

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:  
**CAVALCADE OIL CORP.**  
**P.O. Box 16187**  
**LUBBOCK, TX 79490**

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Tonia Inad*

6. Signature - Agent  
X

7. Date of Delivery

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

*JAN 15 1986*

DOMESTIC RETURN RECEIPT

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3. Article Addressed to:  
**SNYDER RANCHES**  
**P.O. Box 726**  
**LOUINGTON, NM 88260**

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Shirley L*

6. Signature - Agent  
X

7. Date of Delivery  
*1/17/86*

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

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- ☐ Restricted Delivery.

3. Article Addressed to:  
**CONOCO INC**  
**P.O. Box 460**  
**HOBBS, NM 88240**

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *Jane J. Allen*

7. Date of Delivery  
*1-16-86*

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

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3. Article Addressed to:  
**MARALO INC**  
**P.O. Box 832**  
**MIDLAND, TX 79702**

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Bob*

6. Signature - Agent  
X

7. Date of Delivery  
*1-15-86*

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

DOMESTIC RETURN RECEIPT

RECEIVED  
COMMUNICATIONS DIVISION

C+C UNIT NO. 2

CASE NO. 8816