

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: Burluson (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) RECEIVED DEC 07 1990
6. Signature - Agent X <i>Doris M. Lanehart</i>	
7. Date of Delivery 12-19-90	

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: Burluson 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) RECEIVED DEC 07 1990
6. Signature - Agent X <i>Marian E. Dionne</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: Burluson 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>Myrtle Andres</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990
6. Signature - Agent X	
7. Date of Delivery 12-3-90	

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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:
 Clyde G. Lanehart
 Rt 1 Box 103
 Crosby, MS 39633
 RE: Burluson (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

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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: Burluson (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

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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: Burleosl (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

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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: Burluson (WTK)	4. Article Number P 438 025 235 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>Katie Mae L. Hutchinson</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 10 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: Brenice Lanehart Rt 1 Box 115 Crosby, MS 39633 RE: Burluson (WTK)	4. Article Number P 438 025 237 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>Brenice Nettles</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990
6. Signature - Agent X	
7. Date of Delivery <i>12-3-90</i>	

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: Burluson (WTK)	4. Article Number P 438 025 227 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>Brenice Nettles</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990
6. Signature - Agent X	
7. Date of Delivery <i>12-3-90</i>	

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. 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: <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
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	
7. Date of Delivery 1	
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. 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: <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
5. Signature - Addressee X <i>Gracie Halzip</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
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. 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: <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
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	
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:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Lynda Martin*

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**

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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 Falls
Rt 1 Box 214 B
Sweeney, TX 77480
RE: Burleson (WTK)

4. Article Number
P 438 025 220

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 *J.C. Falls*

6. Signature - Agent
X

7. Date of Delivery
12-4

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

RECEIVED DEC 10 1990

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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:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Betty Leake Foreman*

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

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

3. Article Addressed to: Donley Broussard Box 815 Jackson, LA 70748 RE: Burluson (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) RECEIVED DEC 10 1990
6. Signature - Agent X <i>Sheila Broussard</i>	
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. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Melvin Clyde Box 175 Angleton, TX 77515 RE: Burluson (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) RECEIVED DEC 10 1990
6. Signature - Agent X <i>Robert Freeman</i>	
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. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Wanda W. Della Costa 1039 West Cook Santa Maria, CA 93454 RE: Burluson (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 <i>Wanda Della Costa</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 10 1990
6. Signature - Agent X	
7. Date of Delivery 12-4-90	

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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: 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 <i>Frances Andahl</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	RECEIVED DEC 07 1990
7. Date of Delivery DEC 4 - 1990	

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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 <i>Hillrie Anders</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	RECEIVED DEC 07 1990
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 checked="" 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 <i>Emily Bowers Wright</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	RECEIVED DEC 11 1990
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: Burluson (WTK)	4. Article Number P 438 025 231
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 <u>DATE DELIVERED</u> .	
5. Signature - Addressee X <i>Louise Leake</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990 U.S. POSTAL SERVICE DOMESTIC RETURN RECEIPT
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: Clarence Leake, Jr. 3756 Eaton Baton Rouge, LA 70805 RE: Bulreson (WTK)	4. Article Number P 438 025 242
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 <u>DATE DELIVERED</u> .	
5. Signature - Addressee X <i>Louise Leake</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990 U.S. POSTAL SERVICE DOMESTIC RETURN RECEIPT
6. Signature - Agent X	
7. Date of Delivery	

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

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: Philip Leake 3756 Eaton Baton Rouge, LA 70805 RE: Burluson (WTK)	4. Article Number P 438025 232
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 <u>DATE DELIVERED</u> .	
5. Signature - Addressee X <i>Louise Leake</i>	8. Addressee's Address (ONLY if requested and fee paid) RECEIVED DEC 07 1990 U.S. POSTAL SERVICE DOMESTIC RETURN RECEIPT
6. Signature - Agent X	
7. Date of Delivery	

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

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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. Burleson*

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

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:
 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

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:
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

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: Anna M. Thompson P.O. Box 812 Dickinson, TX 77539 Re: Burleson FP (WTK)	4. Article Number P 438 025 189 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>Anna M. Thompson</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery DEC 3 1990	

RECEIVED DEC 07 1990

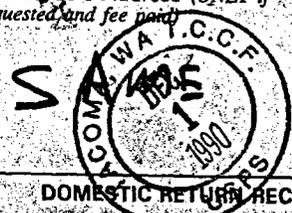
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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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: <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>Thelma Vikstrom</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

RECEIVED DEC 13 1990

S 

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: Linda Lanehart Williams Rt 1 Box 115 Crosby, MS 39633 Re: Burleson FP (WTK)	4. Article Number P 438 025 329 Type of Service: <input type="checkbox"/> Registered <input checked="" 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>Bernice Nettles</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 12-3-90	

RECEIVED DEC 10 1990

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