

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL
COMPANY FOR STATUTORY UNITI-
ZATION, LEA COUNTY, NEW MEXICO.

No. 10,959

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18 and have personal knowledge of the matters stated herein.

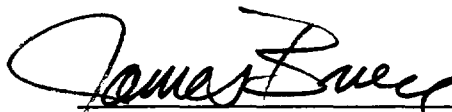
2. I am an attorney for Applicant herein.

3. Applicant has conducted a good faith, diligent effort to find the correct addresses of interest owners entitled to receive notice of the Application herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing each of them, by certified mail, a copy of the Application. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. The notice provisions of Rule 1207 have been complied with.

NEW MEXICO
OIL CONSERVATION DIVISION


James Bruce

Mewbourne EXHIBIT 7

CASE NO. 10959 + 10960

SUBSCRIBED AND SWORN TO before me this 27th day of April,
1994, by James Bruce.

James Romero
Notary Public

My Commission expires:

8-15-95

B:\AFFIDAVI.MEW

1
COPY

HINKLE, COX, EATON, COFFIELD & HENSLEY

ATTORNEYS AT LAW

218 MONTEZUMA

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

(505) 982-4554

FAX (505) 982-8623

LEWIS C. COX, JR. (1924-1993)
ROY C. SNODGRASS, JR. (1914-1987)
CLARENCE E. HINKLE (1901-1985)
W. E. BONOURANT, JR. (1913-1973)

OF COUNSEL
O. M. CALHOUN*
MACK EASLEY
JOE W. WOOD
RICHARD L. CAZZELL**
RAY W. RICHARDS**
L. A. WHITE**

AUSTIN AFFILIATION
HOFFMAN & STEPHENS, P.C.
KENNETH R. HOFFMAN
TOM D. STEPHENS
RONALD C. SCHULTZ, JR.

PAUL W. EATON
CONRAD E. COFFIELD
HAROLD L. HENSLEY, JR.
STUART D. SHANDR
ERIC D. LANPHERE
C. D. MARTIN
ROBERT P. TINKIN, JR.
MARSHALL G. MARTIN
MASTON C. COURTNEY**
DON L. PATTERSON**
DOUGLAS L. LUNSFORD
NICHOLAS J. NOEDING
T. CALDER EZZELL, JR.
WILLIAM B. BURFORD*
RICHARD E. OLSON
RICHARD R. WILFONG*
THOMAS J. MCBRIDE
JAMES J. WECHSLER
NANCY S. CUSACK
JEFFREY L. FORNACIARI
JEFFREY D. HEWETT
JAMES BRUCE
JERRY F. SHACKELFORD*
JEFFREY W. HELLBERG*
WILLIAM F. COUNTISS**
ALBERT L. PITTS
THOMAS M. HNASKO
JOHN C. CHAMBERS*
GARY D. COMPTON*
WILLIAM H. BRIAN**
RUSSELL R. BAILEY**
CHARLES R. WATSON**
THOMAS D. HAINES, JR.
GREGORY J. NIBERT

MARK C. DOW
FRED W. SCHWENDIMANN
JAMES M. HUDSON
JEFFREY S. BAIRD*
THOMAS E. HOOD**
REBECCA NICHOLS JOHNSON
WILLIAM P. JOHNSON
STANLEY K. KOTOVSKY, JR.
H. R. THOMAS
ELLEN S. CASEY
MARGARET CARTER LUDEWIG
S. BARRY PAISNER
COLEMAN YOUNG**
MARTIN MEYERS
WYATT L. BROOKS**
DAVID M. RUSSELL**
ANDREW J. CLOUTIER
STEPHANIE LANDRY
KIRT E. MOELLING**

GREGORY S. WHEELER
JAMES A. GILLESPIE
GARY W. LARSON
MARGARET R. MCNETT
LISA K. SMITH*
NORMAN D. EWART
DARRIN T. GROCE*
HOLLY MCINTOSH
MARCIA B. LINCOLN
SCOTT A. SHUART*
PAUL G. NASON
CATHRYN MCCLANAHAN

*NOT LICENSED IN NEW MEXICO
*FORMERLY COMPRISING THE FIRM OF
CULTON, MORGAN, BRITAIN & WHITE, P.C.

700 UNITED BANK PLAZA
POST OFFICE BOX 10
ROSWELL, NEW MEXICO 88202
(505) 622-6510
FAX (505) 623-9332

2800 CLAYDESTA CENTER
6 DESTA DRIVE
POST OFFICE BOX 3580
MIDLAND, TEXAS 79702
(915) 683-4691
FAX (915) 683-6518

1700 BANK ONE CENTER
POST OFFICE BOX 9238
AMARILLO, TEXAS 79105
(806) 372-5569
FAX (806) 372-9761

500 MARQUETTE N.W. SUITE 800
POST OFFICE BOX 2043
ALBUQUERQUE, NEW MEXICO 87103
(505) 768-1500
FAX (505) 768-1529

401 WEST 15TH STREET SUITE 800
TEXAS MEDICAL ASSOCIATION BUILDING
AUSTIN, TEXAS 78701
(512) 476-7137
FAX (512) 476-5431

April 6, 1994

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: Persons on Exhibit A

Dear Sirs:

Mewbourne Oil Company has applied to the New Mexico Oil Conservation Division for statutory (compulsory) unitization of the Querecho Plains Queen Associated Sand Unit. A copy of the Application (without Exhibit C) is enclosed, together with a copy of Mewbourne's Application for the Recovered Oil Tax Rate. The Unit Agreement and Unit Operating Agreement have previously been mailed to you by Mewbourne. Mewbourne's records indicate that each of you owns an interest within the proposed Unit Area. Certain of the listed persons have not agreed to voluntarily commit their interests to the Unit. This Application will be heard at 8:15 a.m. on Thursday, April 28, 1994, at the Division's offices at 310 Old Santa Fe Trail, Santa Fe, New Mexico. Failure to appear at that time will preclude you from contesting this matter at a later date.

Very truly yours,

HINKLE, COX, EATON, COFFIELD
& HENSLEY


James Bruce

Attorney for Mewbourne Oil Company

JB/bc
Enclosures

EXHIBIT A

Anadardo Petroleum Corp.
Attn: Richard Rowe
Post Office Box 1330
Houston, TX 77251-1330

Larry Arnold
Post Office Box 2253
Hobbs, NM 88241-2253

Carroll Bellah, et ux.
c/o Pat Bellah
Post Office Box 100
Artesia, NM 88210

Gene Fulmer
212 Lee Street
Wichita Falls, TX 76301

Ray Fulmer
212 Lee Street
Wichita Falls, TX 76301

Harold Lobley
c/o Texoma Supply
811 Mill Street
Wichita Falls, TX 76301-5337

The Mansur Living Trust
U/T/D 8-26-91
1400 8th Street
Wichita Falls, TX 76301

Murjo Oil & Royalty Co.
Attn: Bettie Davis
Post Office Box 121818
Ft. Worth, TX 76121-1818

OXY USA Inc.
Attn: Terry Lindquist
Post Office Box 50250
Midland, TX 79710

Clarence Stumhoffer
Post Office Box 100416
Ft. Worth, TX 76185-0416

Frieda Tipton Stumhoffer
Post Office Box 100416
Ft. Worth, TX 76185-0416

Peggy S. (Bernard) Taylor
Post Office Box 25005
Houston, TX 77265-5005

Toombs Trust
Oil & Gas Building
Wichita Falls, TX 76301

Daniel C. Walker
6729 Brants Lane
Ft. Worth, TX 76116-7201

Gary L. Bennett and
Candace Jo Bennett
Post Office Box 16844
Lubbock, TX 79490

John O. Borg III
324 Henkel Lane
Mesa, AZ 85201-6201

Pamela Brooks
2545 Tyler Street
Eugene, OR 97405-2266

Kathleen Capps, Trustee
of the Heather E. Capps
& Nicholete M. Capps Trust
Post Office Box 51311
Midland, TX 79710-1311

Cavalcade Holdings
Attn: Joe Conner
6901 Quaker Avenue
Lubbock, TX 79413

Club Oil & Gas
1777 South Harrison Street
Penthouse One
Denver, CO 80210

William R. Crow
5007 Canterbury Drive
Midland, TX 79705

Thomas Curran
1582 Singleton
Wichita Falls, TX 76302

Estate of J. Walter Duncan, Sr.
1777 S. Harrison St.
Penthouse One
Denver, CO 80210

J. Walter Duncan, Jr.
1777 S. Harrison Street
Penthouse One
Denver, CO 80210

JWD III, Inc.
1777 S. Harrison Street
Penthouse One
Denver, CO 80210

Rae I. Little (Deceased)
c/o Joye Rix
916 Ninth Street
Kenedy, TX 78119

Gregory P. Panos
Post Office Box 520311
Salt Lake City, UT 84152

Gladys Shannon
1101 Clara Street
Ft. Worth, TX 76102

Roland G. Simpson
536 Gerona Avenue
San Gabriel, CA 91775-2228

Joe K. Smith
Star Route
Carbon, TX 76435

Joseph S. Sprinkle
Post Office Box 6483
Denver, CO 80206-0483

Carol David Trammell
Post Office Box 5081
Walnut Creek, CA 94596

EXHIBIT A

✓ Anadardo Petroleum Corp. Attn: Richard Rowe Post Office Box 1330 Houston, TX 77251-1330	P 023 919 491
✓ Larry Arnold Post Office Box 2253 Hobbs, NM 88241-2253	P 023 919 492
✓ Carroll Bellah, et ux. c/o Pat Bellah Post Office Box 100 Artesia, NM 88210	P 023 919 493
✓ Gene Fulmer 212 Lee Street Wichita Falls, TX 76301	P 023 919 494
✓ Ray Fulmer 212 Lee Street Wichita Falls, TX 76301	P 023 919 495
✓ Harold Lobley c/o Texoma Supply 811 Mill Street Wichita Falls, TX 76301-5337	P 023 919 496
✓ The Mansur Living Trust U/T/D 8-26-91 1400 8th Street Wichita Falls, TX 76301	P 023 919 497
✓ Murjo Oil & Royalty Co. Attn: Bettye Davis Post Office Box 121818 Ft. Worth, TX 76121-1818	P 023 919 498
✓ OXY USA Inc. Attn: Terry Lindquist Post Office Box 50250 Midland, TX 79710	P 023 919 499
✓ Clarence Stumhoffer Post Office Box 100416 Ft. Worth, TX 76185-0416	P 023 919 500
✓ Frieda Tipton Stumhoffer Post Office Box 100416 Ft. Worth, TX 76185-0416	P 023 919 501

✓ Peggy S. (Bernard) Taylor Post Office Box 25005 Houston, TX 77265-5005	P 023 919 502
✓ Toombs Trust Oil & Gas Building Wichita Falls, TX 76301	P 023 919 503
✓ Daniel C. Walker 6729 Brants Lane Ft. Worth, TX 76116-7201	P 023 919 504
✓ Gary L. Bennett and Candace Jo Bennett Post Office Box 16844 Lubbock, TX 79490	P 023 919 505
✓ John O. Borg III 324 Henkel Lane Mesa, AZ 85201-6201	P 023 919 506
Pamela Brooks 2545 Tyler Street Eugene, OR 97405-2266	P 023 919 507
✓ Kathleen Capps, Trustee of the Heather E. Capps & Nicholette M. Capps Trust Post Office Box 51311 Midland, TX 79710-1311	P 023 919 508
✓ Cavalcade Holdings Attn: Joe Conner 6901 Quaker Avenue Lubbock, TX 79413	P 023 919 509
✓ Club Oil & Gas 1777 South Harrison Street Penthouse One Denver, CO 80210	P 023 919 510
✓ William R. Crow 5007 Canterbury Drive Midland, TX 79705	P 023 919 511
✓ Thomas Curran 1582 Singleton Wichita Falls, TX 76302	P 023 919 512

✓ Estate of J. Walter Duncan, Sr. 1777 S. Harrison St. Penthouse One Denver, CO 80210	P 023 919 513
✓ J. Walter Duncan, Jr. 1777 S. Harrison Street Penthouse One Denver, CO 80210	P 023 919 514
✓ JWD III, Inc. 1777 S. Harrison Street Penthouse One Denver, CO 80210	P 023 919 515
✓ Rae I. Little (Deceased) c/o Joye Rix 916 Ninth Street Kenedy, TX 78119	P 023 913 261
✓ Gregory P. Panos Post Office Box 520311 Salt Lake City, UT 84152	P 023 913 262
✓ Gladys Shannon 1101 Clara Street Ft. Worth, TX 76102	P 023 913 263
✓ Roland G. Simpson 536 Gerona Avenue San Gabriel, CA 91775-2228	P 023 913 264
✓ Joe K. Smith Star Route Carbon, TX 76435	P 023 913 265
✓ Joseph S. Sprinkle Post Office Box 6483 Denver, CO 80206-0483	P 023 913 266
✓ Carol David Trammell Post Office Box 5081 Walnut Creek, CA 94596	P 023 913 267

B:MAILING.EXA

P 023 919 491

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Anadarko Petroleum Corp.
Attn: Richard Rowe
P.O. Box 1330
Houston, TX 77251-1330

4a. Article Number

P023 919 491

4b. Service Type

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

7. Date of Delivery

APR 11 1994

5. Signature (Addressee)

6. Signature (Agent)

C. X. [Signature]

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to <i>Anadarko Petroleum Corp</i>	
Street and No. <i>Attn Richard Rowe P.O. Box 1330</i>	
P.O. State and ZIP Code <i>Houston TX 77251-1330</i>	
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	

P 023 919 492

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to <i>Larry Arnold</i>	
Street and No. <i>P.O. Box 2253</i>	
P.O. State and ZIP Code <i>Hobbs NM 88241-2253</i>	
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage	\$ 2.98

P 023 919 493

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to <i>Carroll Bellah, et ux</i>	
Street and No. <i>P.O. Box 100</i>	
P.O. State and ZIP Code <i>Artesia NM 88210</i>	
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

Thank you for using Return Receipt Service

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Carroll Bellah, et ux.
c/o Pat Bellah
P.O. Box 100
Artesia, NM 88210

4a. Article Number

P023 919 493

4b. Service Type

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

7. Date of Delivery

4-12-94

5. Signature (Addressee)

6. Signature (Agent)

Carroll Bellah

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

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SENDER:

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- Complete items 3, and 4a & b.
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- 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:

Gene Fulmer
212 Lee Street
Wichita Falls, TX
76301

4a. Article Number
P023919494

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
APR 11 1994

5. Signature (Addressee)

6. Signature (Agent)
Bettye York

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 919 494



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to: Gene Fulmer

Street and No.: 212 Lee Street

P.O., State and ZIP Code: Wichita Falls TX 76301

Postage: \$.98

Certified Fee: 1.00

Special Delivery Fee:

Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered: 1.00

P 023 919 495



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to: Ray Fulmer

Street and No.: 212 Lee St

P.O., State and ZIP Code: Wichita Falls TX 76301

Postage: \$.98

Certified Fee: 1.00

Special Delivery Fee:

Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered: 1.00

P 023 919 496



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to: Harold Lobley c/o Texoma Supply

Street and No.: 811 Mill St

P.O., State and ZIP Code: Wichita Falls TX 76301-5337

Postage: \$.98

Certified Fee: 1.00

Special Delivery Fee:

Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered: 1.00

Return Receipt Showing to Whom, Date, and Addressee's Address:

TOTAL Postage & Fees: \$2.98

Postmark or Date:

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:

Ray Fulmer
212 Lee Street
Wichita Falls, TX
76301

4a. Article Number
P023919495

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
APR 11 1994

5. Signature (Addressee)

6. Signature (Agent)
Bettye York

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:

Harold Lobley
c/o Texoma Supply
811 Mill Street
Wichita Falls, TX 76301-5337

4a. Article Number
P023919496

4b. Service Type

☐ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
4/11

5. Signature (Addressee)
Harold Lobley

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 919 497

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:

The Mansuk Living Trust
U/T/D 8-26-91
1400 8th Street
Wichita Falls, TX 76301

4a. Article Number

P023 919 497

4b. Service Type

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

7. Date of Delivery

APR 11 1994

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Mansuk Living Trust U/T/D 8-26-91	
Street and No. 1400 8th St	
P.O. State and ZIP Code Wichita Falls TX 76301	
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00

P 023 919 498

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:

Murphy Oil & Royalty Co.
Attn: Betty Davis
P.O. Box 121818
Ft. Worth, TX 76121-1818

4a. Article Number

P023 919 498

4b. Service Type

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

7. Date of Delivery

APR 11 1994

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Murphy Oil & Royalty Co - Betty Davis	
Street and No. P.O. Box 121818	
P.O. State and ZIP Code Ft. Worth, TX 76121-1818	
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00

P 023 919 499

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to OXY USA Inc. Terry Lindquist	
Street and No. P.O. Box 50250	
P.O. State and ZIP Code Midland TX 79710	
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.98
Postmark or Date	

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 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.
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- 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:

OXY USA Inc.
Attn: Terry Lindquist
P.O. Box 50250
Midland, TX 79710

4a. Article Number

P023 919 499

4b. Service Type

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

7. Date of Delivery

APR 11 1994

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Clarence Stumhoffer
P.O. Box 100416
Ft. Worth, TX 76185-0416

4a. Article Number

P 023 919 500

4b. Service Type

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

7. Date of Delivery

4-21-94

5. Signature (Addressee)

C.W. Stumhoffer

6. Signature (Agent)**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

June 1991

P 023 919 500

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Clarence Stumhoffer
Street and No.	P.O. Box 100416
P.O., State and ZIP Code	Ft. Worth TX 76185-0416
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage	\$ 1.98

P 023 919 501

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Frieda Tipton Stumhoffer
Street and No.	P.O. Box 100416
P.O., State and ZIP Code	Ft. Worth, TX 76185-0416
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	

P 023 919 502

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Peggy S. (Bernard) Taylor
Street and No.	P.O. Box 25005
P.O., State and ZIP Code	Houston TX 77265-5005
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Frieda Tipton Stumhoffer
P.O. Box 100416
Ft. Worth, TX 76185-0416

4a. Article Number

P 023 919 501

4b. Service Type

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

7. Date of Delivery

4-21-94

5. Signature (Addressee)

C.W. Stumhoffer

6. Signature (Agent)**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Peggy S. (Bernard) Taylor
P.O. Box 25005
Houston, TX 77265-5005

4a. Article Number

P 023 919 502

4b. Service Type

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

7. Date of Delivery

4-12-94

5. Signature (Addressee)

Peggy S. Taylor

6. Signature (Agent)**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 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.

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

P023919503

4b. Service Type

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

7. Date of Delivery

4-11-94

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: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 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.

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

P023919504

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)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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• 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

P023919505

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)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

P 023 919 503



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Toombs Trust	
Street and No.	
Oil & Gas Bldg	
P.O., State and ZIP Code	
Wichita Falls, TX 76301	
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	

P 023 919 504



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Daniel C. Walker	
Street and No.	
6729 Brants Lane	
P.O., State and ZIP Code	
Ft. Worth, TX 76116-7201	
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	

P 023 919 505



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Gary L. & Candace Jo Bennett	
Street and No.	
P.O. Box 16844	
P.O., State and ZIP Code	
Lubbock TX 79490	
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.98
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:
John Borg III
324 Henkel Lane
Mesa, AZ 85201-6201

4a. Article Number
P 023 919 506

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

7. Date of Delivery
4.9.94

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

Thank you for using Return Receipt Service

P 023 919 506



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	<i>John O. Borg III</i>
Street and No	<i>324 Henkel Lane</i>
P.O. State and ZIP Code	<i>Mesa AZ 85201-6201</i>
Postage	<i>\$.98</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing	<i>1.00</i>

P 023 919 507



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	<i>Pamela Brooks</i>
Street and No	<i>2545 Tyler St</i>
P.O. State and ZIP Code	<i>Eugene OR 97405-2266</i>
Postage	<i>\$.98</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.00</i>

b91

P 023 919 508



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	<i>Kathleen Capps</i>
Street and No	<i>P.O. Box 51311</i>
P.O. State and ZIP Code	<i>Midland TX 79710-1311</i>
Postage	<i>\$.98</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.00</i>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<i>\$2.98</i>
Postmark or Date	

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:
Kathleen Capps, Trustee
of the Heather E. & Nichole M. Capps Trust
P.O. Box 51311
Midland, TX 79710-1311

4a. Article Number
P 023 919 508

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

7. Date of Delivery
APR 11 1994

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:
*Cavalcade Holdings
Attn: Joe Connor
6901 Quaker Avenue
Lubbock, TX 79413*

4a. Article Number
P023 919 509

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

7. Date of Delivery
4/11/94

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

SENDER:

- Complete items 1 and/or 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.

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:
*Club Oil & Gas
1777 S. Harrison St.
Penthouse One
Denver, CO 80210*

4a. Article Number
P023 919 510

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

7. Date of Delivery
4-11-94

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

SENDER:

- Complete items 1 and/or 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.

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:
*William R. Crow
5007 Canterbury Drive
Midland, TX 79705*

4a. Article Number
P023 919 511

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

7. Date of Delivery
4-12-94

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

P 023 919 509



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Cavalcade Holdings/Joe Connor

Street and No.
6901 Quaker Avenue

P.O., State and ZIP Code
Lubbock TX 79413

Postage
\$.98

Certified Fee
1.00

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered
1.00

Thank you for using Return Receipt Service.

P 023 919 510



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Club Oil & Gas

Street and No.
1777 S. Harrison St. Penthouse One

P.O., State and ZIP Code
Denver CO 80210

Postage
\$.98

Certified Fee
1.00

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered
1.00

Return Receipt Showing to Whom,

Thank you for using Return Receipt Service.

P 023 919 511



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
William R. Crow

Street and No.
5007 Canterbury Drive

P.O., State and ZIP Code
Midland, TX 79705

Postage
\$.98

Certified Fee
1.00

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered
1.00

Return Receipt Showing to Whom, Date, and Addressee's Address

TOTAL Postage & Fees
\$2.98

Postmark or Date

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Thomas Curran,
1582 Singleton
Wichita Falls, TX 76302
Jelly Curran

4a. Article Number

P023 919 512

4b. Service Type

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

7. Date of Delivery

4/4/94

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 919 512

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Thomas Curran
Street and No.	1582 Singleton
P.O., State and ZIP Code	Wichita Falls TX 76302
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing	1.00

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate of J. Walter Duncan, Jr.
1777 S. Harrison St.
Penthouse One
Denver, CO 80210

4a. Article Number

P023 919 513

4b. Service Type

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

7. Date of Delivery

4-11-94

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 919 513

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Estate of J. Walter Duncan, Jr.
Street and No.	1777 S. Harrison St. Penthouse One
P.O., State and ZIP Code	Denver CO 80210
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing	1.00

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.
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- 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J. Walter Duncan, Jr.
1777 S. Harrison St.
Penthouse One
Denver, CO 80210

4a. Article Number

P023 919 514

4b. Service Type

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

7. Date of Delivery

4-11-94

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	J. Walter Duncan Jr.
Street and No.	1777 S. Harrison St. Penthouse One
P.O., State and ZIP Code	Denver CO 80210
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JWD III, Inc.
1777 S. Harrison St.
Penthouse One
Denver, CO 80210

4a. Article Number

P023 919 515

4b. Service Type

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

7. Date of Delivery

4-11-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 919 515

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	JWD III, Inc.
Street and No.	1777 S. Harrison St. - Penthouse One
P.O. State and ZIP Code	Denver CO 80210
Postage	\$ 98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Rae I. Little (Deceased)
c/o Joye Rix
916 Ninth Street
Kenedy, TX 78119

4a. Article Number

P023 913 261

4b. Service Type

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

7. Date of Delivery

4-11-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 913 261

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Rae I. Little c/o Joye Rix
Street and No.	916 9th St
P.O. State and ZIP Code	Kenedy TX 78119
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00

P 023 913 262

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Gregory P. Panos
Street and No.	P.O. Box 520311
P.O. State and ZIP Code	Salt Lake City UT 84152
Postage	\$ 2.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Gregory P. Panos
P.O. Box 520311
Salt Lake City, UT

4a. Article Number

P023 913 262

4b. Service Type

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

7. Date of Delivery

4-12-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 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.

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:
Gladys Shannon
1101 Clara Street
Ft. Worth, TX 76102

4a. Article Number
P023 913 263

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

7. Date of Delivery
4/11/94

5. Signature (Addressee)
Gladys Shannon

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 023 913 263



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	<i>Gladys Shannon</i>
Street and No.	<i>1101 Clara Street</i>
P.O., State and ZIP Code	<i>Ft. Worth, TX 76102</i>
Postage	<i>\$.98</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing	<i>1.00</i>

P 023 913 264



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	<i>Roland G. Simpson</i>
Street and No.	<i>536 Gerona Avenue</i>
P.O., State and ZIP Code	<i>San Gabriel, CA 91775-2228</i>
Postage	<i>\$.98</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.00</i>

P 023 913 265



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	<i>Joe K. Smith</i>
Street and No.	<i>Star Route</i>
P.O., State and ZIP Code	<i>Carbon TX 76435</i>
Postage	<i>\$.98</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.00</i>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<i>\$2.98</i>
Postmark or Date	

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 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.

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:
Roland G. Simpson
536 Gerona Avenue
San Gabriel, CA 91775-2228

4a. Article Number
P023 913 264

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

7. Date of Delivery
04/09/94

5. Signature (Addressee)
Roland G. Simpson

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

6. Signature (Agent)

SENDER:

- Complete items 1 and/or 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.

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:
Joe K. Smith
Star Route
Carbon, TX 76435

4a. Article Number
P023 913 265

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

7. Date of Delivery

5. Signature (Addressee)
Joe K. Smith

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

6. Signature (Agent)

SENDER:

- Complete items 1 and/or 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.

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

P 023 913 266

4b. Service Type

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

Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Joseph S. Sprinkle
Street and No.	P.O. Box 6483
P.O., State and ZIP Code	Denver CO 80206-0483
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	

Thank you for using Return Receipt Service.
me 1991

P 023 913 267

SENDER:

- Complete items 1 and/or 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.

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

P 023 913 267

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT**Receipt for Certified Mail**

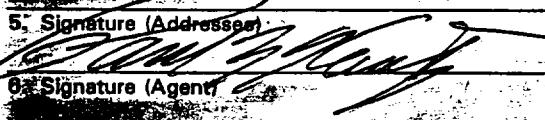
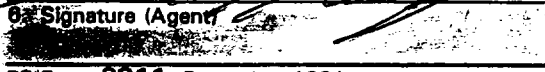
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Carol David Thammol
Street and No.	P.O. Box 5081
P.O., State and ZIP Code	Walnut Creek CA 94596
Postage	\$.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.98
Postmark or Date	

Thank you for using Return Receipt Service.
me 1991

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and/or 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.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: J. T. SEXTON Oil Conservation Division P.O. Box 1980 Hobbs, N.M. 88240		4a. Article Number P 176 012 570	
5. Signature (Addressee) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) 		7. Date of Delivery 4/7/94 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			

*NOT LICENSED IN NEW MEXICO
 *FORMERLY COMPRISING THE FIRM OF
 CULTON, MORGAN, BRITAIN & WHITE, P.C.

April 4, 1994

FILE COPY

700 UNITED BANK PLAZA
 POST OFFICE BOX 10
 ROSWELL, NEW MEXICO 88202
 (505) 622-6510
 FAX (505) 623-9332

2800 CLAYDESTA CENTER
 6 DESTA DRIVE
 POST OFFICE BOX 3580
 MIDLAND, TEXAS 79702
 (915) 683-4691
 FAX (915) 683-6518

1700 BANK ONE CENTER
 POST OFFICE BOX 9238
 AMARILLO, TEXAS 79105
 (806) 372-5569
 FAX (806) 372-9761

500 MARQUETTE N.W., SUITE 800
 POST OFFICE BOX 2043
 ALBUQUERQUE, NEW MEXICO 87103
 (505) 768-1500
 FAX (505) 768-1529

401 WEST 15TH STREET, SUITE 800
 TEXAS MEDICAL ASSOCIATION BUILDING
 AUSTIN, TEXAS 78701
 (512) 476-7137
 FAX (512) 476-5431

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
NO. P 176 012 570


J. T. Sexton
 Oil Conservation Division
 Post Office Box 1980
 Hobbs, New Mexico 88240

Dear Mr. Sexton:

Enclosed for your information are the applications of Mewbourne Oil Company for statutory unitization, approval of a waterflood, and for qualification for the recovered oil tax rate for its proposed Querecho Plains Queen Associated Sand Unit. A Form C-108 is attached to the waterflood application. These materials have been filed with the Division in Santa Fe, with a requested hearing date of April 28, 1994.

Very truly yours,

HINKLE, COX, EATON, COFFIELD
 & HENSLEY


 James Bruce
 Attorneys for Mewbourne Oil Company

JB/bc
 Enclosures