

SENDER:

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- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:
 Murphy Operating Corp.
 P.O. Box 2648
 Roswell, NM 88202

4a. Article Number:
 P084964015

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

7. Date of Delivery:
 8-19-93

5. Signature (Addressee)

6. Signature (Agent)
 Helena Hudgins

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**
RECEIVED AUG 23 1993

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 U.S. MAIL
 CASE NO. 1211/1019/1029/1021

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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:
 Bonnie H. Horrison, Widow
 c/o Carl A. Schellinger
 P.O. Box 447
 Roswell, NM 88202-0447

4a. Article Number:
 P084964023

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

7. Date of Delivery:
 8/19/93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **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:
 Yates Petroleum Corporation
 105 South 4th
 Artesia, NM 88210

4a. Article Number:
 P084964016

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

7. Date of Delivery:
 AUG 19 1993

5. Signature (Addressee)

6. Signature (Agent)

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

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3. Article Addressed to: William K. & Karen V. Martin, Trustee of Martin Living Trust 400 W. Illinois, Suite 1100 Midland, Texas 79701		4a. Article Number P084964020	
5. Signature (Addressee)		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>Mindy Selvera</i>		7. Date of Delivery 8-19-93	
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066		DOMESTIC RETURN RECEIPT RECEIVED AUG 23 1993	

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3. Article Addressed to: Yates Energy Corporation P.O. Box 2323 Roswell, NM 88202		4a. Article Number P084964017	
5. Signature (Addressee)		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>Romelda Burch</i>		7. Date of Delivery 8-20-93	
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066		DOMESTIC RETURN RECEIPT RECEIVED AUG 23 1993	

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3. Article Addressed to: Mobil Producing Texas & New Mexico, Inc., a Delaware Corp. Nine Greenway Plaza, Suite 2700 Houston, Tx 77046 <i>12450 Greenspoint Dr Houston Tx 77060-1996</i>		4a. Article Number P084964018	
5. Signature (Addressee)		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>Laudrea</i>		7. Date of Delivery AUG 25 1993	
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066		DOMESTIC RETURN RECEIPT	

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3. Article Addressed to: McQuiddy Communications & Energy, Inc. PO Box 2072 Roswell, NM 88202-2072 <i>[Signature]</i>		4a. Article Number P084964024 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 checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery 8-18-93	
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

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3. Article Addressed to: Nationsbank of Texas, N.A., Trustee of the Selma E. Andrews Trust U/A #518801 P.O. Box 830308 Dallas, Texas 75283-0308		4a. Article Number P084964019 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 checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery AUG 19 1993	
6. Signature (Agent) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
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3. Article Addressed to: LAJ Corporation 400 W. Illinois, Suite 1100 Midland, Texas 79701		4a. Article Number P084964021 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 checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery 8-19-93	
6. Signature (Agent) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066 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:

Edward H. Hudson
400 West Illinois, Suite 1100
Midland, Texas 79701

4a. Article Number

P084964022

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

8-20-93

5. Signature (Addressee)

Donitaelf

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

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