

Item XIII

PROOF OF NOTICE

Certified Mail Return Receipt Requested, sent to Mr. Tommy Tucker - Landowner. Xerox copy of receipt enclosed.

There are no other lease hold operators within one-half mile.

Certified Mail Return Receipt Requested, sent to Portales News Tribune. Xerox copy of receipt enclosed.

P16 0877100

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                             |   |   |
|-----------------------------|---|---|
| SENT TO                     |   |   |
| Mr. Tommy Tucker            |   |   |
| STREET AND NO               |   |   |
| c/o Mrs. Laura Tucker       |   |   |
| P.O., STATE AND ZIP CODE    |   |   |
| Elida, New Mexico 88116     |   |   |
| POSTAGE \$                  |   |   |
| CONSULT POSTMASTER FOR FEES | CERTIFIED FEE   | ¢ |
|                             | SPECIAL DELIVERY  | ¢ |
|                             | RESTRICTED DELIVERY   | ¢ |
|                             | OPTIONAL SERVICES   |   |
|                             | RETURN RECEIPT SERVICE  |   |
|                             | SHOW TO WHOM AND DATE DELIVERED                                     | ¢ |
|                             | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         | ¢ |
|                             | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            | ¢ |
|                             | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ |
| TOTAL POSTAGE AND FEES \$   |   |   |
| POSTMARK OR DATE            |   |   |

PS Form 3800, Apr. 1976

P16 0877099

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                             |   |   |
|-----------------------------|---|---|
| SENT TO                     |   |   |
| Portales News Tribune       |   |   |
| STREET AND NO               |   |   |
| PO Box 848                  |   |   |
| P.O., STATE AND ZIP CODE    |   |   |
| Portales, NM 88130          |   |   |
| POSTAGE \$                  |   |   |
| CONSULT POSTMASTER FOR FEES | CERTIFIED FEE   | ¢ |
|                             | SPECIAL DELIVERY  | ¢ |
|                             | RESTRICTED DELIVERY   | ¢ |
|                             | OPTIONAL SERVICES   |   |
|                             | RETURN RECEIPT SERVICE  |   |
|                             | SHOW TO WHOM AND DATE DELIVERED                                     | ¢ |
|                             | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         | ¢ |
|                             | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            | ¢ |
|                             | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ |
| TOTAL POSTAGE AND FEES \$   |   |   |
| POSTMARK OR DATE            |   |   |

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RECEIVED

JUL 14 1982

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HOBBS OFFICE