

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

APPLICATION OF LEWIS B. BURLESON, INC.
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO

CASE NO. 10184

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on November 28, 1990, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for December 19, 1990, to the parties shown in the application as evidenced by the attached copies of return receipt cards.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 18th day
of December, 1990.


Notary Public

My Commission Expires:

7-6-91

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Inez Lanehart McDowell Rt 1 Box 219 Crosby, MS 39633 RE: Burleson (WTK)	4. Article Number P 438 025 243 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 <input type="checkbox"/> Return Receipt for Merchandise 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 12-1-90	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Marian E. Dionne 7301 Bradshaw Dr. New Port Richey, FL 34653 Re: Burleson FP (WTK)	4. Article Number P 438 025 183 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 <input type="checkbox"/> Return Receipt for Merchandise 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 12/3/90	

orm 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Myrtle Andres Perry Rt 1, Box 43 Crosby, MS 39633 Re: Burleson FP (WTK)	4. Article Number P 438 025 184 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 <input type="checkbox"/> Return Receipt for Merchandise 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 12-3-90	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Clyde G. Lanehart
Rt 1 Box 103
Crosby, MS 39633
RE: Burleson (WTK)

4. Article Number
P 438 025 238

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

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

5. Signature — Addressee
X *Clyde G. Lanehart*

6. Signature — Agent
X

7. Date of Delivery
12-3-90

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
William Ernest Lanehart, Jr.
Rt 1 Box 27A
North Zulch, TX 77872
RE: Burleson (WTK)

4. Article Number
P 438 025 239

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

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

5. Signature — Addressee
X *William E. Lanehart*

6. Signature — Agent
X

7. Date of Delivery
12-3-90

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Jessie L. Netterville
Rt 1 Box 117
Crosby, MS 39633
RE: Burleson (WTK)

4. Article Number
P 438 025 230

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

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

5. Signature — Addressee
X *Jessie L. Netterville*

6. Signature — Agent
X

7. Date of Delivery
12-1-90

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Katie Mae L. Hutchinson
General Delivery
Jackson, LA 70748
RE: Burleson (WTK)

4. Article Number
P 438 025 235

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

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

5. Signature — Addressee
X *Katie Mae L. Hutchinson*

6. Signature — Agent
X

7. Date of Delivery

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

RECEIVED DEC 10 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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

3. Article Addressed to:
Brenice Lanehart
Rt 1 Box 115
Crosby, MS 39633
RE: Burleson (WTK)

4. Article Number
P 438 025 237

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

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

5. Signature — Addressee
X *Brenice Nettles*

6. Signature — Agent
X

7. Date of Delivery
12-3-90

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

RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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

3. Article Addressed to:
Silas Lanehart, Jr.
Rt 1 Box 117
Crosby, MS 39633
RE: Burleson (WTK)

4. Article Number
P 438 025 227

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

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

5. Signature — Addressee
X *Brenice Nettles*

6. Signature — Agent
X

7. Date of Delivery
12-3-90

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

RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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

3. Article Addressed to:
Pittsburgh National Bank
Trustee for James Grant, Dec
Box 340747
Pittsburgh, PA 15230
RE: Burleson (WTK)

4. Article Number
P 438 025223

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
DEC - 3 1990

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Gracil Halzip
Rt 1
Crosby, MS 39633
RE: Burleson (WTK)

4. Article Number
P438 025 223

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
12-1-90

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Jack Huff
Box 50190
Midland, TX 79702
RE: Burleson (WTK)

4. Article Number
P 438 025 224

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
12/4

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Benjamin F. Duty 1926 lynnview Dr. Houston, TX 77055 RE: Burleson (WTK)	4. Article Number P 438 025 209 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>Synda Martin</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 10 1990
6. Signature — Agent X	
7. Date of Delivery 12-3-90	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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

3. Article Addressed to: Joyce Fails Rt 1 Box 214 B Sweeney, TX 77480 RE: Burleson (WTK)	4. Article Number P 438 025 220 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>J. C. Fails</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 10 1990
6. Signature — Agent X	
7. Date of Delivery 12-4	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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

3. Article Addressed to: Betty Leake Foreman Box 5 Crosby, MS 39633 RE: Burleson (WTK)	4. Article Number P 438 025 216 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>Betty Leake Foreman</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990
6. Signature — Agent X	
7. Date of Delivery 12-1-90	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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

3. Article Addressed to: Donley Broussard Box 815 Jackson, LA 70748 RE: Burleson (WTK)	4. Article Number P 438 025 207 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 <input type="checkbox"/> Return Receipt for Merchandise 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>Donley Broussard</i>	RECEIVED DEC 10 1990
7. Date of Delivery DEC 5 - 1990	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Melvin Clyde Box 175 Angleton, TX 77515 RE: Burleson (WTK)	4. Article Number P 438 025 208 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 <input type="checkbox"/> Return Receipt for Merchandise 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>Melvin Clyde</i>	RECEIVED DEC 10 1990
7. Date of Delivery DEC - 5 1990	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Wanda W. Della Costa 1039 West Cook Santa Maria, CA 93454 RE: Burleson (WTK)	4. Article Number P 438 025 214 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>Wanda W. Della Costa</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	RECEIVED DEC 10 1990
7. Date of Delivery 12-4-90	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Frances Andahl Box 848 San Andres, CA 95249 RE: Burleson (WTK)	4. Article Number P 438 025 204 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>Frances Andahl</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990
6. Signature — Agent X	
7. Date of Delivery DEC 4 - 1990	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Hillrie J. Anders Rt. 1 Box 42 Crosby, MS 39633 RE: Burleson (WTK)	4. Article Number P 438 025 212 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>Hillrie Anders</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990
6. Signature — Agent X	
7. Date of Delivery 12-1-90	

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

3. Article Addressed to: Emily Bowers Wright Box 577 Cooperstown, NY 13326 RE: Burleson (WTK)	4. Article Number P 438 025 206 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>Emily Bowers Wright</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 11 1990
6. Signature — Agent X	
7. Date of Delivery	

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

3. Article Addressed to:
Louise Leake
3756 Eaton
Baton Rouge, LA 70805
RE: Burleson (WTK)

4. Article Number
P 438 025 231

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *Louise Leake*

6. Signature — Agent
X

7. Date of Delivery

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

RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Clarence Leake, Jr.
3756 Eaton
Baton Rouge, LA 70805
RE: Bulreson (WTK)

4. Article Number
P 438 025 242

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *Louise Leake*

6. Signature — Agent
X

7. Date of Delivery

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

RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Philip Leake
3756 Eaton
Baton Rouge, LA 70805
RE: Burleson (WTK)

4. Article Number
P 438025 232

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *Louise Leake*

6. Signature — Agent
X

7. Date of Delivery

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

RECEIVED DEC 10 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Inez Lanehart McDowell
Rt 1 Box 219
Crosby, MS 39633
RE: Burleson (WTK)

4. Article Number
P 438 025 243

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

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

5. Signature — Addressee
X

6. Signature — Agent
X *Doris A. McDowell*

7. Date of Delivery
12-1-90

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

RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Marian E. Dionne
7301 Bradshaw Dr.
New Port Richey, FL 34653
Re: Burleson FP (WTK)

4. Article Number
P 438 025 183

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

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

5. Signature — Addressee
X

6. Signature — Agent
X *Marian E. Dionne*

7. Date of Delivery
12/3/90

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

RECEIVED DEC 07 1990

orm 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Myrtle Andres Perry
Rt 1, Box 43
Crosby, MS 39633
Re: Burleson FP (WTK)

4. Article Number
P 438 025 184

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

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

5. Signature — Addressee
X *Myrtle Andres*

6. Signature — Agent
X

7. Date of Delivery
12-3-90

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

RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Anna M. Thompson
P.O. Box 812
Dickinson, TX 77539
Re: Burleson FP (WTK)

4. Article Number
P 438 025 189

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *mm*
X *Anna M. Thompson*

6. Signature - Agent
X

7. Date of Delivery
DEC 3 1990

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 07 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Thelma Vikstrom
918 Karl-Johan Ave.
Tacoma, WA 98465
Re: Burleson FP (WTK)

4. Article Number
P 438 025 190

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Thelma Vikstrom*

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 13 1990
TACOMA, WA U.S.G.P.O. 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Linda Lanehart Williams
Rt 1 Box 115
Crosby, MS 39633
Re: Burleson FP (WTK)

4. Article Number
P 438 025 329

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Bernice Nettles*

6. Signature - Agent
X

7. Date of Delivery
12-3-90

8. Addressee's Address (ONLY if requested and fee paid)
RECEIVED DEC 10 1990

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT