## STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

| IN THE MATTER OF THE APPLICATION | : |                |
|----------------------------------|---|----------------|
| OF SEELY OIL COMPANY TO EXPAND   | : | CASE NO. 12740 |
| THE VERTICAL LIMITS OF THE       | : |                |
| UNITIZED FORMATION FOR THE       | : |                |
| CENTRAL EK QUEEN UNIT,           | : |                |
| LEA COUNTY, NEW MEXICO           | : |                |
|                                  |   |                |

## CERTIFICATE OF MAILING AND COMPLIANCE WITH RULE 1207

In accordance with Division Rule 1207, I hereby certify that on September 10, 2001,

correspondence transmitting copies of the application filed in and providing notice of the

above-referenced case, were mailed to the following offset operators:

State of New Mexico Commissioner of Public Lands Attn: Mr. Ray Powell P.O. Box 1148 Santa Fe, NM 87504-1148

Armstrong Energy Corporation P.O. Box 1973 Roswell, NM 88202

Patricia Dean Boswell, Trustee 1320 Lake Street Fort Worth, TX 76102

Burnett Oil Co, Inc. Burnett Plaza, Ste 1500, Unit #9 801 Cherry Street Fort Worth, TX 76102-6881

New Mexico Oil Conservation Division SEELY OIL COMPANY Case No. 12740 - 10/18/01 Examiner Michael Stogner EXHIBIT NO. 11 John E. Casey P.O. Box 10533 Midland, TX 79702

CEB Oil Company 1320 Lake Street Fort Worth, TX 76102

Merlyn W. Dahlin 3220 North Freeway Fort Worth, TX 76111

Shirley Davis 5022 South Point Dr. Arlington, TX 76107

EAB Oil Company 1320 Lake Street Fort Worth, TX 76102

Express Air Drilling, Inc. 3838 Oak Lawn Ave. Two Turtle Creek Village Dallas, TX 75219-4516

Avis J. Fletcher P.O. Box 852 Artesia, NM 88211-0852

Dr. Mary Moore Free Exec. Estate of Da Free, Jr. 4356 Edmondson Dallas, TX 75205

Jeannine B. Googins P.O. Box 2591 Midland, TX 79701

James E. Guy P.O. Box 100 Artesia, NM 88211

Michael J. Havel 7607 Chalkstone Dallas, TX 75248 David Henderson 815 W. 10th Street Fort Worth, TX 76102

Bobby Hicks 15 Stutz Ct. Midland, TX 79705

Houston & Emma Hill Trust Estate 500 W. 7th St., Suite 1802 Fort Worth, TX 76102-4740

J.T. Jackson P.O. Box 100 2302 Sierra Vista Artesia, NM 88211

John P. Oil Company 1320 Lake Street Fort Worth, TX 76102

Marc H. Lowrance, Jr. P.O. Box 9016 Fort Worth, TX 76147

J.C. Maddux 3425 Riverstone Way, #913 Fort Worth, TX 76116

Thomas J. Maddux 3425 Riverstone Way, #913 Fort Worth, TX 76116

Marathon Oil Company P.O. Box 890882 Dallas, TX 75289-0882

McInnes Resources Company P.O. Box 527 Artesia, NM 88211-0527

Bradley A. Pomeroy 7514 E. Hinsdale Ave. Englewood, CO 80112 **Hand Delivered** 

PVB Oil Company 1320 Lake Street Fort Worth, TX 76102

•

John Saleh 502 North 1st Street Lamesa, TX 79331

Bill M. Scales 4709 Oak Trail Fort Worth, TX 76109-1804

C.W. Seely 815 W. 10th Street Fort Worth, TX 76102

Linda W. Smith P.O. Box 9112 Midland, TX 79708-9112

Thomas R. Smith 1409 S. Co. Rd. 1130 Midland, TX 79706

C.W. & F.T. Stumhoffer P.O. Box 100416 Fort Worth, TX 76185

SSV&H Associates 815 W. 10th Street Fort Worth, TX 76102

Windell A. Thomason P.O. Box 411 Midland, TX 79702-0411

J. Cleo Thompson 325 N. St. Paul, Suite 4300 Dallas, TX 75201-3993

WES-TEX Drilling Company, L.P. P.O. Box 3739 Abilene, TX 79604 Wolfberry Royalty, Ltd. P.O. Box 35287 Dallas, TX 75235-0287

.

as reflected by copies of Return Receipt cards, attached as Exhibit "A" hereto.

Respectfully submitted,

LOSEE, CARSON, HAAS & CARROLL, P.A.

By:

Ernest L. Carroll P. O. Box 1720 Artesia, New Mexico 88211-1720 (505)746-3505

Attorneys for Yates Petroleum Corp.

STATE OF NEW MEXICO )

: ss. COUNTY OF EDDY )

SUBSCRIBED AND SWORN TO before me this October 10, 2001.

My commission expires:

06/14/2003

Notary Public

-----

| SENDER: COMPLETE THIS SECTION  | COMPLETENIISSEGNONORODANA  |
|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X   |
| 1. Article Addressed to:   | D. Is délivery address different from item 1? Ves  |
| State of New Mexico<br>Commissioner of Public Lands<br>Attn: Mr. Ray Powell<br>P.O. Box 1148   | SEP 1 4 2001   |
| Santa Fe,1NM 87504-1148  | 3. Service Type<br>Certified Mail C Express Mail<br>Registered Return Receipt for Merchandise<br>Insured Mail C.O.D. |
| 2. Article Number (Copy from service label)<br>7000 1670 0012 1000 7700  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7000         1670         0013         1020         7799           PS Form 3811, July 1999         Domestic F  | Return Receipt 102595-00-M-0952  |
|  |  |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A. Received by (Please Print Clearly) B. Date of Delivery  |
| <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>   | C. Signature   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Des<br>If YES, enter delivery address below: No                        |
| Armstrong Energy Corp.<br>P.O. Box 19732<br>Roswell, NM 88202  | STATELL NAA OB   |
|  | 3. Service Type<br>Diffed Mail Express Mail<br>Registered Return Receipt Dr. Merchandise<br>Insured Mail C.O.D.      |
| 2. Article Number (Copy from service label)<br>7000 1670 0013 1020 7782  | 4. Restricted Delivery? (Extra Fee)  Yes   |
|  | eturn Receipt 102595-00-M-0952   |
|  |  |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4. if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A. Received by (Please/Frint Clearly) B. Date of Delivery  |
| <ul> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>   | C. Signature<br>X Agent<br>D. Is delivery address different from item 1? Yes   |
| 1. Article Addressed to:<br>Patricia Dean Boswell, Trustee<br>1320 Lake Street<br>Fort Worth, TX 76102   | If YES, enter delivery address below:  |
|  | 3. Service Type  3. Certified Mail  Express Mail  Registered Insured Mail C.O.D.                                     |
| 2 Article Number (Conv from service labol)   | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Copy from service label)<br>7000 1670 0013 1020 7881  |  |

~

| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  | A. Received by (Please Print Clearly) B. Date of Delivery   |
|--|---|
| <ul> <li>Print your name and address on the reverse</li> </ul>   | plaue (apuse 1 cost   |
| so that we can return the card to you.   | C/Signature   |
| Attach this card to the back of the mailpiece,   | X / Addressee   |
| or on the front if space permits.  | D. 6 delivery address different from item 1?  Yes   |
| 1. Article Addressed to:   | /If YES, enter delivery address below: No   |
|  |   |
| Burnett Oil Co., Inc.  |   |
| Burnett Plaza, Ste 1500, Unit  | <b>G</b>  |
|  |   |
| 801 Cherry Street  | 3. Service Type   |
| Fort Worth, TX 76102-6881  | 🖾 Certified Mail 🛛 Express Mail   |
|  | Registered Return Receipt for Merchandise   |
|  | Insured Mail C.O.D.   |
|  | 4. Restricted Delivery? (Extra Fee)  Yes  |
| 2. Article Number (Copy from service label)  |   |
| 7000 1670 0013 1020 7874   |   |
| PS Form 3811, July 1999 Domestic R   | eturn Receipt 102595-00-M-0952  |
|  |   |
| · · ·  |   |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
| Complete items 1, 2, and 3. Also complete  | A. Received by (Please Print Clearly) B. Date of Delive   |
| item 4 if Restricted Delivery is desired.  | 9-13-01   |
| Print your name and address on the reverse<br>as that we can return the said to you  | C. Signatura  |
| <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>   | Agent   |
| or on the front if space permits.  | X Mullasey Address  |
| 1. Article Addressed to:   | S delivery address different from item 1?   |
|  | If YES, enter delivery address below:  No   |
| John E. Casey  |   |
| P.O. Box 10533   |   |
| Midland, Tx 79702  |   |
|  |   |
|  | 3. Service Type   |
|  | Certified Mail      Express Mail     Registered     Return Receipt for Merchandis   |
|  | Insured Mail C.O.D.   |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Copy from service label)  |   |
| 7000 1670 0013 1020 7867   |   |
|  | Return Receipt 102595-00-M-095  |
|  |   |
| · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·   |
| SENDER: COMPLETE THE SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| SENDER: COMPLETE THIS SECTION  |   |
|  |   |
| Complete items 1, 2, and 3. Also complete  | A. [Pecceived by (Please/Print Clearly)   B. Date of Derive   |
| item 4 if Restricted Delivery is desired.  | Kent Kitpatrick 9.17  |
| item 4 if Restricted Delivery is desired.<br>Print your name and address on the reverse  | C. Signature/   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>   | C. Signature  |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> </ul>   | C. Signature:<br>X A A A A A A A A A A A A A A A A A A A  |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>   | C. Signature:<br>X A Agent<br>D. Is delivery address different form item 1? Yes   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>   | D. Is delivery address different form item 1? Yes   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:<br/>CEB 011 Company</li> </ul>                           | C. Signature:<br>X A Agent<br>D. Is delivery address different form item 1? Yes   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CEB 0il Company<br/>1320 Lake Street</li> </ul> | C. Signature:<br>X Agent<br>D. Is delivery address different form item 1? Yes   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:<br/>CEB 011 Company</li> </ul>                           | C. Signature:<br>X Agent<br>D. Is delivery address different form item 1? Yes   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CEB 0il Company<br/>1320 Lake Street</li> </ul> | C. Signature:<br>X Agent<br>D. IS delivery address different form item 1? Yes<br>If YES, enter delivery address below: No   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CEB 0il Company<br/>1320 Lake Street</li> </ul> | C. Signature:<br>X Agent<br>D. Is delivery address different form item 1? Yes   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CEB 0il Company<br/>1320 Lake Street</li> </ul> | C. Signature/   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CEB 0il Company<br/>1320 Lake Street</li> </ul> | C. Signature/   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CEB 0il Company<br/>1320 Lake Street</li> </ul> | C. Signature/   |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CEB 0il Company<br/>1320 Lake Street</li> </ul> | All patrick 9.1         C. Signature/         X       Agent         Address         D. Is delivery address different form item 1?       Yes         If YES, enter delivery address below:       No         3. Service Type       Certified Mail       Express Mail         Registered       Return Receipt for Merchandis         Insured Mail       C.O.D. |

| 4 if Restricted Delivery is desired.         your name and address on the reverses that we can return the card to you.         hits card to the back of the malipiece, in the front if space permits.         we Addressed to:         r1yn Dahlin         20 North Freeway         rt Worth, TX 76111         3. Service Type         Microset Mail         Bespired         Insured Mail         Configure         Number (Copy from service label)         0.16 delivery address different from hem 12         0.16 0 0013 1020 7843         m 3811, July 1999         Derestic Return Receipt         11 sumed Mail         Complete terms 1, 2, and 3. Also complete mal freese, and the reverse that we can return the card to you.         and this card to the back of the maliplece, and the reverse that we can return the card to you.         is delivery address different from hem 1?         Yes         Service Type         12 Service Type         13 Service Type         14 Restricted Delivery is desired.         14 Restricted Delivery is desired.         15 Geodeser for the reverse that we can return the card to you.         and this card to the back of the maliplece, and the reverse that the ont if space permits.         16 Lis delivery address below:   | ER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|--|
| 29 North Freeway<br>rt Worth, TX 76111         3. Service Type         20 Certified Mail       Express Mail         Restricted Delivery (Copy from service label)         20 1670 0013 1020 7843         n 3811, July 1999       Domestic Return Receipt         COMPLETE THIS SECTION         mplete items 1, 2, and 3. Also complete<br>mt 4 Restricted Delivery is desired.         nt your name and address on the reverse<br>that we can return the card to you.         cate this card to the back of the mailpiece,<br>on the front if space permits.         cice Addressed to:         hirley Davis         022 South Point Dr.<br>r1lington, TX 76107         Service Type  | nplete items 1, 2, and 3. Also complete<br>in 4 if Restricted Delivery is desired.<br>It your name and address on the reverse<br>that we can return the card to you.<br>ach this card to the back of the mailpiece,<br>on the front if space permits.                                      | C. Signature<br>X MAN Agent<br>D. Is delivery address different from item 1? Yes   |
| Image: Contract Mail       Express Mail         Insured Mail       C.O.D.         Insured Mail       C.O.D.D. <t< td=""><td>rlyn Dahlin<br/>20 North Freeway<br/>rt Worth, TX 76111</td><td></td></t<>   | rlyn Dahlin<br>20 North Freeway<br>rt Worth, TX 76111  |  |
| e Number (Copy from service label) DO 1670 0013 1020 7843 n 3811, July 1999 Dorrestic Return Receipt DEF: COMPLETE THIS SECTION May be can return the card to you. ach this card to the back of the mailpiece, the front if space permits. CS Service Type CX Certified Mail Count Clearly B. Date of Delivery Addressee C. Is delivery address below: No COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly B. Date of Delivery Addressee C. Signature C. S   |  | Certified Mail Express Mail<br>Registered Return Receipt for Merchandise<br>Insured Mail C.O.D.  |
| n 3811, July 1999       Dornestic Return Receipt       102595-00-M-0952         DER: COMPLETE THIS SECTION       COMPLETE THIS SECTION ON DELIVERY         Image: Section of the sect   | le Number (Copy from service label)  |  |
| A. Received by (Please Print Clearly, B. Date of Delivery<br>maint it restricted Delivery is desired.<br>nt your name and address on the reverse<br>that we can return the card to you.<br>ach this card to the back of the mailpiece,<br>on the front if space permits.<br>Icle Addressed to:<br>hirley Davis<br>022 South Point Dr.<br>rlington, TX 76107<br>3. Service Type<br>C. Signature<br>A. Received by (Please Print Clearly, B. Date of Delivery<br>Addressed<br>D. Is delivery address below:<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No  | 0011   | Return Receipt 102595-00-M-0952  |
| Implete items 1, 2, and 3. Also complete   m 4 if Restricted Delivery is desired.   nt your name and address on the reverse   that we can return the card to you.   cach this card to the back of the mailpiece,   on the front if space permits.   icle Addressed to:   hirley Davis   022 South Point Dr.   r:lington, TX 76107     3. Service Type   icle Number (Copy from service label)   7000 1670 0013 1020 7836   orm 3811, July 1999   Domestic Return Receipt   102595-00-M-0952     ER: COMPLETE THIS SECTION   plete items 1, 2, and 3. Also complete   4 if Restricted Delivery is desired.   type and and resons the reverse   at we can return the card to you.   this card to the back of the mailpiece,   n the front if space permits.   e Addressed to:   8 011 Company   10 Lake Street   t Worth, TX 76102     3. Service Type   © Certified Mail   Express Mail   | DER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| that we can return the card to you.<br>ach this card to the back of the mailpiece,<br>on the front if space permits.<br>icle Addressed to:<br>hirley Davis<br>022 South Point Dr.<br>rlington, TX 76107<br>3. Service Type<br>C Certified Mail C.O.D.<br>4. Restricted Delivery? (Extra Fee) Yes<br>icle Number (Copy from service label)<br>7000 1670 0013 1020 7836<br>TO00 1670 0013 1020 | omplete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired.  | 9-19-01  |
| icle Addressed to:       If VES, ever delivery address below:       No         hirley Davis       022 South Point Dr.       If VES, ever delivery address below:       No         22 South Point Dr.       If VES, ever delivery address below:       No         3. Service Type       If Certified Mail       Express Mail         Insured Mail       C.O.D.       Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.       Restricted Delivery? (Extra Fee)       Yes         icle Number (Copy from service label)       7000 1670 0013 1020 7836       102595-00-M-0952         Tom 3811, July 1999       Domestic Return Receipt       102595-00-M-0952         ER: COMPLETE THIS SECTION       COMPLETE THIS SECTION ON DELIVERY         All Beceived by Plettle Print Clearly       B. Date of Delivery         Your name and address on the reverse tat we can return the card to you.       All Beceived by Plettle Print Clearly         All Beceived by Plettle Print Clearly       B. Date of Delivery         G. Signature       Addressee         D. Is delivery address different from item 11?       Yes         If YES, enter delivery address below:       No         Soli1 Company       Service Type       Service Type         Service Type       Service Type       Service Type       Service Type   | that we can return the card to you.<br>tach this card to the back of the mailpiece,<br>on the front if space permits.  | X Mills Agent  |
| 022 South Point Dr.         xrlington, TX 76107         3. Service Type         Image: Service Mail         Registered         Insured Mail         Registered         Insured Mail         Registered         Insured Mail         Registered         Insured Mail         Restricted Delivery?         (Extra Fee)         Itele Number (Copy from service label)         7000         7000         1670         001         1020         7836         Domestic Return Receipt         102595-00-M-0952         ER: COMPLETE THIS SECTION         nplete items 1, 2, and 3. Also complete         4 if Restricted Delivery is desired.         your name and address on the reverse         at we can return the card to you.         ch this card to the back of the mailpiece,         n the front if space permits.         e Addressed to:         3. Oill Company         10         Lake Street         t Worth, TX 76102         3. Service Type         M Certified Mail         Express Mail  | ticle Addressed to:  |  |
| Image: Construct of the mail process of the mail proces  | Shirley Davis<br>5022 South Point Dr.<br>Arlington, TX 76107   |  |
| icle Number (Copy from service label)         7000 1670 0013 1020 7836         form 3811, July 1999       Domestic Return Receipt         102595-00-M-0952         ER: COMPLETE THIS SECTION         nplete items 1, 2, and 3. Also complete         4 if Restricted Delivery is desired.         4 your name and address on the reverse         hat we can return the card to you.         ch this card to the back of the mailpiece,         n the front if space permits.         ie Addressed to:         3 011 Company         10 Lake Street         t Worth, TX 76102             3. Service Type   |  | Image: Certified Mail       □       Express Mail         □       Registered       □       Return Receipt for Merchandise         □       Insured Mail       □       C.O.D. |
| arm 3811, July 1999       Domestic Return Receipt       102595-00-M-0952 <b>ER:</b> COMPLETE THIS SECTION       COMPLETE THIS SECTION ON DELIVERY         Al Beceived by Plete Print Clearly       B. Date of Delivery         Al Beceived by Plete Print Clearly       B. Date of Delivery         Your name and address on the reverse<br>to your name and address on the reverse<br>to this card to the back of the mailpiece,<br>in the front if space permits.       Al Beceived by Plete Print Clearly       B. Date of Delivery         C. Signature  | ticle Number (Copy from service label)   |  |
| A Beceived by Please Print Clearly) B. Date of Delivery<br>4 if Restricted Delivery is desired.<br>ty our name and address on the reverse<br>hat we can return the card to you.<br>ch this card to the back of the mailpiece,<br>in the front if space permits.<br>A Beceived by Please Print Clearly) B. Date of Delivery<br>C. Signature<br>X A Addressee<br>D. Is delivery address different from item 1? Addressee<br>D. Is delivery address different from item 1? Yes<br>If YES, enter delivery address below: No<br>3. Service Type<br>C. Company<br>3. Service Type<br>C. Signature<br>A Beceived by Please Print Clearly) B. Date of Delivery<br>A Addressee<br>D. Is delivery address different from item 1? Yes<br>If YES, enter delivery address below: No   |  |  |
| A Beceived by Please Print Clearly) B. Date of Delivery<br>4 if Restricted Delivery is desired.<br>ty our name and address on the reverse<br>hat we can return the card to you.<br>ch this card to the back of the mailpiece,<br>in the front if space permits.<br>A Beceived by Please Print Clearly) B. Date of Delivery<br>C. Signature<br>X A Addressee<br>D. Is delivery address different from item 1? Addressee<br>D. Is delivery address different from item 1? Yes<br>If YES, enter delivery address below: No<br>3. Service Type<br>C. Company<br>3. Service Type<br>C. Signature<br>A Beceived by Please Print Clearly) B. Date of Delivery<br>A Addressee<br>D. Is delivery address different from item 1? Yes<br>If YES, enter delivery address below: No   |  |  |
| If YES, enter delivery address below:<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No  | <b>DER: COMPLETE THIS SECTION</b><br>Inplete items 1, 2, and 3. Also complete<br>in 4 if Restricted Delivery is desired.<br>It your name and address on the reverse<br>that we can return the card to you.<br>In this card to the back of the mailpiece,<br>on the front if space permits. | A Beceived by Please Print Clear(y) B. Date of Delivery<br>C. Signature<br>X A A A A A A A A A A A A A A A A A A A   |
| 20 Lake Street<br>t Worth, TX 76102<br>3. Service Type<br>S Certified Mail Express Mail  | the Addressed to:  |  |
| 🖾 Certified Mail 🛛 Express Mail  | 20 Lake Street   |  |
| □ Insured Mail □ C.O.D.  |  | Certified Mail  Express Mail Registered Insured Mail C.O.D.  |
| 4. Restricted Delivery? (Extra Fee)       □ Yes         e Number (Copy from service label)       00         10       1670       0013       1020       7829   |  | 4. Restricted Delivery? (Extra Fee)  |

.

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>     | A. Received by (Please Print Clearly) B. Date of Delivery<br>G:[], e[  |
| <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>        | C. Signardree 7<br>X Thygeree Agent<br>Addressee   |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? □ Yes<br>If YES, enter delivery address below: □ No                                    |
| Express Air Drilling, Inc.<br>3838 Oak Lawn Ave.<br>Two Turtle Creek Village<br>Dallas, TX 75219-4516   |  |
| Dallas, IA 75219-4510   | 3. Service Type     3. Certified Mail     Express Mail     Registered     Return Receipt for Merchandise     Insured Mail     C.O.D. |
|   | 4. Restricted Delivery? (Extra Fee)  Yes   |
| 2. Article Number (Copy from service label)<br>7000 1670 0013 1020 7812   |  |
| PS Form 3811, July 1999 Domestic R  | Return Receipt 102595-00-M-0952  |
|   |  |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul> | A. Received by (Please Print Clearly) B. Date of Deliver $9 - (8 - 0)$   |
| <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>            | C. Signature   |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? ☐ Yes<br>If YES, enter delivery address below: ☐ No                                    |
| Avis Fletcher<br>P.O. Box 852<br>Artesia, NM 88211-0852   |  |
|   | 3. Service Type  |
|   | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4282   |  |
| PS Form 3811, July 1999 Domestic F  | Return Receipt 102595-00-M-0952  |
|   | · · · · · · · · · · · · · · · · · · ·  |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul> | A. Received by (Please Print Clearly) B. Date of Delivery  |
| <ul> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>  | C. Signature<br>X D. K. Mary Worth FEA Agent<br>Addressee  |
| 1. Article Addressed to:  | D. ts delivery address bifferent from item 1? U Yes<br>If YES, enter delivery address below: U No                                    |
| Dr. Mary Moore Free<br>Exec. Estate of Da Free, Jr.   |  |
| 4356 Edmondson  |  |
| 4356 Edmondson<br>Dallas, TX 75205  | 3. Service Type<br>Cartified Mail Express Mail<br>Registered Return Receipt for Merchandise<br>Insured Mail C.O.D.                   |

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>   | A. Received by (Please Print Clearing) B. Pata of Bat   |
| <ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | C. Signature  |
| 1. Article Addressed to:  | P. Is delivery address different from item 1? □ Yes     If YES, enter delivery address below: □ No                                  |
| Jeannine B. Googins<br>P.O. Box 2591<br>Midland, TX 79701   | The first of the very address below. In the   |
|   | 3. Service Type   |
|   | 4. Restricted Delivery? (Extra Fee) Yes   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4305   |   |
| PS Form 3811, July 1999 Domestic F  | Return Receipt 102595-00-M-0  |
| · · · · · · · · · · · · · · · · · · ·   | in the second                     |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| Complete items 1, 2, and 3. Also complete<br>item 4 if Restricted Delivery is desired.  | A. Received by (Please Print Clearly) B. Date of Del  |
| Print your name and address on the reverse<br>so that we can return the card to you.  | C. Signature  |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.   | Kamp E Addre  |
| 1. Article Addressed to:  | U is delivery address different from item 1? ☐ Yes<br>If YES, enter delivery address below: ☐ No                                    |
| James E. Guy  |   |
| P.O. Box 100  |   |
| Artesia, NM 88211   |   |
|   | 3. Service Type<br>☐ Certified Mail □ Express Mail<br>□ Registered □ Return Receipt for Merchan                                     |
|   | Insured Mail C.O.D.     A. Restricted Delivery? (Extra Fee) Yes   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4312   |   |
|   | Return Receipt 102595-00-M-0  |
|   | · · · · · · · · · · · · · · · · · · ·   |
| الم المتحدية محتم المعاد الم الم الم الم الم  |   |
| أكلك تستعد متنابعه فتحص النفي الفنوال في الفريد وابع  |   |
| Complete items 1, 2, and 3. Also complete   | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)         B. Date of Deliver                          |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>  |   |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | A. Received by (Please Print Clearly) B. Date of Delive<br>C. Signature<br>Address<br>D. Is delivery address different from item 1? |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>  | A. Received by (Please Print Clearly) B. Date of Delive<br>C. Signature   |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Michael J. Havel<br/>7607 Chalkstone</li> </ul> | A. Received by (Please Print Clearly) B. Date of Delive<br>C. Signature<br>Address<br>D. Is delivery address different from item 1? |

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | Ar Received by (Please Print Clearly) B Gate of Belivery   |
| 1. Article Addressed to:<br>David Henderson<br>815 W. 10th Street<br>Fort Worth, TX 76102   | D. Is delivery address different from item 1? □ Yes<br>If YES, enter delivery address below: □ No  |
|   | 3. Service Type <sup>I</sup> Certified Mail             Registered             Insured Mail             Lostroited Delivery? (Extra Fee)   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4336   |  |
| PS Form 3811, July 1999 Domestic Re   | turn Receipt 102595-00-M-0952  |
|   | and the second   |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | A. Received by (Please Print Clearly)<br>B. Date of Deliver<br>Q-(7-c)<br>C. Signature<br>Addresse   |
| 1. Article Addressed to:  | If YES, enter delivery address below: □ No   |
| Bobby Hicks<br>15 Stutz Ct.<br>Midland, TX 79705  |  |
|   | Service Type     Solution     Certified Mail     Express Mail     Registered     Return Receipt for Merchandise     Insured Mail     C.O.D.  |
|   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4343   |  |
| PS Form 3811, July 1999 Domestic Re   | eturn Receipt 102595-00-M-0952   |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)       B. Date of Delivery         CLENDANELS       C. Signature         X       Complexity         Addressee |
| 1. Article Addressed to:  | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No  |
| Houston & Emma Hill<br>Trust Estate<br>500 W. 7th St., Suite 1802<br>Fort Worth, TX 76102   | 3. Service Type         X Certified Mail       Express Mail         Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.  |
|   | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4350   |  |

.

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> </ul> | A. Received by (Please Print Clearly) B. Date of Denver   |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.  | X Agent   |
| I. Article Addressed to:   | D. As delivery address different from item 10   |
| J. T. Jackson  |   |
| P.O. Box 100   |   |
| 2302 Sierra Vista  | L   |
| Artesia, NM 88211  | 3. Service Type   |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4381  |   |
| S Form 3811, July 1999 Domestic F  | Return Receipt 102595-00-M-0952   |
|  |   |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
| Complete items 1, 2, and 3. Also complete  | A Received by (Flease Print Clearly) B. Date of Deliver   |
| item 4 if Restricted Delivery is desired.  | Kent Killatick 9.17   |
| Print your name and address on the reverse<br>so that we can return the card to you.   | C. Signature  |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.  | X X X A Addresse  |
| 1. Article Addressed to:   | <ul> <li>D. Is delivery address different from item 1?          Yes         If YES, enter delivery address below:</li></ul> |
|  | If FES, enter delivery address below.   |
| John P. Oil Company<br>1320 Lake Street  |   |
| Fort Worth, TX 76102   |   |
|  | 3. Service Type   |
|  | Certified Mail Express Mail<br>Registered Return Receipt for Merchandis   |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4374  |   |
|  | Return Receipt 102595-00-M-095  |
|  | · · · · · · · · · · · · · · · · · · ·   |
|  | an a  |
| ENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| Complete items 1.2, and 3. Also complete item 4 if Restricted Delivery is desired.   | A. Received by (Please Print Clearly) B. Date of Deliver  |
| Print your name an address on the reverse  | C. Signature  |
| Print your name an address on the reverse<br>to that we can reput the card to you.<br>Attach this card to the back of the mailpiece,<br>or on the front if as the permits.                                 | X/OILCHERCLEROND Addressed  |
| or on the kont if an its permits.  | D. Is delivery address different from item 1?  Yes  |
| Article Addressed to:  | If YES, enter delivery address below: 🛛 No 🔭  |
| Marc H. Lowrance, Jr.<br>R.O. Box 9016   |   |
| Fort Worth, TX 76147   |   |
|  |   |
| ng kina<br>Ng kina   | 3. Service Type   |
|  | Registered Return Receipt for Merchandise   |
|  | Insured Mail C.O.D.   |
|  | 4. Restricted Delivery? (Extra Fee)   |

PS:Form 3811, July 1999

•

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A. Received by (Please Print Clearly) B. Date of Delivery   |
| <ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>   | C. Signature Agent  |
| <ol> <li>Article Addressed to:</li> <li>J.C. Maddux</li> <li>3425 Riverstone Way, #913</li> <li>Fort Worth, TX 76116</li> </ol>  | D. Is delivery address different from item 1? Yes<br>If YES, enter delivery address below: No   |
|  | 3. Service Type<br>Certified Mail Express Mail<br>Registered Return Receipt for Merchandise<br>Insured Mail C.O.D.  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4404  | 4. Restricted Delivery? (Extra Fee)   |
|  | eturn Receipt 102595-00-M-0952  |
|  |   |
| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete  | A. Received by (Please Print Clearly) B. Date of Delivery   |
| <ul> <li>item 4 if Restricted Delivery-is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul> | C. Signature<br>X. Schurm, Michaeling Addressee<br>D. Is delivery address different from item 12 Yes  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? U Yes<br>If YES, enter delivery address below: No   |
| Thomas J. Maddux<br>3425 Riverstone Way, #913<br>Fort Worth, TX 76116  |   |
| ·  | 3. Service Type         ☑ Certified Mail       □ Express Mail         □ Registered       □ Return Receipt for Merchandise         □ Insured Mail       □ C.O.D. |
|  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4398  |   |
| PS Form 3811, July 1999 Domestic Rel   | turn Receipt 102595-00-M-0952   |
| SENDER: COMPLETE THIS SECTION<br>Complete items 1, 2, and 3. Also complete<br>item 4 if Restricted Delivery is desired.  | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)         B. Date of Delivery         Complete Complete Clearly                   |
| <ul> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>  | C. Signature  |
| 1. Article Addressed to:<br>Marathon Oil Company<br>P.O. Box 890882  | If YES, enter delivery address below:   |
| Dallas, TX 75289-0882  | 3. Service Type   |
|  | XXCertified Mail         Express Mail           Registered         Return Receipt for Merchandise           Insured Mail         C.O.D.                         |
| 2 Acticle Number (Conv from and the labor  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4411  |   |

PS Form 3811, July 1999

-

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A. Received by (Please Print Clearly) B. Date of Delivery   |
| <ul> <li>a Hint your mane and address of the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>  | X Agent Addressee   |
| 1. Article Addressed to:   | D. Is delivery address different from item 12/ D Yes<br>If YES, enter delivery address below:   |
| Bradley A. Pomeroy<br>7514 E. Hinsdale Ave.<br>Englewood, CO 80112   |   |
|  | 3. Service Type   |
| 2. Article Number (Copy from service label)  | 4. Restricted Delivery? (Extra Fee)  Yes Yes  |
| 7000 1530 0000 1627 4428<br>PS Form 3811, July 1999 Domestic Re  | eturn Receipt 102595-00-M-0952  |
|  | الا الم الم الم الم الم الم الم الم الم   |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>                                   | A. Received by (Plasser Frint Clearly) B. Date of Delivery<br>A. P. A. H. A. P. A. G. A. C. Signature,<br>X. A.             |
| or on the front if space permits.  | D. Is delivery address different from item 1?   |
| 1. Article Addressed to:<br>PVB Oil Company<br>1320 Lake Street<br>Fort Worth, TX 76102  | If YES, enter delivery address below:   |
|  | 3. Service Type         ▲ Certified Mail       □ Express Mail         □ Registered       □ Return Receipt for Merchandise         □ Insured Mail       □ C.O.D. |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4435  |   |
| PS Form 3811, July 1999 Domestic Re  | eturn Receipt 102595-00-M-0952  |
| •  |   |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Received by (Please Print Clearly) B. Date of Delivery<br>M. Kinnison 9-13-01<br>C. Signature<br>X. M. Kinnison 🛛 Agent<br>Addressee                         |
| 1. Article Addressed to:   | <ul> <li>D. Is delivery address different from item 1?</li> <li>If YES, enter delivery address below:</li> <li>No</li> </ul>                                    |
| John Saleh<br>502 N. 1st Street<br>Lamesa, TX 79331  |   |
|  | 3. Service Type         ▲ Certified Mail       □ Express Mail         □ Registered       □ Return Receipt for Merchandise         □ Insured Mail       □ C.O.D. |
| 2 Article Number (Conv from convict 1-1-7)   | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4442  |   |

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | A. Received by (Please Print Clearly) B. Date of Delivery<br>A. R. 5. B. L. L. M. SCALESG-/3<br>C. Signature<br>X M. Bull M. Scher Agent<br>Addressee   |
| 1. Article Addressed to:<br>Bill M. Scales<br>4709 Oak Trail<br>Fort Worth, TX 76109-1804   | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No   |
|   | <ul> <li>3. Service Type</li> <li>3. Certified Mail      Express Mail     Registered     Registered     Insured Mail     C.O.D.     </li> <li>4. Restricted Delivery? (Extra Fee)     Yes</li> </ul>  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4459   |   |
|   | eturn Receipt 102595-00-M-0952  |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>C.W. Seely</li> <li>815 W. 10th Street</li> <li>Fort Worth, TX 76102.</li> </ul> | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)         B. Date of Delivery         G-1         < |
| 2. Article Number (Copy from service label)   | 4. Restricted Delivery? (Extra Fee)  Yes Yes  |
| 7000         1530         0000         1627         4466           PS Form 3811, July 1999         Domestic Ref   | turn Receipt 102595-00-M-0952   |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>1. Article Addressed to:<br/>Thomas R. Smith<br/>1409 S. Co. Rd. 1130<br/>Midland, TX 79706</li> </ul>                                     | A. Received by (Please Print Clearly) B. Date of Delivery<br>C. Signature Agent<br>Addressee<br>Is delivery address otherent from item 1? Yes<br>If YES, enter delivery address below: No   |
|   | 3. Service Type <sup>(1)</sup> Certified Mail <sup>(1)</sup> Registered <sup>(1)</sup> Insured Mail <sup>(1)</sup> Insured Mail <sup>(1)</sup> Restricted Delivery? (Extra Fee) <sup>(1)</sup> Yes  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4480   | 1   |

.

| SENDER: COMPLETE THIS SECTION  |   |
|--|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A. Received by (Please Print Clearly)<br>C. W. Srum Hoffic 9-29-0/  |
| <ul> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>   | C. Signature<br>X C June Agent<br>Address<br>D. Is delivery address different from item 12 Yes  |
| 1. Article Addressed to:   | <ul> <li>☐ D. Is delivery address different from item 1? ☐ Yes</li> <li>If YES, enter delivery address below: ☐ No</li> </ul>   |
| C.W. & F.T. Stumhoffer<br>P.O. Box 100416<br>Fort Worth, TX 76185  |   |
|  | 3. Service Type     3. Certified Mail     Express Mail     Registered     Return Receipt for Merchand     Insured Mail     C.O.D.   |
|  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4503  |   |
| PS Form 3811, July 1999 Domestic R   | Return Receipt 102595-00-M-099  |
|  |   |
| ENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A. Received by (Please Print Clearly) B. Bate of Deliver<br>G. Signature 4  |
| <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>   | D. Is delivery address different from item 1? Yes   |
| . Article Addressed to:  | If YES, enter delivery address below:   |
| SSV&H Associates   |   |
| 815 W. 10th Street<br>Fort Worth, TX 76102   |   |
|  | 3. Service Type         Image: Certified Mail       Express Mail         Image: Certified Registered       Return Receipt for Merchandis         Image: Insured Mail       C.O.D.   |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4497  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| PS Form 3811, July 1999 Domestic Re  |   |
|  | eturn Receipt 102595-00-M-0952  |
|  |   |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>   | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)         B. Date of Delivery         F-full         F-full   |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece.</li> </ul>  | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)       B. Date of Deliv         G-14-0       G-14-0         C. Signature       G. Agent         X       A. Monodul/  |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>  | COMPLETE THIS SECTION ON DELIVERY<br>A. Received by (Please Print Clearly)<br>B. Date of Delivery<br>C. Signature<br>A. Agent   |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>   | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)       B. Date of Deliver         C. Signature       Image: Colspan="2">Image: Colspan="2" Image: Colspan= |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Windell A. Thomason P.O. Box 411</li> </ul> | COMPLETE THIS SECTION ON DELIVERY         A. Received by (Please Print Clearly)       B. Date of Deliver         C. Signature       Image: Colspan="2">Image: Colspan="2" Image: Colspan= |

•

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>   | A. Received by (Please Print Clearly) B. Date of Delivery.<br>9/15/01<br>C. Signature<br>X A. Received by (Please Print Clearly) B. Date of Delivery.<br>9/15/01   |
| or on the front if space permits.  1. Article Addressed to:  | D. Is delivery address different from item 1?  |
| J. Cleo Thompson<br>325 N. St. Paul, Ste 4300<br>Dallas, TX 75201-3993   |  |
|  | 3. Service Type         X Certified Mail       Express Mail         Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4527  |  |
|  | eturn Receipt 102595-00-M-0952   |
|  |  |
|  | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.</li> </ul>   | A. Received by (Please Print Clearly) B. Date of Delivery  |
| <ul> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>  | C. Signature   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No  |
| WES-TEX Drilling Company, LP<br>P.O. Box 3739<br>Abilene, TX 79604   |  |
|  | 3. Service Type         Image: Certified Mail       Express Mail         Image: Certified Mail       Repress Mail         Image: Certified Mail       Receipt for Merchandise         Image: Certified Mail       C.O.D. |
|  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Copy from service label)<br>7000 1530 0000 1627 4534  |  |
| PS Form 3811, July 1999 Domestic R   | leturn Receipt 102595-00-M-0952  |
|  |  |
| SENDER: COMPLETE THIS SECTION  |  |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> </ul>  | A. Received by (Please Print Clearly) B. Date of Deliver   |
| Complete items 1, 2, and 3. Also complete  | A. Received by (Please Print Clearly) B. Date of Deliver<br>G. Signature<br>A. Received by (Please Print Clearly) B. Date of Deliver<br>G. Signature<br>Agent<br>Addressee   |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>   | A. Received by (Please Print Clearly) B. Date of Deliver<br>G. Signature<br>A. Received by (Please Print Clearly) B. Date of Deliver<br>G. Signature<br>D. Is delivery address different from item 1?<br>Yes             |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>   | A. Received by (Please Print Clearly) B. Date of Deliver<br>G-ZZV<br>C. Signature<br>Agent<br>Addressee  |
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Wolfberry Royalty, Ltd.</li> <li>P.O. Box 35287</li> </ul> | A. Received by (Please Print Clearly) B. Date of Delivery<br>G-ZZ-0<br>C. Signature<br>D. Is delivery address different from item 1?<br>Yes  |

## **AFFIDAVIT**

STATE OF NEW MEXICO ) : ss. COUNTY OF EDDY )

I, JAMES E. HAAS, President of MCINNES RESOURCES COMPANY, being duly sworn, on oath, state that I am over the age of 18 years and that I had hand delivered to me McInnes Resources Company's original notice letter together with a copy of Seely Oil Company's Application signed by Ernest L. Carroll, on the 10th day of September, 2001.

DATED this October 10<sup>th</sup>, 2001.

JAMES E. HAAS

SUBSCRIBED AND SWORN TO before me this October 10th, 2001.

My commission expires: (6-14-03)

Notary Public

