

Exhibit "A"

AMAX O&G INC
PO BOX 42806
HOUSTON TX 77242

AMERADA HESS CORP
PO BOX 2040
TULSA OK 74102

AMOCO PROD CO
PO BOX 800
DENVER CO 80201

BRUCE ANDERSON
600 SW TOWER BLDG
HOUSTON TX 77002

APACHE CORP
1700 LINCOLN #1900
DENVER CO 80203-4519

ARCO O&G CO
PO BOX 1610
MIDLAND TX 79701

BASIN MINERALS INC
%WALSH ENG & PROD CORP
204 N AUBURN
FARMINGTON NM 87401

BASIN MINERALS LTD
%WALSH ENG & PROD CORP
204 N AUBURN
FARMINGTON NM 87401

ROBERT L BAYLESS
PO BOX 168
FARMINGTON NM 87499

BCO INC
135 GRANT
SANTA FE NM 87501

BEARTOOTH O&G CO
PO BOX 2564
BILLINGS MT 59103

BHP PET INC
5847 SAN FELIPE STE 3600
HOUSTON TX 77057

BLACKWOOD & NICHOLS CO A LTD PART
PO BOX 1237
DENVER CO 81302

BLEDSON PETRO CORP
1717 MAIN STE 5850
DALLAS TX 75201

BONNEVILLE FUELS CORP
1660 LINCOLN STE 1800
DENVER CO 80264

BRANA CORP
320 GOLD AVE SW #1223
ALBUQUERQUE NM 87102

BRECK OPER CORP
PO BOX 911
BRECKENRIDGE TX 76024-0911

ALEX N CAMPBELL
PO BOX 1387
AZTEC NM 87410

CAULKINS OIL CO
1600 BROADWAY STE 2100
DENVER CO 80202

CINCO LTD
%QUESTA PETROLEUM INC
PO BOX 451
ALBUQUERQUE NM 87103

GRAHAM ROYALTY LTD
1675 LARIMER STE 400
DENVER CO 80202

GREAT LAKES CHEM CORP
PO BOX 2200
W. LAFAYETTE IN 47906

GREAT WESTERN DRLG CO
PO BOX 1659
MIDLAND TX 79702

HALLWOOD PET INC
PO BOX 378111
DENVER CO 80237

W B HAMILTON ESTATE
710 HAMILTON BLDG
WITCHITA FALLS TX 76301

KERNS O&G INC
8700 CROWNHILL STE 705
SAN ANTONIO TX 78209

KIMBARK O&G CO
1660 LINCOLN ST #2700
DENVER CO 80264

KIMBELL OIL CO OF TEX
PO BOX 1097
FARMINGTON NM 87499

KOCH EXPLOR CO
PO BOX 2256
WITCHITA KS 67201

LIONEL R LEVINSON
%BRANA CORP
320 GOLD AVE SW #1223
ALBUQUERQUE NM 87102

CURTIS J LITTLE
PO BOX 1258
FARMINGTON NM 87499

LIVELY EXPLOR CO
1300 POST OAK #1900
HOUSTON TX 77056

M & M PROD & OPER INC
PO BOX 75
COUNSELOR NM 87108

MALLON OIL CO
999 18TH ST STE 1700
DENVER PLACE S TOWER
DENVER CO 80202

MANANA GAS INC
2520 TRAMWAY TERRACE CRT NE
ALBUQUERQUE NM 87122

MARATHON OIL CO
PO BOX 552
MIDLAND TX 79702

T H MCELVAIN O&G PROP
PO BOX 2148
SANTA FE NM 87504-2148

JEROME P MCHUGH
650 S CHERRY ST STE 1225
DENVER CO 80222-1894

MERIDIAN OIL INC
PO BOX 4289
FARMINGTON NM 87499

MERIT ENERGY
12221 MERIT DR STE 500
DALLAS TX 75251

MERRION O&G CORP
PO BOX 840
FARMINGTON NM 87499

MINEL INC
309 WASHINGTON SE
ALBUQUERQUE NM 87108

MW PET CORP
STE 1900
1700 LINCOLN ST
DENVER CO 80203-4519

NAT'L COOP REFINERY ASSOC
9307 WCR 28
PLATTEVILLE CO 80651

NM & O OPER CO
23 WEST 4TH STE 900
TULSA OK 74103-4147

NORTHWEST PIPELINE CORP
PO BOX 58900
SALT LAKE CITY UT 84158-0900

OMIMEX PET INC
PARKWAY 1060
8055 E TUFTS AVE
DENVER CO 80237

P & M PET MGT
1600 BROADWAY STE 1700
DENVER CO 80202

PETROCORP INC
16800 GREENSPPOINT PK DR STE 300 N A
HOUSTON TX 77060-2391

PHILLIPS PET CO
4001 PENBROOK RM 400A
ODESSA TX 79762

PRO MGT
LB 158 GLEN LAKES TOWER #1313
9400 NORTH CENTRAL EXPWY
DALLAS TX 75231

PRO NM INC
141 E PALACE AVE
SANTA FE NM 87501

R&G DRLG CO
PO BOX 9560
PALM SPGS CA 92262

RBD-SHELBY AGENCY
PO BOX 830308
DALLAS TX 75283

RIFE OIL PROPERTIES INC
%DUGAN PROD CORP
PO BOX 420
FARMINGTON NM 87499

LAWRENCE W RITTER
2040 AVE OF THE STARS
ABC ENTERTAINMENT PLAZA
LOS ANGELES CA 90067

ROCANVILLE CORP
PO BOX 191108
DALLAS TX 75219-1108

ROMO CORP
PO BOX 1785
FARMINGTON NM 87499-1785

SAN JUAN RESOURCES OF COLORADO INC
1801 BROADWAY STE 400
DENVER CO 80202

SCHALK DEV CO
PO BOX 25825
ALBUQUERQUE NM 87125

JOHN E SCHALK
PO BOX 25825
ALBUQUERQUE NM 87125

D J SIMMONS CO
PO BOX 1469
FARMINGTON NM 87499

SNYDER OIL CORP
1625 BROADWAY STE 2200
DENVER CO 80202

SOUTHERN UNION EXPLOR CO
400 W 15TH ST STE 615
AUSTIN TX 78701-1693

SOUTHLAND ROYALTY CO
PO BOX 4289
FARMINGTON NM 87499

SOUTHWEST PROD CO
2405 S SHILOH RD
GARLAND TX 75041

TEXACO E&P INC
PO BOX 2100
DENVER CO 80201

DAVE M THOMAS JR. O&G
PO BOX 2026
FARMINGTON NM 87499-2026

TURNER PROD CO
ONE ENERGY SQUARE II #852
4925 GREENVILLE AVE
DALLAS TX 75206-4079

UNION OIL CO OF CALIF
3300 N BUTLER STE 200
FARMINGTON NM 87401

SHERMAN F WAGENSELLER
%BRANA CORP
320 GOLD AVE SW #1223
ALBUQUERQUE NM 87102

WESTERN OIL & MINERALS LTD
PO DRAWER 1228
FARMINGTON NM 87499

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

| | |
|---|---|
| 3. Article Addressed to: MERADA HESS CORP PO BOX 2040 MULSA OK 74102 | 4. Article Number P110653116 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>C. Alexander</i> | |
| 7. Date of Delivery SEP 20 1993 | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery
↑(Extra charge)↑

| | |
|---|---|
| 3. Article Addressed to: APACHE CORP 1700 LINCOLN #1900 DENVER CO 80203-4519 | 4. Article Number P110653114 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery 9/20 | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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

| | |
|--|---|
| 3. Article Addressed to: PO BOX 4838 77210 PO BOX 42806 HOUSTON TX 77242 | 4. Article Number P110653117 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery SEP 23 1993 | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

COLD

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
†(Extra charge)† †(Extra charge)†

| | |
|---|--|
| 3. Article Addressed to: <div style="text-align: center;">ARCO O&G CO PO BOX 1610 MIDLAND TX 79701</div> | 4. Article Number <div style="text-align: center; font-size: 1.2em;">P110653113</div> |
| Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <div style="text-align: center;">SEP 12 1987</div> | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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

| | |
|---|--|
| 3. Article Addressed to: <div style="text-align: center;">BASIN MINERALS INC WALSH ENG & PROD CORP 204 N AUBURN FARMINGTON NM 87401</div> | 4. Article Number <div style="text-align: center; font-size: 1.2em;">P110653112</div> |
| Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <div style="text-align: center;">9-19-93 M. Matthews</div> | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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

| | |
|---|--|
| 3. Article Addressed to: <div style="text-align: center;">ROBERT L BAYLESS PO BOX 168 FARMINGTON NM 87499</div> | 4. Article Number <div style="text-align: center; font-size: 1.2em;">P110653116</div> |
| Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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↑(Extra charge)↑ ↑(Extra charge)↑

| | |
|---|---|
| 3. Article Addressed to: 3CO INC 135 GRANT SANTA FE NM 87501 | 4. Article Number <i>P110653109</i> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>Racassague</i> | |
| 7. Date of Delivery <i>9/20/93</i> | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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

| | |
|--|---|
| 3. Article Addressed to: BLACKWOOD & NICHOLS CO A L PO BOX 1237 DENVER CO 81302 <i>Durango</i> | 4. Article Number <i>P110653106</i> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>Chice detony</i> | |
| 7. Date of Delivery <i>9-22-93</i> | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

| | |
|---|---|
| 3. Article Addressed to: BRANA CORP 320 GOLD AVE SW #1223 ALBUQUERQUE NM 87102 | 4. Article Number <i>P110653103</i> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <i>9/20/93</i> | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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

| | |
|---|---|
| 3. Article Addressed to: <div style="text-align: center; padding: 10px;"> BLEDSON PETRO CORP 1717 MAIN STE 5850 DALLAS TX 75201 </div> | 4. Article Number <div style="text-align: center; font-size: 1.2em; font-family: cursive;">P110653105</div> <div style="border: 1px solid black; padding: 2px;"> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail </div> <div style="border: 1px solid black; padding: 2px;"> Always obtain signature of addressee or agent and DATE DELIVERED. </div> |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <div style="text-align: center; font-size: 1.2em; font-family: cursive;">9/21/93</div> | |

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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

| | |
|---|---|
| 3. Article Addressed to: <div style="text-align: center; padding: 10px;"> BONNEVILLE FUELS CORP 1660 LINCOLN STE 1800 DENVER CO 80264 </div> | 4. Article Number <div style="text-align: center; font-size: 1.2em; font-family: cursive;">P110653104</div> <div style="border: 1px solid black; padding: 2px;"> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail </div> <div style="border: 1px solid black; padding: 2px;"> Always obtain signature of addressee or agent and DATE DELIVERED. </div> |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery | |

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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

| | |
|---|---|
| 3. Article Addressed to: <div style="text-align: center; padding: 10px;"> BRECK OPER CORP PO BOX 911 BRECKENRIDGE TX 76024-0911 </div> | 4. Article Number <div style="text-align: center; font-size: 1.2em; font-family: cursive;">P110653102</div> <div style="border: 1px solid black; padding: 2px;"> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail </div> <div style="border: 1px solid black; padding: 2px;"> Always obtain signature of addressee or agent and DATE DELIVERED. </div> |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <div style="text-align: center; font-size: 1.2em; font-family: cursive;">SEP 20 1993</div> | |

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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↑(Extra charge)↑ ↑(Extra charge)↑

| | |
|--|---|
| 3. Article Addressed to: BEARTOOTH O&G CO PO BOX 2564 BILLINGS MT 59103 | 4. Article Number P110653108 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery 9/20/93 | |

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

| | |
|---|---|
| 3. Article Addressed to: BHP PET INC 5847 SAN FELIPE STE 3600 HOUSTON TX 77057 | 4. Article Number P110653108 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery 9-22-93 | |

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

| | |
|--|---|
| 3. Article Addressed to: BASIN MINERALS LTD WALSH ENG & PROD CORP 204 N AUBURN FARMINGTON NM 87401 | 4. Article Number P110653111 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery 9/19/93 | |

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

| | |
|--|--|
| 3. Article Addressed to: CAULKINS OIL CO 1600 BROADWAY STE 2100 DENVER CO 80202 | 4. Article Number P110653100 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>M. Jennings</i> | |
| 7. Date of Delivery SEP 20 1993 | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

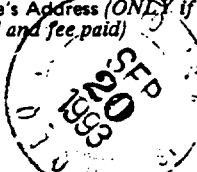
1. ☒ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery
↑(Extra charge)↑

| | |
|--|--|
| 3. Article Addressed to: ROBERT R CLICK PECAN CREEK 8340 MEADOW RD STE 230 DALLAS TX 75231 | 4. Article Number P110653098 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>Bob Beck</i> | |
| 7. Date of Delivery 9/20/93 | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

| | |
|---|--|
| 3. Article Addressed to: CINCO LTD QUESTA PETROLEUM INC PO BOX 451 ALBUQUERQUE NM 87103 | 4. Article Number P110653099 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature — Agent X | |
| 7. Date of Delivery | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

CONOCO INC
10 DESTA DR STE 100W
MIDLAND TX 79705-4500

4. Article Number
P110653096

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee
X

6. Signature - Agent
X *Unita Gonzales*

7. Date of Delivery
9-20-93

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

COLEMAN O&G INC
PO DRAWER 3337
FARMINGTON NM 87499

4. Article Number
P110653097

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
9-21-93 *DM*

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

DNC ENTERPRISES INC
204 N AUBURN
FARMINGTON NM 87401

4. Article Number
P110653094

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee
X

6. Signature - Agent
X *Robert Matthews*

7. Date of Delivery
9-19-93 *M. Martinez*

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

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.


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

| | |
|--|---|
| 3. Article Addressed to: ROBERT C DINTELMAN PO BOX 2406 FARMINGTON NM 87499 | 4. Article Number P110653095 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery | |

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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

| | |
|--|---|
| 3. Article Addressed to: LOUIS DREYFUS NAT GAS CORP 14000 QUAIL SPGS PRKWY STE 600 OKC OK 73134 | 4. Article Number P110653093 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature — Agent X | |
| 7. Date of Delivery | |

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

| | |
|---|---|
| 3. Article Addressed to: DUGAN PROD CORP PO BOX 420 FARMINGTON NM 87499-0420 | 4. Article Number P110653092 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery 9-21-93 | |

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

| | |
|--|--|
| 3. Article Addressed to: E L FUNDINGS LAND 7400 E ORCHARD RD STE 240 ENGLEWOOD CO 80111 | 4. Article Number <div style="font-size: 1.2em; font-family: cursive;">P110653084</div> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Addressee X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery <div style="font-size: 1.2em; font-family: cursive;">9/20/93</div> | |

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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

| | |
|---|--|
| 3. Article Addressed to: ELLIOTT OIL CO PO BOX 1355 ROSWELL NM 88202 | 4. Article Number <div style="font-size: 1.2em; font-family: cursive;">P110652090</div> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>[Signature]</i> | |
| 7. Date of Delivery <div style="font-size: 1.2em; font-family: cursive;">9-20-93</div> | |

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

| | |
|---|--|
| 3. Article Addressed to: F&M O&G CO PO BOX 891 MIDLAND TX 79702-0891 | 4. Article Number <div style="font-size: 1.2em; font-family: cursive;">P110653089</div> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Addressee X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery <div style="font-size: 1.2em; font-family: cursive;">SEP 20 1993</div> | |

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

| | |
|---|--|
| 3. Article Addressed to: <p style="text-align: center;">FLOYD OIL CO 711 LOUISIANA STE 1740 HOUSTON TX 77002</p> | 4. Article Number <p style="text-align: center; font-size: 1.2em;">P110653088</p> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <p style="text-align: center; font-size: 1.2em;">SEP 20 1987</p> | |

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

| | |
|--|--|
| 3. Article Addressed to: <p style="text-align: center;">FORCENERGY GAS EXP INC 2730 SW 3RD AVE STE 800 MIAMI FL 33129</p> | 4. Article Number <p style="text-align: center; font-size: 1.2em;">P110653087</p> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <p style="text-align: center; font-size: 1.2em;">Volanda Casco 9-11-87</p> | |

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

| | |
|---|--|
| 3. Article Addressed to: <p style="text-align: center;">T JACK FOSTER TRUST A PO BOX 4700 FOSTER CITY CA 94404</p> | 4. Article Number <p style="text-align: center; font-size: 1.2em;">P110653086</p> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee X <i>Theresa Herring</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery | |

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to:

FULLER PET INC
500 THROCKMORTON STE 2020
FT WORTH TX 76102

4. Article Number
P110653085

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
SEP 20 1993

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

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

W M GALLAWAY
3005 NORTHRIDGE DR STE I
FARMINGTON NM 87401

4a. Article Number
P110653083

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

7. Date of Delivery
9-20-93

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 ★ U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

TRUST OF ED GERBER/IRIS G DAMSON
PO BOX 2596
FARMINGTON NM 87499-2596

4a. Article Number
P110653082

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

Date of Delivery
9-20-93

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 ★ U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

JOSEPH B GOULD
430 S 3RD ST
LAS VEGAS NV 89101

4a. Article Number

7110653079

4b. Service Type

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

7. Date of Delivery

9-20-92

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

GIANT EXPLOR & PROD CO
PO BOX 2810
FARMINGTON NM 87499

4a. Article Number

7110653081

4b. Service Type

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

7. Date of Delivery

9-21

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

NORMAN LEE GILBREATH
PO BOX 208
AZTEC NM 87410

4a. Article Number

7110653080

4b. Service Type

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

7. Date of Delivery

9-20-93

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GRAHAM ROYALTY LTD
1675 LARIMER STE 400
DENVER CO 80202

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GREAT LAKES CHEM CORP
PO BOX 2200
W. LAFAYETTE IN 47906

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GREAT WESTERN DRLG CO
PO BOX 1659
MIDLAND TX 79702

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

HALLWOOD PET INC
PO BOX 378111
DENVER CO 80237

4a. Article Number

P110653075

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

FRED JALILFAR

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

W B HAMILTON ESTATE
710 HAMILTON BLDG
WITCHITA FALLS TX 76301

4a. Article Number

P110653074

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

Ken Age

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

KERNS O&G INC
8700 CROWNHILL STE 705
SAN ANTONIO TX 78209

4a. Article Number

P110653073

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

Lynda J O'Connor

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

KIMBARK O&G CO
1660 LINCOLN ST #2700
DENVER CO 80264

4a. Article Number

4b. Service Type

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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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:

KIMBELL OIL CO OF TEX
PO BOX 1097
FARMINGTON NM 87499

4a. Article Number

4b. Service Type

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KOCH EXPLOR CO
PO BOX 2256
WITCHITA KS 67201

4a. Article Number

4b. Service Type

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

LIONEL R LEVINSON
%BRANA CORP
320 GOLD AVE SW #1223
ALBUQUERQUE NM 87102

4a. Article Number
P110653069

4b. Service Type

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

7. Date of Delivery
9/10/93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

CURTIS J LITTLE
PO BOX 1258
FARMINGTON NM 87499

4a. Article Number
P110653068

4b. Service Type

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

7. Date of Delivery
9-20-93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

LIVELY EXPLOR CO
1300 POST OAK #1900
HOUSTON TX 77056

4a. Article Number
P110653067

4b. Service Type

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

7. Date of Delivery
9/20

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

MALLON OIL CO
999 18TH ST STE 1700
DENVER PLACE S TOWER
DENVER CO 80202

4a. Article Number

P110653065

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

J. McAndrews

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

MANANA GAS INC
2520 TRAMWAY TERRACE CRT NE
ALBUQUERQUE NM 87122

4a. Article Number

P110653064

4b. Service Type

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

7. Date of Delivery

9-20-93

5. Signature (Addressee)

DR

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

M & M PROD & OPER INC
PO BOX 75
COUNSELOR NM 87108

4a. Article Number

P110653066

4b. Service Type

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

7. Date of Delivery

9-28-93

5. Signature (Addressee)

Lavelle M. Caw

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

MARATHON OIL CO
PO BOX 552
MIDLAND TX 79702

4a. Article Number
P110653063

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
SEP 21 1991

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

T H MCELVAIN O&G PROP
PO BOX 2148
SANTA FE NM 87504-2148

4a. Article Number
P110653062

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
SEP 21 1991

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

JEROME P MCHUGH
650 S CHERRY ST STE 1225
DENVER CO 80222-1894

4a. Article Number
P110653061

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
SEP 21 1991

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

MERIDIAN OIL INC
PO BOX 4289
FARMINGTON NM 87499

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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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:

MERIT ENERGY
12221 MERIT DR STE 500
DALLAS TX 75251

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MERRION O&G CORP
PO BOX 840
FARMINGTON NM 87499

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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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:

ROMO CORP
PO BOX 1785
FARMINGTON NM 87401-1785

4a. Article Number
P110 653 041

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

SAN JUAN RESOURCES OF
COLORADO INC
1801 BROADWAY STE 400
DENVER CO 80202

4a. Article Number
P110 653 040

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
9-20-93

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCHALK DEV CO
PO BOX 25825
ALBUQUERQUE NM 87125

4a. Article Number
P110 653 039

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

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3. Article Addressed to:

MINEL INC
309 WASHINGTON SE
ALBUQUERQUE NM 87108

5. Signature (Addressee)

6. Signature (Agent)

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

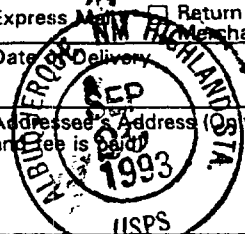
P110653051

4b. Service Type

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

7. Date of Delivery

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



PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MW PET CORP
STE 1900
1700 LINCOLN ST
DENVER CO 80203-4519

5. Signature (Addressee)

6. Signature (Agent)

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

P110653056

4b. Service Type

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

7. Date of Delivery

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

9/20

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

NAT'L COOP REFINERY ASSOC
9307 WCR 28
PLATTEVILLE CO 80651

5. Signature (Addressee)

6. Signature (Agent)

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

P110653055

4b. Service Type

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

7. Date of Delivery

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

9-18-93

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

NM & O OPER CO
23 WEST 4TH STE 900
TULSA OK 74103-4147

4a. Article Number

R10653054

4b. Service Type

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

7. Date of Delivery

SEP 20 1993

5. Signature (Addressee)

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

6. Signature (Agent)

Diana Avila

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

NORTHWEST PIPELINE CORP
PO BOX 58900
SALT LAKE CITY UT 84158-0900

4a. Article Number

P110653053

4b. Service Type

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

7. Date of Delivery

SEP 20 1993

5. Signature (Addressee)

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

6. Signature (Agent)

K. McCoy

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

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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:

OMIMEX PET INC
PARKWAY 1060
8055 E TUFTS AVE
DENVER CO 80237

4a. Article Number

P110653052

4b. Service Type

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

7. Date of Delivery

9-20-93

5. Signature (Addressee)

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

6. Signature (Agent)

B. J. Whitney

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

P & M PET MGT
1600 BROADWAY STE 1700
DENVER CO 80202

4a. Article Number

7110653051

4b. Service Type

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

7. Date of Delivery

SEP 20 1993

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

PHILLIPS PET CO
4001 PENBROOK RM 400A
ODESSA TX 79762

4a. Article Number

7110653049

4b. Service Type

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

7. Date of Delivery

9-20-93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

PRO MGT
LB 158 GLEN LAKES TOWER #1313
9400 NORTH CENTRAL EXPWY
DALLAS TX 75231

4a. Article Number

7110653048

4b. Service Type

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

7. Date of Delivery

9-22-93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

PRO NM INC
141 E PALACE AVE
SANTA FE NM 87501

4a. Article Number

P110653041

4b. Service Type

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

7. Date of Delivery

9-22-93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

R&G DRLG CO
PO BOX 9560
PALM SPGS CA 92262

4a. Article Number

P110653046

4b. Service Type

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

7. Date of Delivery

9/25/93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

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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:

RBD-SHELBY AGENCY
PO BOX 830308
DALLAS TX 75283

4a. Article Number

P110653045

4b. Service Type

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

7. Date of Delivery

SEP 20 1993

5. Signature (Addressee)

6. Signature (Agent)

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

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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:

RIFE OIL PROPERTIES INC
DUGAN PROD CORP
PO BOX 420
FARMINGTON NM 87499

4a. Article Number
P110 653 044

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
9-21-93

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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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:

LAWRENCE W RITTER
2040 AVE OF THE STARS
ABC ENTERTAINMENT PLAZA
LOS ANGELES CA 90067

4a. Article Number
P110 653 043

4b. Service Type

☐ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
9-21-93

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

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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:

ROCANVILLE CORP
PO BOX 191108
DALLAS TX 75219-1108

4a. Article Number
P110 653 042

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
9-20-93

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

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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 E SCHALK
PO BOX 25825
ALBUQUERQUE NM 87125

4a. Article Number
P110652 038

4b. Service Type

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

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery
JAN 10 1993

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J J SIMMONS CO
PO BOX 1469
FARMINGTON NM 87499

4a. Article Number
P110652 037

4b. Service Type

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

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery
JAN 10 1993

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

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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:

SNYDER OIL CORP
1625 BROADWAY STE 2200
DENVER CO 80202

4a. Article Number
P110652 011

4b. Service Type

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

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery
9-17-93

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

| | | | |
|---|--|--|--|
| SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: SOUTHERN UNION EXPLOR CO 400 W 15TH ST STE 615 AUSTIN TX 78701-1693 | | 4a. Article Number <i>P110653010</i> | |
| | | b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | Date of Delivery <i>9/20/93</i> | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) <i>Th. W. ...</i> | | | |

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

| | | | |
|---|--|--|--|
| SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: SOUTHLAND ROYALTY CO PO BOX 4289 FARMINGTON NM 87499 | | 4a. Article Number <i>P110653009</i> | |
| | | b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery <i>9-20-93</i> | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) <i>John Hancock</i> | | | |

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

| | | | |
|---|--|--|--|
| SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: SOUTHWEST PROD CO 2405 S SHILOH RD GARLAND TX 75041 | | 4a. Article Number <i>P110653008</i> | |
| | | b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery <i>9-20-93</i> | |
| 5. Signature (Addressee) <i>Sinda Waterbury</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) | | | |

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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| SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: TEXACO E&P INC PO BOX 2100 DENVER CO 80201 | | 4a. Article Number P110653007 | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery 9-17 | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) 9-17 JH 7001 | | | |

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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| SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: DAVE M THOMAS JR. O&G PO BOX 2026 FARMINGTON NM 87499-2026 | | 4a. Article Number P110652006 | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery 9-17 | |
| 5. Signature (Addressee) June Jones | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) MS | | | |

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

| | | | |
|---|--|---|--|
| SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: TURNER PROD CO ONE ENERGY SQUARE II #852 4925 GREENVILLE AVE DALLAS TX 75206-4079 | | 4a. Article Number P110652005 | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery 9-20-92 | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) Fred E. Jones | | | |

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

UNION OIL CO/OF CALIF
3300 N BUTLER STE 200
FARMINGTON NM 87401

4a. Article Number

P110653004

4b. Service Type

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

7. Date of Delivery

9.20.93

5. Signature (Addressee)

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

6. Signature (Agent)

Melissa [Signature]

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SHERMAN F WAGENSELLER
%BRANA CORP
320 GOLD AVE SW #1223
ALBUQUERQUE NM 87102

4a. Article Number

P110653003

4b. Service Type

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

7. Date of Delivery

9/30/93

5. Signature (Addressee)

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

6. Signature (Agent)

[Signature]

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WESTERN OIL & MINERALS LTD
PO DRAWER 1228
FARMINGTON NM 87499

4a. Article Number

P110653002

4b. Service Type

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

7. Date of Delivery

9-21-93

5. Signature (Addressee)

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

6. Signature (Agent)

Mary Martin

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Amoco Production Company

Southern Rockies Business Unit
Amoco Building
1670 Broadway
Post Office Box 800
Denver, Colorado 80201
303-830-4040

September 15, 1993

CAW-241-986.511

Prorated Pool Operators
Northwest New Mexico

Revision to Deliverability Testing Rules
San Juan Basin

Amoco Production Company is filing an application with the New Mexico Oil Conservation Division (NMOCD) requesting a revision to Rule 9 (d) of Order R-8170-H, General Rules for the Prorated Gas Pools of New Mexico, and to Order R-333-I, Rules of Procedure for Northwest New Mexico, regarding exemptions from deliverability testing. Currently, these orders provide automatic exemption from deliverability testing for wells in Gas Proration Units (GPUs) not capable of producing 250 MCF per month from the Pictured Cliffs formation and 2000 MCF per month for deeper formations. Our recommendation is to raise the average monthly production volume required for "exempt" status to the Monthly Acreage Allocation Factor, F_1 , times the GPU Acreage Factor, A . This would eliminate the requirement for deliverability testing on lower rate wells in marginal GPUs that cannot produce even the acreage portion of the monthly allowable. At the current (Apr 93 - Sept 93) allowable level, the number of wells requiring deliverability testing would be cut in half.

During the past six months, Amoco has held several discussions with the NMOCD on the potential to eliminate some of the work that adds little value to the proration system in the San Juan Basin. Through those discussions, this proposal emerged as one that would be beneficial to all operators and to the NMOCD. The proposed exemption level is not arbitrary but is the portion of allowable assigned to a GPU regardless of its well deliverability. Therefore, wells in GPUs which are not capable of producing at that level should not have to be tested. The proposed exemption level will be responsive to changes in allowables set by the state proration system and will only exempt those lower rate wells in marginal GPUs which are not candidates for reclassification to the non-marginal category.

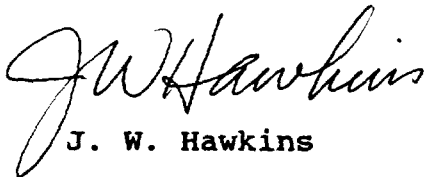
September 15, 1993

Page 2

In order to implement the new procedure in 1994, we are requesting this matter be set for hearing before the Oil Conservation Commission on October 14, 1993. You are not required to attend this hearing, but as an operator in the subject pools, you may appear and present testimony.

The proposal requires only minimal revision to existing rules and procedures. Amoco's recommended language, attached for your review, would replace Rule 9 (d) in Order R-8170-H and incorporate the necessary language changes for the Order R-333-I, Rules of Procedures for Northwest New Mexico to be consistent. Please provide your comments to me at the letterhead mailing address. Copies of your comment letters will be presented at the October 14th hearing. We are hopeful that many of you will attend the hearing and support this proposal. Parties appearing in cases have been requested by the Division (memorandum 2-90) to file a prehearing statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 p.m. on Friday before a scheduled hearing.

Sincerely,

A handwritten signature in cursive script, appearing to read "JWHawkins".

J. W. Hawkins

JWH/jmc

Attachment

**Proposed Revision to
Rule 9(d) Order No. R-8170-H**

Rule 9(d) WELLS EXEMPT FROM TESTING - SAN JUAN BASIN:

A well automatically becomes exempt from testing if the GPU's average monthly production does not exceed or the GPU is not capable of producing an average volume equal to the larger of 1) the pool's current (April-September) Monthly Acreage Allocate Factor, F1, times the GPU Acreage Factor, A, or 2) 250 MCF per month for Pictured Cliffs formation wells and 2,000 MCF per month for deeper formations. (See "Gas Well Testing Rules and Procedures".)

**Proposed Revision to Order R-333-I
Rules & Procedure for Northwest New Mexico
Chapter 1, Section 2.A.2.**

SECTION 2. Annual and Biennial Deliverability and Shut-in Pressure Tests

A. 2. Wells classified as "exempt" shall not be subject to the requirements of annual or biennial deliverability tests.

Classification of wells into or out of the "exempt" status shall be done once each year immediately following the reporting of June production and shall be effective for the succeeding annual test period.

Gas wells completed in the Pictured Cliffs or any shallower formation shall be classified "exempt" if at least three months of production history is available and the well failed to produce, and is incapable of producing, an average volume equal to the larger of 1) the pool's current (April-September) Monthly Acreage Allocate Factor, F1, times the GPU Acreage Factor, A, or 2) an average of 250 MCF or more per month during the months produced within the preceding 12-month period, and the well is classified as marginal in the August Gas Proration Schedule.

Gas wells completed in any formation deeper than the Pictured Cliffs formation shall be classified "exempt" if at least three months of production history is available and the well failed to produce, and is incapable of producing, an average volume equal to the larger of 1) the pool's current (April-September) Monthly Acreage Allocate Factor, F1, times the GPU Acreage Factor, A, or 2) an average of 2000 MCF or more per month during the months produced within the preceding 12-month period, and the well is classified as marginal in the August Gas Proration Schedule.

Gas wells on multiple well Gas Proration Units will not be classified "exempt" unless the Gas Proration Unit is classified as marginal. Any or all wells on a marginal multiple well Gas Proration Unit may be classified as "exempt" provided each Gas Proration Unit so classified meets the qualification for "exempt" status. Gas Proration Units for wells producing from formations deeper than the Pictured Cliffs formation shall be classified "exempt" if at least three months of production history is available and the Gas Proration Unit failed to produce, and is incapable of producing, an average volume equal to the larger of 1) the pool's current (April-September) Monthly Acreage Allocate Factor, F1, times the GPU Acreage Factor, A, or 2) an average of 2000 MCF or more per month during the months produced within the preceding 12-month period, and the well is classified as marginal in the August Gas Proration Schedule. Gas Proration Units are to be classified as "exempt" because of their low producing ability.

The District Supervisor of the Division's Aztec Office may classify a well or Gas Proration Unit as "exempt" at any time if the operator presents sufficient evidence to the District Supervisor indicating that the well or Gas Proration Unit is incapable of producing gas at a higher rate than that rate required for "exempt" classification for wells or Gas Proration Units in that pool.

Once a well or Gas Proration Unit has been declared "exempt" for the following test year, it shall remain classified "exempt" for that test year.