

BILL SELTZER

214 WEST TEXAS, SUITE 507

MIDLAND, TEXAS 79701

EXAMINER STOGNER	
CONSERVATION DIVISION	
OXY	EXHIBIT NO. 4
SE NO.	9514 + 9515

, CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

The Estate of Mellie Stanford
c/o Charles B. Stanford and Harold P. Stanford
Route 4
Sulligent, AL 35586

Gentlemen:

According to our information the Estate of Mellie Stanford is the owner of a 6/1728 unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request the Estate of Mellie Stanford to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

Bill Seltzer
Bill Seltzer

_____ I desire to sell my mineral interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico.

_____ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

BILL SELTZER

214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

, CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

Coleman Jackson
Route 5, Box 71
Lawrenceberg, TN 38464

Dear Mr. Jackson:

According to our information you are the owner of a 1/1728
unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold
interest covering the above lands and, as operator, proposes to
drill on or before December 15, 1988 two (2) 10,500' test wells
on the captioned lands.

We request you to join OXY in the drilling of the test wells and
pay your proportionate share of the cost of drilling, completing
and operating said well or we will purchase all of your mineral
interest at the rate of \$150.00 per acre or purchase a 5 year
Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of
\$50.00 per acre.

If you desire to join, please execute the attached AFE and return
in the enclosed envelop and we will prepare an operating
agreement for your execution. If you do not desire to join
please indicate in the space provided below your preference to
sell or lease your interest.

We have this date filed an application with the New Mexico Oil
Conservation Division in Santa Fe, New Mexico to compulsory pool
all unleased mineral owners. This hearing will be scheduled for
October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

_____ I desire to sell my mineral interest in Sections 17, 20,
and 29, T-19-S, R-36-E, Lea County, New Mexico.

_____ I desire to lease my interest in Sections 17, 20, and 29,
T-19-S, R-36-E, Lea County, New Mexico. Please list your
correct name, address and social security number.

BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

1 CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

The Estate of Edna Davis
c/o Bill Davis
Route 1, Box 72
Bina, AL 35593

Dear Mr. Davis:

According to our information the Estate of Edna Davis is the owner of a 12/1728 unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request the Estate of Edna Davis to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

_____ I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.

_____ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

BILL SELTZER

214 WEST TEXAS, SUITE 507

MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

Mr. Hal Jackson
Route 11, Box 350
Jasper, AL 35501

Dear Mr. Jackson:

According to our information you are the owner of a 2/1728
unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold
interest covering the above lands and, as operator, proposes to
drill on or before December 15, 1988 two (2) 10,500' test wells
on the captioned lands.

We request you to join OXY in the drilling of the test wells and
pay your proportionate share of the cost of drilling, completing
and operating said well or we will purchase all of your mineral
interest at the rate of \$150.00 per acre or purchase a 5 year
Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of
\$50.00 per acre.

If you desire to join, please execute the attached AFE and return
in the enclosed envelop and we will prepare an operating
agreement for your execution. If you do not desire to join
please indicate in the space provided below your preference to
sell or lease your interest.

We have this date filed an application with the New Mexico Oil
Conservation Division in Santa Fe, New Mexico to compulsory pool
all unleased mineral owners. This hearing will be scheduled for
October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

_____ I desire to sell my mineral interest in Sections 17, 20,
and 29, T-16-S, R-36-E, Lea County, New Mexico.

_____ I desire to lease my interest in Sections 17, 20, and 29,
T-19-S, R-36-E, Lea County, New Mexico. Please list your
correct name, address and social security number.

BILL SELTZER

214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

September 28, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

Mrs. Dorothy L. Jackson
P.O. Box 764
Winter Haven, Florida 33823

Dear Mrs. Jackson:

On July 25, 1988, I forwarded to you an Oil and Gas Lease and draft covering the captioned lands and other lands.

On August 12, 1988, you wrote me and requested that I send a check for the bonus consideration instead of a draft.

On August 25, 1988 I forwarded to you my personal check in the amount of \$25.47 to cover the bonus consideration for the Oil and Gas Lease.

I phoned you this date requesting you to execute the Oil and Gas Lease and return same immediately.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well.

If you desire to join, please execute the attached AFE and return in the enclosed envelope and we will prepare an operating agreement for your execution. If you do not desire to join please execute the Oil and Gas Lease and return same immediately.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

' CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

Mr. John C. Jackson
1180 North Pine
Marshfield, MO 65706

Dear Mr. Jackson:

According to our information you are the owner of a 1/720
unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold
interest covering the above lands and, as operator, proposes to
drill on or before December 15, 1988 two (2) 10,500' test wells
on the captioned lands.

We request you to join OXY in the drilling of the test wells and
pay your proportionate share of the cost of drilling, completing
and operating said well or we will purchase all of your mineral
interest at the rate of \$150.00 per acre or purchase a 5 year
Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of
\$50.00 per acre.

If you desire to join, please execute the attached AFE and return
in the enclosed envelop and we will prepare an operating
agreement for your execution. If you do not desire to join
please indicate in the space provided below your preference to
sell or lease your interest.

We have this date filed an application with the New Mexico Oil
Conservation Division in Santa Fe, New Mexico to compulsory pool
all unleased mineral owners. This hearing will be scheduled for
October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

_____ I desire to sell my mineral interest in Sections 17, 20,
and 29, T-19-S, R-36-E, Lea County, New Mexico.

_____ I desire to lease my interest in Sections 17, 20, and 29,
T-19-S, R-36-E, Lea County, New Mexico. Please list your
correct name, address and social security number.

BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

The Estate of Orbery Jackson
c/o Mrs. Orbery Jackson
Route 2, Box 97
Prospect, TN 38477

Dear Mrs. Jackson:

According to our information the Estate of Orbery Jackson is the owner of a 1/1728 unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

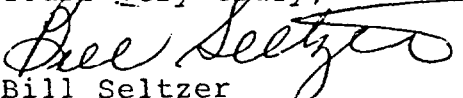
We request the Estate of Orbery Jackson to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

_____ I desire to sell my mineral interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico.

_____ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

Fold at line over top of envelope to return
of the return address

CERTIFIED

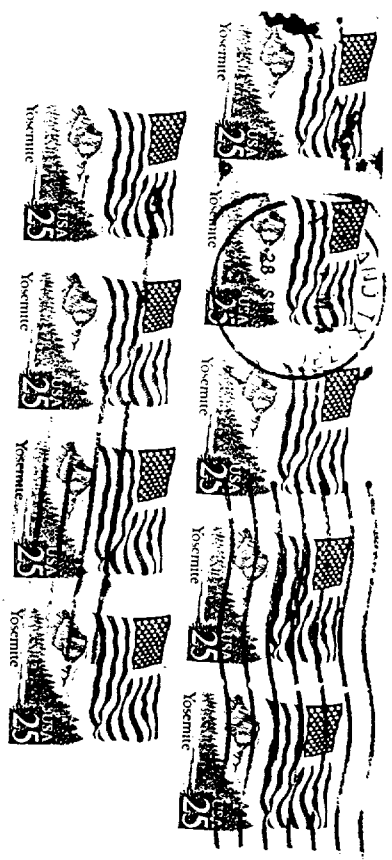
P 750 494 255

MAIL

Refused

REASON CERTIFIED
No such office in state
No such street
No such person
No such name

John S. Jackson
1180 North Pine
Marshfield, MO 65706



~~Postage paid~~

12-12-27

P 750 494 159

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Dorothy L. Jackson	
Street and Number P.O. Box 764	
City, State and ZIP Code Winter Haven, FL 33823	
Postage	\$.25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/28/88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-266

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. 2. ☐ Restricted Delivery [†](Extra charge)†

Article Addressed to:
Dorothy L. Jackson
P.O. Box 764
Winter Haven, FL 33823
Auburn da/c

4. Article Number
P 750 494 159

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

Signature - Addressee
Dorothy L. Jackson

Signature - Agent
[Signature]

7. Date of Delivery
10/3/88

Postmark: **W. H. 9 10 1008/**

DOMESTIC RETURN RECEIPT

P 750 494 152

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Mr. Hal Jackson	
Street and Number Route 11, Box 350	
City, State and ZIP Code Jasper, AL 35501	
Postage	\$.25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/28/88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-266

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. 2. ☐ Restricted Delivery [†](Extra charge)†

Article Addressed to:
Mr. Hal Jackson
Route 11, Box 350
Jasper, AL 35501

4. Article Number
P 750 494 152

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

Signature - Addressee
Hal Jackson

Signature - Agent
[Signature]

7. Date of Delivery
10/4/88

DOMESTIC RETURN RECEIPT

P 750 494 158

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
The Estate of Edna Davis	
c/o Bill Davis	
Route 1, Box 772	
Bina, AL 35593	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
9/28/88	

PS Form 3800, June 1985

1. 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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
Article Addressed to: The Estate of Edna Davis c/o Bill Davis Route 1, Box 772 Bina, AL 35593	
4. Article Number P 750 494 158	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X Charles Davis	
7. Date of Delivery 10-4-88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-176-268 DOMESTIC RETURN RECEIPT

P 750 494 161

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
The Est. of Mellie Stanford	
c/o Charles B. and Harold P. Stanford	
Route 4	
Sulligent, AL 35586	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
9/28/88	

PS Form 3800, June 1985

1. 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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
Article Addressed to: The Estate of Mellie Stanford c/o Charles B. and Harold P. Stanford Route 4 Sulligent, AL 35586	
4. Article Number P 750 494 161	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X Charles B. Stanford	
7. Date of Delivery 10-3-88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-176-268 DOMESTIC RETURN RECEIPT

P 750 494 156

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Joseph T. Jackson	
Street and No. 12553 Mantilla Road	
City, State and ZIP Code San Diego, CA 92128	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/28/88	

Return of envelope to the right

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. 2. ☐ Restricted Delivery
(Extra charge)

Article Addressed to:
Joseph T. Jackson
2553 Mantilla Road
San Diego, CA 92128

4. Article Number
P 750 494 156

Type of Service:
☒ Certified ☐ Insured
☐ Registered ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

Signature - Addressee
Joseph T. Jackson

Signature - Agent
[Signature]

Date of Delivery
SEP 30 1988

Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 750 494 157

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to H.T. Stanford	
Street and No. P.O. Box 3392	
City, State and ZIP Code Oxford, AL 36201	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/28/88	

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. 2. ☐ Restricted Delivery
(Extra charge)

Article Addressed to:
H.T. Stanford
P.O. Box 3392
Oxford, AL 36201

4. Article Number
P 750 494 157

Type of Service:
☒ Certified ☐ Insured
☐ Registered ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee
H.T. Stanford

6. Signature - Agent
[Signature]

7. Date of Delivery
SEP 30 1988

Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

BILL SELTZER

214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

TO THE ATTACHED LIST OF OWNERS:

Gentlemen:

According to our information you are the owner of an unleased mineral interest shown opposite your names on the attachment.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request each of you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

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_____ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

Owner	Interest	Acres
Mervin Harrell Route 1, Box 142 Tremont, Miss. 38876	1/2016	.01984
✓ W.M. Harrell 207 Lake Street Trussville, AL 35173	1/2016	.01984
O.U. Harrell Estate c/o Joyce Windham 115 Woodglen Place Brandon, Miss. 39042 Heirs: Joyce Windham Joan Harrell Dr. Rebecca Harrell	1/2016	.01984
Vera L. Chism Route 1, Box 461 Fulton, Miss. 38843	1/2016	.01984
Michele Alverson Route 5, Box 91 Haleyville, AL 35565	1/2016	.01984
Margie H. Pounders Route 2, Box 249 Golden, Miss. 38847	1/2016	.01984
Enola F. Pounders P.O. Box 251 Haleyville, AL 35565	1/2016	.01984

BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

TO THE ATTACHED LIST OF OWNERS:

Gentlemen:

According to our information you are the owner of an unleased mineral interest shown opposite your names on the attachment.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

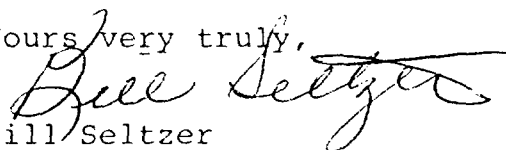
We request each of you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,


Bill Seltzer

_____ I desire to sell my mineral interest in Sections 17, 20,
and 29, T-16-S, R-36-E, Lea County, New Mexico.
_____ I desire to lease my interest in Sections 17, 20, and 29,
T-19-S, R-36-E, Lea County, New Mexico. Please list your
correct name, address and social security number.

Owner	Interest	Acres
Mervin Harrell Route 1, Box 142 Tremont, Miss. 38876	1/2016	.01984
W.M. Harrell 207 Lake Street Trussville, AL 35173	1/2016	.01984
✓ O.U. Harrell Estate c/o Joyce Windham 115 Woodglen Place Brandon, Miss. 39042 Heirs: Joyce Windham Joan Harrell Dr. Rebecca Harrell	1/2016	.01984
Vera L. Chism Route 1, Box 461 Fulton, Miss. 38843	1/2016	.01984
Michele Alverson Route 5, Box 91 Haleyville, AL 35565	1/2016	.01984
Margie H. Pounders Route 2, Box 249 Golden, Miss. 38847	1/2016	.01984
Enola F. Pounders P.O. Box 251 Haleyville, AL 35565	1/2016	.01984

Owner	Interest	Acres
Mervin Harrell Route 1, Box 142 Tremont, Miss. 38876	1/2016	.01984
W.M. Harrell 207 Lake Street Trussville, AL 35173	1/2016	.01984
O.U. Harrell Estate c/o Joyce Windham 115 Woodglen Place Brandon, Miss. 39042 Heirs: Joyce Windham Joan Harrell Dr. Rebecca Harrell	1/2016	.01984
Vera L. Chism Route 1, Box 461 Fulton, Miss. 38843	1/2016	.01984
Michele Alverson Route 5, Box 91 Haleyville, AL 35565	1/2016	.01984
Margie H. Pounders Route 2, Box 249 Golden, Miss. 38847	1/2016	.01984
Enola F. Pounders P.O. Box 251 Haleyville, AL 35565	1/2016	.01984

BILL SELTZER

214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

TO THE ATTACHED LIST OF OWNERS:

Gentlemen:

According to our information you are the owner of an unleased mineral interest shown opposite your names on the attachment.

I am an independent Land Consultant representing OXY USA Inc.

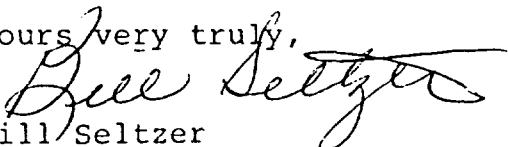
OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request each of you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

Bill Seltzer

- ☒ I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.
- ☐ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

BILL SELTZER

214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

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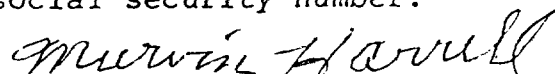
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Yours very truly,


Bill Seltzer

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BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

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Yours very truly,

Bill Seltzer
Bill Seltzer

✓ ¹⁹ I desire to sell my mineral interest in Sections 17, 20, and 29, T-~~18~~-S, R-36-E, Lea County, New Mexico.
I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

Margie H. Pounders
Route 2, Box 249
Golden, Ms. 38847

BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

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Your immediate attention will be appreciated.

Yours very truly,

Bill Seltzer

I wish to sell my mineral interest. Vera L. Chism

 I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.
 I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

BILL SELTZER
214 WEST TEXAS, SUITE 507
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E
Section 29: SE/4
Lea County, New Mexico

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Your immediate attention will be appreciated.

Yours very truly,

Bill Seltzer
Bill Seltzer

yes _____

I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.

_____ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

Michael Alverson

oct 12, 1988

P 750-494 145
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Mervin Harrell	
Route No. 1, Box 142	
Tremont, Miss. 38876	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

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. 2. ☐ Restricted Delivery
 (Extra charge!)

3. Article Addressed to:
Mervin Harrell
Route 1, Box 142
Tremont, Miss. 38876

4. Article Number
P 750 494 145

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

5. Signature - Addressee
Mervin Harrell

6. Signature - Agent
 X

7. Date of Delivery
 9-29-88

8. Addressee's Address (ONLY if requested and fee paid)
 Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

P 750 494 150
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Margie H. Pounders	
Route 2, Box 249	
Golden, Miss. 38847	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

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. 2. ☐ Restricted Delivery
 (Extra charge!)

3. Article Addressed to:
Margie H. Pounders
Route 2, Box 249
Golden, Miss. 38847

4. Article Number
P 750 494 150

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

5. Signature - Addressee
Margie H. Pounders

6. Signature - Agent
 X

7. Date of Delivery
 9-29-88

8. Addressee's Address (ONLY if requested and fee paid)
 Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

P 750 494 148

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

To: Vera L. Chism	
Route 1, Box 461	
Fulton, Miss. 38843	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
9/27/88	

For top of envelope to the right

Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

Signature - Agent <i>Vera L. Chism</i>	Signature - Addressee	4. Article Number P 750 494 148
Date of Delivery 9/24/88	8. Addressee's Address (ONLY if requested and fee paid)	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.		

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. 2. ☐ Restricted Delivery

†(Extra charge)†

P 750 494 151

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

To: Enola F. Pounders	
P.O. Box 251	
Haleyville, AL 35565	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
9/27/88	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

Signature - Agent <i>Enola F. Pounders</i>	Signature - Addressee	4. Article Number P 750 494 151
Date of Delivery 9/20/88	8. Addressee's Address (ONLY if requested and fee paid)	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.		

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. 2. ☐ Restricted Delivery

†(Extra charge)†

P 750 494 149

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Michele Alverson	
Route 5, Box 91	
Haleyville, AL 35565	
P.O. State and ZIP Code	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

PS Form 3800, June 1985

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. 2. ☐ Restricted Delivery
(Extra charge)†

3. Article Addressed to:
Michele Alverson
Route 5, Box 91
Haleyville, AL 35565

4. Article Number
P 750 494 149

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Michele Alverson*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
9-27-88

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

P 750 494 145
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Mervin Harrell	
Route No. 1, Box 142 Tremont, Miss. 38876	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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. 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Mervin Harrell
 Route 1, Box 142
 Tremont, Miss. 38876

4. Article Number
 P 750 494 145

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
Mervin Harrell

6. Signature - Agent
 X

7. Date of Delivery
 9-29-88

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

P 750 494 145
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Margie H. Pounders	
Route 2, Box 249 Golden, Miss. 38847	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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. 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Margie H. Pounders
 Route 2, Box 249
 Golden, Miss. 38847

4. Article Number
 P 750 494 150

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
Margie H. Pounders

6. Signature - Agent
 X

7. Date of Delivery

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

P 750 494 146
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to W.M. Harrell	
Street and No. 207 Lake Street	
City, State and ZIP Code Trussville, AL 35173	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

PS Form 3800, June 1985

Article Addressed to: M. Harrell 207 Lake Street Trussville, AL 35173	
4. Article Number P 750 494 146	
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED .	
8. Addressee's Address (ONLY if requested and fee paid)	
Signature - Addressee <i>[Signature]</i>	
Signature - Agent	
Date of Delivery 9-30-88	
* U.S.G.P.O. 1987-178-268	
DOMESTIC RETURN RECEIPT	

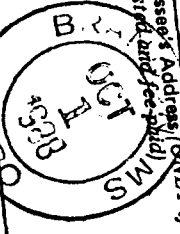
P 750 494 147
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to O.U. Harrell Estate	
Street and No. c/o Joyce Windham	
City, State and ZIP Code 115 Woodglen Place	
P.O., State and ZIP Code Brandon, Miss. 39042	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

Form 3800, June 1985

Article Addressed to: O.U. Harrell Estate c/o Joyce Windham 115 Woodglen Place Brandon, Miss. 39042	
4. Article Number P 750 494 147	
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED .	
8. Addressee's Address (ONLY if requested and fee paid)	
Signature - Addressee <i>[Signature]</i>	
Signature - Agent <i>[Signature]</i>	
Date of Delivery X	
* U.S.G.P.O. 1987-178-268	
DOMESTIC RETURN RECEIPT	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 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 to whom the card is returned to and the date of delivery. For additional services requested, Consult the master for fees and check box(es) for additional services requested.
 2. ☐ Restricted Delivery
 3. ☐ Show to whom delivered, date, and addressee's address.
 4. ☐ Show to whom delivered, date, and addressee's address.
 (Extra charge)



P 750 494 148

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

To: Vera L. Chism	
Street and No. Route 1, Box 461	
City, State and ZIP Code Fulton, Miss. 38843	
Postage	\$.25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

For top of envelope to the right

Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

Signature - Agent <i>[Signature]</i>		Signature - Addressee	
Date of Delivery 9/24/88			
Article Addressed to: Vera L. Chism Route 1, Box 461 Fulton, Miss. 38843		4. Article Number P 750 494 148	
Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail		Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)			

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.

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

P 750 494 151

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

To: Enola F. Pounders	
Street and No. P.O. Box 251	
City, State and ZIP Code Haleyville, AL 35565	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

Signature - Agent <i>[Signature]</i>		Signature - Addressee	
Date of Delivery 9/30-88			
Article Addressed to: Enola F. Pounders P.O. Box 251 Haleyville, AL 35565		4. Article Number P 750 494 151	
Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail		Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)			

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.

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

P 750 494 149

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Michele Alverson	
Route 5, Box 91	
Haleyville, AL 35565	
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

3. Article Addressed to: Michele Alverson Route 5, Box 91 Haleyville, AL 35565		4. Article Number P 750 494 149	
5. Signature - Addressee X <i>Michele Alverson</i>		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	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 9-28-88		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

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