

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.

1. ☒ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Doyle Hartman  
P. O. Box 10426  
Midland, Texas 79702

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 131 072 107  
☐ Express Mail

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

5. Signature - Addressee  
X

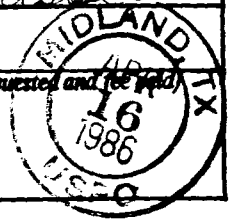
6. Signature - Agent  
X *Debra Robertson*

7. Date of Delivery

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

HCW

DOMESTIC RETURN RECEIPT



BEFORE EXAMINER CATANACH  
OIL CONSERVATION DIVISION  
HCW EXHIBIT NO. 10  
CASE NO. 8894

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
  - Attach to front of article if space permits, otherwise affix to back of article.
  - Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

Kellahin & Kellahin (WTK)

P. O. Box 2265

(Name of Sender)

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

Santa Fe, New Mexico 87501

(City, State, and ZIP Code)

PENALTY FOR PRIVATE USE: \$300

