

P 326 937 123

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
WOOSLEY OIL CO.	
Street & Number	
PO DRAWER 1480	
Post Office, State & ZIP Code	
CORTEZ, CO 81321	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1993

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**WOOSLEY OIL CO.
PO DRAWER 1480
CORTEZ, CO 81321**

4a. Article Number

P 326 937 123

4b. Service Type

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

7. Date of Delivery

4/1/94

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Philly woosley*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 937 124

11515

U.S. Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Return to	
KEN BARKER - CITIZENS STATE	
BANK - PO BOX T	
CORTEZ, CO 81321	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Return Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark & Date	

PS Form 3800 April 1995

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MR. KEN BARKER
CITIZENS STATE BANK OF CORTEZ
PO BOX T
CORTEZ, CO 81321

4a. Article Number

P 326 937 124

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Sharonelle Shultz*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 937 125

U.S. Postal Service

Receipt for Certified Mail

Insurance Coverage Provided.

Do not use for international Mail (See reverse)

Sent to:	
AMERICAN EMPLOYERS' INS	
Street & Number:	
ONE BEACON STREET	
Post Office, State, & ZIP Code:	
BOSTON, MA 02108	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom (Date & Addressee) Address:	
TOTAL Postage & Fees	\$
Remarks or Date:	

PS Form 3800 April 1995

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

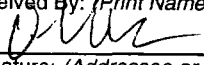
SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:		4a. Article Number	
AMERICAN EMPLOYERS' INSURANCE		P 326 937 125	
ONE BEACON STREET		4b. Service Type	
BOSTON, MA 02108		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery	
		6/6/02	
6. Signature: (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid)	
X			

Thank you for using Return Receipt Service.

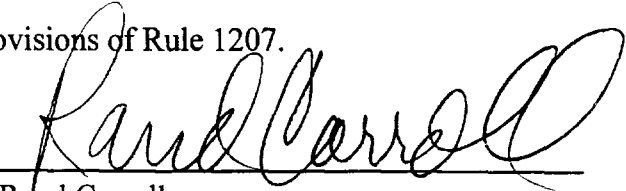
**STATE OF NEW MEXICO ENERGY,
MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION
THROUGH THE SUPERVISOR OF DISTRICT III FOR AN ORDER REQUIRING
SEVEN WELLS LOCATED IN UNITS P, A, D, C, AA, I, ANDJ OF SECS. 08, 17, 16, 16,
16, 11, AND 11, TOWNSHIPS 19 NORTH, RANGES 06 (THE FIRST FIVE WELLS)
AND 05 WEST (THE LAST TWO WELLS), MCKINLEY COUNTY, NEW MEXICO, TO
BE PROPERLY PLUGGED, AUTHORIZING THE DIVISION TO PLUG SAID WELL,
AND ORDERING A FORFEITURE OF THE PLUGGING BOND, IF ANY.**

CASE NO. 11515

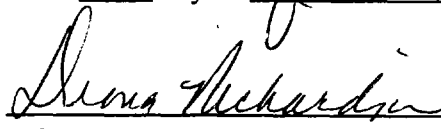
AFFIDAVIT REGARDING NOTICE

1. I am over the age of eighteen and have personal knowledge of the matters stated herein.
2. I am the attorney of record for Applicant.
3. Applicant has conducted a good faith, diligent effort to find the correct addresses of interest owners entitled to receive notice of the Application herein.
4. Notice of the Application was provided to the interest owners at their correct addresses by mailing them, by certified mail, a copy of the Application. Copies of the notice letter and certified return receipts are attached hereto.
5. Applicant has complied with the notice provisions of Rule 1207.



Rand Carroll

SUBSCRIBED AND SWORN TO before me this 5th day of June, 1996,
by Rand Carroll.



NOTARY PUBLIC

My commission expires:

Oct 28, 1997

Woosley

970/565-8245

- ① Woosley Oil Co.
P.O. Drawer 1480
Cortez, CO 81321

- ② Ken Barker
Citizens State Bank of Cortez
P.O. Box T
Cortez, CO 81321

- ③ American Employers Insurance Co.
One Beacon St.
Boston, MA 02108