names of the members of the committee.

11. The eleventh part of the document is a list of the names of the members of the committee.

12. The twelfth part of the document is a list of the names of the members of the committee.

13. The thirteenth part of the document is a list of the names of the members of the committee.

14. The fourteenth part of the document is a list of the names of the members of the committee.

15. The fifteenth part of the document is a list of the names of the members of the committee.

16. The sixteenth part of the document is a list of the names of the members of the committee.

17. The seventeenth part of the document is a list of the names of the members of the committee.

18. The eighteenth part of the document is a list of the names of the members of the committee.

19. The nineteenth part of the document is a list of the names of the members of the committee.

20. The twentieth part of the document is a list of the names of the members of the committee.

[illegible]

Thank you for using Return Receipt Service.

1. Addressee's Address 2. Registered Delivery 3. Insured Postmaster's Fee		4a. Agent Number 1-111 559853	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise		5. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) [Signature]		7. Date NOV 18 1991	
8. Addressee's Address (Only if requested and fee is paid)		9. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN AD

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

5. Signature (Addressee)
6. Signature (Agent)
7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)

CAL-YON OIL COMPANY
P O BOX 2066
MIDLAND TX 79702-2066

4a. Article Addressed to:
4b. Service Type
4c. Registered
4d. Certified
4e. Express Mail
4f. Return Receipt for Merchandise
4g. Restricted Delivery
4h. Consult Postmaster for fee

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS indicated on the reverse side

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

5. Signature (Addressee)
6. Signature (Agent)
7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)

ERNEST ANGELO JR
410 NORTH MAIN
MIDLAND TX 79701

4a. Article Addressed to:
4b. Service Type
4c. Registered
4d. Certified
4e. Express Mail
4f. Return Receipt for Merchandise
4g. Restricted Delivery
4h. Consult Postmaster for fee

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1, 2, and 3 for return services.
- Complete items 4, 5, and 6, and 7, 8, and 9 for return services for an extra return fee.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date.

3. Article Addressed to:

FOREST DUNAP III
7267 STEPHEN
DALLAS TX 75223

4a. Article number:
111 339 865

4b. Service Type:
☒ Registered
☐ Insured
☐ Certified
☐ COD
☐ Return Receipt for Merchandise

7. Date of Delivery:
NOV 19 1992

5. Signature (Addressee):
Forest Dunap III

6. Signature (Agent):

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

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

FOREST DUNAP III
7267 STEPHEN
DALLAS TX 75223

111 339 865

NOV 19 1992

FOREST DUNAP III

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1, 2, and 3 for return services.
- Complete items 4, 5, and 6, and 7, 8, and 9 for return services for an extra return fee.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date.

3. Article Addressed to:

ESTDIL PRODUCING CORPORATION
INDEPENDENCE PLAZA
MIDLAND TX 79701

4a. Article number:
111 339 865

4b. Service Type:
☒ Registered
☐ Insured
☐ Certified
☐ COD
☐ Return Receipt for Merchandise

7. Date of Delivery:
11/16/92

5. Signature (Addressee):

6. Signature (Agent):
Ernie Blum

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

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

ESTDIL PRODUCING CORPORATION
INDEPENDENCE PLAZA
MIDLAND TX 79701

111 339 865

11/16/92

ERNE BLUM

Is your RETURN ADDRESS completed on the reverse of this form?

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

6. Signature (Agent)

5. Signature (Addressee)

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

7. Date of Delivery

4a. Article Number

4b. Service Type

4c. Registered

4d. Certified

4e. Express Mail

4f. Return Receipt for Merchandise

4g. Insured

4h. COD

4i. Restricted Delivery

4j. Consult Postmaster for fee

4k. Addressee's Address

4l. Restricted Delivery

4m. Consult Postmaster for fee

4n. Addressee's Address

4o. Restricted Delivery

4p. Consult Postmaster for fee

4q. Addressee's Address

4r. Restricted Delivery

4s. Consult Postmaster for fee

4t. Addressee's Address

4u. Restricted Delivery

4v. Consult Postmaster for fee

4w. Addressee's Address

4x. Restricted Delivery

4y. Consult Postmaster for fee

4z. Addressee's Address

4aa. Restricted Delivery

4ab. Consult Postmaster for fee

4ac. Addressee's Address

4ad. Restricted Delivery

4ae. Consult Postmaster for fee

4af. Addressee's Address

4ag. Restricted Delivery

4ah. Consult Postmaster for fee

4ai. Addressee's Address

4aj. Restricted Delivery

4ak. Consult Postmaster for fee

4al. Addressee's Address

4am. Restricted Delivery

4an. Consult Postmaster for fee

4ao. Addressee's Address

4ap. Restricted Delivery

4aq. Consult Postmaster for fee

4ar. Addressee's Address

4as. Restricted Delivery

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse of this form?

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

6. Signature (Agent)

5. Signature (Addressee)

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

7. Date of Delivery

4a. Article Number

4b. Service Type

4c. Registered

4d. Certified

4e. Express Mail

4f. Return Receipt for Merchandise

4g. Insured

4h. COD

4i. Restricted Delivery

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4y. Consult Postmaster for fee

4z. Addressee's Address

4aa. Restricted Delivery

4ab. Consult Postmaster for fee

4ac. Addressee's Address

4ad. Restricted Delivery

4ae. Consult Postmaster for fee

4af. Addressee's Address

4ag. Restricted Delivery

4ah. Consult Postmaster for fee

4ai. Addressee's Address

4aj. Restricted Delivery

4ak. Consult Postmaster for fee

4al. Addressee's Address

4am. Restricted Delivery

4an. Consult Postmaster for fee

4ao. Addressee's Address

4ap. Restricted Delivery

4aq. Consult Postmaster for fee

4ar. Addressee's Address

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

*U.S. GPO: 1992-223-402

DOMESTIC RETURN RECEIPT

MONARCH OIL & GAS INC.
436 PETROLEUM BUILDING
ROSWELL NM 88201

3. Article Addressed to:

4a. Article Number
1696047312

4b. Service Type:
☒ Registered
☐ Insured
☒ Certified
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

Thank you for using Return Receipt Service.

MONARCH OIL & GAS INC.
436 PETROLEUM BUILDING
ROSWELL NM 88201

3. Article Addressed to:

4a. Article Number
1696047312

4b. Service Type:
☒ Registered
☐ Insured
☒ Certified
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

SCOTT EXPLORATION
648 PETROLEUM BUILDING
ROSWELL NM 88201

3. Article Addressed to:

4a. Article Number
1696047312

4b. Service Type:
☒ Registered
☐ Insured
☒ Certified
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

PS Form 3811, Mar. 1988

*U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

is your RETURN ADDRESS completed on the reverse side?

6. Signature Agent

PS Form 3811, December 1991

*U.S. G.P.O. 1992-323-402

DOMESTIC RETURN RECEIPT

5. Signature Addressee

MARY HATSON, EPD
303 MAIN STREET SUITE 302
PORT WORTH TX 76102

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

7. Date of Delivery

4. Article Addressed to:
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Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-272-665

DOMESTIC RETURN RECEIPT

7. Date of Delivery

6. Signature - Agent

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DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for optional services.
- Complete items 3 and 4.
- Print your name and address on the reverse of this form so that we can return it to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

HILL REVOCABLE TRUSTS
7708 ALBERT AVENUE
FORT WORTH TX 76116

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number
111 339 872

4b. Service Type
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

7. Date of Delivery
11-23

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

Thank you for using Return Receipt Service.

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 will provide you with a letter of the carrier delivering to and the date of delivery. For additional fees the following services are available. Consult Postmaster for fees and check boxes for additional services requested.
- ☐ Show to whom delivered, date, and addressee's address.
- ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

JAMES L & PAM SCHULTZ
809 TWIN DIAMOND ROAD
ROSWELL NM 88201

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery
11-24-92

4. Article Number
1 337 273 534

Type of Service:
☐ Registered
☐ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

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

Always obtain signature of addressee or agent and DATE DELIVERED.

Your RETURN ADDRESS

SENDER:

- Complete items 1 and 2 for optional services.
- Complete items 3 and 4.
- Print your name and address on the reverse of this form so that we can return it to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

STANLEY D. ELLING
10000 10TH AVE
WILLOW PARK 75075-1008

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number
111 339 872

4b. Service Type
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

7. Date of Delivery

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

Thank you for using Return Receipt Service.

Your RETURN ADDRESS

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 will provide you with a letter of the carrier delivering to and the date of delivery. For additional fees the following services are available. Consult Postmaster for fees and check boxes for additional services requested.
- ☐ Show to whom delivered, date, and addressee's address.
- ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

STANLEY D. ELLING
10000 10TH AVE
WILLOW PARK 75075-1008

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery

4. Article Number
1 337 273 534

Type of Service:
☐ Registered
☐ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

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

Always obtain signature of addressee or agent and DATE DELIVERED.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, and 5.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this card to the "to" of the mail piece or on the back if space does not permit.
- Write "Return Receipt Requested" on the main face below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. Article Addressed to:

DON GAVLICK
38 LAUREL HT
AUSTIN TX 78737

2. ☐ Restricted Delivery

3a. Article Number
111 339 870

3b. Service Type
☐ Registered
☒ Certified
☐ Express Mail

4. ☐ Insured
☐ COD

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

7. Date of Delivery
11-23-91

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

PS Form 3811, December 1991

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, and 5.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this card to the "to" of the mail piece or on the back if space does not permit.
- Write "Return Receipt Requested" on the main face below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. Article Addressed to:

ADAM J. DANA
2300 STREET
EAST OXFORD VT 05452

2. ☐ Restricted Delivery

3a. Article Number
111 339 867

3b. Service Type
☐ Registered
☒ Certified
☐ Express Mail

4. ☐ Insured
☐ COD

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

7. Date of Delivery
11-23-91

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

PS Form 3811, December 1991

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, and 5.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this card to the "to" of the mail piece or on the back if space does not permit.
- Write "Return Receipt Requested" on the main face below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. Article Addressed to:

JULIE ELLEN BARNES
P O BOX 505
MIDLAND TX 79702-0505

2. ☐ Restricted Delivery

3a. Article Number
111 339 863

3b. Service Type
☐ Registered
☒ Certified
☐ Express Mail

4. ☐ Insured
☐ COD

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

7. Date of Delivery
11-23-91

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

PS Form 3811, December 1991

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

PADILLA & SNYDER
ATTORNEYS AT LAW
200 W. MARCY, SUITE 216
P.O. BOX 2523
SANTA FE, NEW MEXICO 87504-2523

FACSIMILE: (505) 988-7592
TELEPHONE: (505) 988-7577

December 4, 1992

HAND-DELIVERED

David Catanach
Hearing Examiner
Oil Conservation Division
State Land Office Building
Santa Fe, New Mexico 87501

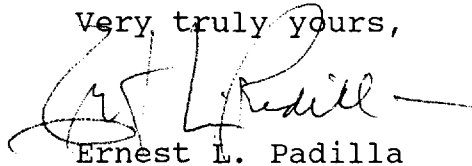
Re: Siete Oil & Gas Corporation
Cases No. 10618 and 10619

Dear Mr. Catanach:

Enclosed are two corrected copies of Exhibit 1 which were presented at yesterday's hearing.

Please let me know if you require additional information or if we can be of further assistance.

Very truly yours,



Ernest L. Padilla

ELP/pmc
Enclosure
xc: Siete Oil & Gas Corporation

PADILLA & SNYDER
ATTORNEYS AT LAW
200 W. MARCY, SUITE 216
P.O. BOX 2523
SANTA FE, NEW MEXICO 87504-2523
FACSIMILE: (505) 988-7592
TELEPHONE: (505) 988-7577

RECEIVED

NOV 11 1992

November 12, 1992

OIL CONSERVATION DIVISION

CERTIFIED MAIL

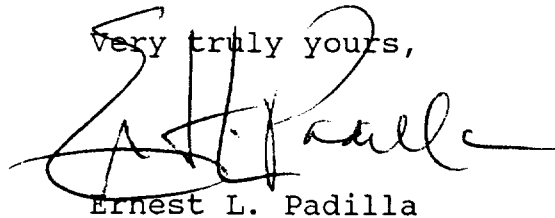
TO: ALL WORKING AND ROYALTY INTEREST OWNERS
WITHIN PROPOSED UNIT BOUNDARIES
(See attached list)

Case 10618

RE: Application of Siete Oil & Gas
Corporation for Statutory
Unitization, Eddy County, New Mexico

Pursuant to the Rules and Regulations of the General Rules of the Oil Conservation Division of New Mexico, notice is given of the above-referenced application. You may protest the enclosed application by appearing at the hearing of this application which will be heard on December 3, 1992 beginning at the hour of 8:15 a.m., at the offices of the Oil Conservation Division, State Land Office Building, 310 Old Santa Fe Trail, Santa Fe, New Mexico.

Very truly yours,



Ernest L. Padilla

ELP:pmc
Enclosures as stated
xc: Siete Oil & Gas Corporation

WORKING INTEREST

708 VISTA PARKWAY
ROSWELL NM 88201

1107 NOKEN KENTUCKY
ROSWELL NM 88202-5024

1001 E2 BILTMORE
ROSWELL NM 88201

DEAN KINSOLVING
P O BOX 325
TATUM NM 88267

LANWEST
215 W 100 SOUTH
SALT LAKE CITY UT 84101

LARUE & MUNCY
P O BOX 470
ARTESIA NM 88210-0470

ROBERT J LEONARD
P O BOX 400
ROSWELL NM 88202-0400

MCKAY OIL CORPORATION
P O BOX 2014
ROSWELL NM 88202-2014

MANZANO OIL CORPORATION
P O BOX 2107
ROSWELL NM 88202-2107

MARINE & GAS INTERNATIONAL INC
436 PETROLEUM BUILDING
ROSWELL NM 88201

MERIDIAN OIL
P O BOX 51810
MIDLAND TX 79710-1810

MONARCH OIL & GAS, INC.
436 PETROLEUM BUILDING
ROSWELL NM 88201

PATRICK J MORELLO
598 WOODLAND DRIVE
PADUCAH KY 42001

FRANK S & ROBIN L MORGAN
P O BOX 1
ARTESIA NM 88211-0001

MOUNTAIN APPLE COMPANY
P O BOX 386
ALAMOGORDO NM 88310

MICHAEL J NORTON III
688 COUNTY STREET
NEW BEDFORD MA 02740

PERMIAN BASIN INVESTMENT
648 PETROLEUM BUILDING
ROSWELL NM 88201

PERMIAN HUNTER CORPORATION
215 W 100 SOUTH STREET
SALT LAKE CITY UT 84101

PETROLEUM INC
P O BOX 569
ROSWELL NM 88202-0569

PIERCE IRREVOCABLE TRUST #2
6201 UPTOWN BLVD NE #201
ALBUQUERQUE NM 87110

POLO OIL & GAS COMPANY
P O BOX 699
ROSWELL NM 88202-0699

RADMACHER FAMILY TRUST
4294 N LIMBERLOST PLACE
TUCSON AZ 85705

RED OAK CATTLE COMPANY
P O BOX 998
ARDMORE OK 73402

DAMON RICHARDS
P O BOX 550
ROSWELL NM 88202-0550

JOSE E RODRIGUEZ
10418 CRESCENT MOON DRIVE
HOUSTON TX 77064

SANTA FE ENERGY RESOURCES INC
500 WEST ILLINOIS SUITE 500
MIDLAND TX 79701

JAMES L. SCHULTZ
809 TWIN DIAMOND ROAD
ROSWELL NM 88201

SCOTT EXPLORATION INC
648 PETROLEUM BUILDING
ROSWELL NM 88201

WARREN C SCOTT
648 PETROLEUM BUILDING
ROSWELL NM 88201

GENE SHUMATE
3002 DIAMOND A
ROSWELL NM 88201

SIETE OIL & GAS CORPORATION
P O BOX 2523
ROSWELL NM 88202-2523

MARY G SOLDOW
P O BOX 1627
SANTA FE NM 87504-1627

SOUTHLAND ROYALTY COMPANY
P O BOX 51810
MIDLAND TX 79710-1810

700 FAYETTE BUILDING
ROSWELL NM 88201

6000 INDUSTRIAL PARK ROAD NE APT 302
ALBUQUERQUE NM 87110

P O BOX 6037
SANTA FE NM 87502-6699

BYRON A BACHSCHMID
2508 YORKTOWN
HOUSTON TX 77056

PETE T & GAIL BALOG
3822 LOCARNO DRIVE
ANCHORAGE AK 99508

VIOLA S BARNES
P O BOX 714
MIDLAND TX 79702-0714

LAURIE B BARR
P O BOX 8098
ASHEVILLE NC 28814-8098

HARRY D BLAKE JR
1000 MOORE AVENUE
ROSWELL NM 88201

BLAKEFIELD ENERGY COMPANY
P O BOX 2725
ROSWELL NM 88202-2725

BORICA OIL INC
P O DRAWER H
FORT SUMNER NM 88119

DUANE E BROWN
1313 MARQUETTE PL NE
ALBUQUERQUE NM 87106

L NEIL & MARILYN BURCHAM
114 MAY LANE
LAS CRUCES NM 88005

T K CAMPBELL
P O BOX 146
LAS CRUCES NM 88004-0846

THOMAS K CAMPBELL II
P O BOX 1018
ROSWELL NM 88202-1018

S H CAVIN
P O BOX 1125
ROSWELL NM 88202-1125

SEALY H CAVIN JR
P O BOX 1125
ROSWELL NM 88202-1125

CONOCO INC
10 DESTA DRIVE WEST
MIDLAND TX 79705

ROBERT L DALE
15419 PEACH HILL ROAD
SARATOGA CA 95070

ANDREW P DANA
24 BEECH STREET
ESSEX JUNCTION VT 05452

AUBREY L OR BETTY JO DUNN SR
P O BOX 386
ALAMOGORDO NM 88310

ROBERT W EATON
2505 SAN JUAN LP W NW
ALBUQUERQUE NM 87104

MILDRED RUTH FERGUSON
P O BOX 532
CROWELL TX 79227

DON GAVLICK
38 LAUREL HL
AUSTIN TX 78737

CHARLES GREER
P O BOX 1627
SANTA FE NM 87504-1627

NATHAN C GREER
P O BOX 1627
SANTA FE NM 87504-1627

MARVIN C GROSS
P O BOX 358
ROSWELL NM 88202-0358

HANAGAN OIL PROPERTIES INC
P O BOX 430
ROSWELL NM 88202-0430

HANAGAN PETROLEUM CORPORATION
P O BOX 1737
ROSWELL NM 88202-1737

HANSON OPERATING COMPANY INC
P O BOX 1515
ROSWELL NM 88202-1515

STUART D HANSON
P O BOX 723
ROSWELL NM 88202-0723

GERALD & EMMA HARRINGTON TRUST
P O BOX 216
ROSWELL NM 88202-0216

WILLIAM & LORETA HUNKER TRUST
327 EAST DEVARGAS
SANTA FE NM 87501

JIM IKARD
P O BOX 331
CARLSBAD NM 88220-0331

3302 ST JAMES CT
TYLER TX 75701

700 PETROLEUM BUILDING
ROSWELL NM 88201

P O BOX 888
CARLSBAD NM 88221

UNC PETROLEUM CORPORATION
1200 LOUISIANA SUITE 1400
HOUSTON TX 77002

BILLY G UNDERWOOD JR
1000 LOUISIANA SUITE 6770
HOUSTON TX 77002

JACK V WALKER
P O BOX 10-2256
ANCHORAGE AK 99510

WARREN INC
P O BOX 7250
ALBUQUERQUE NM 87194-7250

WINN INVESTMENTS INC
706 BRAZOS STREET
ROSWELL NM 88201

LORI SCOTT WORRALL
648 PETROLEUM BUILDING
ROSWELL NM 88201

CHARLES WORRELL
P O BOX 5608
ROSWELL NM 88202-5608

ROYALTY INTEREST

FRANK ANNE D L R
400 N 4TH MAIN
MIDLAND TX 79701

MARY HUDSON AID
303 MAIN STREET SUITE 302
FORT WORTH TX 76102

PETE T & GAIL BAUG
2822 LOCKWOOD DRIVE
ANCHORAGE AK 99508

J CLIM BARNES ESTATE
P O BOX 673
MIDLAND TX 79702-0673

JULIE ELLEN BARNES
P O BOX 505
MIDLAND TX 79702-0505

STEVE C BARNES
P O BOX 505
MIDLAND TX 79702-0505

BLACKSTONE ENERGY CORPORATION
P O BOX 1715
MIDLAND TX 79702-1715

HARRY D BLAKE JR
1000 MOORE AVENUE
ROSWELL NM 88201

DUANE E BROWN
1313 MARQUETTE PL NE
ALBUQUERQUE NM 87106

KATHLEEN BULLARD
P O BOX 182
ROSWELL NM 88202-0182

C R BURCH
P O BOX 10505
MIDLAND TX 79702-0505

CAL-MON OIL COMPANY
P O BOX 2066
MIDLAND TX 79702-2066

A T CARLETON
P O BOX 293
MIDLAND TX 79702-0293

S H CAVIN
P O BOX 1125
ROSWELL NM 88202-1125

SEALY H CAVIN JR
P O BOX 1125
ROSWELL NM 88202-1125

CORONET TRADING CORPORATION
P O BOX 218
MIDLAND TX 79702-0218

ANDREW P DANA
24 BEECH STREET
ESSEX JUNCTION VT 05452

RODERICK & MARIAN DAVIS
2803 WEST 9TH STREET
LAWRENCE KS 66049

DOROTHY D DUNLAP
7267 STEFONI
DALLAS TX 75225

FORREST DUNLAP III
7267 STEFONI
DALLAS TX 75225

ROBERT W EATON
2505 SAN JUAN LE W NW
ALBUQUERQUE NM 87104

WILLIAM C EILAND
P O DRAWER 11223
MIDLAND TX 79702-1228

ESTORIL PRODUCING CORPORATION
INDEPENDENCE PLAZA SUITE 1600
MIDLAND TX 79701

MILDRED RUTH FERGESON
P O BOX 532
CROWELL TX 79227

GARON GAGLE
2202 AVENUE Q
LUBBOCK TX 79400

DON GAVLICK
38 LAUREL HL
AUSTIN TX 78737

MARVIN C GROSS
P O BOX 358
ROSWELL NM 88202-0358

HANAGAN PETROLEUM CORPORATION
P O BOX 1737
ROSWELL NM 88202-1737

ALAN HANNIFIN
P O BOX 2588
ROSWELL NM 88202-2588

JOHN H HENDRIX
223 W WALL SUITE 525
MIDLAND TX 79701

J H HERD
P O BOX 130
MIDLAND TX 79702-0130

HILL REVOCABLE TRUSTS
7708 ALBERT AVENUE
FORT WORTH TX 76116

JOE S HILL
P O BOX 1568
CEDAR PARK TX 78613

ION & SONS TX 76101

FORT WORTH TX 76102-4612

FORT WORTH TX 76102

JOSEPHINE T JOHNSON
416 TEXAS STREET
FORT WORTH TX 76102-4612

ALAN JOCHIMSEN
2402 CUMMACK
MIDLAND TX 79705

NANCY PUFF JONES TRUST
1320 LAKE STREET
FORT WORTH TX 76102

THOMAS WILL PUFF JONES TRUST
1320 LAKE STREET
FORT WORTH TX 76102

LANDWEST
215 W 100 SOUTH
SALT LAKE CITY UT 84101

DELMAR HUDSON LINES
616 TEXAS STREET
FORT WORTH TX 76102

MCMAY OIL CORPORATION
P O BOX 2014
ROSWELL NM 88202-2014

CHRISTINE MALLAMS
P O BOX 505
MIDLAND TX 79702-0505

JACK MARKHAM
1500 BROADWAY SUITE 1212
LUBBOCK TX 79401

MARSHALL & WINSTON INC
P O BOX 80880
MIDLAND TX 79710-0880

STEPHEN T MITCHELL
648 PETROLEUM BUILDING
ROSWELL NM 88201

MOBIL PRODUCING TX & LA INC
P O BOX 2080
DALLAS TX 75221-2080

MONAGAN LIVING TRUST
P O BOX 2066
MIDLAND TX 79702-2066

MONARCH OIL & GAS INC
436 PETROLEUM BUILDING
ROSWELL NM 88201

GRANK S & ROBIN L MORGAN
P O BOX 1
ARTESIA NM 88211

V ELAINE MURPHY
P O BOX 505
MIDLAND TX 79702-0505

PATRICK W ARTHUR PRODUCTION CO
P O BOX 271668
HOUSTON TX 77277

PERMIAN BASIN INVESTMENT CORPORATION
648 PETROLEUM BUILDING
ROSWELL NM 88201

PERMIAN HUNTER CORPORATION
215 W 100 SOUTH STREET
SALT LAKE CITY UT 84101

BRUCE J PIERCE
6201 UPTOWN BLVD NE #201
ALBUQUERQUE NM 87110

POLO OIL & GAS COMPANY
P O BOX 699
ROSWELL NM 88202-0699

RADMACHER FAMILY TRUST
4294 N LIMBERLOST PLACE
TUCSON AZ 85705

ELIZABETH ANN RAMSLAND
P O BOX 10505
MIDLAND TX 79702-0505

JANE BARNES RAMSLAND
P O BOX 10505
MIDLAND TX 79702-0505

R J RAMSLAND JR
P O BOX 10505
MIDLAND TX 79702-0505

RUSSELL J RAMSLAND SR
P O BOX 10505
MIDLAND TX 79702-0505

RED OAK CATTLE COMPANY
P O BOX 998
ARDMORE OK 73402

DAMON RICHARDS
P O BOX 550
ROSWELL NM 88202-0550

RANDOLPH M RICHARDSON
P O BOX 2423
ROSWELL NM 88202-2423

RONADERO COMPANY INC
P O BOX 430
ROSWELL NM 88202-0430

MILANO TX 77454

ROSWELL NM 88201

ROSWELL NM 88201

WARREN C SCOTT
643 PETROLEUM BUILDING
ROSWELL NM 88201

SIETE OIL & GAS CORPORATION
P O BOX 2523
ROSWELL NM 88202-2523

STAN H STOCKER
3302 ST JAMES CT
TYLER TX 75701

STRATA PRODUCTION COMPANY
643 PETROLEUM BUILDING
ROSWELL NM 88201

SYNCLINE PARTNERSHIP
3301 CAÑADALE FOREST ROAD
EDMOND OK 73013

JACK V & EDNA MAE WALKER
P O BOX 10-2256
ANCHORAGE AK 99510

ESTATE OF TOM C WANTY
1040 LAKESIDE DRIVE SE
GRAND RAPIDS MI 49506

WARREN INC
P O BOX 7250
ALBUQUERQUE NM 87194

ANNA MAE WELBORN TRUST
1560 BROADWAY SUITE 1212
LUBBOCK TX 79401

J M WELBORN
1560 BROADWAY SUITE 1212
LUBBOCK TX 79401

WINN INVESTMENTS INC
706 BRAZOS STREET
ROSWELL NM 88201

LORI SCOTT WOLFEALL
643 PETROLEUM BUILDING
ROSWELL NM 88201

ARMENNE WYNN 1935 TRUST
8111 PRESTON ROAD SUITE 811
DALLAS TX 75225

C P WYNN
P O BOX 6332
HOUSTON TX 77265

SHIRLEY B WYNN
5949 SHERRY LANE SUITE 510 LB #100
DALLAS TX 75225

SLEEPY WYNN
8111 PRESTON ROAD SUITE 811
DALLAS TX 75225

GERALDINE L ZOLLER
P O BOX 8917
HORSESHOE BAY, TX 78654

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY AND MINERALS
OIL CONSERVATION DIVISION

RECEIVED

APPLICATION OF SIETE OIL & GAS
CORPORATION FOR STATUTORY
UNITIZATION, PARKWAY DELAWARE
UNIT, EDDY COUNTY, NEW MEXICO

NOV 1 1978

OIL CONSERVATION DIVISION NO. _____

APPLICATION

SIETE OIL & GAS CORPORATION ("Siete") hereby applies to the New Mexico Oil Conservation Division for an order pursuant to the New Mexico Statutory Unitization Act (70-7-1 through 70-7-21 N.M.S.A. 1978) providing for the unitized management, operation and further development of the area and formation known as the Parkway Delaware Unit, Eddy County, New Mexico, and in support of its application states:

1. Siete is a New Mexico corporation and is engaged in the business of, among other things, producing and selling oil and gas as defined by the New Mexico Statutory Unitization Act (70-7-1 through 70-7-21 N.M.S.A. 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 Parkway Delaware Unit, Eddy County, New Mexico (the "Unit Area"), and consists of 920 acres, more or less, in Eddy County, New Mexico, being more particularly described in

Exhibit "B" attached hereto and incorporated herein by reference. A map of the Unit Area is attached hereto and incorporate herein by reference as Exhibit "A".

3. The "Unitized Formation" shall mean that interval underlying the Unit Area, commonly known as the Parkway Delaware Pool, including fifty (50) feet above and below the upper and lower limits, respectively, of said pool, which is indicated in the electric log of the Osage Federal No. 1, 1980' FSL and 1980' FEL Sec. 35, T19S, R29E Eddy County, New Mexico.

4. The portion of the Unitized Formation included within the Unit Area has been reasonably defined by development.

5. Siete proposes to institute a project for the secondary recovery of oil and gas from the Unitized Formation within the Unit Area.

6. The proposed plan of unitization is embodied in the Unit Agreement, a true and correct copy of which is attached hereto and incorporated herein by reference as Exhibit "C", and said 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 as embodied in the Unit Operating Agreement, a true and correct copy of which is attached hereto and incorporated herein by reference as Exhibit "D".

8. Siete projects that the unitized management, operation and further development of the Unitized Formation will increase reserves by approximately 4,525,000 barrels of oil and will improve the producing rate of this reservoir. 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 secondary recovery operations to substantially increase the ultimate recovery of oil and gas 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 and gas 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. Siete has made a good faith effort to secure voluntary unitization within the Unitized Formation of the Unit Area.

13. Pursuant to Division rules, a copy of this application was mailed by certified mail, return-receipt requested, to all parties listed on Exhibit "E" notifying them of the hearing set for December 3, 1992.

14. The participation formula contained in the Unit Agreement allocates the produced and saved unitized hydrocarbons 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.

15. 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.

WHEREFORE, Siete Oil & Gas Corporation respectfully requests that this application be set for hearing before the Oil Conservation Division at the earliest practicable date and that the Division enter its order approving the Unit Agreement and Unit Operating Agreement and providing for the unitized management, operation and further development of the Unitized Formation and the Unit Area in accordance with the Act.

Respectfully submitted,

PADILLA & SNYDER

By: 

Ernest L. Padilla
Post Office Box 2523
Santa Fe, New Mexico 87504
(505) 988-7577

Attorneys for Siete Oil & Gas
Corporation



JIM BACA
COMMISSIONER

State of New Mexico
OFFICE OF THE
Commissioner of Public Lands
Santa Fe

10618
Case No

P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

August 20, 1992

Siete Oil and Gas Corporation
P. O. Box 2523
Roswell, New Mexico 88202

Attn: Mr. Robert Lee

Re: Proposed Parkway Delaware Unit
Eddy County, New Mexico

Dear Mr. Lee:

This office has reviewed the additional data submitted with your letter of August 13, 1992 and the unexecuted copy of unit agreement for the proposed Parkway Delaware Unit, Eddy County, New Mexico. This agreement meets the general requirements of the Commissioner of Public Lands and has this date granted you preliminary approval as to form and content.

Preliminary approval shall not be construed to mean final approval of this agreement in any way and will not extend any short term leases until final approval and an effective date are given.

When submitting your agreement for final approval, please submit the following:

1. Final approval will be conditional upon our understanding that no fresh water will be used in this operation. (water containing 10,000 milligrams per liter or less of total dissolved solids).
2. Initial Plan of Operation.
3. Re-Designation of well names and numbers.
4. Application for final approval by the Commissioner setting forth the tracts that have been committed and the tracts that have not been committed.
5. All ratifications from Lessees of Record and Working Interest Owners. All signatures should be acknowledged before a Notary. One set must contain original signatures.

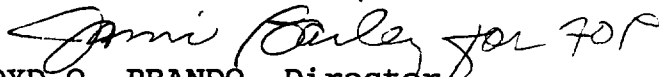
Siete Oil and Gas Corporation
Parkway Delaware Unit
August 20, 1992
Page 2

6. Certificate of Determination by the Bureau of Land Management.
7. Order of the New Mexico Oil Conservation Division. Our approval will be conditioned upon subsequent favorable approval by the New Mexico Oil Conservation Division and the Bureau of Land Management.
8. Two copies of the Unit Operating Agreement.
9. Two copies of the Unit Agreement including Exhibits "A", "B", and "C". The Exhibits as submitted in your preliminary draft will be acceptable.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

JIM BACA
COMMISSIONER OF PUBLIC LANDS

BY: 
FLOYD O. PRANDO, Director
Oil/Gas and Minerals Division
(505) 827-5744
JB/FOP/pm
encls.
cc: Reader File
OCD-Santa Fe
BLM-Roswell Attn: Mr. Armando Lopez



JIM BACA
COMMISSIONER

State of New Mexico
OFFICE OF THE
Commissioner of Public Lands
Santa Fe

P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

July 13, 1992

Siete Oil and Gas Corporation
P. O. Box 2523
Roswell, New Mexico 88202

Attn: Mr. Robert Lee

Re: Proposed Parkway Delaware Unit
Eddy County, New Mexico

Dear Mr. Lee:

This office is in receipt of your application letter of June 23, 1992 together with an engineering and geologic report for the proposed Parkway Delaware Field unit area, Eddy County, New Mexico

Before preliminary approval can be granted by the Commissioner of Public Lands, we would like the following additional data submitted.

1. Exhibit "B" should show the Lessees of Record, Working Interest Owners, and Overriding Royalty Owners for each tract;
2. Please submit a table confirming the tract participation factors as reflected in your Exhibit "C";
3. The initial form of unit agreement and the initial plan of operation;
4. Re-Designation of all well names and numbers;
5. The filing fee for a unit agreement is thirty dollars (\$30.00) for every section or partial section thereof;
6. On Exhibit "B", Tract No. 1, our records reflect that the Halcon State Well No. 2 is located in the SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 26-19S-29E. Please change your records to reflect Tract No. 1 as being in Section 26 not Section 27;
7. On Exhibit "C", Tract No. 1, please correct the description from Section 27 to Section 26;
8. On Exhibit "A", Township 19 South, Range 29 East, the labeling of the section numbers should be corrected to read Section 25 instead of Section 26, Section 26 instead of Section 27 and Section 27 instead of Section 28 as noted on your copy;

Siete Oil and Gas Corporation
Parkway Unit
July 10, 1992
Page 2

7. On Exhibits "A" and "B", Tract No. 6, please describe this tract as Lot 2, Sec. 2-20S-29E. The acreage should also be changed to reflect 40.77 acres. This change will affect the total acreage in the unit and the acreage of State Trust Lands in the unit;
8. According to page iii of your engineering study, the B sand has nearly as much oil in place as the C sand, yet it appears that there are no real plans to recover this. Please clarify your plans for the B sand.

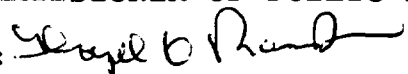
Please also be advised that in all future reviews for waterflood unit approvals, the State Land Office has a new policy barring the use of fresh water in State waterflood units except where the operator can demonstrate that the use of salt water poses an excessive technological or financial burden; If you plan to use fresh water in your proposed unit, the following specific information should also be provided:

- A. Laboratory analyses of water compatibility tests (fresh vs. salt water);
- B. Reservoir analyses for swelling clays and soluble salts;
- C. Estimate of monthly makeup water required for operations;
- D. Location and depth of area fresh water supplies and aquifer formation name;
- E. Location and depth of area salt water wells or quantities of produced water available for injection;
- F. Treatment/pumping/delivery costs of fresh water vs. salt water;
- G. Total cost of fresh water vs. treated water compared to total cost of project;
- H. Any other factors specific to the exception request;

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

JIM BACA
COMMISSIONER OF PUBLIC LANDS

BY: 
FLOYD O. PRANDO, Director
Oil/Gas and Minerals Division
(505) 827-5744
JB/FOP/pm
encls.

cc >