

12113

# GP II ENERGY, INC.

*Oil & Gas Exploration & Production*

P.O. BOX 50682 • MIDLAND, TEXAS 79710 • PHONE 915-684-4748 • FAX 915-570-4748

9

May 16, 2000

Commission of Public Lands  
Mr. Pete Martinez  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

Bureau of Land Management  
Mr. Armando Lopez  
2909 West 2<sup>nd</sup> Street  
Roswell, New Mexico 88201

NM Oil Conservation Division  
Ms. Lori Wrotenbery  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505

Re: North Square Lake Unit – Individual Royalty Joinder Ratifications

Ladies and Gentlemen:

Enclosed are additional individual royalty interest joinder ratifications which were received after the required percentage royalty ratifications were sent to you.

If you have any questions, please call me at 915/685.0878.

Sincerely,

M. A. Sirgo, III

MAS/pr

Enclosures

cc: Mr. Bill Carr

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

This Ratification and Joinder shall be effective as to the undersigned's interests in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 16<sup>th</sup> day of DECEMBER, 1999.

OWNER: BERNARD E. ALPERN TRUST

BY:

Martin H. Schneider

DATE:

12/13/99

NAME: MARTIN H. SCHNEIDER  
(PRINT/TYPE)

TITLE: TRUSTEE  
(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF NEW YORK )  
COUNTY OF NEW YORK ) ss.

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of DECEMBER 1999, by MARTIN H. SCHNEIDER, AS TRUSTEE OF THE BERNARD E. ALPERN TRUST

Lorna Rodney  
Notary Public

LORNA RODNEY

Notary Public, State of New York

No. 01RO5056568

Qualified in Kings County

Commission Expires 3-4-00

My commission expires:

INDIVIDUAL ACKNOWLEDGMENT

STATE OF )  
COUNTY OF ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 19th day of January, 2000.

OWNER: Braille Institute of America, Inc.


BY:  DATE: January 19, 2000

NAME: Richard Larson / Richard H. Patterson, Jr. TITLE: Director / Asst. Secretary  
(PRINT/TYPE) (IF APPLICABLE)

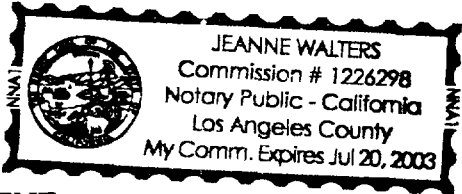
CORPORATION ACKNOWLEDGEMENT

STATE OF California  
COUNTY OF Los Angeles

The foregoing instrument was acknowledged before me this 19th day of January, 2000, by Richard Larson and Richard H. Patterson, Jr.

  
Notary Public

My commission expires:  
7/20/2003



INDIVIDUAL ACKNOWLEDGMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2000, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 17<sup>th</sup> day of APRIL, 2000, ~~1999~~.

OWNER: Eugene P. Burkholder

BY: \_\_\_\_\_ DATE: 4/17/00

NAME: Eugene P. BURKHOLDER TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF Pierce )

The foregoing instrument was acknowledged before me this 17 day of April, 2000, ~~1999~~, by Martha McKay.

Martha McKay  
Notary Public

My commission expires:

Sept. 19, 2001



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 10 day of January, <sup>2000</sup>~~1999~~.

OWNER: CERRA FARM TRUST

BY: WILLIAM T. CERRA

DATE: 1/12/00

NAME: ✓  
(PRINT/TYPE)

TITLE: CO-TRUSTEE  
(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF CALifornia )  
 ) ss.  
COUNTY OF Orange )

The foregoing instrument was acknowledged before me this 10<sup>TH</sup> day of January, ~~1999~~, by Shirley M Demederko.  
2000

Shirley M Demederko  
Notary Public

My commission expires:

12/15/2000



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 22 day of DEC, 1999.

OWNER: Carole Champion

BY: \_\_\_\_\_ DATE: 12-22-99

NAME: CAROLE CHAMPION TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

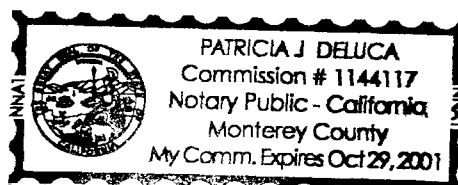
STATE OF CA )  
COUNTY OF Monterey ) ss.

The foregoing instrument was acknowledged before me this 22 day of DEC, 1999, by CAROLE CHAMPION.

Patricia J. Deluca  
Notary Public

My commission expires:

10-29-2001



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 25th day of January, ~~1999~~ 2000.

OWNER: Rose Cottingham

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: ROSE COTTINGHAM TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

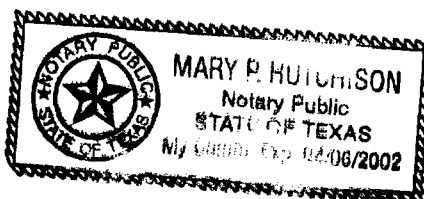
INDIVIDUAL ACKNOWLEDGMENT

STATE OF TEXAS )  
 ) ss.  
COUNTY OF TOM GREEN )

The foregoing instrument was acknowledged before me this 25th day of January, ~~1999~~, 2000 by ROSE COTTINGHAM.

Mary P. Hutchison  
Notary Public, Mary P. Hutchison

My commission expires:  
04-06-2002



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 26 day of January, 2000.

OWNER: Louis Dreyfus Natural Gas Corp.

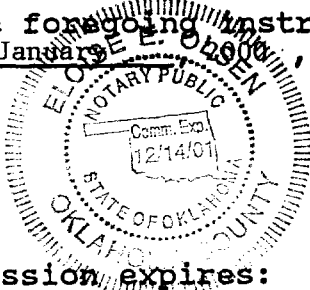
BY: J.C. Welch DATE: \_\_\_\_\_

NAME: J.C. Welch, Vice President - Land TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF OKLAHOMA )  
 ) ss.  
COUNTY OF OKLAHOMA )

The foregoing instrument was acknowledged before me this 26 day of January, 2000, by J.C. Welch, Vice President - Land.



Eloise E. Olsen  
Notary Public

My commission expires: \_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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EXECUTED this 17 day of Dec, 1999.

OWNER: Betty Evans Gilbert

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

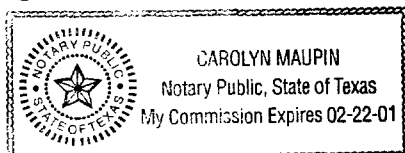
My commission expires:

\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF Texas )  
 ) ss.  
COUNTY OF Deaf Smith )

The foregoing instrument was acknowledged before me this 17th day of December, 1999, by Betty Evans Gilbert.



Carolyn Maupin  
Notary Public

My commission expires:

\_\_\_\_\_

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 28 day of FEB, <sup>2000</sup>~~1999~~.

OWNER: HIGGINS TRUST, INC.

BY: William P. Edwards DATE: 28 FEB 2000

NAME: William P. Edwards TITLE: President  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF GEORGIA )  
 ) ss.  
COUNTY OF HALL )

The foregoing instrument was acknowledged before me this 28  
day of FEB, <sup>2000</sup>~~1999~~, by William P. Edwards.

Mary Elizabeth Britt  
Notary Public  
MY COMMISSION EXPIRES FEB. 25, 2007

My commission expires:

\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_  
day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 1st day of December, 1999.

OWNER: James Petroleum Trust u/a 2-2-74  
BY: David F. James, Trustee DATE: 12/1/99  
NAME: David F. James TITLE: Trustee  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

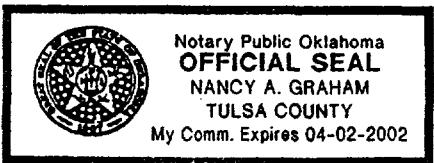
My commission expires:

\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF OKLAHOMA )  
 ) ss.  
COUNTY OF TULSA )

The foregoing instrument was acknowledged before me this 1st day of December, 1999, by David F. James.



Nancy A. Graham  
Notary Public

My commission expires:

4-2-2002

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 27 day of Dec., 1999.

OWNER: MOLIE LUKS BENEFICIARY UWO SAMUEL LUKS  
BY: [Signature] DATE: 12/27/99  
NAME: MOLIE LUKS TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF FLORIDA )  
 ) ss.  
COUNTY OF PALM BEACH )

The foregoing instrument was acknowledged before me this 27 day of Dec., 1999, by MOLIE LUKS.

My commission expires:  
\_\_\_\_\_

[Signature]  
Notary Public  
DONALD R TESCHER  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC710021  
MY COMMISSION EXP. JAN. 22, 2002



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
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EXECUTED this 30<sup>th</sup> day of November, 1999.

OWNER: Monte J. Montgomery  
BY: MONTIE J. MONTGOMERY DATE: NOVEMBER 30, 1999  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

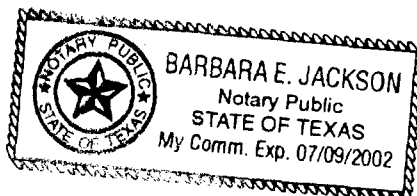
INDIVIDUAL ACKNOWLEDGMENT

STATE OF TEXAS )  
COUNTY OF TOM GREEN ) ss.

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of November, 1999, by Monte J. Montgomery.

Barbara E. Jackson  
Notary Public

My commission expires:  
7/9/02



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 21st day of December, 1999.

OWNER: WALTER A. MONTGOMERY

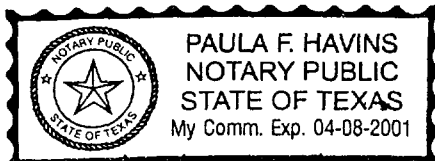
BY: W. A. Montgomery DATE: 12-21-99

NAME: W.A. MONTGOMERY TITLE: OWNER  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF Texas )  
COUNTY OF Tom Green ) ss.

The foregoing instrument was acknowledged before me this 21st day of December, 1999, by W.A. Montgomery.



My commission expires:

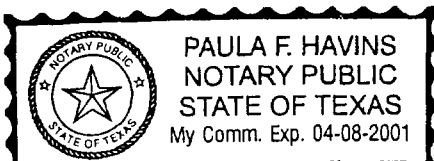
4-8-2001

Paula F. Havins  
Notary Public

INDIVIDUAL ACKNOWLEDGMENT

STATE OF Texas )  
COUNTY OF Tom Green ) ss.

The foregoing instrument was acknowledged before me this 21st day of December, 1999, by W.A. Montgomery.



My commission expires:

4-8-2001

Paula F. Havins  
Notary Public

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

This Ratification and Joinder shall be effective as to the undersigned's interests in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 21st day of December, 1999.

OWNER: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: 12/21/99

NAME: Bert H. Murphy

TITLE: \_\_\_\_\_

(PRINT/TYPE)

(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )

) ss.

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF New Mexico )

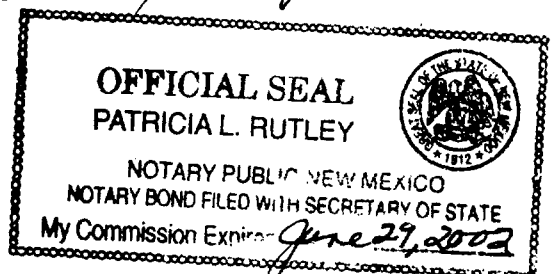
) ss.

COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 21st day of December, 1999, by Bert H. Murphy.

Patricia L. Rutley  
Notary Public

My commission expires:  
June 29, 2002



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 21st day of April, <sup>2000</sup>1999.

OWNER:

Lynne W Newbold

BY:

DATE:

April 21, 2000

NAME:

LYNNE W NEWBOLD

TITLE:

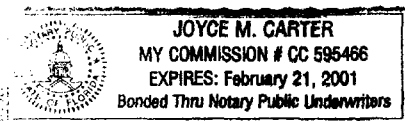
(PRINT/TYPE)

(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF Florida )  
COUNTY OF Polk ) ss.

The foregoing instrument was acknowledged before me this 21st day of April, <sup>2000</sup>1999, by LYNNE W NEWBOLD.



My commission expires:

February 21, 2001

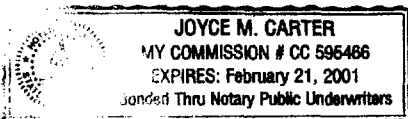
Joyce M. Carter  
Notary Public

JOYCE M. CARTER

INDIVIDUAL ACKNOWLEDGMENT

STATE OF Florida )  
COUNTY OF Polk ) ss.

The foregoing instrument was acknowledged before me this 21st day of April, <sup>2000</sup>1999, by LYNNE W NEWBOLD.



My commission expires:

February 21, 2001

Joyce M. Carter  
Notary Public

JOYCE M. CARTER

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 6<sup>TH</sup> day of January, <sup>2000</sup>1999.

OWNER: ROGER P. PALMA  
BY: Roger P. Palma DATE: 1/6/00  
NAME: ROGER P. PALMA TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
COUNTY OF ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF NEW YORK )  
COUNTY OF MONROE ) ss.

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of January, <sup>2000</sup>~~1999~~, by ROGER P. PALMA.

John D. Witmeyer  
Notary Public

My commission expires:  
3/30/01

JOHN D. WITMEYER  
Notary Public, State of New York  
No. 02WI4316329  
Qualified in Monroe County  
Certificate Filed in Monroe County  
Commission Expires 3/30/2001

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 6<sup>TH</sup> day of JANUARY, <sup>2000</sup>1999.

OWNER: ESTATE OF ELLEN PALMA

BY: Roger P. Palma

DATE: 1/6/00

NAME: ROGER P. PALMA  
(PRINT/TYPE)

TITLE: EXECUTOR  
(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
COUNTY OF ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

INDIVIDUAL ACKNOWLEDGMENT

STATE OF NEW YORK )  
COUNTY OF MONROE ) ss.

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of JANUARY, 1999, by ROGER P. PALMA  
2000

John D. Witmeyer  
Notary Public

My commission expires:

3/30/01

JOHN D. WITMEYER  
Notary Public, State of New York  
No. 02W14316329  
Qualified in Monroe County  
Certificate Filed in Monroe County  
Commission Expires 3/30/2001

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 13 day of December, 1999.

OWNER: Patricia Wolff Schaen

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: PATRICIA WOLFF SCHAEN

(PRINT/TYPE)

TITLE: \_\_\_\_\_

(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )

) ss.

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF N.Y. )

) ss.

COUNTY OF N.Y. )

The foregoing instrument was acknowledged before me this 23rd day of Dec, 1999, by PATRICIA WOLFF SCHAEN

Paul Monahan  
Notary Public

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of New York:  
No 41-4985437  
Qualified in Orange County  
Commission Expires August 19 2001

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 28 day of December, 1999.

OWNER: Judith Franklin Smith  
BY: \_\_\_\_\_ DATE: 12-28-99  
NAME: JUDITH FRANKLIN SMITH TITLE: \_\_\_\_\_  
(PRINT/TYPE) JUDITH FRANKLIN SMITH (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

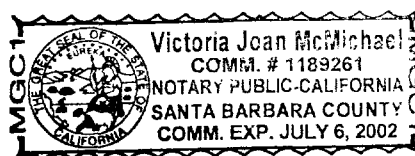
STATE OF California )  
 ) ss.  
COUNTY OF Santa Barbara )

The foregoing instrument was acknowledged before me this 28th day of DECEMBER, 1999, by VICTORIA JOAN MCMICHAEL.

Victoria Joan McMichael  
Notary Public

My commission expires:

7/06/02





Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 3<sup>RD</sup> day of Jan., 2000, 1999.

OWNER: Patricia Cherry Stewart

BY: \_\_\_\_\_ DATE: 1/3/00

NAME: Patricia Cherry Stewart TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
COUNTY OF ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

INDIVIDUAL ACKNOWLEDGMENT

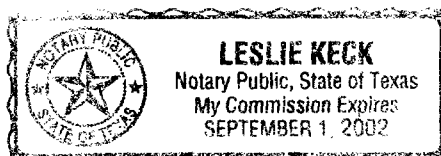
STATE OF Texas )  
COUNTY OF Montague ) ss.

The foregoing instrument was acknowledged before me this 3 day of Jan., 2000, 1999, by Patricia Cherry Stewart.

Leslie Keck  
Notary Public

My commission expires:

Sept. 1 2002



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 31st day of December, 1999.

OWNER: Melba Y. Trobaugh

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: Melba Y. Trobaugh TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

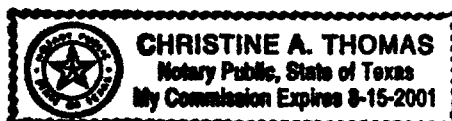
STATE OF Texas )  
 ) ss.  
COUNTY OF Midland )

The foregoing instrument was acknowledged before me this 31st day of December, 1999, by Melba Y. Trobaugh.

Christine A. Thomas  
Notary Public

My commission expires:

8/15/2001



Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 7th day of December, 1999.

OWNER: ESTATE OF HARVEY E. YATES

BY: 

DATE: December 7, 1999

NAME: George M. Yates  
(PRINT/TYPE)

TITLE: Personal Representative  
(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF )  
                  ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

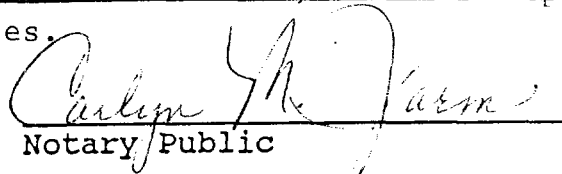
My commission expires:

\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF NEW MEXICO )  
                              ) ss.  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 7th day of December, 1999, by George M. Yates, Personal Representative of the Estate of Harvey E. Yates.

  
Notary Public

My commission expires:

March 28, 2003

Individual Royalty Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, adopts, and confirms said Unit Agreement, as fully as though the undersigned had executed the original agreement.

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This Ratification and Joinder of Unit Agreement shall be binding upon the undersigned, his, her or its heirs, devisees, executors, assigns or successors in interest.

EXECUTED this 23rd day of December, 1999.

YATES DRILLING COMPANY  
SACRAMENTO PARTNERS LIMITED  
PARTNERSHIP

By: *Peyton Yates*  
Attorney-in-Fact

JOHN A. YATES  
ESTATE OF PEGGY A. YATES

By: *John A. Yates*  
Individually and as Personal  
Representative

SHARBRO OIL LTD. CO.  
ESTATE OF LILLIE M. YATES

By: *Frank Yates Jr.*  
Manager, Attorney-in-Fact

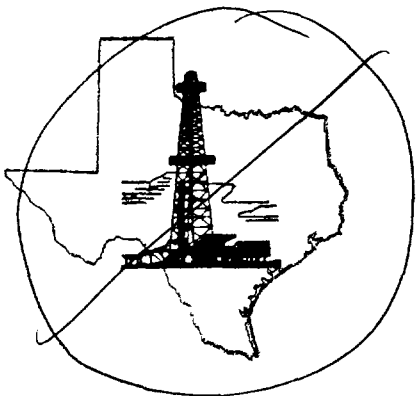
STATE OF NEW MEXICO }  
COUNTY OF EDDY }

The foregoing instrument was acknowledged before me this 23rd day of December, 1999, by Peyton Yates, Attorney-in-Fact for Yates Drilling Company and Sacramento Partners Limited Partnership, by John A. Yates, Individually and as Personal Representative of the Estate of Peggy A. Yates, and by Frank Yates, Jr., Attorney-in-Fact for the Estate of Lillie M. Yates and as Manager for Sharbro Oil Ltd., Co., all New Mexico corporations, on behalf of said corporations.

*Barbara Nelson*  
Notary Public

My Commission Expires:

1-8-2000



# GP II ENERGY, INC.

*Oil & Gas Exploration & Production*

P.O. BOX 50682 • MIDLAND, TEXAS 79710 • PHONE 915-684-4748 • FAX 915-570-4748

May 16, 2000

Commissioner of Public Lands  
Mr. Pete Martinez  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

Bureau of Land Management  
Mr. Armando Lopez  
2909 West 2<sup>nd</sup> Street  
Roswell, New Mexico 88201

NM Oil Conservation Division  
Ms. Lori Wrotenbery  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505

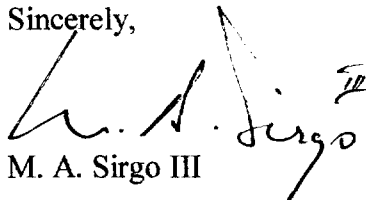
Re: North Square Lake Unit – Working Interest Joinder Ratifications

Ladies and Gentlemen:

Enclosed are additional working interest joinder ratifications which were received after the required percentage owner ratifications were sent to you.

If you have any questions, please call me at 915/685.0878.

Sincerely,



M. A. Sirgo III

MAS/pr

Enclosures

Working Interest Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
AND OPERATING AGREEMENT FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), and in consideration of the execution or ratification by other Working Interest Owners of the Unit Operating Agreement for the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, the undersigned working interest owner hereby expressly ratifies, approves, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original agreements.

This Ratification and Joinder shall be effective as to the undersigned's interests in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, its successors and assigns.

EXECUTED this 18 day of Jan, 1999.

OWNER: GDN, Inc.  
BY: [Signature] DATE: 1/18/00  
NAME: Gary E. Norris TITLE: Pres.  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF TEXAS )  
COUNTY OF WICHITA ) ss.

The foregoing instrument was acknowledged before me this 18 day of JANUARY, 1999, by GARY NORRIS.  
2000

[Signature]  
Notary Public

My commission expires:

\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

Working Interest Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
AND OPERATING AGREEMENT FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), and in consideration of the execution or ratification by other Working Interest Owners of the Unit Operating Agreement for the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, the undersigned working interest owner hereby expressly ratifies, approves, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original agreements.

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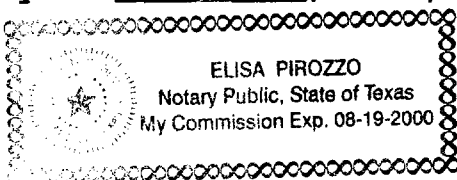
EXECUTED this 15<sup>th</sup> day of December 1999.

OWNER: \_\_\_\_\_ Bank of America, N.A. Trustee of the  
Rachel Lyman Family Trust  
BY: \_\_\_\_\_  
H. Greg Holcomb, Senior Vice President  
NAME: \_\_\_\_\_ Tax ID # 75-6549886  
(PRINT/TYPE) \_\_\_\_\_

CORPORATION ACKNOWLEDGMENT

STATE OF TEXAS )  
 ) ss.  
COUNTY OF DALLAS )

The foregoing instrument was acknowledged before me this 16 day of DECEMBER, 1999, by H. GREG HOLCOMB, SENIOR VICE PRESIDENT



Elisa Pirozzo  
Notary Public

My commission expires:

INDIVIDUAL ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

Working Interest Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
AND OPERATING AGREEMENT FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder shall be binding upon the undersigned, its successors and assigns.

EXECUTED this 21 day of Dec, 1999.

OWNER: J L Smith & Co.

BY: J L Smith DATE: \_\_\_\_\_

NAME: J L Smith Company TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF Ala )  
COUNTY OF Houston ) ss.

The foregoing instrument was acknowledged before me this 21  
day of Dec, 1999, by J L Smith.

John C. Spear  
Notary Public

My commission expires:  
\_\_\_\_\_

INDIVIDUAL ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_



Working Interest Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
AND OPERATING AGREEMENT FOR NORTH SQUARE LAKE UNIT

In consideration of the execution of the Unit Agreement for the development and operation of the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, in form approved on behalf of the Secretary of the Interior, the New Mexico Commission of Public Lands and the Oil Conservation Division of the State of New Mexico (Order No. R-11207), and in consideration of the execution or ratification by other Working Interest Owners of the Unit Operating Agreement for the North Square Lake Unit Area, County of Eddy, State of New Mexico, dated February 4, 1999, the undersigned working interest owner hereby expressly ratifies, approves, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original agreements.

This Ratification and Joinder shall be effective as to the undersigned's interests in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, its successors and assigns.

EXECUTED this 21<sup>ST</sup> day of December, 1999.

OWNER: Southeastern Communications & Equipment Co., Inc.

BY: R. M. Kennedy

DATE: 12-21-99

NAME: Robert M. Kennedy  
(PRINT/TYPE)

TITLE: President  
(IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF Alabama )  
COUNTY OF Houston ) ss.

The foregoing instrument was acknowledged before me this 21  
day of Dec, 1999, by Robert M. Kennedy.

Kathi K. Buntin  
Notary Public

My commission expires:

9-11-01

INDIVIDUAL ACKNOWLEDGMENT

STATE OF )  
COUNTY OF ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_  
day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

Working Interest Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
AND OPERATING AGREEMENT FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder shall be binding upon the undersigned, its successors and assigns.

EXECUTED this 28 day of Dec., 1999.

OWNER: Clyde N. Yost  
BY: Clyde N. Yost DATE: 12/28/99  
NAME: CLYDE N. YOST TITLE: \_\_\_\_\_  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

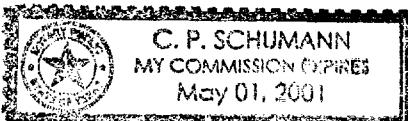
\_\_\_\_\_  
Notary Public

My commission expires:

INDIVIDUAL ACKNOWLEDGMENT

STATE OF TEXAS )  
COUNTY OF KENDALL ) ss.

The foregoing instrument was acknowledged before me this 28 day of DECEMBER, 1999, by CLYDE N. YOST.



C. P. Schumann  
Notary Public

My commission expires:

05-01-2001

Working Interest Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
AND OPERATING AGREEMENT FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder shall be binding upon the undersigned, its successors and assigns.

EXECUTED this 23<sup>rd</sup> day of January, <sup>2000</sup>~~1999~~.

OWNER: EHG, LLC

BY: Charlene M. Ward DATE: 01-23-00

NAME: Charlene M. Ward TITLE: Manager  
(PRINT/TYPE) (IF APPLICABLE)

CORPORATION ACKNOWLEDGMENT

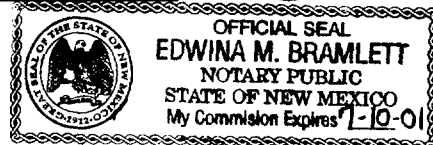
STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of January, <sup>2000</sup>~~1999~~, by Charlene M. Ward.

Edwina M. Bramlett  
Notary Public

My commission expires:

7-10-01



INDIVIDUAL ACKNOWLEDGMENT

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

Working Interest Joinder

RATIFICATION AND JOINDER OF UNIT AGREEMENT  
AND OPERATING AGREEMENT FOR NORTH SQUARE LAKE UNIT

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This Ratification and Joinder shall be binding upon the undersigned, its successors and assigns.

EXECUTED this 31<sup>st</sup> day of Dec, 1999.

OWNER: Aston Partnership (Minerals Resources, agent)

BY: Gail Cotton

DATE: 12-31-99

NAME: Gail Cotton  
(PRINT/TYPE)

TITLE: Owner of MTR  
(IF APPLICABLE) Agent for Aston

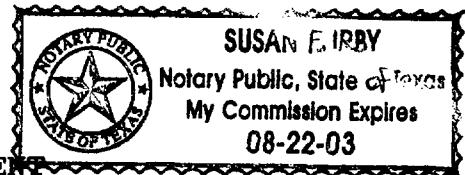
CORPORATION ACKNOWLEDGMENT

STATE OF TEXAS )  
COUNTY OF DALLAS ) ss.

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of December, 1999, by Gail Cotton.

Susan F. Kirby  
Notary Public

My commission expires:  
8/22/03



INDIVIDUAL ACKNOWLEDGMENT

STATE OF )  
COUNTY OF ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

UNIT NAME: NORTH SQUARE LAKE UNIT  
OPERATOR: GP II ENERGY, INC.  
COUNTY: EDDY

DATE	OCC CASE NO.	TOTAL ACREAGE	STATE	FEDERAL	INDIAN FEE	SEGREGATION CLAUSE	TERM
------	--------------	------------------	-------	---------	---------------	-----------------------	------

EFFECTIVE 1/01/2000	CASE NO. 12113 ORDER NO. R-11207	6107.03	960.00	5147.03	0	MODIFIED	SO LONG AS
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APPROVALS  
SLO--12-17-99  
OCD--11-18-99

TOWNSHIP 16 SOUTH, RANGE 30 EAST

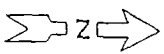
TOWNSHIP 16 SOUTH, RANGE 31 EAST

SECTION 25: E/2	SECTION 30: LOTS 1-4, E/2W/2, E/2
SECTION 36: N/2	SECTION 31: LOTS 1-4, E/2W/2, E/2
	SECTION 32: ALL
	SECTION 33: ALL
	SECTION 34: ALL

TOWNSHIP 16 SOUTH, RANGE 31 EAST

SECTION 19: LOTS 3-4, E/2SW/4, SE/4
SECTION 20: S/2
SECTION 27: W/2NW/4, SE/4NW/4, SW/4NE/4, SW/4, W/2SE/4, SE/4SE/4
SECTION 28: ALL
SECTION 29: ALL

- LEGEND
- Active Oil Well
  - Inactive Oil Well
  - Abandoned Oil Well
  - Active Injector Well
  - Inactive Injector Well
  - Abandoned Injector Well
  - PROPOSED 20 ACRE INTELL. PRODUCER
  - PROPOSED NEW DRILL INFLECTOR



FEDERAL LANDS

STATE LANDS

GP II ENERGY, INC.

NORTH SQUARE LAKE UNIT

EDDY COUNTY, NEW MEXICO

MAP SHEET

SCALE 1:100,000

# EXHIBIT A

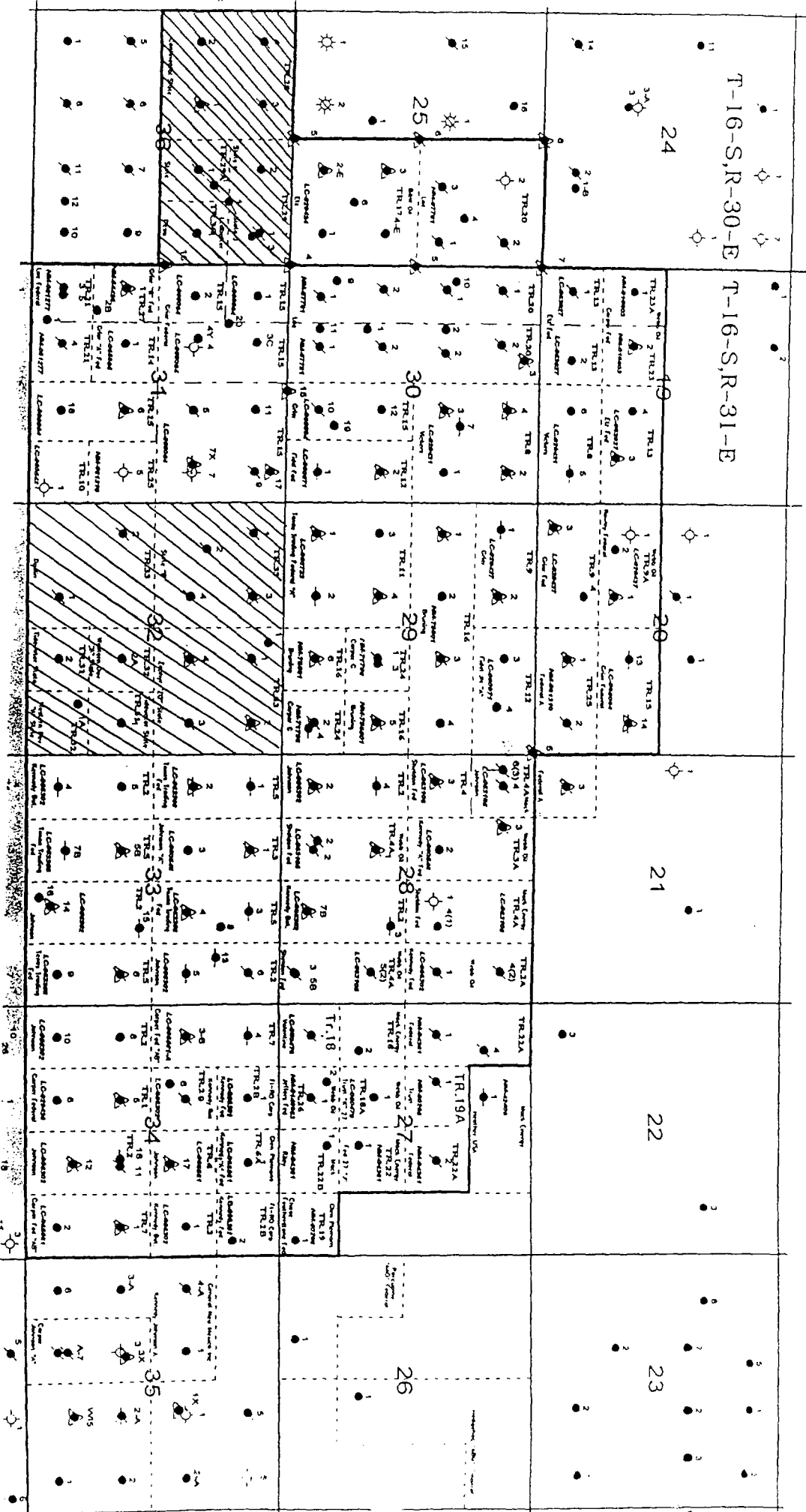


EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
1	T-16-S-R-31-E SEC. 34 E/2 SW/4 (CARPER FEDERAL 586)	80	LC-029438(B) HBP 11/1/91	United States of America  12.50%	OXY USA, INC.  100%	B & H PROPERTIES 0.03% CARL BRININSTOOL 0.15% LOGAN ROYALTIES 1.0950% POGAR PETROLEUM 0.15% ROCKY MOUNTAIN RES 0.0750% OXY USA INC. 3.1250% VICTOR J SIRGO 1.00%	SQUARE LAKE PARTNERS LLC 100.00%

## EXHIBIT "B-1"

## FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
2	T-16-S-R-31-E						
	SEC. 28 W/2 SW/4	400	LC-056302(B) HBP 11/1/91	United States of America 12.50%	EXXON CORP. 100.00%	B & H PROPERTIES 0.03% CARL BRININSTOOL 0.15% LOGAN ROYALTIES 1.0850% POGAR PETROLEUM 0.15% ROCKY MOUNTAIN RES. 0.0750% Frank Darden 1.0250% Carole Champion Gauntt 0.5130% Jaqueline Dickerson 0.2560% Teresa Rush Langdon, Trust DTD 0.0850% Barbara Holly Langdon 0.0850% Charles Brentwood Langdon Tr DTD 0.0850%	SQUARE LAKE PARTNERS LLC 100.00%
	SEC. 33 E/2 NE/4 W/2 SE/4						
	SEC. 34 W/2 SW/4 W/2 SE/4						
	(JOHNSON FEDERAL)						



**FEDERAL LANDS :**

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	SERIAL NO.	NUMBER OF ACRES	EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
2A	T-16-S, R-31-E SEC. 28 : E/2 NE/4		80	LC-056302-B 11/1/91	United States of America 12.50%	EXXON CORP. 100%	NONE	CHASE OIL CORP 100.00%
KENNEDY FEDERAL								

**FEDERAL LANDS :**

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
28	I-16-S, R-31-E SEC. 34 : NE/4 NE/4 NE/4 NW/4	40 <u>40</u> 80	LC-056302-B 11/1/91 HBP	United States of America  12.50%	EXXON CORP.  100%	Peggy Runyan 6.25% Vicky Moser 6.25%	Beth McDonald  75.00% Bert Jones Estate 25.00%

**FEDERAL LANDS :**

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North Square Lake Unit  
Eddy County, New Mexico

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2C	T-16-S-R-31-E						
	SEC. 28 NW/4 SE/4 SW/4 SE/4	240	LC-066302(B) HBP 11/1/91	United States of America 12.50%	EXXON CORP 100.00%	B & H PROPERTIES 0.03% CARL BRININSTOOL 0.453515% LOGAN ROYALTIES 1.0950% POGAR PETROLEUM 0.15% ROCKY MOUNTAIN RES. 0.0750% BERNARD ALPERN 0.5550% TRUST FOR C. BEAL JR. 0.481232% TRUST FOR B. BEAL 0.481232% TRUST FOR S. BEAL 0.481232% TRUST FOR K. BEAL 0.481232% TRUST FOR K. GEBBER 0.481232% Harvey H Black Trust 0.0925% Carol Brookman Trust 0.061667% CERRI FAMILY TRUST 0.1769% ID. FLUGSTAD 0.020556% MB FOREMAN .185% G. N. FRANK ESTATE 0.5550% R HALVORSEN .04625%	SQUARE LAKE PARTNERS LLC 100.00%
	SEC. 33 W/2 SW/4						
	SEC. 34 SE/4 NE/4 SE/4 NW/4						
	(JOHNSON FEDERAL)						

## EXHIBIT "B-1"

## FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
3	T-16-S-R-31-E SEC. 33 E/2 NW/4 (JOHNSON 'A' FEDERAL)	80	LC-060548 HBP 11/1/91	United States of America 12.50%	CHASE OIL CORP. 100.00%	B & H PROPERTIES 0.030000% CARL BRINNSTOOL 0.150000% LOGAN ROYAL TIES 1.085000% POGAR PETROLEUM 0.150000% ROCKY MOUNTAIN RES 0.075000% FRANK DARDEN 1.025390% JACQUELINE DICKERSON 0.256348% CAROLE GAUNTT 0.512695% VICKY MOSER 10.937500% PEGGY RUNYAN 10.937500% Teresa Langdon Trust 0.085449% Barbara Langdon Trust 0.085449% Charles Langdon Trust 0.085449%	SQUARE LAKE PARTNERS LLC 100.00%

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
3A	<del>T-16-S, R-31-E</del> SEC. 28 : E/2 NW/4	<del>8.0</del> .40	LC-060548 11/1/91 HBP	United States of America 12.50%	CHASE OIL CORP.	Peggy Runyan 6.25% Vicky Moser 6.25% Chase Oil Corp. 1.00%	Webb Oil Company 100.00%
	KENNEDY FED 'A'						

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
4	T-16-S-R-31-E SEC. 28 SW/4 NW/4 (SHELDON FEDERAL)	40	LC-063105 HBP 11/1/91	United States of America 12.50%	DALE RESLER 50% VLAS P. SHELDON 50%	B & H PROPERTIES 0.030% CARL BRININSTOOL 0.150% LOGAN ROYALTIES 1.095% POGAR PETROLEUM 0.150% ROCKY MOUNTAIN RES. 0.075% VICTOR J. SIRGO 1.000%	SQUARE LAKE PARTNERS, LLC 100.00%

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNERS(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
4A	T-16-S, R-31-E						
	SEC. 28 NW/4 NW/4	40	LC-063105 11/1/91	United States of America	DALE RESLER 50% VILAS P. SHELTON 50%	L. B. Burleson 1.50%	Webb Oil Company 100.00%
	W/2 NE/4	80				Jack Huff 1.50%	
	E/2 SW/4 E/2SE/4	80 80	HBP	12.50%		James L. Evans 1.25%	
	SHELTON FEDERAL	280				Vicky J. Moser 3.5625% E. J. Kennedy Trustee Kennedy Living Trust 3.1250% Bonnie Karlstrud 2.50% Wayne Resler 2.50% F. Marks Travis Family Trust 7.00% Peggy Runyan 3.5625%	

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

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5	T.16S R.31E SEC. 33      W/2 NE/4 W/2 NW/4 E/2 SW/4 E/2 SE/4  (TEXAS TRADING FEDERAL)	320	LC-063368 HBP 11/1/91	United States of America  12.50%	R. L. TAYLOR  100.00%	B & H PROPERTIES 0.03000% CARL BRININSTOOL 0.15000% LOGAN ROYALTIES 1.09500% POGAR PETROLEUM 0.15000% ROCKY MOUNTAIN RES. 0.07500% JOHN BOYLE TRUST 10.70800% F/B/O RUTH TAYLOR 4.58916% RL TAYLOR JR T# 1071001 10.70800%	SQUARE LAKE PARTNERS LLC 100.00%



EXHIBIT "B-1"

FEDERAL LANDS :

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North Square Lake Unit  
Eddy County, New Mexico

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6	T-16-S-R-31-E SEC. 34 SW/4 NE/4 (JOHNSON FEDERAL)	40	LC-065661 HBP 11/1/81	United States of America 12.50%	CHASE OIL CORP. 100.00%	B & H PROPERTIES 0.0300% CARL BRINNSTOOL 0.1500% LOGAN ROYAL TIES 1.0950% POGAR PETROLEUM 0.1500% ROCKY MOUNTAIN RES. 0.0750%	SQUARE LAKE PARTNERS LLC 100.00%

**FEDERAL LANDS :**

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

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6A	T-16-S-1-R-31-E SEC. 34 NW/4 NE/4	40	LC-065561 11/1/91	United States of America SERVICE 12.50%	CHASE OIL CORP. 100%	NONE	Glenn Flemmons 100.00%
KENNEDY FEDERAL 'A'							

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
7	T-16-S-R-31-E SEC. 34 E/2 SE/4 W/2 NW/4 (CARPER FEDERAL AB)	160	LC-065561-A HBP 11/1/71	United States of America  12.50%	OXY U.S.A. INC.  100.00%	B & H PROPERTIES 0.0300% CARL BRININSTOOL 0.1500% LOGAN ROYAL TIES 1.0950% POGAR PETROLEUM 0.1500% ROCKY MOUNTAIN RES. 0.0750% OXY USA INC. 3.1250% VICTOR J SIRGO 1.0000%	SQUARE LAKE PARTNERS LLC 100.00%

## EXHIBIT "B-1"

## FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
8	T-16-S-R-31-E						
	SEC. 19 S12 SE/4	240	LC-029431 HBP	United States of America	NATIONAL COOPERATIVE REFINERY	B & H PROPERTIES 0.030000%	SQUARE LAKE PARTNERS LLC
	SEC. 30 NE/4		12/31/28	12.50%	100.00%	CARL BRINNSTOOL 0.150000%	100.00%
	(WICKERS FEDERAL)					LOGAN ROYAL TIES 1.095000%	
						POGAR PETROLEUM 0.150000%	
						ROCKY MOUNTAIN RES. 0.075000%	
						VICTOR J SIRGO 1.000000%	
						BRALLE INSTITUTE 0.115740%	
						MAX W. COLL II 0.046875%	
						ION F. COLL 0.046875%	
						JAMES N. COLL 0.046875%	
						COLUMBINE II LTD PART. 0.312500%	
						CHARLES H. COLL 0.046875%	
						ROSE COTTINGHAM 0.250000%	
						VERA COX HAEFS 0.031250%	
						HIGGINS TRUST, INC. 0.250000%	
						JAMES PETROLEUM TR. 0.125000%	
						WARD INVESTMENTS LTD. 0.062500%	
						TOMMYE ROBINSON 0.093750%	
						J. SMITH TRUST 0.062500%	
						MARSHALL & WINSTON 0.250000%	

## EXHIBIT "B-1"

## FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
9	T-16-S-R-31-E SEC. 20 S/2 SW/4 SEC. 29 N/2 NW/4 (GRIER FEDERAL 1-4)	160	LC-029437 HBP 12/31/38	United States of America  12.50%	JACK D. KNOX 16.67% WINNIE D. KNOX 50.00% THERA KNOX HELM 16.67% TEXACAL OIL & GAS INC. 16.67%	B & H PROPERTIES 0.03000% CARL BRININSTOOL 0.15000% LOGAN ROYAL TIES 1.09500% POGAR PETROLEUM 0.15000% ROCKY MOUNTAIN RES. 0.07500% WILLIAM & MARGRET COLBY 1.87500% THERYLENE K. HELM 5.70834% JACK D. KNOX 5.70834% Winnie D. Knox Estate 17.12500% TEXACAL OIL & GAS INC 5.70833%	SQUARE LAKE PARTNERS LLC 100.00%

**FEDERAL LANDS :**

**Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico**

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
9A	T-16-S, R-31-E SEC. 20 : N/2 SW/4	80	LC-060543 12/31/38 HBP	United States of America 12.50%	OXY USA, INC.	James R. Everts Jr 0.937502% Robert Everts 0.149741% Eddie J. Bolling 0.196941% Norman E. Montgomery 0.078126% Peggy S. Runyan 0.833334% Vicky J. Moser 0.833334% Walter A. Montgomery 0.078126% Patricia Schaeen 0.196940% Eugene Burkholder 0.196940% B. Everts Gilbert 0.937492% B. Everts Caywood McMillion 0.158252% OXY USA 5.000000% Colby Revocable Living TRUST 1.875%	Webb Oil Company 83.33% BHW, LLC 16.67%
	ROWLEY FEDERAL						

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
10	T-16-S; R-31-E SEC 31; SE/4 SE/4	40	LC-080543 HBP 12/31/38	United States of America 12.50%	OXY U.S.A. INC. 100%	B & H PROPERTIES 0.0300% CARL BRINNSTOOL 0.1500% LOGAN ROYALTIES LTD 1.0950% POGAR PETR. LTD 0.1500% ROCKY MOUNTAIN RES 0.0750% VICTOR J SIRGO 1.0000%	SQUARE LAKE PARTNERS LLC 100.00%

Burning Federal

**EXHIBIT "B-1"**

**FEDERAL LANDS :**

**Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico**

<u>TRACT NO.</u>	<u>DESCRIPTION OF LAND (LEASE NAME)</u>	<u>NUMBER OF ACRES</u>	<u>SERIAL NO. EXPIRATION AND DATE OF LEASE(S)</u>	<u>BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)</u>	<u>CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)</u>	<u>OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)</u>	<u>WORKING INTEREST OWNER(S) AND PERCENTAGE(S)</u>
11	I-16-S-R-31-E SEC 29 SW1/4 (TEXAS TRADING A FEDERAL)	160	LC-060723 HBP 12/31/38	United States of America  12.50%	R. L. TAYLOR  100.00%	B & H PROPERTIES 0.030000% CARL BRININSTOOL 0.150000% LOGAN ROYALTIES 1.095000% POGAR PETROLEUM 0.150000% ROCKY MOUNTAIN RES. 0.075000% Ruth W. Taylor #107004 4.163023% JOHN BOYLE TRUST 9.713722% WILLIAM & MARGRET COLBY 1.875% DOROTHY FOSTER RVOC TRUST 1.5625% W.R. PHILLIP 0.664000% F/BIO RUTH TAYLOR 4.163023% RL TAYLOR JR TR# 1071001 9.713722% LELAND PRICE, INC. 4.023000%	SQUARE LAKE PARTNERS LLC 100.00%



EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
12	T-16-S-R-31-E						
	SEC. 29 N/2 NE/4	160	LC-060971	United States of America	YATES PETROLEUM CORP.	B & H PROPERTIES	SQUARE LAKE
	SEC. 30 E/2 SE/4		HBP			0.03000%	PARTNERS LLC
			12/31/38	12.50%	100.00%	CARL BRININSTOOL	100.00%
	(UN & A FIDEL FEDERAL)					0.15000%	
						LOGAN ROYALTIES	
						1.09500%	
						POGAR PETROLEUM	
						0.15000%	
						ROCKY MOUNTAIN RES.	
						0.07500%	
						VICTOR J SIRGO	
						1.00000%	
						WILLIAM J AND	
						MARGRET COLBY	
						1.87500%	
						GERTRUDE MCDORMAN	
						TRUSTEE	
						3.12500%	
						June Marie Avery	
						3.125%	

# EXHIBIT "B-1"

## FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASES)	BASIC ROYALTY OWNERSHIP AND PERCENTAGES)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGES)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGES)	WORKING INTEREST OWNER(S) AND PERCENTAGES)
13	T-16-S-R-31-E SEC. 19 LOT 4 SE/4 SW/4 N/2 SE/4 (ETZ FEDERAL 2.3&4)	460 150.42	LC-063927 HBP 12/31/28	United States of America 12.50%	SUMMIT OVERSEAS EXPL. 100.00%	B & H PROPERTIES 0.030000% CARL BRININSTOOL 0.150000% LOGAN ROYAL TIES 1.095000% POGAR PETROLEUM 0.150000% ROCKY MOUNTAIN RES. 0.075000% VICTOR J. SIRGO 1.000000% SELMA E. ANDREWS 0.134000% BRAILLE INSTITUTE 0.115700% MAX W. COLL II 0.046875% JON F. COLL 0.046875% JAMES N. COLL 0.046875% COLUMBINE II LTD PART. 0.312500% CHARLES H. COLL 0.046875%	SQUARE LAKE PARTNERS LLC 100.00%
					MARSHALL & WINSTON 0.250000% TOMMEYE J. ROBINSON 0.093750% JOSEPHINE SMITH TRUST 0.062500% WARD INVESTMENT LTD 0.062500%	ROSE M. COTTINGHAM 0.250000% VERA COX HAEFS 0.031250% HIGGINS TRUST INC 0.250000% JAMES PETR. TRUST U/A 0.125000%	

**FEDERAL LANDS :**

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.

**DESCRIPTION OF LAND  
(LEASE NAME)**

NUMBER OF  
ACRES

**SERIAL NO.**  
**EXPIRATION AND**  
**DATE OF LEASES**

**BASIC ROYALTY  
OWNERSHIP AND  
PERCENTAGE(S)**

**CURRENT OWNER(S)  
OF RECORD TITLE  
AND PERCENTAGE(S)**

**OVERRIDING ROYALTY  
OWNER(S) AND  
PERCENTAGE(S)**

**WORKING INTEREST  
OWNER(S) AND  
PERCENTAGE(S)**

T-16-S R-31-E  
SEC 31 NE/4 SW/4

40

LC-065885  
HBP

United States of America

MARJORIE IVERSON

B &amp; H PROPERTIES

SQUARE LAKE  
PARTNERS LLC

(GRIER FEDERAL A-1)

C. MARIAN WELCH	27.32%
PHOEBE SHELTON	27.32%
MARTIN YATES III	4.51%
HEIRS OF M. YATES	4.51%
S.P. YATES	4.51%
HARVEY E. YATES	4.51%

CARL BRINNSTOOL	0.150000%
LOGAN ROYALTIES	1.095000%
POGAR PETROLEUM	0.150000%
ROCKY MOUNTAIN RES	0.075000%
BERT H MURPHY	0.345600%
HAL C. PORTER	0.172800%

SEGFRIED J IVERSON JR	S P YATES	1.388900%
1.388900%	1.000000%	
ROGER D LAPHAM JR	MAE CHANG PLASCH	
0.777000%	0.086400%	
LLOYD MCGHEE .1728%	PEGGY YATES	
PATSY ANN IVERSON	ESTATE 5%	
PAGE 1.3889%	SHARBRO OIL LTD CO.	
Phoebe Shelton 4.1667%	0.500000%	
FLOREA WHITTINGTON	ROBERT N AVERY	
0.172800%	MARITAL TRUST .6913%	
CHRISTIAN DEGUIGNE	CHARLES DEGUIGNE	
0.259200%	0.259200%	
COLBY REV LIVING	DONALD FALCONER	
TRUST 1.875%	0.172800%	
		1.388900%
		SUJ JR 1990 TRUST
		1.388900%
		PIP TRUST WENDELL W
		IVERSON
		1.388900%
		HARVEY E. YATES
		1.000000%
		JOHN ASHBY YATES
		0.500000%
		LYNNE WILLDMAN
		Notbold .0864%
		Tonya W. Mallard
		0.086400%

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
15	T-16-S-R-31-E SEC. 20 N/2 SE/4 SEC. 30 W/2 SE/4 SEC. 31 LOT 1 LOT 2 E/2 NW/4 NE/4 W/2 SE/4  (GRIER FED 53-11, 12, 19)	.560 541.73	LC-068064 HBP 12/31/38	United States of America 12.50%	SUMMIT OVERSEAS EXPL. 100.00%	B & H PROPERTIES 0.03000% CARL BRININSTOOL 0.15000% LOGAN ROYALTIES 1.08500% POGAR PETROLEUM 0.15000% ROCKY MOUNTAIN RES 0.07500% VICTOR J SIRGO 1.00000% SUMMIT OVERSEAS EXPLORATION 5.00000% COLBY REVOCABLE LIVING TRUST 1.87500%	SQUARE LAKE PARTNERS LLC 100.00%

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
16	T-16-S-1-R-31-E SEC. 29 : S/2 N/2 NE/4 SE/4 SW/4 SE/4	240	NM-75501 HBP 12/31/38	United States of America 12.50%	XERIC OIL & GAS INC.	B & H PROPERTIES 0.0300% CARL BRININSTOOL 0.1500% LOGAN ROYALTIES LTD 1.0850% POGAR PETR LTD 0.1500% ROCKY MOUNTAIN RES 0.0750% WILLIAM J. & MARGRET COLBY 1.8750% VICTOR J SIRGO 1.0000%	SQUARE LAKE PARTNERS LLC 100.00%

BRUNING FEDERAL (1-6)

# EXHIBIT "B-1"

## FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
17	T-16-S, R-30-E SEC. 25 SE/4	160	LC-029424 11/1/40 HBP	United States of America 12.50%	BRIGHT & COMPANY 100%	George H Etz Trust 0.25% Etz Southern Trust 0.29% Wiser Oil Comp. 0.25% Etz Oil Prop LTD 0.54% Wilma Joan A Sindorf 0.25% Tierra Oil Comp 0.42% Virginia Berry 0.47% Harry Legendre 1.04% Carmen M Phillips 0.94% Charles D Snyder 0.31% Teresa Johnson Trust 0.63% D.L. Hayes Estate 0.94% Guy B Dyer Jr. 0.31% Walter B Snyder 0.31% Brian Schneider 1.04% Ghulam Ahmad 1.88% Fasken Foundation 1.41%	CHASE OIL CORP 100.00%
	Walnut Federal						
					Midland College 0.28% MPH Endowment 0.19% Betty Morgan 0.15% Mary Ballard 0.15% V/B Berry Marital Trust 0.47% Legal Suspense 1.10%		

**EXHIBIT "B-1"**

**FEDERAL LANDS:**

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North Square Lake Unit  
Eddy County, New Mexico

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18	T-16-S, R-31-E SEC. 27 : W/2 SW/4	80	LC-060476 3/1/45 HBP	United States of America 12.50%	PAUL SLATTON 100%	Chase Oil Corp. 12.50%	Webb Oil Company 100.00%
VALENTINE FEDERAL							

**FEDERAL LANDS :**

**Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico**

<u>TRACT NO.</u>	<u>DESCRIPTION OF LAND (LEASE NAME)</u>	<u>NUMBER OF ACRES</u>	<u>SERIAL NO. EXPIRATION AND DATE OF LEASE(S)</u>	<u>BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)</u>	<u>CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)</u>	<u>OVERRIDE ROYALTY OWNER(S) AND PERCENTAGE(S)</u>	<u>WORKING INTEREST OWNER(S) AND PERCENTAGE(S)</u>
18A	I-16-S, R-31-E SEC 27 NE/4 SW/4	40	LC-060476 3/1/45 HBP	United States of America  12.50%	PAUL SLAYTON 100%	PAUL SLAYTON  Chase Oil Co 6.25%	Webb Oil Company  100.00%
TRUST K-27							



**EXHIBIT "B-1"**

**FEDERAL LANDS :**

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North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
19	<u>T-16-S, R-31-E</u> SEC. 27 SE/4 SE/4	40	NM-90266 10/1/56 HBP	United States of America  12.50%	PAUL SLAYTON 100%	PAUL SLAYTON 12.50%	Glen Plemmons 100.00%

CHASE-FEATHERSTONE

**FEDERAL LANDS :**

TRACT NO.

NUMBER OF  
ACRES

**SERIAL NO.**  
**EXPIRATION AND**  
**DATE OF LEASE(S)**

**BASIC ROYALTY  
OWNERSHIP AND  
PERCENTAGE(S)**

**CURRENT OWNER(S)  
OF RECORD TITLE  
AND PERCENTAGE(S)**

**OVERRIDING RO  
OWNER(S) AND  
PERCENTAGE(S)**

**WORKING INTEREST  
OWNER(S) AND  
PERCENTAGE(S)**

19A

T-16-S, R-31-E  
SEC. 27: S

40

NM-90266  
10/1/51  
HBP

United States of America  
12.50%

PAUL SLAYTON 100 %

PAUL SLAYTON

KENNEDY OIL COMP 100.00%  
5.00%

TRUST-FED

EXHIBIT "B-1"

FEDERAL LANDS :

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North Square Lake Unit  
Eddy County, New Mexico

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20	<u>T-16-S-R-31-E</u>						
	SEC 30 LOT 1	442.48	NM-07781	United States of America	MARBOB ENERGY CORP.	B & H PROPERTIES	SQUARE LAKE
	LOT 2		HBP			0.01000%	PARTNERS, LLC
	LOT 3		6/1/52	12.50%	100.00%	CARL BRININSTOOL	33.34%
	LOT 4					0.05000%	KM JONES OIL CO
	E/2 W/2					LOGAN ROYAL TIES	33.33%
	<u>T-16-S-R-30-E</u>					0.36500%	STAPLES OIL COMPANY
	SEC 25 NE/4					POGAR PETROLEUM	33.33%
						0.05000%	
	(LOE FEDERAL)					0.02500%	
						ROCKY MOUNTAIN RES.	
						VICTOR J. SIRGO	
						0.33340%	
						WARREN SALLEE	
						1.96875%	
						CALVIN E. STAPLES	
						1.00000%	

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
21	I-16-S-R-31-E SEC 31 LOT 4 SE1/4 SW1/4 (H.J. LOE FEDERAL 1-5)	-88 71,08	NM-081277 HBP 6/1/52	United States of America 12.50%	LOUIS DREYFUS NATURAL GAS CORP. 100.00%	B & H PROPERTIES 0.0300% CARL BRININSTOOL 0.1500% LOGAN ROYALTIES 1.0850% POGAR PETROLEUM 0.1500% ROCKY MOUNTAIN RES. 0.0750% VICTOR J. SIRGO 1.0000%	SQUARE LAKE PARTNERS LLC 100.00%

**FEDERAL LANDS :**

**Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico**

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
22	I-16-S, R-31-E SEC. 27 NW/4 SE/4	40	NM-04361 8/1/52 HBP	United States of America  12.50%	PAUL SLAYTON 100%	NONE	Chase Oil Corp.  100.00%

FEDERAL 27-J

**FEDERAL LANDS :**

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)

**SERIAL NO.**  
**EXPIRATION AND**  
**DATE OF LEASES**

**BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)**

**CURRENT OWNER(S)  
OF RECORD TITLE  
AND PERCENTAGE(S)**

**OVERRIDING RO  
OWNER(S) AND  
PERCENTAGE(S)**

**WORKING INTEREST  
OWNER(S) AND  
PERCENTAGE(S)**

22A

T-16-S; R-31-E

SEC. 27:

SW1/4 NE1/4  
W1/2 NW1/4
$$\begin{array}{r} 40 \\ \underline{80} \\ 120 \end{array}$$

NM-04361  
8/1/52  
HBP

United States of America  
12.50%

PAUL SLAYTON 100%

PAUL SLAYTON

CHASE OIL CORP  
5.00% 100.00%

FEDERAL

**FEDERAL LANDS :**

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North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
22B	<u>T-16-S, R-31-E</u> SEC. 27 SW/4 SE/4	40	NM-04361 8/1/52 HBP	United States of America  12.50%	PAUL SLAYTON 100%	PAUL SLAYTON  5.00%	Webb Oil Company 75.00% Bert Jones Estate 25.00%
	RILEY						

EXHIBIT "B-1"

FEDERAL LANDS :

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North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
23	<del>T-16-S-1-R-31-E</del> SEC. 19 : NE/4 SW/4	40	NM-016803 2/1/55	United States of America 12.50%	OXY USA, INC. 100%	Peggy Runyan 2.718750%	Webb Oil Company 100.00%
	CARPER FEDERAL					Vicky Moser 2.718750%	
						OXY USA 6.250000%	
						Loneta s Curtis 0.406250%	
						Ralph Nix 0.406250%	
						Chase Oil 1.000000%	



EXHIBIT "B-1"

FEDERAL LANDS :

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North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
23A	T-16-S, R-31-E SEC. 19, NW/4 SW/4 (LOT 3)	40 <sup>00</sup> 30, 33	NM-016803 2/1/55 HBP	United States of America 12.50%	OXY USA, INC.	Peggy Runyan 2.718750% Vicky Moser 2.708750% OXY USA 6.250000% Loneta Curtis 0.406250% Ralph Nix 0.406250% Chase Oil 1.000000%	Webb Oil Company 100.00%
	CARPER FEDERAL						

EXHIBIT "B-1"

FEDERAL LANDS :

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North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
24	T-16-S-R-31-E SEC. 29 NW/4 SE/4 SE/4 SE/4 (CARPER G 1-4 )	80	NM-71796 HBP 2/1/55	United States of America 12.50%	SQUARE LAKE PARTNERS LLC 100.00%	B & H PROPERTIES 0.0300% CARL BRININSTOOL 0.1500% LOGAN ROYALTIES 1.0950% POGAR PETROLEUM 0.1500% ROCKY MOUNTAIN RES 0.0750% VICTOR J. SIRGO 1.0000%	SQUARE LAKE PARTNERS LLC 100.00%

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
25	<del>T-16-S-R-31-E</del> SEC. 20 : S/2 SE/4 SEC. 31 : NE/4 SE/4	80 <u>40</u> 120	leased on Jan. 20, 1999	United States of America 12.50%	Chase Oil Corp 100%	none	Chase Oil Corp 100.00%

BAXTER A

**EXHIBIT "B-1"**

**FEDERAL LANDS:**

**Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico**

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
26	T-16-S, R-31-E SEC. 27, SE1/4 SW1/4	40	NM-0149853 4/1/61 HBP	United States of America  12.50%	GEORGE CHASE 100%	Charles W. Hicks 5.00%	Webb Oil Company 100.00%
	JEFFERS					Chase Oil Corp. 4.921875%	

EXHIBIT "B-1"

FEDERAL LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
27	T-16-S-R-31-E SEC. 31 LOT 3 (GRIER FEDERAL B-2)	33.48 30.19	NM-54428 HBP 1/1/83	United States of America 12.50%	ROBERT E. BOLING 100.00%	B & H PROPERTIES 0.0300% CARL BRINNISTOOL 0.1500% LOGAN ROYALTIES 1.0950% POGAR PETROLEUM 0.1500% ROCKY MOUNTAIN RES. 0.0750% VICTOR J. SIRGO 1.0000% ROBERT E. BOLING 6.2500% RAY & KAREN WESTALL 6.2500%	SQUARE LAKE PARTNERS LLC 100.00%

## EXHIBIT "B-1"

STATE LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
28	T-16-S-R-30-E SEC 36 NW/4  (CONTINENTAL STATE)	160	B-2884 HBP 5/10/34	STATE OF NEW MEXICO  12.50%	CONOCO INC  100.00%	B & H PROPERTIES 0.03000% CARL BRINNSTOOL 0.15000% LOGAN ROYALTIES 1.09500% POGAR PETROLEUM 0.15000% ROCKY MOUNTAIN RES 0.07500% CONOCO INC 5.46875% ENTERLOC RESOURCES INC 20.50781%	SQUARE LAK PARTNERS L.L. 100.00%

## EXHIBIT "B-1"

STATE LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNERS) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
29	T-16-S-R-30E SEC. 36 N/2 NE/4 (NM STATE "H" (2.3))	80	B-2894-3467 HBP 5/10/34	STATE OF NEW MEXICO 12.50%	100.00% <i>W S Welch</i> ANBARRO PETR. CORP.	B & H PROPERTIES 0.030000% CARL BRINNSTOOL 0.150000% LOGAN ROYAL TIES 1.095000% POGAR PETROLEUM 0.150000% ROCKY MOUNTAIN RES. 0.075000% BERT H MURPHY 0.375000% HAL C. PORTER 0.187500% WINDELL IVERSON 1.041700% WV 11990 TRUST 1.882700% SJI JR 1990 TRUST 1.882700% PIP W. IVERSON TRUST 1.882700% L. WILDMAN NEWBOLD 0.083200% T. WILDMAN MAILLARD 0.093800% MAE CHANG PLASCH 0.083700% R.N. AVERY MARITAL TRUST .75% CHARLES DEGUIGNE 0.281300% DONALD FALCONER 0.187500%	SQUARE LAKE PARTNERS LLC 100.00%
						CHRISTIAN DEGUIGNE 0.281200%	
						FLOREA WHITTINGTON 0.578100%	

**EXHIBIT "B-1"**

**FEDERAL LANDS :**

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
29A	T16S, R30E SEC 36 SW1/4 NE1/4	40	B-2884 5/10/34	STATE OF NEW MEXICO SERVICE	Cities Service Oil and Gas Corp 50% Coil Brothers 50%		HERMAN LEDBETTER 100%
	WITCH						



## EXHIBIT "B-1"

## STATE LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
30	T-16-S-R-30-E SEC 36 SE/4 NE/4 (NM STATE J (1))	40 <i>Tract 30 1656.1</i>	B-8589 HBP 3/11/40	STATE OF NEW MEXICO 12.50%	ELK OIL COMPANY 100.00%	B & H PROPERTIES 0.02625% CARL BRININSTOOL 0.13000% LOGAN ROYAL TIES 0.96000% POGAR PETROLEUM 0.13000% ROCKY MOUNTAIN RES 0.06663% MAX W COLL 2.00000% Jon F Coll 2.00000% JAMES N COLL 2.00000% CHARLES H COLL 2.00000%	SQUARE LAKE PARTNERS, LLC 87.50% MAX W COLL 3.13% JON F COLL 3.13% JAMES N COLL 3.13% CHARLES H COLL 3.13%

## EXHIBIT "B-1"

STATE LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
31	T-16-S-R-31-E SEC. 32 NE/4 SE/4 SW/4 SE/4 (TIDEWATER STATE)	80 <i>0.5</i>	E-7638 - 3 HBP 12/15/53	STATE OF NEW MEXICO 12.50%	<i>Anna Barker</i> TEXACO EXPL. & PROD. INC. 100.00%	B & H PROPERTIES 0.022754% CARL BRININSTOOL 0.113775% LOGAN ROYAL TIES 0.830000% POGAR PETROLEUM 0.113770% ROCKY MOUNTAIN RES 0.056855% VICTOR J. SIRGO 0.758469% SQUARE LAKE PARTNERS LLC 75.85% BORLAND INC 0.24% C. Y. PRODUCTION LLC 0.61% GBN INC 0.24% R. MACE HOLMAN JR 0.61% JL SMITH CO. INC. 0.81% LATHROP DIAMOND BIT 1.88% RACHEL LYMAN 0.94% CV TEST TRUST 0.94% PRIDE ENERGY CO. 12.50% RBP LAND COMPANY 1.88% SE COM & EQUIP. CO. 1.63% W. WATSON INC 1.88%

## EXHIBIT "B-1"

STATE LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
32	T-16-S-R-31-E SEC 32 SE/4 SE/4 NW/4 SE/4 (WESTERN DEV. A STATE (1.2))	80 <i>100 ± Acres</i> <i>CS1</i>	OG-1306 HBP 9/17/57	STATE OF NEW MEXICO 12.50%	<i>Bogert Oil Co.</i> LOUIS DREYFUS NAT. OGS CORP 100.000%	B & H PROPERTIES 0.028875% CARL BRINNSTOOL 0.144375% LOGAN ROYAL TIES 1.053900% POGAR PETROLEUM 0.144375% ROCKY MOUNTAIN RES 0.072180% MARATHON OIL COMP 6.250000% JACK HALBERT 0.500000% LOUIS DREYFUS NAT 6.250000% GIEBEL PETR. LTD 1.000000% KIMBERLY K. COMBS 0.750000% FLORENCE M MAJOR 0.500000% P C CHERRY Stewart 0.750000% JAMES T WOOD 1.500000%	SQUARE LAKE PARTNERS LLC 96.25% LATHROP DIAMOND STATE 3.75%

# EXHIBIT "B-1"

STATE LANDS :

Attached to Unit Agreement  
North Square Lake Unit  
Eddy County, New Mexico

TRACT NO.	DESCRIPTION OF LAND (LEASE NAME)	NUMBER OF ACRES	SERIAL NO. EXPIRATION AND DATE OF LEASE(S)	BASIC ROYALTY OWNERSHIP AND PERCENTAGE(S)	CURRENT OWNER(S) OF RECORD TITLE AND PERCENTAGE(S)	OVERRIDING ROYALTY OWNER(S) AND PERCENTAGE(S)	WORKING INTEREST OWNER(S) AND PERCENTAGE(S)
33	T-16-S-R-31-E SEC. 32 N/2 SW/4 (ZEPHYR ZQ STATE)	480  CS	LG-3324 HBP 1/1/76	STATE OF NEW MEXICO 12.50%	YATES PETR. CORP. 100.00%	B & H PROPERTIES 0.0360% CARL BRININSTOOL 0.1500% LOGAN ROYALTIES 1.0950% POGAR PETROLEUM 0.1500% ROCKY MOUNTAIN RES. 0.0750% VICTOR J SIRGO 1.0000%	SQUARE LAKE PARTNERS LLC 100.00%



# United States Department of the Interior

## BUREAU OF LAND MANAGEMENT

Roswell Field Office  
2909 West Second Street  
Roswell, New Mexico 88202

JAN - 5 2000

IN REPLY REFER TO:  
NMNM101360X  
3180 (06200)

GP II Energy, Inc.  
Attn: M.. A. Sirgo, III  
P.O. Box 50682  
Midland, Texas 79710

Gentleman:

One approved copy of the North Square Lake Unit Agreement, Eddy County, New Mexico, is enclosed. The agreement has been assigned No, NMNM-101360X along with your Initial Plan of Operation. Our approval is subject to like approval by the Commissioner of Public Lands and the statutory unitization by the New Mexico Oil conservation Division.

Pursuant to Section 24, Effective Date and Term, please furnish this office a copy of the certificate that is required to be filed with the County Clerk notifying us of the effective date of the unit.

Approval of the agreement does not warrant or certify that the operator thereof, and other working interest owners hold legal of equitable title to the leases which are committed hereto.

It has been noted that the Lessees of Record were not invited to join. In any Federal unit it is required that all parties of interest be given the opportunity to ratify and join the agreement. Therefore you are requested to invite the lessees of record to ratify and join the agreement and furnish this office proof and a copy of the joiners that you do receive. You are also requested to submit amended pages to Exhibit "B" that are marked in red.

You are requested to furnish all interested principals with appropriate evidence of this approval.

Sincerely,

/S/LARRY D. BRAY

Larry D. Bray  
Assistant Field Office Manager,  
Lands and Minerals Division

Enclosure

cc:

Commissioner of Public Lands, Santa Fe  
MMS, Denver (3110)  
NMOCD, Santa Fe  
New Mexico Taxation & Revenue Dept.  
Revenue Processing Division  
Attn: Mureen Pasquier  
P.O. Box 2308  
Santa Fe, NM 87504  
NM (93210)  
NM (6200, ML Ormseth)  
NM (8000, CFO)

### CERTIFICATION-DETERMINATION

Pursuant to the authority vested in the Secretary of the Interior, the Act approved February 25, 1920, 41 Stat. 437, as amended, 30 U.S.C., sed.181, et seq., and delegated to the Authorized Officer of the Bureau of Land Management, under the authority of 43 CFR 3183, I do hereby:

- A. Approve the attached agreement for the development and operation of the North Square Lake unit area, State of New Mexico.
- B. Certify and determine that the unit plan of development and operation contemplated in the attached agreement is necessary and advisable in the public interest for the purpose of more properly conserving the natural resources.
- C. Certify and determine that the drilling, producing, rental, minimum royalty, and royalty requirements of all Federal leases committed to said agreement are hereby established, altered, changed, or revoked to conform with the terms and conditions of this agreement.

Dated: December 21, 1999

/S/LARRY D. BRAY

---

Authorized Officer  
Bureau of Land Management

Contract No: NMNM101360X

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Santa Fe, New Mexico

Case Nos. 12112 and 12113 Exhibit No. 8

Submitted by: GP II Energy, Inc.

Hearing Date: February 4, 1999



BEFORE THE  
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

APPLICATION OF GP II ENERGY, INC.  
FOR APPROVAL OF A WATERFLOOD PROJECT,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 12112

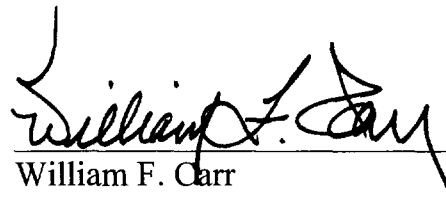
APPLICATION OF GP II ENERGY, INC.  
FOR STATUTORY UNITIZATION,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 12113

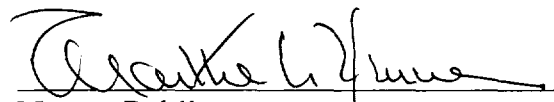
AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of GP II Energy, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 3rd day of February, 1999.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

August 19, 1999

**EXHIBIT A**

Square Lake Partners, LLC  
Post Office Box 50682  
Midland, TX 79710

R. Mace Holman, Jr.  
Post Office Box 1414  
Dothan, AL 36302

K. M. Jones Oil Co.  
5121 McKinney Ave.  
Dallas, TX 75205

J. L. Smith Co., Inc.  
4204 S. Park Ave.  
Dothan, AL 36301

Staples Oil Co.  
5121 McKinney Ave.  
Dallas, TX 75205

Lathrop Diamond Bit  
5080 Spectrum Dr., LB 51  
Dallas, TX 75248-4621

Max W. Coll, II  
Rt. 9, Box 72F  
Santa Fe, NM 87505

Rachel Lyman  
Post Office Box 3726  
Midland, TX 79702

Jon F. Coll  
Post Office Box 1818  
Roswell, NM 88202

C.V. Lyman Testamentary Trust  
Post Office Box 3726  
Midland, TX 79702

Charles H. Coll  
Post Office Box 1818  
Roswell, NM 88202

Pride Energy Co.  
Post Office Box 701602  
Tulsa, OK 74170

Borland, Inc.  
#9 Westwood  
Dothan, AL 36303

RBP Land Company  
Post Office Box 10392  
Midland, TX 79702

C. Y. Production, LLC  
Post Office Box 563  
Boerne, TX 78006

SE Com & Equip. Co.  
Post Office Box 1646  
Dothan, AL 36302

GBN, Inc.  
2503 Elmwood Circle North  
Wichita Falls, TX 76308

W. Watson, Inc.  
Post Office Box 2253  
Midland, TX 79702

Chase Oil Corp.  
Post Office Box 1767  
Artesia, NM 88211

Marbob Energy Corp.  
Post Office Drawer 217  
Artesia, NM 88210

Bulldog Energy Corp.  
Post Office Box 668  
Artesia, NM 88211

David C. Collier  
3400 West 8th Street  
Roswell, NM 88201

Robert S. Gleason  
Post Office Box 798  
Artesia, NM 88211

BHW, LLC.  
101 South 4th Street  
Artesia, NM 88210

B & H Properties  
2410 Auburn Place  
Midland, TX 79705

Logan Royalties, Ltd.  
Post Office Box 804  
Midland, TX 79702

Rocky Mountain Resources  
Post Office Box 7405  
Midland, TX 79708

Victor J. Sirgo  
3300 North "A" Street  
Bldg. 2, Suite 104  
Midland, TX 79705

Selma E. Andrews #518801  
c/o NationsBank Trust  
Post Office Box 840738  
Dallas, TX 75284

James N. Coll  
Post Office Box 1818  
Roswell, NM 88202

Columbine II Ltd. Partnership  
Post Office Box 22066  
Denver, CO 80222

Vera Cox Haefs  
9909 Glenrio Lane  
Dallas, TX 75220

James Petroleum Trust  
Post Office Box 4648  
Tulsa, OK 74159

Tommye June Robinson  
5809 Wedgeworth Rd.  
Fort Worth, TX 76133

Ward Investment, Ltd.  
101 South 4th Street  
Artesia, NM 88210

Carl Brininstool  
201 Blackberry  
Midland, TX 79707

Pogar Petroleum, Ltd.  
Post Office Box 10095  
Midland, TX 79702

William J. and Margaret Colby  
901 W. 6th Street  
Silver City, NM 88061

OXY USA, Inc.  
Post Office Box 841735  
Dallas, TX 75284-1735

Braille Institute of America  
Oil & Gas Trust NCNB  
Post Office Box 840738  
Dallas, TX 75284

Max W. Coll  
Post Office Box 1818  
Roswell, NM 88202

Rose M. Cottingham  
1119 Montedito  
San Angelo, TX 76901

Higgins Trust, Inc.  
Post Office Box 2421  
Gainesville, GA 30505

Marshall & Winston, Inc.  
Post Office Box 50880  
Midland, TX 79710

Josephine Smith Trust  
Wells Fargo Bank  
Post Office Box 5825  
Denver, CO 80217

Gertrude McDorman, Trustee  
511 Centre Avenue  
Artesia, NM 88210

Robert E. Boling  
305 South 5th Street  
Artesia, NM 88210

Therylene K. Helm  
4401 Edmonson  
Dallas, TX 75205

Mrs. T. B. Knox  
300 Crescent Court, Suite 1620  
Dallas, TX 75021

Bert H. Murphy  
Post Office Drawer 2164  
Roswell, NM 88201

Lillie Mabel Bates  
Post Office Box 840  
Artesia, NM 88211-0840

Wendell W. Iverson 1990 Trust  
Post Office Box 10508  
Midland, TX 79702

PIP Trust  
Post Office Box 10508  
Midland, TX 79702

John Ashby Yates  
105 South 4th Street  
Artesia, NM 88210

Tonya W. Malliard  
135 Van Winkle Drive  
San Anselmo, CA 94960

Mae Chang Plasch  
3883 Turtle Creek Blvd., #1004  
Dallas, TX 75219-4429

Sharbro Oil Ltd., Co.  
Post Office Box 840  
Artesia, NM 88211-0840

Charles Deguigne  
1001 Chelsea Way  
Redwood City, CA 94061-3665

Siegfried J. Iverson, Jr.  
2518 Sinclair  
Midland, TX 79705-8422

Ray and Karen Westall  
Post Office Box 4  
Loco Hills, NM 88255-0004

Jack D. Knox  
300 Crescent Court, Suite 1620  
Dallas, TX 75021

Texacal Oil & Gas, Inc.  
4299 McCarthur Blvd., Suite 207  
Newport Beach, CA 92660

Hal C. Porter  
Post Office Box 17004  
Fountain Hills, AZ 85269-7004

Wendell W. Iverson  
Post Office Box 1343  
Midland, TX 79702

SJI, Jr. 1990 Trust  
Post Office Box 10508  
Midland, TX 79702

Harvey E. Yates  
Post Office Box 1933  
Roswell, NM 88208-1933

Lynne Wildman Chapman  
1324 Old Gulph Rd.  
Villanova, PA 19085

S. P. Yates  
207 Fourth Street  
Artesia, NM 88210-2193

John & Peggy Yates Estate  
105 South 4th Street  
Artesia, NM 88210

Robert N. Avery Martial Trust  
74133 El Paseo, Suite E  
Palm Desert, CA 92260-4123

Roger D. Lapham, Jr.  
Post Office Box 721  
Pebble Beach, CA 93953-0721

Lloyd McGhee  
Post Office Box 16399  
Fort Worth, Tx 76162-0399

Phoebe Shelton  
Post Office Box 430  
Amarillo, TX 79105-0430

Christian DeGuigue  
Post Office Box 1739  
San Mateo, CA 94401-0920

Summit Overseas Exploration  
Irongate 3, Suite 201  
7775 Wadsworth Blvd.  
Lakewood, CO 80226

Jacqueline Dickerson  
3901 Innwood Road  
Fort Worth, TX 76109

Vicky Moser  
Post Office Box 67  
Stephenville, TX 76401

Bernard D. Alpern  
400 Jericho Tpke #205  
Jericho, NY 11753

C. Beal Family Trust for  
Barry Beal  
104 South Pecos  
Midland, TX 79701

Harvey M. Black Trust  
Post Office Box 22900  
Rochester, NY 14692

Cerri Family Trust  
9561 Borba Circle  
Huntington Beach, CA 92646

Patsy Ann Iverson Page  
1155 Maurlands Vista Way  
La Jolla, CA 92037-6210

Flora Whittington  
7709 E. Glenroso Ave., Apt. 202  
Scottsdale, AZ 85251-4047

Colby Revocable Living Trust  
901 West 6th Street  
Silver City, NM 88061-4505

Frank Darden  
1619 Pennsylvania Ave.  
Fort Worth, TX 76104

Carole Gauntt  
Post Office Box 7275  
Carmel, CA 93921

Peggy Runyan  
Post Office Box 869  
Kapaa, HI 96746

C. Beal Family Trust for  
Carlton Beal, Jr.  
104 South Pecos  
Midland, TX 79701

C. Beal Family Trust for  
Spencer Beal  
104 South Pecos  
Midland, TX 79701

C. Beal Family Trust for  
Karleen Geuber  
104 South Pecos  
Midland, TX 79701

Carol Brookman Acct: 637602  
Post Office Box 840738  
Dallas, TX 75284

D. Flugstad  
#1112000 NationsBank  
Post Office Box 840738  
Dallas, TX 75284

M. B. Foreman  
Bank NA f/b/o M.B. Foreman  
One Lincoln Square  
Rochester, NY 14643

Robert L. Halverson  
Post Office Box 3713  
Midland, TX 79702

Thomas F. Lugaric  
14 Lerape Trail  
Cedar Grove, NJ 70009

Stephen McNall  
NationsBank #1112001  
Post Office Box 840738  
Dallas, TX 75284

Florence Joyce Miller  
109 Caversham Woods  
Pottsford, NY 14534

Elizabeth Wolff Murov  
Cedar Swamp Road  
Old Brookville, NY 11545

Zachary Murov  
999 Brush Hollow Road  
Westbury, NY 11590

Ellen Palma Trust  
Chase Lincoln First Bank  
Post Office Box 1412  
Rochester, NY 14643

Nadine Parr  
1217 Georgina Avenue  
Santa Monica, CA 90402

Morris Radman  
999 Brush Hollow Road  
Westbury, NY 11590

Patricia Ann Wolff Schaen  
11 E. 86th Street, #2-A  
New York, NY 10028

Melba V. Trobaugh  
4305 N. Garfield, Suite 233  
Midland, TX 79705

Gerald N. Frank Estate  
Morgan Guaranty Trust  
New York, NY 10019

William Horton  
NationsBank #637603  
Post Office Box 840738  
Dallas, TX 75284

Samuel Luks  
648 Broadway, Suite 505  
New York, NY 10012-2314

William H. McNall  
NationsBank #:1112001  
Post Office Box 840738  
Dallas, TX 75284

Erica Murov  
999 Brush Hollow Road  
Westbury, NY 11590

Robert W. Page  
74874 Via Royale  
Palm Desert, CA 92260

Ellen Palma  
1471 Long Pond Road, Apt. 142  
Rochester, NY 14626

Bernice L. Rosenthal, Trustee  
2195 East Avenue  
Rochester, NY 14610

Morris & Babette Goldman Radman  
999 Brush Hollow Road  
Westbury, NY 11590

Judith Franklin Smith  
401 El Cielito Road  
Santa Barbara, CA 93105

Harvey H. Wachtel  
24 Clover Lane  
Roslyn Heights, NY 11577

Carole Winter Estate  
c/o William Crandall  
161 East 72nd St.  
New York, NY 10021

Yates Employees 87 Ltd.  
105 South 4th Street  
Artesia, NM 88210

Calvin E. Staples  
5121 McKinney Avenue  
Dallas, TX 75205-3321

John Boyle Trust  
NationsBank #1071005  
Post Office Box 840738  
Dallas, TX 75283

Dorothy Foster Rev. Trust  
First National Bank of Artesia  
Post Office Box AA  
Artesia, NM 88211-7526

Ruth W. Taylor  
NationsBank #1071003  
Post Office Box 840738  
Dallas, TX 75283

Leland Price, Inc.  
2701 Clayton  
Artesia, NM 88210

Enterloc Resources, Inc.  
Post Office Box 1375  
Roswell, NM 88202-1375

Jack Halbert  
Post Office Box 6990  
Tyler, TX 75711

Giebel Petroleum Ltd.  
130 Spring Park, Suite 100  
Midland, TX 79705

Florence M. Major  
279 W. Strickland Drive  
Del Rio, TX 78840-5729

Nancy Winter  
c/o Elsa Riess  
15 West 72nd Street, #3N  
New York, NY 10023



Warren Sallee  
107 Rocket  
Austin, TX 78734-3814

E. T. Boyle Trust  
NationsBank #1071004  
Post Office Box 840738  
Dallas, TX 75283

James T. Wood  
1917 Rosewood Lane  
Huntsville, TX 77340-4938

W. R. Phillips  
1120 Ridgecrest  
Gallup, NM 87301

R. L. Taylor, Jr.  
NationsBank #1071001  
Post Office Box 840738  
Dallas, TX 75283

Conoco, Inc.  
Post Office Box 951063  
Dallas, TX 75395

Marathon Oil Company  
Post Office Box 890882  
Dallas, TX 75389-0882

Louis Dreyfus Natural Gas  
Post Office Box 960116  
Oklahoma City, OK 73196-0116

Kimberly Kay Combs  
Rt. 3, Box 140  
Nonona, TX 76255

Patricia Cherry Stewart  
Post Office Box 578  
Nonona, TX 76225-0578

George A. Chase  
1908 Briscoe Ave.  
Artesia, NM 88210

Titan Resources  
500 W. Texas Ave.  
Midland, TX 79701

Amoco  
200 N. Loraine St.  
Midland, TX 79701

OXY USA  
Post Office Box 50250  
Midland, TX 79710

BTA  
104 South Pecos  
Midland, TX 79701

Paul Slayton  
Post Office Box 1936  
Roswell, NM 88202

Ray Westall  
Post Office Box 4  
Loco Hills, NM 88255-0004

Fred Allison  
201 W. Wall Avenue  
Midland, TX 79701

Shell Oil Co.  
200 N. Loraine Street  
Midland, TX 79701

Merit Energy  
12222 Merit Drive, Suite 1500  
Dallas, TX 75251-3206

Burk Royalty Co.  
1000 Petroleum Building  
Post Office Box BRC  
Wichita Falls, TX 76307-7507

J.C. Thompson  
325 N. Saint Paul, Suite 4500  
Dallas, TX 75201-3828

Exxon  
No. 25 Desta Drive  
Midland, TX 79705

B & W Oil Company  
5944 Luther Ln., Suite 709  
Dallas, TX 75225-5919

Ryder Scott Management  
1100 Louisiana, Suite 3800  
Houston, TX 77002

Windfohr Oil Co.  
Post Office Box 188  
Loco Hills, NM 88255-0188

Burnett Oil Co., Inc.  
801 Cherry Street, Suite 1500  
Interfirst Tower  
Fort Worth, TX 76102-6815

Armer Oil Co.  
159 N. Riverside Dr.  
Fort Worth, TX 76111-3911

Lobo Resources  
2000 S. Dairy Ashford, Suite 410  
Houston, TX 77077-5727

J & G Enterprises Ltd. Co.  
Post Office Box 100  
Artesia, NM 88211-0100

Devon Energy Corp.  
20 N. Broadway, Suite 1500  
Oklahoma City, OK 73102-8260

Cima Capitan Cima Energy  
1111 Fannin, Suite 1490  
Houston, TX 77002

Yates Petroleum Corp.  
105 South 4th Street  
Artesia, NM 88210

Mack Energy Corporation  
Post Office Box 960  
Artesia, NM 88211-0960

Rodney Webb  
Post Office Box 1125  
Artesia, NM 88211-1125

Texaco Exploration & Production  
Post Office Box 3109  
Midland, TX 79702

C. Beal Family Trust for  
Kelly Beal  
104 South Pecos  
Midland, TX 79701

Donald B. Anderson  
409 E. College Blvd.  
Roswell, NM 88202

Kennedy Oil Company  
Artesia, NM 88210

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
ANTHONY F. MEDEIROS  
PAUL R. OWEN  
KATHERINE M. MOSS  
—  
JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

December 17, 1998

**CERTIFIED MAIL -**  
**RETURN RECEIPT REQUESTED**

TO ALL OPERATORS AND UNLEASED MINERAL OWNERS IN THE SQUARE LAKE UNIT AREA; ALL UNLEASED OPERATORS WITHIN ONE-HALF MILE OF THE PROPOSED UNIT WATERFLOOD PROJECT AREA AND TO THE OWNERS OF THE SURFACE OF THE LAND ON WHICH INJECTION WELLS WILL BE LOCATED IN THE WATERFLOOD PROJECT AREA

Re: *Applications of GP II Energy, Inc. for Statutory Unitization and Approval of a Waterflood Project, Eddy County, New Mexico*

Gentlemen:

This letter is to advise you that GP II Energy, Inc. has filed an application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing for the purpose of establishing a secondary recovery project, all mineral interests in the Grayburg and San Andres formations, Square lake-Grayburg-San Andres Pool underlying 6120 acres, more or less, of Federal and State lands in portions of Township 16 South, Ranges 30 and 31 East. Said unit is to be designated the Square Lake Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the determination of the horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations. Applicant also requests that any such order issued in this case include a provision for carrying and nonconsenting working interest owner within the unit area upon such terms and conditions to be determined by the Division as just and reasonable. Attached hereto as Exhibit A is a description of the lands to be included in the proposed unit.

December 17, 1998

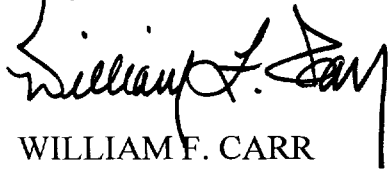
Page 2

GP II Energy, Inc. has also filed an application seeking authority to implement secondary recovery operations in this unit by means of waterflooding, a copy of this application (OCD Form C-108) is enclosed for your information.

These applications have been set for hearing before a Division Examiner on January 7, 1999. You are not required to attend this hearing but, as the owner of an interest that may be affected by these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging these matters at a later date.

Parties appear in cases have been requested by the Division (Memorandum 2-90) to file a Pre-Hearing Statement substantially in the form prescribed by the Division. Pre-Hearing Statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

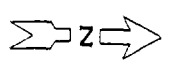
Very truly yours,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is stylized with a large, sweeping initial "W" and a long, horizontal stroke extending to the right.

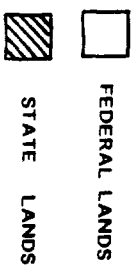
WILLIAM F. CARR  
ATTORNEY FOR GP II ENERGY, INC.

WFC:mlh  
Enclosures

- LEGEND
- Active Oil Well
  - Abandoned Oil Well
  - ▲ Active Injector Well
  - △ Inactive Injector Well
  - ⬢ Abandoned Injector Well
  - ⬢ PROPOSED 20 ACRE DRILL PRODUCER
  - ⬢ PROPOSED NEW 12.1 A. INJECTOR

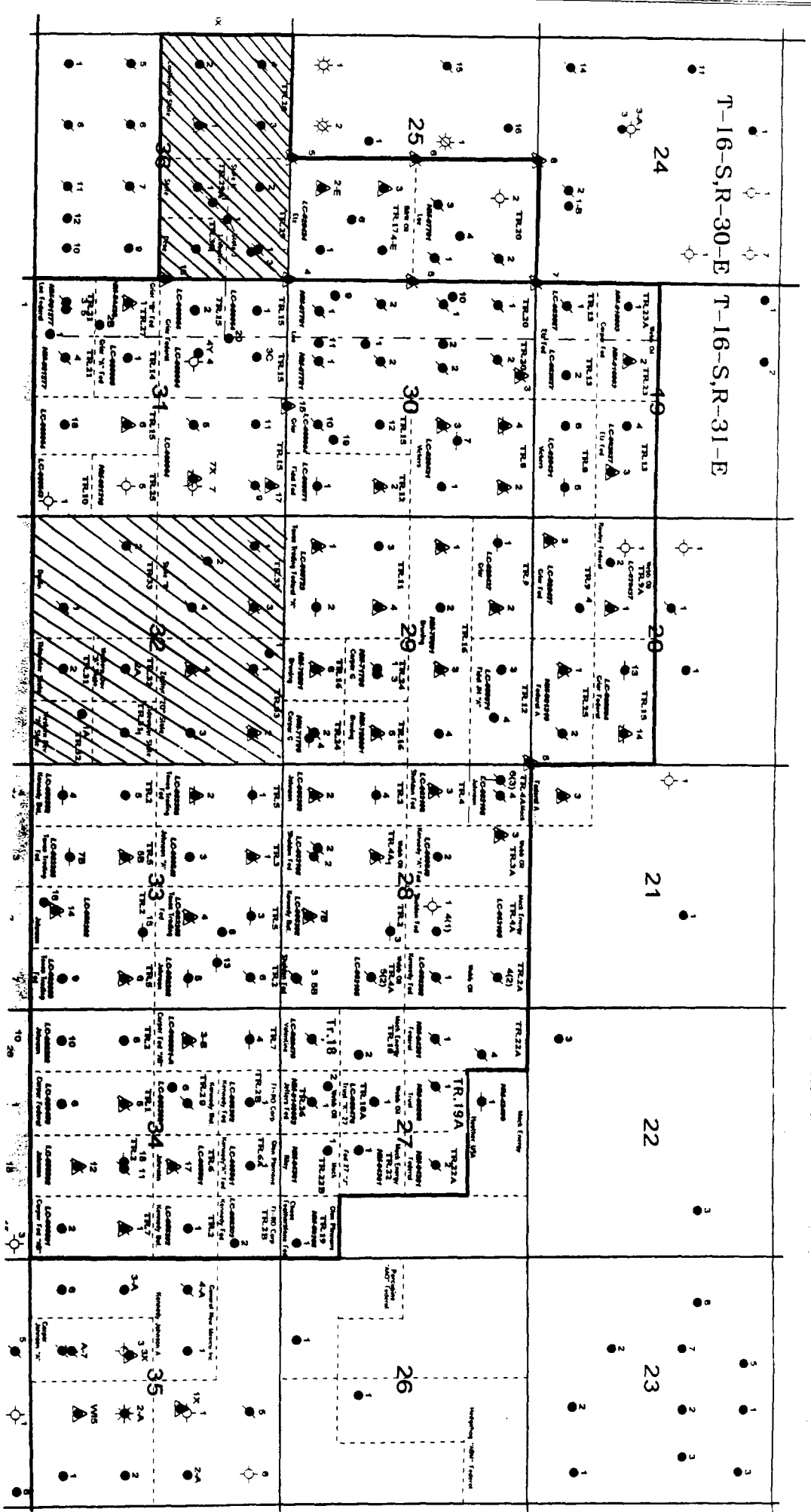


Scale 1:24000.



GP II ENERGY, INC.		
NORTH SQUARE LAKE UNIT		
EDDY COUNTY, NEW MEXICO		
MAINTENANCE	STATE FARM	ILLINOIS

# EXHIBIT A



**APPLICATION FOR AUTHORIZATION TO INJECT**

- I. PURPOSE: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage  
Application qualifies for administrative approval? ☐ Yes ☐ No
- II. OPERATOR: GP II Energy  
ADDRESS: P. O. Box 50682 Midland, Tx. 79710  
CONTACT PARTY: Robert Lee PHONE: (915) - 682 125
- III. WELL DATA: Complete the data required on the reverse side of this form for each well processed for injection.  
Additional sheets may be attached, if necessary.
- IV. Is this an expansion of an existing project: ☒ Yes ☐ No  
If yes, give the Division order number authorizing the project R-2977, R-2920, R-3217 & R-1116
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well within a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted.)
- \*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certifications: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Robert Lee TITLE: Consulting Engineer  
SIGNATURE: Robert Lee DATE: 12/8/98

\* If the information required under Section VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal. \_\_\_\_\_

Z 559 572 086

US Postal Service

**Receipt for Certified Mail**

Square Lake Partners, LLC  
Post Office Box 50682  
Midland, TX 79710

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	1.10
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	DEC 1 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Square Lake Partners, LLC  
Post Office Box 50682  
Midland, TX 79710

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 086

4b. Service type

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

7. Date of Delivery

DEC 23 1998

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

102595-98-B-0229

Domestic Return Receipt

Z 559 572 087

US Postal Service

**Receipt for Certified Mail**

K. M. Jones Oil Co.  
5121 McKinney Ave.  
Dallas, TX 75205

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	1.10
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	DEC 1 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

3. Article Addressed to:

K. M. Jones Oil Co.  
5121 McKinney Ave.  
Dallas, TX 75205

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 087

4b. Service type

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

7. Date of Delivery

122198

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 088

US Postal Service

## Receipt for Certified Mail

Staples Oil Co.  
5121 McKinney Ave.  
Dallas, TX 75205

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.13</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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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:

Staples Oil Co.  
5121 McKinney Ave.  
Dallas, TX 75205

4a. Article Number

Z 559 572 088

4b. Service type

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

7. Date of Delivery

12/19/94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Phyllis Roe

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 089

US Postal Service

## Receipt for Certified Mail

Max W. Coll, II  
Rt. 9, Box 72F  
Santa Fe, NM 87505

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.13</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
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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:

Max W. Coll, II  
Rt. 9, Box 72F  
Santa Fe, NM 87505

4a. Article Number

Z 559 572 089

4b. Service type

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

7. Date of Delivery

12/18/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Max W. Coll

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 090

US Postal Service

## Receipt for Certified Mail

Jon F. Coll  
Post Office Box 1818  
Roswell, NM 88202

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>3.23</b>
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, 4a, and 4b.
- 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:

Jon F. Coll  
Post Office Box 1818  
Roswell, NM 88202

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

4a. Article Number

Z 559 572 090

4b. Service type

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

7. Date of Delivery

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

102595-98-B-0229

Domestic Return Receipt

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

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

Consult postmaster for fee.

Thank you for using Return Receipt Service.

Z 559 572 091

US Postal Service

## Receipt for Certified Mail

Charles H. Coll  
Post Office Box 1818  
Roswell, NM 88202

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>3.23</b>
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, 4a, and 4b.
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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.

3. Article Addressed to:

Charles H. Coll  
Post Office Box 1818  
Roswell, NM 88202

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

4a. Article Number

Z 559 572 091

4b. Service type

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

7. Date of Delivery

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

102595-98-B-0229

Domestic Return Receipt

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

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

Consult postmaster for fee.

Thank you for using Return Receipt Service.

Z 559 572 092

US Postal Service

## Receipt for Certified Mail

Borland, Inc.  
#9 Westwood  
Dothan, AL 36303

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	1.00
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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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.

## 3. Article Addressed to:

Borland, Inc.  
#9 Westwood  
Dothan, AL 36303

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

## 4a. Article Number

Z 559 572 092

## 4b. Service Type

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

## 7. Date of Delivery

DEC 22 1998

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Z 559 572 093

US Postal Service

## Receipt for Certified Mail

C. Y. Production, LLC  
Post Office Box 563  
Boerne, TX 78006

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	1.00
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

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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.

## 3. Article Addressed to:

C. Y. Production, LLC  
Post Office Box 563  
Boerne, TX 78006

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X Bette Gost

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

## 4a. Article Number

Z 559 572 093

## 4b. Service Type

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

## 7. Date of Delivery

12-28-98 (15)

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

102595-98-B-0229

Domestic Return Receipt

Z 559 572 094

US Postal Service

**Receipt for Certified Mail**

GBN, Inc.

2503 Elmwood Circle North  
Wichita Falls, TX 76308

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.13</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

GBN, Inc.  
2503 Elmwood Circle North  
Wichita Falls, TX 76308

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 094

4b. Service type

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

7. Date of Delivery

12-26-95

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 095

US Postal Service

**Receipt for Certified Mail**

R. Mace Holman, Jr.

Post Office Box 1414  
Dothan, AL 36302

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.13</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

R. Mace Holman, Jr.  
Post Office Box 1414  
Dothan, AL 36302

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

R. Mace Holman Jr.

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 095

4b. Service type

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

7. Date of Delivery

12-21-95

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 096

US Postal Service

**Receipt for Certified Mail**

J. L. Smith Co., Inc.  
4204 S. Park Ave.  
Dothan, AL 36301

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DEC 10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	3.23
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, 4a, and 4b.
- 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:

J. L. Smith Co., Inc.  
4204 S. Park Ave.  
Dothan, AL 36301

4a. Article Number

Z 559 572 096

4b. Service type

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

7. Date of Delivery

12-22-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Z 559 572 097

US Postal Service

**Receipt for Certified Mail**

Lathrop Diamond Bit  
5080 Spectrum Dr., LB 51  
Dallas, TX 75248-4621

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	0.30
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800 April 1995

MAIL

Z 559 572 097

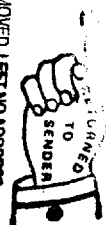
TO:

AMPELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Lathrop Diamond Bit  
5080 Spectrum Dr., LB 51  
Dallas, TX 75248-4621

FIRST CLASS MAIL

- ☐ MOVED, LEFT NO ADDRESS  
☐ NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
☒ RETURNED TO SENDER  
☐ UNCLAIMED CRYSTAL  
☐ NO SUCH STREET - ADDRESS  
☐ DO NOT RECALL ADDRESS  
☐ NO MAILING ADDRESS  
☐ NO MAILING ADDRESS  
DATE \_\_\_\_\_



Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, 4a, and 4b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li><li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		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:  Lathrop Diamond Bit 5080 Spectrum Dr., LB 51 Dallas, TX 75248-4621		4a. Article Number Z 559 572 097	
		4b. Service type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)  X			

Thank you for using Return Receipt Service.

Z 559 572 098

US Postal Service

## Receipt for Certified Mail

Rachel Lyman  
Post Office Box 3726  
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>3.23</b>
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, 4a, and 4b.
- 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:

Rachel Lyman  
Post Office Box 3726  
Midland, TX 79702

5. Received By: (Print Name)

ANNE L. MARTIN

6. Signature: (Addressee or Agent)

ANNE L. MARTIN

PS Form 3811, December 1994

102595-98-B-0229

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 098

4b. Service type

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

7. Date of Delivery

12-23-98

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 099

US Postal Service

## Receipt for Certified Mail

C.V. Lyman Testamentary Trust  
Post Office Box 3726  
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>3.23</b>
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, 4a, and 4b.
- 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:

C.V. Lyman Testamentary Trust  
Post Office Box 3726  
Midland, TX 79702

5. Received By: (Print Name)

ANNE L. MARTIN

6. Signature: (Addressee or Agent)

ANNE L. MARTIN

PS Form 3811, December 1994

102595-98-B-0229

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 099

4b. Service type

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

7. Date of Delivery

12-23-98

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

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 100

US Postal Service

**Receipt for Certified Mail**

Pride Energy Co.  
Post Office Box 701602  
Tulsa, OK 74170

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	DEC 17 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Pride Energy Co.  
Post Office Box 701602  
Tulsa, OK 74170

4a. Article Number

Z 559 572 100

4b. Service type

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

7. Date of Delivery

DEC 23 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Matthew Pierce*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 101

US Postal Service

**Receipt for Certified Mail**

RBP Land Company  
Post Office Box 10392  
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	DEC 11 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

RBP Land Company  
Post Office Box 10392  
Midland, TX 79702

4a. Article Number

Z 559 572 101

4b. Service type

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

7. Date of Delivery

DEC 11 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *James Robert*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 102

US Postal Service  
**Receipt for Certified Mail**

SE Com & Equip. Co.  
Post Office Box 1646  
Dothan, AL 36302

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	3.30
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

SE Com & Equip. Co.  
Post Office Box 1646  
Dothan, AL 36302

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Kathie Denton*

PS Form 3811, December 1994

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

Z 559 572 102

4b. Service type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

12-21-98

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 103

US Postal Service  
**Receipt for Certified Mail**

W. Watson, Inc.  
Post Office Box 2253  
Midland, TX 79702

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	3.30
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

W. Watson, Inc.  
Post Office Box 2253  
Midland, TX 79702

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *W. Watson*

PS Form 3811, December 1994

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

Z 559 572 103

4b. Service type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 104

US Postal Service

**Receipt for Certified Mail**

Chase Oil Corp.  
Post Office Box 1767  
Artesia, NM 88211

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	330 1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:**

Chase Oil Corp.  
Post Office Box 1767  
Artesia, NM 88211

**4a. Article Number**

Z 559 572 104

**4b. Service type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery**

12-21-95

**5. Received By: (Print Name)**

*Sylvia Hender*  
**6. Signature: (Addressee or Agent)**  
**X** *Sylvia Hender*

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

PS Form 3811, December 1994

102595-98-6-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 106

US Postal Service

**Receipt for Certified Mail**

Bulldog Energy Corp.  
Post Office Box 668  
Artesia, NM 88211

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	10/10
Return Receipt Showing to Whom, Date, & Addressee's Address	10/10
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Bulldog Energy Corp.  
Post Office Box 668  
Artesia, NM 88211

5. Received By: (Print Name)

*Sylvia Hensley*  
6. Signature: (Addressee or Agent)  
**X** *Sylvia Hensley*

PS Form 3811, December 1994

4a. Article Number

Z 559 572 106

4b. Service type

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

7. Date of Delivery

12-21-98

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

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 107

US Postal Service

**Receipt for Certified Mail**

David C. Collier  
3400 West 8th Street  
Roswell, NM 88201

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	10/10
Return Receipt Showing to Whom, Date, & Addressee's Address	10/10
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

David C. Collier  
3400 West 8th Street  
Roswell, NM 88201

5. Received By: (Print Name)

**X** *David C. Collier*  
6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number

Z 559 572 107

4b. Service type

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

7. Date of Delivery

12/21

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

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 105

US Postal Service  
**Receipt for Certified Mail**

Marbob Energy Corp.  
Post Office Drawer 217  
Artesia, NM 88210

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

2208

Z 559 572 105

MAIL

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Marbob Energy Corp.  
Post Office Drawer 217  
Artesia, NM 88210

FIRST CLASS MAIL

- ☒ MOVED, LEFT NO ADDRESS
- ☐ NOT DELIVERABLE AS ADDRESSED
- ☐ UNDELIVERED - RETURN TO SENDER
- ☐ UNDELIVERED - NOT KNOWN
- ☐ NO SUCH STREET - RETURNED
- ☐ INCORRECT ADDRESS - RETURNED
- ☐ NO MAIL RECEIPTABLE
- ☐ BOX CLOSED NO ORDER



CAMPBELL, C

DEC 2

RECEIVED



Is your **RETURN ADDRESS** completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>■ Complete items 1 and/or 2 for additional services.</li><li>■ Complete items 3, 4a, and 4b.</li><li>■ Print your name and address on the reverse of this form so that we can return this card to you.</li><li>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>■ Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>■ The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		<input type="checkbox"/> 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:  Marbob Energy Corp. Post Office Drawer 217 Artesia, NM 88210		4a. Article Number Z 559 572 105	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			

PS Form 3811, December 1994

102556-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 108

MAIL

RECEIVED

DEC 30 1998

CAMPBELL, CARR, et. al.

PS Form 3800, April 1995

Postage	\$ .78								
Certified Fee	1.35								
Special Delivery Fee									
Restricted Delivery Fee									
Return Receipt Showing to Whom & Date Delivered	1.10								
Return Receipt Showing to Whom, Date, & Addressee's Address									
TOTAL Postage & Fees	\$ 3.23								
Postmark or Date									

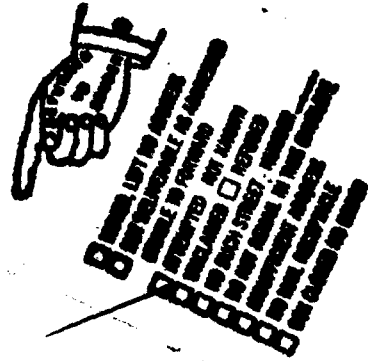
US Postal Service  
Receipt for Certified Mail  
Robert S. Gleason  
Post Office Box 798  
Artesia, NM 88211

Z 559 572 108

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Robert S. Gleason  
Post Office Box 798  
Artesia, NM 88211  
  
FIRST CLASS MAIL



12-19-98  
12-24  
1-30

001 00 380

Is your **RETURN ADDRESS** completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>■ Complete items 1 and/or 2 for additional services.</li><li>■ Complete items 3, 4a, and 4b.</li><li>■ Print your name and address on the reverse of this form so that we can return this card to you.</li><li>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>■ Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>■ The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		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:  Robert S. Gleason Post Office Box 798 Artesia, NM 88211		4a. Article Number Z 559 572 108	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)		7. Date of Delivery	
6. Signature: (Addressee or Agent) <b>X</b>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-98-B-0229 Domestic Return Receipt	

Thank you for using Return Receipt Service.



Z 559 572 109

US Postal Service

**Receipt for Certified Mail**

BHW, LLC.  
101 South 4th Street  
Artesia, NM 88210

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	12-19-98
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

BHW, LLC.  
101 South 4th Street  
Artesia, NM 88210

4a. Article Number

Z 559 572 109

4b. Service type

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

7. Date of Delivery

12-19-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 110

US Postal Service  
Receipt for Certified Mail

B & H Properties  
2410 Auburn Place  
Midland, TX 79705

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.23
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, 4a, and 4b.
- 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:

B & H Properties  
2410 Auburn Place  
Midland, TX 79705

4a. Article Number

Z 559 572 110

4b. Service type

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

7. Date of Delivery

DEC 23 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 111

US Postal Service  
Receipt for Certified Mail

Logan Royalties, Ltd.  
Post Office Box 804  
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.23
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, 4a, and 4b.
- 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:

Logan Royalties, Ltd.  
Post Office Box 804  
Midland, TX 79702

4a. Article Number

Z 559 572 111

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 112

US Postal Service

## Receipt for Certified Mail

Rocky Mountain Resources  
Post Office Box 7405  
Midland, TX 79708

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	1.35
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Rocky Mountain Resources  
Post Office Box 7405  
Midland, TX 79708

5. Received By: (Print Name)

Michael G. Morrey

6. Signature: (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 112

4b. Service type

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

7. Date of Delivery

DEC 22 1994  
MIDLAND, TX 79705

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 113

US Postal Service

## Receipt for Certified Mail

Victor J. Sirgo  
3300 North "A" Street  
Bldg. 2, Suite 104  
Midland, TX 79705

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	1.35
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Victor J. Sirgo  
3300 North "A" Street  
Bldg. 2, Suite 104  
Midland, TX 79705

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*x Michael D. Pritchard*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 113

4b. Service type

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

7. Date of Delivery

12-23-98

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 114

US Postal Service

**Receipt for Certified Mail**

Selma E. Andrews #518801  
c/o NationsBank Trust  
Post Office Box 840738  
Dallas, TX 75284

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DEC 1 1994
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Selma E. Andrews #518801  
c/o NationsBank Trust  
Post Office Box 840738  
Dallas, TX 75284

4a. Article Number

Z 559 572 114

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 115

US Postal Service

**Receipt for Certified Mail**

James N. Coll  
Post Office Box 1818  
Roswell, NM 88202

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DEC 1 1994
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

James N. Coll  
Post Office Box 1818  
Roswell, NM 88202

4a. Article Number

Z 559 572 115

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 116

US Postal Service

**Receipt for Certified Mail**

Columbine II Ltd. Partnership  
Post Office Box 22066  
Denver, CO 80222

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:**

Columbine II Ltd. Partnership  
Post Office Box 22066  
Denver, CO 80222

**4a. Article Number**

Z 559 572 116

**4b. Service type**

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

**7. Date of Delivery****5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X

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

PS Form 3811, December 1994

102505-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 117

US Postal Service

**Receipt for Certified Mail**

Vera Cox Haefs  
9909 Glenrio Lane  
Dallas, TX 75220

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Z 559 572 118

US Postal Service

**Receipt for Certified Mail**

James Petroleum Trust  
Post Office Box 4648  
Tulsa, OK 74159

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.30
Return Receipt Showing to Whom, Date, & Addressee's Address	1.330
TOTAL Postage & Fees	\$ 3.23
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:**

James Petroleum Trust  
Post Office Box 4648  
Tulsa, OK 74159

**4a. Article Number**

Z 559 572 118

**4b. Service type**

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

**7. Date of Delivery**

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

7 559 572 119

US Postal Service  
Receipt for Certified Mail

Tommye June Robinson  
5809 Wedgeworth Rd.  
Fort Worth, TX 76133

Postage		\$ .78
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		1.10
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees		\$ 3.23
Postmark or Date		

PS Form 3800, April 1995

RECEIVED

DEC 30 1998

CAMPBELL, CARR, et. al.

CERTIFIED

Z 559 572 119

MAIL



CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Tommye June Robinson  
5809 Wedgeworth Rd.  
Fort Worth, TX 76133

FIRST CLASS MAIL

UNDELIVERABLE AS ADDRESSED  
NO FORWARDING ORDER ON FILE

1-06-97  
13307  
DHA

Is your **RETURN ADDRESS** completed on the reverse side?

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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:  Tommye June Robinson 5809 Wedgeworth Rd. Fort Worth, TX 76133		4a. Article Number Z 559 572 119	
4b. Service type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name)  X		7. Date of Delivery	
6. Signature: (Addressee or Agent)  X		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 102566-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 120

US Postal Service

## Receipt for Certified Mail

Ward Investment, Ltd.  
101 South 4th Street  
Artesia, NM 88210

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	12-19-98
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Ward Investment, Ltd.  
101 South 4th Street  
Artesia, NM 88210

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *John Knight*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 120

4b. Service type

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

7. Date of Delivery

12-19-98

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 121

US Postal Service

## Receipt for Certified Mail

Carl Brininstool  
201 Blackberry  
Midland, TX 79707

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Carl Brininstool  
201 Blackberry  
Midland, TX 79707

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Carl Brininstool*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 121

4b. Service type

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

7. Date of Delivery

12-20

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 122

US Postal Service

**Receipt for Certified Mail**

Pogar petroleum, Ltd.  
Post Office Box 10095  
Midland, TX 79702

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	12/20
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Pogar petroleum, Ltd.  
Post Office Box 10095  
Midland, TX 79702

4a. Article Number

Z 559 572 122

4b. Service type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

12/22/98

5. Received By: (Print Name)

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

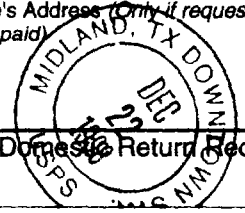
6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt



Thank you for using Return Receipt Service.

Z 559 572 123

US Postal Service

**Receipt for Certified Mail**

William J. and Margaret Colby  
901 W. 6th Street  
Silver City, NM 88061

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

William J. and Margaret Colby  
901 W. 6th Street  
Silver City, NM 88061

4a. Article Number

Z 559 572 123

4b. Service type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

1998

5. Received By: (Print Name)

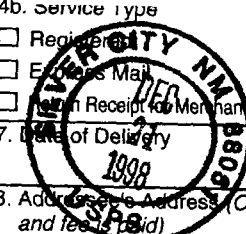
6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt



Thank you for using Return Receipt Service.

Z 559 572 124

US Postal Service

**Receipt for Certified Mail**

OXY USA, Inc.  
Post Office Box 841735  
Dallas, TX 75284-1735

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- 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):

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

Consult postmaster for fee.

3. Article Addressed to:

OXY USA, Inc.  
Post Office Box 841735  
Dallas, TX 75284-1735

5. Received By: (Print Name)

**C. Jackson**  
X **Jackson**

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number

Z 559 572 124

4b. Service Type

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

7. Date of Delivery

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

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 125

US Postal Service

**Receipt for Certified Mail**

Braille Institute of America  
Oil & Gas Trust NCNB  
Post Office Box 840738  
Dallas, TX 75284

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Braille Institute of America  
Oil & Gas Trust NCNB  
Post Office Box 840738  
Dallas, TX 75284

5. Received By: (Print Name)

**C. Jackson**  
X **Jackson**

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number

Z 559 572 125

4b. Service Type

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

7. Date of Delivery

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

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 126

US Postal Service

**Receipt for Certified Mail**

Max W. Coll  
Post Office Box 1818  
Roswell, NM 88202

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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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:

Max W. Coll  
Post Office Box 1818  
Roswell, NM 88202

4a. Article Number

Z 559 572 126

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Max W. Coll*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 127

US Postal Service

**Receipt for Certified Mail**

Rose M. Cottingham  
1119 Montedito  
San Angelo, TX 76901

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Rose M. Cottingham  
1119 Montedito  
San Angelo, TX 76901

4a. Article Number

Z 559 572 127

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

*Rose M. Cottingham*

6. Signature: (Addressee or Agent)

*Rose M. Cottingham*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 128

US Postal Service

**Receipt for Certified Mail**

Higgins Trust, Inc.  
Post Office Box 2421  
Gainesville, GA 30505

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Higgins Trust, Inc.  
Post Office Box 2421  
Gainesville, GA 30505

4a. Article Number

Z 559 572 128

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Kathleen Edwards

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 129

US Postal Service

**Receipt for Certified Mail**

Marshall & Winston, Inc.  
Post Office Box 50880  
Midland, TX 79710

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Marshall & Winston, Inc.  
Post Office Box 50880  
Midland, TX 79710

4a. Article Number

Z 559 572 129

4b. Service Type

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

7. Date of Delivery

DEC 23 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 130

US Postal Service

# Receipt for Certified Mail

Josephine Smith Trust  
Wells Fargo Bank  
Post Office Box 5825  
Denver, CO 80217

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-78
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Josephine Smith Trust  
Wells Fargo Bank  
Post Office Box 5825  
Denver, CO 80217

### 4a. Article Number

Z 559 572 130

### 4b. Service type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

### 7. Date of Delivery

12/21

### 5. Received By: (Print Name)

### 6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 131

US Postal Service

**Receipt for Certified Mail**

Gertrude McDorman, Trustee  
511 Centre Avenue  
Artesia, NM 88210

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

1st NOTICE  
2nd NOTICE  
RETURNED

**TO:**

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Gertrude McDorman, Trustee  
511 Centre Avenue  
Artesia, NM 8

FIRST CI

MCD0511 882102003 1C97 02 12/21/98  
FORWARD TIME EXP RTN TO SEND  
MCDORMAN, GERTRUDE  
501 W CENTRE AVE  
ARTESIA NM 88210-2716

RETURN TO SENDER

MAIL

Z 559 572 131



**RECEIVED**  
DEC 23 1

CAMPBELL, CAR

*Handwritten signature/initials*

*Handwritten mark*

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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:  Gertrude McDorman, Trustee 511 Centre Avenue Artesia, NM 88210		4a. Article Number Z 559 572 131	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			

Thank you for using Return Receipt Service.



Z 559 572 132

US Postal Service

**Receipt for Certified Mail**

Robert E. Boling  
305 South 5th Street  
Artesia, NM 88210

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Robert E. Boling  
305 South 5th Street  
Artesia, NM 88210

4a. Article Number

Z 559 572 132

4b. Service type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Robert E. Boling

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 133

US Postal Service

**Receipt for Certified Mail**

Therylene K. Helm  
4401 Edmonson  
Dallas, TX 75205

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Therylene K. Helm  
4401 Edmonson  
Dallas, TX 75205

4a. Article Number

Z 559 572 133

4b. Service type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Therylene K. Helm

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 134

US Postal Service

## Receipt for Certified Mail

Mrs. T. B. Knox  
300 Crescent Court, Suite 162  
Dallas, TX 75021

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DEC 1 10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Mrs. T. B. Knox  
300 Crescent Court, Suite 1620  
Dallas, TX 75021

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 134

4b. Service type

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

7. Date of Delivery

DEC 2 2 1998

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 135

US Postal Service

## Receipt for Certified Mail

Bert H. Murphy  
Post Office Drawer 2164  
Roswell, NM 88201

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DEC 1 10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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:

Bert H. Murphy  
Post Office Drawer 2164  
Roswell, NM 88201

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 135

4b. Service type

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

7. Date of Delivery

12-22-98

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 136

US Postal Service

**Receipt for Certified Mail**

Lillie Mabel Bates  
Post Office Box 840  
Artesia, NM 88211-0840

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Lillie Mabel Bates  
Post Office Box 840  
Artesia, NM 88211-0840

4a. Article Number

Z 559 572 136

4b. Service type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

Toni Hamilton

6. Signature: (Addressee or Agent)

X Toni Hamilton

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 137

US Postal Service

**Receipt for Certified Mail**

Wendell W. Iverson 1990 Trust  
Post Office Box 10508  
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Wendell W. Iverson 1990 Trust  
Post Office Box 10508  
Midland, TX 79702

4a. Article Number

Z 559 572 137

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

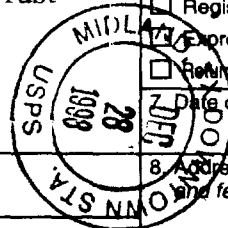
X Pam Burlew

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt



Z 559 572 138

US Postal Service  
**Receipt for Certified Mail**

PIP Trust  
Post Office Box 10508  
Midland, TX 79702

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

PIP Trust  
Post Office Box 10508  
Midland, TX 79702

4a. Article Number

Z 559 572 138

4b. Service Type

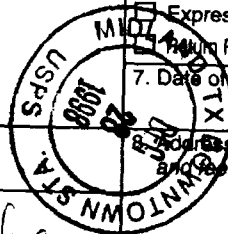
- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Pam Burke*



PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 559 572 139

US Postal Service  
**Receipt for Certified Mail**

John Ashby Yates  
105 South 4th Street  
Artesia, NM 88210

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

John Ashby Yates  
105 South 4th Street  
Artesia, NM 88210

4a. Article Number

Z 559 572 139

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

X *JoAnn Griggs*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 140

US Postal Service

**Receipt for Certified Mail**

Tonya W. Malliard  
135 Van Winkle Drive  
San Anselmo, CA 94960

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.19
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Tonya W. Malliard  
135 Van Winkle Drive  
San Anselmo, CA 94960

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Tonya W. Malliard*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

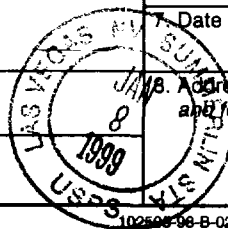
Z 559 572 140

4b. Service type

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

7. Date of Delivery

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



Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 141

US Postal Service

**Receipt for Certified Mail**

Mae Chang Plasch  
3883 Turtle Creek Blvd., #1004  
Dallas, TX 75219-4429

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Mae Chang Plasch  
3883 Turtle Creek Blvd., #1004  
Dallas, TX 75219-4429

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Mae Chang Plasch*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 141

4b. Service type

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

7. Date of Delivery

DEC 23 1998

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 142

US Postal Service

## Receipt for Certified Mail

Sharbro Oil Ltd., Co.  
Post Office Box 840  
Artesia, NM 88211-0840

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	6.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Sharbro Oil Ltd., Co.  
Post Office Box 840  
Artesia, NM 88211-0840

4a. Article Number

Z 559 572 142

4b. Service Type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

Toni Hamilton

6. Signature: (Addressee or Agent)

X Toni Hamilton

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 143

US Postal Service

## Receipt for Certified Mail

Charles Deguigne  
1001 Chelsea Way  
Redwood City, CA 94061-3665

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	0231.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Charles Deguigne  
1001 Chelsea Way  
Redwood City, CA 94061-3665

4a. Article Number

Z 559 572 143

4b. Service Type

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

7. Date of Delivery

12-31-98

5. Received By: (Print Name)

Charles Deguigne

6. Signature: (Addressee or Agent)

X Charles Deguigne

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 144

US Postal Service

**Receipt for Certified Mail**

Siegfried J. Iverson, Jr.  
2518 Sinclair  
Midland, TX 79705-8422

Postage	\$ 78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-50
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Siegfried J. Iverson, Jr.  
2518 Sinclair  
Midland, TX 79705-8422

4a. Article Number

Z 559 572 144

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 145

US Postal Service

**Receipt for Certified Mail**

Ray and Karen Westall  
Post Office Box 4  
Loco Hills, NM 88255-0004

Postage	\$ 78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 and Karen Westall  
Post Office Box 4  
Loco Hills, NM 88255-0004

4a. Article Number

Z 559 572 145

4b. Service type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

Judy BENDLE

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 146

US Postal Service

**Receipt for Certified Mail**

Jack D. Knox  
300 Crescent Court, Suite 1620  
Dallas, TX 75021

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:**

Jack D. Knox  
300 Crescent Court, Suite 1620  
Dallas, TX 75021

**4a. Article Number**

Z 559 572 146

**4b. Service type**

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

**7. Date of Delivery**

DEC 27 1998

**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X 

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 147

US Postal Service

**Receipt for Certified Mail**

Texacal Oil & Gas, Inc.  
4299 McCarthur Blvd., Suite 207  
Newport Beach, CA 92660

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:**

Texacal Oil & Gas, Inc.  
4299 McCarthur Blvd., Suite 207  
Newport Beach, CA 92660

**4a. Article Number**

Z 559 572 147

**4b. Service type**

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

**7. Date of Delivery**

12-21-98

**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X 

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 148

US Postal Service  
**Receipt for Certified Mail**

Hal C. Porter  
Post Office Box 17004  
Fountain Hills, AZ 85269-7004

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Z 559 572 148

**MAIL**

REASON CHECKED  
Forwarding Order Expired  
Moved Left No Address  
Unknown At This Box Number  
Box Closed No Forwarding Order



CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Hal C. Porter  
Post Office Box 17004  
Fountain Hills, AZ 85269-7004

FIRST CLASS MAIL

PORT004 852691014 IN 45 12/24/98  
RETURN TO SENDER

NO FORWARD ORDER ON FILE  
UNABLE TO FORWARD  
RETURN TO SENDER

REASON CHECKED  
Undeliverable As Addressed  
Forwarding Order Expired  
Moved Left No Address  
No Such Box Number  
Unknown At This Box Number  
Box Closed No Forwarding Order



Handwritten: 11/23/98

1ST NOTICE  
2ND NOTICE  
RETURN

Handwritten signature and markings.

12/24/98

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:**

Hal C. Porter  
Post Office Box 17004  
Fountain Hills, AZ 85269-7004

**4a. Article Number**

Z 559 572 148

**4b. Service type**

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

**7. Date of Delivery**

**5. Received By: (Print Name)**

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

**6. Signature: (Addressee or Agent)**

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 559 572 149

US Postal Service

**Receipt for Certified Mail**

Wendell W. Iverson  
Post Office Box 1343  
Midland, TX 79702

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	4-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>

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, 4a, and 4b.
- 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:

Wendell W. Iverson  
Post Office Box 1343  
Midland, TX 79702

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *James Burke*

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

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

Consult postmaster for fee.

4a. Article Number

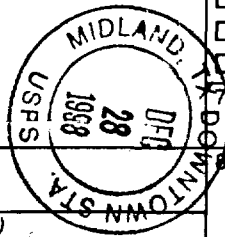
Z 559 572 149

4b. Service type

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

Date of Delivery

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



PS Form 3800, April 1995

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service

Z 559 572 150

US Postal Service

## Receipt for Certified Mail

SJI, Jr. 1990 Trust  
Post Office Box 10508  
Midland, TX 79702

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

SJI, Jr. 1990 Trust  
Post Office Box 10508  
Midland, TX 79702

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X *Tom Burke*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

## 4a. Article Number

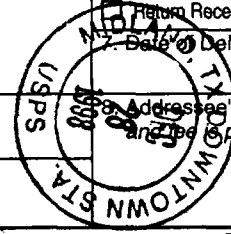
Z 559 572 150

## 4b. Service Type

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

## 7. Date of Delivery

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



102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 151

US Postal Service

## Receipt for Certified Mail

Harvey E. Yates  
Post Office Box 1933  
Roswell, NM 88208-1933

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Harvey E. Yates  
Post Office Box 1933  
Roswell, NM 88208-1933

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X *Harvey Yates*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

## 4a. Article Number

Z 559 572 151

## 4b. Service Type

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

## 7. Date of Delivery

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

12-22-98

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 152

US Postal Service  
**Receipt for Certified Mail**

Lynne Wildman Chapman  
1324 Old Gulph Rd.  
Villanova, PA 19085

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Lynne Wildman Chapman  
1324 Old Gulph Rd.  
Villanova, PA 19085

4a. Article Number

Z 559 572 152

4b. Service type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

12/23/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

*Lynne Chapman*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 153

US Postal Service  
**Receipt for Certified Mail**

S. P. Yates  
207 Fourth Street  
Artesia, NM 88210-2193

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

S. P. Yates  
207 Fourth Street  
Artesia, NM 88210-2193

4a. Article Number

Z 559 572 153

4b. Service type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

X

*Joann Griggs*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 154

US Postal Service

**Receipt for Certified Mail**

John & Peggy Yates Estate  
105 South 4th Street  
Artesia, NM 88210

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

John & Peggy Yates Estate  
105 South 4th Street  
Artesia, NM 88210

4a. Article Number

Z 559 572 154

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

JOANN GRIGGS

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

6. Signature: (Addressee or Agent)

*Jo Ann Griggs*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 155

US Postal Service

**Receipt for Certified Mail**

Robert N. Avery Martial Trust  
74133 El Paseo, Suite E  
Palm Desert, CA 92260-4123

PS Form 3800, April 1995

Postage	\$ .72
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Robert N. Avery Martial Trust  
74133 El Paseo, Suite E  
Palm Desert, CA 92260-4123

4a. Article Number

Z 559 572 155

4b. Service Type

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

7. Date of Delivery

12-24-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*R. N. Avery*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 156

US Postal Service

**Receipt for Certified Mail**

Roger D. Lapham, Jr.  
Post Office Box 721  
Pebble Beach, CA 93953-072

PS Form 3800, April 1995

Postage	\$ 4.78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	023
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Roger D. Lapham, Jr.  
Post Office Box 721  
Pebble Beach, CA 93953-0721

4a. Article Number

Z 559 572 156

4b. Service Type

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

7. Date of Delivery

12-23-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X J. D. Lapham, Jr.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 157

US Postal Service

**Receipt for Certified Mail**

Lloyd McGhee  
Post Office Box 16399  
Fort Worth, Tx 76162-039

PS Form 3800, April 1995

Postage	\$ .71
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	023
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Lloyd McGhee  
Post Office Box 16399  
Fort Worth, Tx 76162-0399

4a. Article Number

Z 559 572 157

4b. Service Type

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

7. Date of Delivery

12-23-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Lloyd McGhee

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 158

US Postal Service

**Receipt for Certified Mail**

Phoebe Shelton

Post Office Box 430

Amarillo, TX 79105-0430

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:**

Phoebe Shelton  
Post Office Box 430  
Amarillo, TX 79105-0430

**4a. Article Number**

Z 559 572 158

**4b. Service Type**

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

**7. Date of Delivery**

23

**5. Received By: (Print Name)**

Verita Silvertooth

**6. Signature: (Addressee or Agent)**

Verita Silvertooth

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 159

US Postal Service

**Receipt for Certified Mail**

Christian DeGuigue

Post Office Box 1739

San Mateo, CA 94401-0920

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:**

Christian DeGuigue  
Post Office Box 1739  
San Mateo, CA 94401-0920

**4a. Article Number**

Z 559 572 159

**4b. Service Type**

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

**7. Date of Delivery****5. Received By: (Print Name)**

Christian DeGuigue

**6. Signature: (Addressee or Agent)**

Christian DeGuigue

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 160

US Postal Service

## Receipt for Certified Mail

Summit Overseas Exploration  
 Irongate 3, Suite 201  
 7775 Wadsworth Blvd.  
 Lakewood, CO 80226

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	1-10
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Summit Overseas Exploration  
 Irongate 3, Suite 201  
 7775 Wadsworth Blvd.  
 Lakewood, CO 80226

## 5. Received By: (Print Name)

GARY N. DAVIS

## 6. Signature (Addressee or Agent)

X *Gary N. Davis*

PS Form 3811, December 1994

## 4a. Article Number

Z 559 572 160

## 4b. Service Type

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

## 7. Date of Delivery

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

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

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

Consult postmaster for fee.

Thank you for using Return Receipt Service.

102595-98-8-0229

Domestic Return Receipt

Z 559 572 161

US Postal Service

## Receipt for Certified Mail

Jacqueline Dickerson  
 3901 Innwood Road  
 Fort Worth, TX 76109

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	1-10
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Jacqueline Dickerson  
 3901 Innwood Road  
 Fort Worth, TX 76109

## 5. Received By: (Print Name)

X *Frances Thomas*

PS Form 3811, December 1994

## 4a. Article Number

Z 559 572 161

## 4b. Service Type

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

## 7. Date of Delivery

12/24/95

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

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

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

Consult postmaster for fee.

Thank you for using Return Receipt Service.

102595-98-8-0229

Domestic Return Receipt

Z 559 572 162

US Postal Service

**Receipt for Certified Mail**

Vicky Moser  
Post Office Box 67  
Stephenville, TX 76401

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Vicky Moser  
Post Office Box 67  
Stephenville, TX 76401

4a. Article Number

Z 559 572 162

4b. Service Type

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

7. Date of Delivery

DEC 23 1998

5. Received By: (Print Name)

Charles E Moser

6. Signature: (Addressee or Agent)

X Charles E Moser

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service

Z 559 572 163

US Postal Service

**Receipt for Certified Mail**

Bernard D. Alpern  
400 Jericho Tpke #205  
Jericho, NY 11753

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Bernard D. Alpern  
400 Jericho Tpke #205  
Jericho, NY 11753

4a. Article Number

Z 559 572 163

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Bernard D. Alpern

6. Signature: (Addressee or Agent)

X Bernard D. Alpern

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service

Z 559 572 164

US Postal Service

**Receipt for Certified Mail**

C. Beal Family Trust for  
Barry Beal  
104 South Pecos  
Midland, TX 79701

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

C. Beal Family Trust for  
Barry Beal  
104 South Pecos  
Midland, TX 79701

5. Received By: (Print Name)

K. Hatrell  
X K. Hatrell

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 164

4b. Service Type

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

7. Date of Delivery

DEC 22 1998

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 165

US Postal Service

**Receipt for Certified Mail**

Harvey M. Black Trust  
Post Office Box 22900  
Rochester, NY 14692

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Harvey M. Black Trust  
Post Office Box 22900  
Rochester, NY 14692

5. Received By: (Print Name)

DUANE MAULT  
X Duane Mault

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 165

4b. Service Type

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

7. Date of Delivery

DEC 28 1998

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 166

Cerri Family Trust  
9561 Borba Circle  
Huntington Beach, CA 92646

PS Form 3800, April 1995

Post Office, State, & ZIP Code	
Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Z 559 572 167

US Postal Service  
**Receipt for Certified Mail**

Patsy Ann Iverson Page  
1155 Maurlands Vista Way  
La Jolla, CA 92037-6210

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Patsy Ann Iverson Page  
1155 Maurlands Vista Way  
La Jolla, CA 92037-6210

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Patsy Iverson*

4a. Article Number

Z 559 572 167

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

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

Z 559 572 168

US Postal Service

**Receipt for Certified Mail**

Flora Whittington

7709 E. Glenroso Ave., Apt. 202

Scottsdale, AZ 85251-4047

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

*Unclaimed*

TO:

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Flora Whittington  
7709 E. Glenroso Ave., Apt. 202

FIRST CLASS MAIL

Z 559 572 168

MAIL

UNCLAIMED

UNCLAIMED  
RETURN TO SENDER



PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:**

Flora Whittington  
7709 E. Glenrosa Ave., Apt. 202  
Scottsdale, AZ 85251-4047

**4a. Article Number**

Z 559 572 168

**4b. Service type**

☐ Registered

☒ Certified

☐ Insured

☐ COD

☐ Return Receipt for Merchandise

☐ Return Receipt for Delivery

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

X

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 559 572 169

US Postal Service

**Receipt for Certified Mail**

Colby Revocable Living Trust  
901 West 6th Street  
Silver City, NM 88061-4505

Postage	\$ .79
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DEC 10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Colby Revocable Living Trust  
901 West 6th Street  
Silver City, NM 88061-4505

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number

Z 559 572 169

4b. Service Type

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

7. Date of Delivery

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



Thank you for using Return Receipt Service.

PS Form 3800, April 1995

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 559 572 170

US Postal Service

**Receipt for Certified Mail**

Frank Darden  
1619 Pennsylvania Ave.  
Fort Worth, TX 76104

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Frank Darden  
1619 Pennsylvania Ave.  
Fort Worth, TX 76104

4a. Article Number

Z 559 572 170

4b. Service type

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

7. Date of Delivery

2-21-98

5. Received By: (Print Name)

STEVE CENRICK

6. Signature: (Addressee or Agent)

x [Signature]

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 171

US Postal Service

**Receipt for Certified Mail**

Carole Gauntt  
Post Office Box 7275  
Carmel, CA 93921

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Carole Gauntt  
Post Office Box 7275  
Carmel, CA 93921

4a. Article Number

Z 559 572 171

4b. Service type

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

7. Date of Delivery

DEC 21 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

x [Signature]

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 172

US Postal Service

**Receipt for Certified Mail**

Peggy Runyan  
Post Office Box 869  
Kapaa, HI 96746

Postage	\$ 1.78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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:

Peggy Runyan  
Post Office Box 869  
Kapaa, HI 96746

4a. Article Number

Z 559 572 172

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Tom E. Runyan

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 173

US Postal Service

**Receipt for Certified Mail**

C. Beal Family Trust for  
Carlton Beal, Jr.  
104 South Pecos  
Midland, TX 79701

Postage	\$ 1.78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

C. Beal Family Trust for  
Carlton Beal, Jr.  
104 South Pecos  
Midland, TX 79701

4a. Article Number

Z 559 572 173

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 174

US Postal Service

**Receipt for Certified Mail**

C. Beal Family Trust for  
Spencer Beal  
104 South Pecos  
Midland, TX 79701

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

C. Beal Family Trust for  
Spencer Beal  
104 South Pecos  
Midland, TX 79701

5. Received By: (Print Name)

R. Harrell

6. Signature: (Addressee or Agent)

X R. Harrell

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 174

4b. Service type

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

7. Date of Delivery

DEC 22 1998

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 175

US Postal Service

**Receipt for Certified Mail**

C. Beal Family Trust for  
Karleen Geuber  
104 South Pecos  
Midland, TX 79701

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

C. Beal Family Trust for  
Karleen Geuber  
104 South Pecos  
Midland, TX 79701

5. Received By: (Print Name)

R. Harrell

6. Signature: (Addressee or Agent)

X R. Harrell

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 175

4b. Service type

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

7. Date of Delivery

DEC 22 1998

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 176

US Postal Service

**Receipt for Certified Mail**

Carol Brookman Acct: 637602  
Post Office Box 840738  
Dallas, TX 75284

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Carol Brookman Acct: 637602  
Post Office Box 840738  
Dallas, TX 75284

4a. Article Number

Z 559 572 176

4b. Service type

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

7. Date Delivered

DEC 20 1998

5. Received By: (Print Name)

Kenneth Phelps

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 177

US Postal Service

**Receipt for Certified Mail**

D. Flugstad  
#1112000 NationsBank  
Post Office Box 840738  
Dallas, TX 75284

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

D. Flugstad  
#1112000 NationsBank  
Post Office Box 840738  
Dallas, TX 75284

4a. Article Number

Z 559 572 177

4b. Service type

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

7. Date Delivered

DEC 20 1998

5. Received By: (Print Name)

Kenneth Phelps

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 178

US Postal Service  
**Receipt for Certified Mail**

M. B. Foreman  
Bank NA f/b/o M.B. Foreman  
One Lincoln Square  
Rochester, NY 14643

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

M. B. Foreman  
Bank NA f/b/o M.B. Foreman  
One Lincoln Square  
Rochester, NY 14643

4a. Article Number

Z 559 572 178

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

SCHEIDT

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 179

US Postal Service  
**Receipt for Certified Mail**

Robert L. Halverson  
Post Office Box 3713  
Midland, TX 79702

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Robert L. Halverson  
Post Office Box 3713  
Midland, TX 79702

4a. Article Number

Z 559 572 179

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 180

US Postal Service

**Receipt for Certified Mail**

Thomas F. Lugaric  
14 Lerape Trail  
Cedar Grove, NJ 70009

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Thomas F. Lugaric  
14 Lerape Trail  
Cedar Grove, NJ 70009

4a. Article Number

Z 559 572 180

4b. Service type

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

7. Date of Delivery

12/31/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 181

US Postal Service

**Receipt for Certified Mail**

Stephen McNall  
NationsBank #1112001  
Post Office Box 840738  
Dallas, TX 75284

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Z 559 572 182

US Postal Service

**Receipt for Certified Mail**

Florence Joyce Miller  
109 Caversham Woods  
Pottsford, NY 14534

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Florence Joyce Miller  
109 Caversham Woods  
Pottsford, NY 14534

4a. Article Number

Z 559 572 182

4b. Service type

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

7. Date of Delivery

12/23/98 DP

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 183

US Postal Service

**Receipt for Certified Mail**

Elizabeth Wolff Murov  
Cedar Swamp Road  
Old Brookville, NY 11545

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Z 559 572 184

US Postal Service

**Receipt for Certified Mail**

Zachary Murov  
999 Brush Hollow Road  
Westbury, NY 11590

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Zachary Murov  
999 Brush Hollow Road  
Westbury, NY 11590

4a. Article Number

Z 559 572 184

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 185

US Postal Service

**Receipt for Certified Mail**

Ellen Palma Trust  
Chase Lincoln First Bank  
Post Office Box 1412  
Rochester, NY 14643

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Z 559 572 186

US Postal Service

**Receipt for Certified Mail**

Nadine Parr  
1217 Georgina Avenue  
Santa Monica, CA 90402

Postage	\$ 78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Z 559 572 186

MAIL

**RECEIVED**  
**RETURN RECEIPT REQUESTED**  
DEC 30 1998

CAMPBELL, CARR, et. al.

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Nadine Parr  
1217 Georgina Avenue  
Santa Monica, CA 90402

FIRST CLASS MAIL

- ☒ Moved-Left No Address  
☒ Forwarding Order Expired  
☒ Insufficient Address  
☒ No Such Number  
☒ Attempted-Not Known  
☐ Forwarding Order Expired  
☐ Insufficient Address  
☐ No Such Number  
☐ Attempted-Not Known  
☐ Vacant  
☐ No Mail Recipient

Article Number

Article

NAME  
1st Notice  
2nd Notice  
Return



DEC 29 1998

1ST NOTICE  
DEC 29 1998



Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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:  <b>Nadine Parr 1217 Georgina Avenue Santa Monica, CA 90402</b>		4a. Article Number <b>Z 559 572 186</b>	4b. Service type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b>			

Thank you for using Return Receipt Service.

Z 559 572 187

US Postal Service

# Receipt for Certified Mail

Morris Radman  
999 Brush Hollow Road  
Westbury, NY 11590

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Morris Radman  
999 Brush Hollow Road  
Westbury, NY 11590

4a. Article Number

Z 559 572 187

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 188

US Postal Service

**Receipt for Certified Mail**

Patricia Ann Wolff Schaen  
11 E. 86th Street, #2-A  
New York, NY 10028

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Patricia Ann Wolff Schaen  
11 E. 86th Street, #2-A  
New York, NY 10028

4a. Article Number

Z 559 572 188

4b. Service Type

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

7. Date of Delivery

12/21

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 189

US Postal Service

**Receipt for Certified Mail**

Melba V. Trobaugh  
4305 N. Garfield, Suite 233  
Midland, TX 79705

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Melba V. Trobaugh  
4305 N. Garfield, Suite 233  
Midland, TX 79705

4a. Article Number

Z 559 572 189

4b. Service Type

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

7. Date of Delivery

12-21-98 PM

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 190

US Postal Service  
**Receipt for Certified Mail**

Gerald N. Frank Estate  
Morgan Guaranty Trust  
New York, NY 10019

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1977

**CERTIFIED**

Z 559 572 190

**MAIL**

**RECEIVED**

DEC 30 1998

CAMPBELL, CARR, et al.

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Gerald N. Frank Estate  
Morgan Guaranty Trust  
New York, NY 10019

**FIRST CLASS MAIL**



RETURN TO SENDER  
☒ Attempted/Unknown  
☐ Moved, Unable to Forward  
☐ Insufficient Address  
☐ Undeliverable as Addressed  
☐ Moved, Left no Address  
☐ Forwarding Order Expired  
☐ Out of Business  
P.O. # \_\_\_\_\_ Sent. Info. \_\_\_\_\_

*MD*

1ST NOTICE **DEC 29 1998**  
2ND NOTICE  
RETURN

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:**

Gerald N. Frank Estate  
Morgan Guaranty Trust  
New York, NY 10019

**4a. Article Number**

Z 559 572 190

**4b. Service type**

- ☐ Registered
  - ☐ Express Mail
  - ☐ Return Receipt for Merchandise
  - ☐ COD
  - ☒ Certified
  - ☐ Insured
7. Date of Delivery

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

X

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 559 572 191

US Postal Service

**Receipt for Certified Mail**

William Horton  
NationsBank #637603  
Post Office Box 840738  
Dallas, TX 75284

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Z 559 572 192

US Postal Service

## Receipt for Certified Mail

Samuel Luks  
648 Broadway, Suite 505  
New York, NY 10012-2314

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Samuel Luks  
648 Broadway, Suite 505  
New York, NY 10012-2314

4a. Article Number

Z 559 572 192

4b. Service type

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

7. Date of Delivery

12/21/93

5. Received By: (Print Name)

MARC GLICK

6. Signature: (Addressee or Agent)

X *Samuel Luks*

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

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 193

US Postal Service

## Receipt for Certified Mail

William H. McNall  
NationsBank #:1112001  
Post Office Box 840738  
Dallas, TX 75284

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 H. McNall  
NationsBank #:1112001  
Post Office Box 840738  
Dallas, TX 75284

4a. Article Number

Z 559 572 193

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

Kenneth Phelps

6. Signature: (Addressee or Agent)

X *Kenneth Phelps*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 194

US Postal Service

**Receipt for Certified Mail**

Erica Murov  
999 Brush Hollow Road  
Westbury, NY 11590

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Erica Murov  
999 Brush Hollow Road  
Westbury, NY 11590

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number

Z 559 572 194

4b. Service Type

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

7. Date of Delivery

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 195

US Postal Service

**Receipt for Certified Mail**

Robert W. Page  
74874 Via Royale  
Palm Desert, CA 92260

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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 W. Page  
74874 Via Royale  
Palm Desert, CA 92260

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number

Z 559 572 195

4b. Service Type

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

7. Date of Delivery

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 196

US Postal Service

**Receipt for Certified Mail**

Ellen Palma  
1471 Long Pond Road, Apt. 142  
Rochester, NY 14626

Postage	\$ 78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800 April 1995

Z 559 572 196

MAIL

4022

Not Deliverable as Addressed  
Unable to Forward



TO:

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Ellen Palma  
1471 Long Pond Road, Apt. 142  
Rochester, NY 14626

FIRST CLASS MAIL

1ST NOTICE **DEC 25 1996**  
2ND NOTICE  
RETURN

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:**

~~Ellen Palma  
1471 Long Pond Road, Apt. 142  
Rochester, NY 14626~~

**4a. Article Number**

**Z 559 572 196**

**4b. Service type**

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

☒ Certified

☐ Insured

☐ COD

**7. Date of Delivery**

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

**X**

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994

102595-98-B-0229

**Domestic Return Receipt**

Z 559 572 197

US Postal Service

**Receipt for Certified Mail**

Bernice L. Rosenthal, Trustee  
2195 East Avenue  
Rochester, NY 14610

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Bernice L. Rosenthal, Trustee  
2195 East Avenue  
Rochester, NY 14610

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Bernice L. Rosenthal, Jr.*

4a. Article Number

Z 559 572 197

4b. Service type

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

7. Date of Delivery

12/23

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

PS Form 3800, April 1995

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 198

US Postal Service

**Receipt for Certified Mail**

Morris & Babette Goldman Radman  
999 Brush Hollow Road  
Westbury, NY 11590

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Morris & Babette Goldman Radman  
999 Brush Hollow Road  
Westbury, NY 11590

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 198

4b. Service type

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

7. Date of Delivery

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

Thank you for using Return Receipt Service.

Z 559 572 199

US Postal Service

**Receipt for Certified Mail**

Judith Franklin Smith  
401 El Cielito Road  
Santa Barbara, CA 93105

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Judith Franklin Smith  
401 El Cielito Road  
Santa Barbara, CA 93105

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 199

4b. Service type

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

7. Date of Delivery

DEC 22 1998

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

Thank you for using Return Receipt Service.

Z 559 572 200

US Postal Service

**Receipt for Certified Mail**

Harvey H. Wachtel  
24 Clover Lane  
Roslyn Heights, NY 11577

PS Form 3800 April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.18
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Harvey H. Wachtel  
24 Clover Lane  
Roslyn Heights, NY 11577

4a. Article Number

Z 559 572 200

4b. Service type

- |  |   |
|--|---|
| <input type="checkbox"/> Registered                                | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                              | <input type="checkbox"/> Insured              |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X H Wachtel

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 201

US Postal Service

**Receipt for Certified Mail**

Carole Winter Estate  
c/o William Crandall  
161 East 72nd St.  
New York, NY 10021

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

**RECEIVED**  
JAN 13 1995

CAMPBELL, CARR, et. al.

Z 559 572 201

**MAIL**

<b>TO:</b>	CAMPBELL, CARR, BERGE & SHERIDAN, P.A. 110 NORTH GUADALUPE STREET P.O. BOX 2208 SANTA FE, NEW MEXICO 87504-2208
	Carole Winter Estate c/o William Crandall 161 East 72nd St. New York, NY 10021
	<b>FIRST CLASS MAIL</b>

☒ **REGISTERED MAIL**  
☐ **POSTAGE WILL BE PAID BY ADDRESSEE**  
☐ **NO POSTAGE**



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:**

Carole Winter Estate  
c/o William Crandall  
161 East 72nd St.  
New York, NY 10021

**4a. Article Number**

**Z 559 572 201**

**4b. Service type**

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

**7. Date of Delivery**

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

**X**

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994

102595-98-B-0229

**Domestic Return Receipt**

Z 559 572 202

US Postal Service

**Receipt for Certified Mail**

Yates Employees 87 Ltd.  
105 South 4th Street  
Artesia, NM 88210

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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.

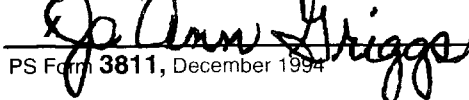
3. Article Addressed to:

Yates Employees 87 Ltd.  
105 South 4th Street  
Artesia, NM 88210

5. Received By: (Print Name)

**JOANN GRIGGS**

6. Signature: (Addressee or Agent)



PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

**Z 559 572 202**

4b. Service type

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

7. Date of Delivery

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 203

US Postal Service

**Receipt for Certified Mail**

Calvin E. Staples  
5121 McKinney Avenue  
Dallas, TX 75205-3321

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

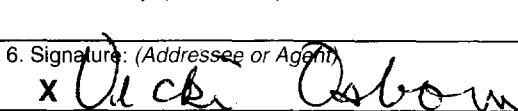
**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Calvin E. Staples  
5121 McKinney Avenue  
Dallas, TX 75205-3321

5. Received By: (Print Name)



PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

**Z 559 572 203**

4b. Service type

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

7. Date of Delivery

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 204

US Postal Service

## Receipt for Certified Mail

John Boyle Trust  
 NationsBank #1071005  
 Post Office Box 840738  
 Dallas, TX 75283

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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 Boyle Trust  
 NationsBank #1071005  
 Post Office Box 840738  
 Dallas, TX 75283

4a. Article Number

Z 559 572 204

4b. Service type

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

7. Date of Delivery

DEC 20 1994

5. Received By: (Print Name)

Chad Miller

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 205

US Postal Service

## Receipt for Certified Mail

Dorothy Foster Rev. Trust  
 First National Bank of Artesia  
 Post Office Box AA  
 Artesia, NM 88211-7526

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Dorothy Foster Rev. Trust  
 First National Bank of Artesia  
 Post Office Box AA  
 Artesia, NM 88211-7526

4a. Article Number

Z 559 572 205

4b. Service type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

Phillip L. Lusk

6. Signature: (Addressee or Agent)

X Phillip L. Lusk

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

DAM:

Z 559 572 206

PS Form **3800**, April 1995

Postage	\$	.78
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		1.10
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees	\$	3.23
Postmark or Date		

CONTACT NATIONSBANK AND ACQUIRE AN ASSOCIATE'S NAME AND INTERNAL MAIL  
 N THE DEPARTMENT YOU WISH TO MAIL TO AND INCLUDE THE NAME AND MAIL CODE ON  
 NEXT MAILING ENVELOPE.

you.

Z 559 572 204

[illegible]

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Ruth W. Taylor  
NationsBank #1071003  
Post Office Box 840738  
Dallas, TX 75283

5. Received By: (Print Name)

6. Signature: (Address or Agent)

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

(and fee is paid)

7. Date of Delivery: 12/5/01

4b. Service type

<input type="checkbox"/>	Registered
<input type="checkbox"/>	Express Mail
<input type="checkbox"/>	Return Receipt for Merchandise
<input checked="" type="checkbox"/>	Certified
<input type="checkbox"/>	Insured
<input type="checkbox"/>	COD

4a. Article Number  
Z 559 572 206

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

**Thank you for using Return Receipt Service.**

Z 559 572 207

US Postal Service

**Receipt for Certified Mail**

Leland Price, Inc.  
2701 Clayton  
Artesia, NM 88210

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

**INSTRUCTIONS:**

Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.  
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.

Article Addressed to:

Leland Price, Inc.  
2701 Clayton  
Artesia, NM 88210

Received By: (Print Name)

Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 207

4b. Service Type

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

7. Date of Delivery

12-21-98

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 208

US Postal Service

## Receipt for Certified Mail

Enterloc Resources, Inc.  
Post Office Box 1375  
Roswell, NM 88202-1375

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Enterloc Resources, Inc.  
Post Office Box 1375  
Roswell, NM 88202-1375

4a. Article Number

Z 559 572 208

4b. Service Type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

Tom Boyd

6. Signature: (Addressee or Agent)

X Tom Boyd

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 209

US Postal Service

## Receipt for Certified Mail

Jack Halbert  
Post Office Box 6990  
Tyler, TX 75711

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Jack Halbert  
Post Office Box 6990  
Tyler, TX 75711

4a. Article Number

Z 559 572 209

4b. Service Type

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

7. Date of Delivery

DEC 21 1998

5. Received By: (Print Name)

X Jack Halbert

6. Signature: (Addressee or Agent)

X

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

DEC 21 1998

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 210

US Postal Service

**Receipt for Certified Mail**

Giebel Petroleum Ltd.  
130 Spring Park, Suite 100  
Midland, TX 79705

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Giebel Petroleum Ltd.  
130 Spring Park, Suite 100  
Midland, TX 79705

4a. Article Number

Z 559 572 210

4b. Service type

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

7. Date of Delivery

12-22-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 211

US Postal Service

**Receipt for Certified Mail**

Florence M. Major  
279 W. Strickland Drive  
Del Rio, TX 78840-5729

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Florence M. Major  
279 W. Strickland Drive  
Del Rio, TX 78840-5729

4a. Article Number

Z 559 572 211

4b. Service type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Florence Major*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 212

US Postal Service  
**Receipt for Certified Mail**

Nancy Winter  
c/o Elsa Riess  
15 West 72nd Street, #3N  
New York, NY 10023

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Nancy Winter  
c/o Elsa Riess  
15 West 72nd Street, #3N  
New York, NY 10023

4a. Article Number

Z 559 572 212

4b. Service Type

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

7. Date of Delivery

12/21/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X MARKIN AGBAYARI

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 213

US Postal Service  
**Receipt for Certified Mail**

Warren Sallee  
107 Rocket  
Austin, TX 78734-3814

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Warren Sallee  
107 Rocket  
Austin, TX 78734-3814

4a. Article Number

Z 559 572 213

4b. Service Type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Warren Sallee

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 214

US Postal Service

# Receipt for Certified Mail

E. T. Boyle Trust  
NationsBank #1071004  
Post Office Box 840738  
Dallas, TX 75283

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

E. T. Boyle Trust  
NationsBank #1071004  
Post Office Box 840738  
Dallas, TX 75283

4a. Article Number

Z 559 572 214

4b. Service Type

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Registered                     | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured   |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD       |

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.





Is your **RETURN ADDRESS** completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>■ Complete items 1 and/or 2 for additional services.</li><li>■ Complete items 3, 4a, and 4b</li><li>■ Print your name and address on the reverse of this form so that we can return this card to you.</li><li>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>■ Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>■ The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <b>James T. Wood</b> <b>1917 Rosewood Lane</b> <b>Huntsville, TX 77340-4938</b>		4a. Article Number <b>Z 559 572 215</b>	
4b. Service type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name)  <b>James T. Wood</b>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signatures (Addressee or Agent) <b>X</b>			

PS Form **3811**, December 1994

102595-98-B-0229

**Domestic Return Receipt**

Thank you for using Return Receipt Service.

Z 559 572 216

US Postal Service

**Receipt for Certified Mail**

W. R. Phillips  
1120 Ridgecrest  
Gallup, NM 87301

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

W. R. Phillips  
1120 Ridgecrest  
Gallup, NM 87301

4a. Article Number

Z 559 572 216

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

12-19-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *W. R. Phillips*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 217

US Postal Service

**Receipt for Certified Mail**

R. L. Taylor, Jr.  
NationsBank #1071001  
Post Office Box 840738  
Dallas, TX 75283

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Z 559 572 218

US Postal Service

**Receipt for Certified Mail**

Conoco, Inc.  
Post Office Box 951063  
Dallas, TX 75395

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Conoco, Inc.  
Post Office Box 951063  
Dallas, TX 75395

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 218

4b. Service Type

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

7. Date of Delivery

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Z 559 572 219

US Postal Service

**Receipt for Certified Mail**

Marathon Oil Company  
Post Office Box 890882  
Dallas, TX 75389-0882

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Marathon Oil Company  
Post Office Box 890882  
Dallas, TX 75389-0882

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 219

4b. Service Type

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

7. Date of Delivery

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Z 559 572 220

US Postal Service

**Receipt for Certified Mail**

Louis Dreyfus Natural Gas  
Post Office Box 960116  
Oklahoma City, OK 73196-0116

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Louis Dreyfus Natural Gas  
Post Office Box 960116  
Oklahoma City, OK 73196-0116

4a. Article Number

Z 559 572 220

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 221

US Postal Service

**Receipt for Certified Mail**

Kimberly Kay Combs  
Rt. 3, Box 140  
Nonona, TX 76255

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Kimberly Kay Combs  
Rt. 3, Box 140  
Nonona, TX 76255

4a. Article Number

Z 559 572 221

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 222

US Postal Service

**Receipt for Certified Mail**

Patricia Cherry Stewart  
Post Office Box 578  
Nonona, TX 76225-0578

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Patricia Cherry Stewart  
Post Office Box 578  
Nonona, TX 76225-0578

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Patricia Cherry Stewart*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 222

4b. Service Type

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

7. Date of Delivery

12.21.95

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 223

US Postal Service

**Receipt for Certified Mail**

George A. Chase  
1908 Briscoe Ave.  
Artesia, NM 88210

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

George A. Chase  
1908 Briscoe Ave.  
Artesia, NM 88210

5. Received By: (Print Name)

✓ *Nevea Chase*

6. Signature: (Addressee or Agent)

X ✓ *Nevea Chase*

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 223

4b. Service Type

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

7. Date of Delivery

12.21.95

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 224

US Postal Service

**Receipt for Certified Mail**

Titan Resources  
500 W. Texas Ave.  
Midland, TX 79701

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Titan Resources  
500 W. Texas Ave.  
Midland, TX 79701

4a. Article Number

Z 559 572 224

4b. Service Type

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

7. Date of Delivery

12/21/58

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*[Signature]*  
PS Form 3811, December 1994  
THOMAS INGLE

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 225

US Postal Service

**Receipt for Certified Mail**

Amoco  
200 N. Loraine St.  
Midland, TX 79701

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Amoco  
200 N. Loraine St.  
Midland, TX 79701

4a. Article Number

Z 559 572 225

4b. Service Type

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

7. Date of Delivery

12/28

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*[Signature]*  
PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 226

US Postal Service

**Receipt for Certified Mail**

OXY USA

Post Office Box 50250

Midland, TX 79710

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

OXY USA  
Post Office Box 50250  
Midland, TX 79710

4a. Article Number

Z 559 572 226

4b. Service Type

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

7. Date of Delivery

12-21-90

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 227

US Postal Service

**Receipt for Certified Mail**

BTA

104 South Pecos

Midland, TX 79701

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

BTA  
104 South Pecos  
Midland, TX 79701

4a. Article Number

Z 559 572 227

4b. Service Type

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

7. Date of Delivery

DEC 22 1990

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 228

US Postal Service

## Receipt for Certified Mail

Paul Slayton  
Post Office Box 1936  
Roswell, NM 88202

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Paul Slayton  
Post Office Box 1936  
Roswell, NM 88202

5. Received By: (Print Name)

Ruby Wickersham  
X Ruby Wickersham Seal

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 228

4b. Service Type

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

7. Date of Delivery

DEC 21 1994

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

USPS

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 229

US Postal Service

## Receipt for Certified Mail

Ray Westall  
Post Office Box 4  
Loco Hills, NM 88255-0004

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Ray Westall  
Post Office Box 4  
Loco Hills, NM 88255-0004

5. Received By: (Print Name)

Judy Benito  
X Judy Benito Seal

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 229

4b. Service Type

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

7. Date of Delivery

12-21-98

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

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 230

US Postal Service

**Receipt for Certified Mail**

Fred Allison  
201 W. Wall Avenue  
Midland, TX 79701

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

CERTIFIED

Z 559 572 230

MAIL

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:  
Fred Allison  
201 W. Wall Avenue  
Midland, TX 79701

FIRST CLASS MAIL

RETURNED TO SENDER  
ITEM NOT KNOWN



1ST NOTIC  
2ND NOTIC  
RETURN

#508

Handwritten signatures and dates: 12/18/98, 12/19/98, 12/21/98

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

*201 W. Wall Avenue*  
**Fred Allison**  
**201 W. Wall Avenue**  
**Midland, TX 79701**

4a. Article Number

**Z 559 572 230**

4b. Service type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X**

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

- 1. ☐ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994

102595-96-B-0229

Domestic Return Receipt

Z 559 572 231

US Postal Service  
**Receipt for Certified Mail**

Shell Oil Co.  
200 N. Loraine Street  
Midland, TX 79701

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.16
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Shell Oil Co.  
200 N. Loraine Street  
Midland, TX 79701

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

4a. Article Number

Z 559 572 231

4b. Service Type

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

7. Date of Delivery

2 2 1994

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 232

US Postal Service

**Receipt for Certified Mail**

Merit Energy  
12222 Merit Drive, Suite 1500  
Dallas, TX 75251-3206

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Merit Energy  
12222 Merit Drive, Suite 1500  
Dallas, TX 75251-3206

4a. Article Number

Z 559 572 232

4b. Service Type

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

7. Date of Delivery

12-22-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 233

US Postal Service

**Receipt for Certified Mail**

Burk Royalty Co.  
1000 Petroleum Building  
Post Office Box BRC  
Wichita Falls, TX 76307-7507

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Burk Royalty Co.  
1000 Petroleum Building  
Post Office Box BRC  
Wichita Falls, TX 76307-7507

4a. Article Number

Z 559 572 233

4b. Service Type

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

7. Date of Delivery

DEC 22 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 234

US Postal Service

**Receipt for Certified Mail**

J.C. Thompson  
325 N. Saint Paul, Suite 4500  
Dallas, TX 75201-3828

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

J.C. Thompson  
325 N. Saint Paul, Suite 4500  
Dallas, TX 75201-3828

4a. Article Number

Z 559 572 234

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> CCD                  |

7. Date of Delivery

12-22-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

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, 4a, and 4b.
- 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:

**Exxon**  
**No. 25 Desta Drive**  
**Midland, TX 79705**

4a. Article Number  
**Z 559 572 235**

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X**

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

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

- 1. ☐ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994

102595-98-B-0229

**Domestic Return Receipt**

DELIVERED

Z 559 572 235

MAIL



PO Box 7

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Exxon

No. 25 Desta Drive  
Midland, TX 79705

FIRST CLASS MAIL

UNDELIVERED  
FOR RETURN TO SENDER

US Postal Service  
Receipt for Certified Mail

Z 559 572 235

Exxon  
No. 25 Desta Drive  
Midland, TX 79705

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.23
Postmark or Date	

PS Form 3800, April 1995

DEC 26 1998

1ST NOTICE  
2ND NOTICE  
RETURN

Z 559 572 236

US Postal Service

**Receipt for Certified Mail**

B & W Oil Company  
5944 Luther Ln., Suite 709  
Dallas, TX 75225-5919

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

Z 559 572 237

US Postal Service

**Receipt for Certified Mail**

Ryder Scott Management  
1100 Louisiana, Suite 3800  
Houston, TX 77002

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Ryder Scott Management  
1100 Louisiana, Suite 3800  
Houston, TX 77002

4a. Article Number

Z 559 572 237

4b. Service Type

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

7. Date of Delivery

12-22

5. Received By: (Print Name)

KEVIN DEAN

6. Signature: (Addressee or Agent)

*Kevin Dean*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 559 572 238

US Postal Service

## Receipt for Certified Mail

Windfohr Oil Co.  
Post Office Box 188  
Loco Hills, NM 88255-0188

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Windfohr Oil Co.  
Post Office Box 188  
Loco Hills, NM 88255-0188

5. Received By: (Print Name)

BORDY CLADORN

6. Signature

Bordy Cladorn

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 238

4b. Service Type

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

7. Date of Delivery

12-21-98

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 239

US Postal Service

## Receipt for Certified Mail

Burnett Oil Co., Inc.  
801 Cherry Street, Suite 1500  
Interfirst Tower  
Fort Worth, TX 76102-6815

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Burnett Oil Co., Inc.  
801 Cherry Street, Suite 1500  
Interfirst Tower  
Fort Worth, TX 76102-6815

5. Received By: (Print Name)

X J. M. ...

6. Signature (Addressee or Agent)

X J. M. ...

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 572 239

4b. Service Type

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

7. Date of Delivery

DEC 21 1998

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 240

US Postal Service

**Receipt for Certified Mail**

Armer Oil Co.  
159 N. Riverside Dr.  
Fort Worth, TX 76111-3911

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Armer Oil Co.  
159 N. Riverside Dr.  
Fort Worth, TX 76111-3911

4a. Article Number

Z 559 572 240

4b. Service type

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

7. Date of Delivery

1999

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 241

US Postal Service

**Receipt for Certified Mail**

Lobo Resources  
2000 S. Dairy Ashford, Suite 410  
Houston, TX 77077-5727

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Lobo Resources  
2000 S. Dairy Ashford, Suite 410  
Houston, TX 77077-5727

4a. Article Number

Z 559 572 241

4b. Service type

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

7. Date of Delivery

12/23/93

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 242

US Postal Service

**Receipt for Certified Mail**

J & G Enterprises Ltd. Co.  
Post Office Box 100  
Artesia, NM 88211-0100

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-19
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

J & G Enterprises Ltd. Co.  
Post Office Box 100  
Artesia, NM 88211-0100

4a. Article Number

Z 559 572 242

4b. Service Type

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

7. Date of Delivery

10-27-98

5. Received By: (Print Name)

JAMES E. GUY

6. Signature: (Addressee or Agent)

X James E. Guy

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 243

US Postal Service

**Receipt for Certified Mail**

Devon Energy Corp.  
20 N. Broadway, Suite 1500  
Oklahoma City, OK 73102-82

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Devon Energy Corp.  
20 N. Broadway, Suite 1500  
Oklahoma City, OK 73102-8260

4a. Article Number

Z 559 572 243

4b. Service Type

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

7. Date of Delivery

12-18

5. Received By: (Print Name)

Karen Baker

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 244

US Postal Service

**Receipt for Certified Mail**

Cima Capitan Cima Energy  
1111 Fannin, Suite 1490  
Houston, TX 77002

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Cima Capitan Cima Energy  
1111 Fannin, Suite 1490  
Houston, TX 77002

5. Received By: (Print Name)

John Cedeno

6. Signature: (Addressee or Agent)

X John Cedeno

PS Form 3811, December 1994

4a. Article Number

Z 559 572 244

4b. Service Type

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

7. Date of Delivery

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

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

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

Consult postmaster for fee.

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 572 245

US Postal Service

**Receipt for Certified Mail**

Yates Petroleum Corp.  
105 South 4th Street  
Artesia, NM 88210

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Yates Petroleum Corp.  
105 South 4th Street  
Artesia, NM 88210

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

X Joann Griggs

PS Form 3811, December 1994

4a. Article Number

Z 559 572 245

4b. Service Type

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

7. Date of Delivery

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

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

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

Consult postmaster for fee.

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 181 567 412

US Postal Service

**Receipt for Certified Mail**

Mack Energy Corporation  
Post Office Box 960  
Artesia, NM 88211-0960

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Mack Energy Corporation  
Post Office Box 960  
Artesia, NM 88211-0960

4a. Article Number

**2181 567 412**

4b. Service Type

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

7. Date of Delivery

**12-21-98**

5. Received By: (Print Name)

*Sylvia Hendley*

6. Signature: (Addressee or Agent)

**X** *Sylvia Hendley*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Z 181 567 413  
US Postal Service  
**Receipt for Certified Mail**

Rodney Webb  
Post Office Box 1125  
Artesia, NM 88211-1125

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.19
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Rodney Webb  
Post Office Box 1125  
Artesia, NM 88211-1125

4a. Article Number

2181 567 413

4b. Service Type

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

7. Date of Delivery

12-21-94

5. Received By: (Print Name)

Sue Webb

6. Signature: (Addressee or Agent)

X Sue Webb

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

PS Form 3800 April 1995

Thank you for using Return Receipt Service.

Z 181 567 414

US Postal Service

# Receipt for Certified Mail

Texaco Exploration & Production  
Post Office Box 3109  
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

Texaco Exploration & Production  
Post Office Box 3109  
Midland, TX 79702

4a. Article Number

2 181 567 414

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

2 00

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 181 567 419

US Postal Service

**Receipt for Certified Mail**

C. Beal Family Trust for  
Kelly Beal  
104 South Pecos  
Midland, TX 79701

PS Form 3800, April 1995

Postage	\$ 70
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a, and 4b.
- 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:

C. Beal Family Trust for  
Kelly Beal  
104 South Pecos  
Midland, TX 79701

4a. Article Number

Z 181 567 419

4b. Service Type

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

7. Date of Delivery

DEC 23 1998

5. Received By: (Print Name)

R. Harrell

6. Signature: (Addressee or Agent)

X R. Harrell

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

102595-98-B-0229

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.



Z 181 567 420

US Postal Service

**Receipt for Certified Mail**

Donald B. Anderson  
409 E. College Blvd.  
Roswell, NM 88202

PS Form 3800, April 1995

Postage	\$ .78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.23</b>
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, 4a. and 4b.
- 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:

Donald B. Anderson  
409 E. College Blvd.  
Roswell, NM 88202

4a. Article Number

Z 181 567 420

4b. Service Type

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

7. Date of Delivery

12-21-98

5. Received By: (Print Name)

MARINA MAHAN

6. Signature: (Addressee or Agent)

x Marina Mahan

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 181 567 277

MAIL

Z 181 567 277  
US Postal Service  
Receipt for Certified Mail

Kennedy Oil Co.

Artesia, NM 88210

PS Form 3800, April 1995

Postage	\$ 74
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.23
Postmark or Date	

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
110 NORTH GUADALUPE STREET  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TO:

Kennedy Oil Co.

Artesia, NM 88210

FIRST CLASS MAIL

☐ MOVED LEFT NO ADDRESS  
☐ NOT DELIVERABLE AS ADDRESSEE  
UNABLE TO FORWARD  
☐ UNCLAIMED NOT KNOWN  
NO SUCH STREET - RETURNED  
DO NOT RETAIN IN THIS ENVELOPE  
☐ INSUFFICIENT ADDRESS  
NO MAIL RECEIPTABLE  
BOX CLOSED NO PROGS



1ST NOTICE 12-22  
2ND NOTICE  
RETURN

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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. Do not place this form in the package.
- Write "Return Receipt Requested" on the package before we attach the number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**RECEIVED**

3. Article Addressed to:

DEC 23 1998

4a. Article Number

2 181 567 277

4b. Service Type

Kennedy Oil Co. CAMPBELL, CARR, et.

Artesia, NM 88210

☒ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☐ COD

7. Date of Delivery

☒ Certified

☐ Insured

☐ COD

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

**X**

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102596-98-B-0229

Domestic Return Receipt