214 WEST TEXAS, SUITE 507

AMINER STOGNER

CERT

OXY
EXHIBIT NO. 4

SENO. 9514+9515

Re:

· 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

I desire to sell my mineral interest in Sections 17, 20, and 29, T-1\$-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.

OFFICE PHONE 915 - 684-5381

HOME 915 - 682-3515

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 fruly,
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.

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 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

to sell my mineral interest in Sections 17, 20.

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.

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.

214 WEST TEXAS, SUITE 507 MIDLAND, TEXAS 79701

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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

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,
Bull Seltzer
Bill Seltzer

I desire to sell my mineral interest in Sections 17, 20, and 29, T-1#-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.

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-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.

SAMPLE OF THE

214 WEST TEXAS, SUITE 507 MIDLAND, TEXAS 79701



John J. Jackson 1180 Morth Fine Marshfield, MO 65

65706

55T hbh 052

10-17-0

P 750 494 159

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

	(Occ ricverse)	
	Sent to Dorothy L. Jacks ReeOnd NBOX 764	son
	Winter Have, FL	33823
	P.O., State and ZIP Code	
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	Certified Fee	0.5
	Special Delivery Fee	. 65
	Restricted Delivery Fee	
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PS Form 3800, June 1300	TOTAL Postage and Fees	s 2.00
3800	Postmark or Date	!
Ē	9/28/88	_
PS Fc		

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P 750 494 152

RECEIPT FOR CERTIFIED MAIL

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

Sent to Mr. Hal Jackson SiRoute 11, Box 3	350
Jasper, AL 355	01
P.O., State and ZIP Code	
Postage	\$.25
Certified Fee	85
Special Delivery Fee	.05
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
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9/28/88	

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1.

Show to whom delivered, date, and addressee's address.

2.

Restricted Delivery</u> Dorothy L. Jackson But your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this Form 3811, Mar, 1987 Article Addressed to: SENDER: Box Complete Items 1 and 2 when additional services are desired, and complete items 3 (Extra charge) Ŧ * U.S.G.P.O. 1987 G. 1961 1988 1000/ Ξ Certified œ or agent and DATE DELIVERED. Always obtain signature of addressee Article Number Type of Service: Addressee's Address (ONLY if requested and fee paid) Registered Express Mail 750 Restricted Delivery (Extra charge) DOMESTIC RETURN RECEIPT 59 8 Insured × Ç

PS Form 3811, Mar. 1987 Jasper, Poute 11 delivered to and the date of delivery. For additional fees the following postmaster for fees and check box(es) for additional service(s) requested.

1.

Show to whom delivered, date, and addresse's address.

2.

A 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 Signature - Agent Date of Delivery Signature - Addressee Article Addressed to: and 4. SENDER: Complete items 1 and 2 when additional Hal Jackson Box 350 0 (Extra charge) 1 ±/U.S.G.P.O. 1987-178-268 <u>Preturn receipt fee will provide you the name of the person</u> For additional fees the following services are available. Consult XXXX Express Mail services 8. Addressee's Address (ONLY if or agent and DATE DELIVERED. Always obtain signature of addressee Registered Type of Service: requested and fee paid) Article Number 750 494 are desired, and complete items 3 DOMESTIC RETURN RECEIPT Restricted Delivery (Extra charge) 152 8 insured

envelope to the right

750 494 158

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

	(See Heverse)		
	Sent to The Estate of E	dna Day	7is
	Route 1, Box 77	2	ļ
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	Restricted Delivery Fee		
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e 198	Return Receipt showing to whom, Date, and Address of Delivery		
PS Form 3800, June 1985	TOTAL Postage and Fees	s 2.00	
3800	Postmark or Date		
Form	9/28/88		
PS	,		

750 494 161 RECEIPT FOR CERTIFIED MAIL

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

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	RouteandZIP Code Sulligent, AL Postage	35586	
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		6. Signature - Agent		orteen Davis	× cL
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Always obtain signature of addressee or agent and DATE DELIVERED.			8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee	5. Signatur
Express Mail	35586	Sulligent, AL	Always obtain signature of addressee or agent and DATE DELIVERED.		
<u>°</u> ≅	and marord r.	Stanford	☐ Express Mail	AL 35593	Bina, AL
P 750 494 161	Mellie Stanford	The Estate of 1	□ Registered □ Insured	2/o Bill Davis	2/0 Bi
**. 2. U Hestricted Delivery †(Extra charge)† 4. Article Number	†(Extra charge)† **Control of the charge of	7/E	P 750 494 158	Article Addressed to: he Estate of Edna Davis	Article A
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 (ea) for additional service(s) requested. 1. Show the whom delivered date and additional service(s) requested.	g returned to you. The <u>return recelpt fee will provide</u> d the <u>date of delivery</u> . For additional fees the following fees and check box (es) for additional service(s) requested, whom delivered dates	card from being returned delivered to and the date postmaster for fees and company to whom delivered t) requested. 2.	gilvered to and tree kets box(es) for additional service(s) requested. ostmaster for fees and check box(es) for additional service(s) requested. □ Show to whom delivered, date, and addressee's address. 2. □ R /E	ostmester Show
Complete items 1 and 2 when additional services are desired, and complete items 3	items 1 and 2 when additional substitutional substitutions.	SENDER: Complete and 4.	se side. Failure to do this will prevent this will provide you the name of the person e following services are evallable. Consult	and the matter of the "RETURN TO" Space on the reverse side. Fallure to do this will prevent out your address in the "RETURN TO" Space on the reverse side. Fallure to do this prevent out your address in the "RETURN TO" Space on the reverse side. Fallure to do this prevent out of the prevent	ut your ac
			vices are desired, and complete items 3	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3	SENDE
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	NOT FOR INTERNATIONAL MA (See Reverse)	
	Senito Est. of Orb	ery Jackson
	c/o Mrs. Orbery sRecube 2, Box 97	Jackson
	Prospect, TN 3 P.O., State and ZIP Code	8477
	P.O., State and ZIP Code	
	Postage	s 25
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	Special Delivery Fee	. 85
	Restricted Delivery Fee	
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S Form 3800, June 1905	Return Receipt showing to whom, Date, and Address of Delivery	
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3800	Postmark or Date	
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	RECEIPT FOR CERTIFIED I NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL	
	(See Reverse)	
Se	Mr. Coleman Jack	son
Sti	Route 5, Box 71 Lawrencebers TN	384604

P 750 494 1	.53			
P 750 494 153 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)				
SeMr. Coleman Jac	ckson			
Superano No. 5, Box 7. Lawrenceberg, 7	IN 384664			
P.O., State and ZIP Code				
Postage	s . 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	3 00			
Postmark or Date				
9/28/88				
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ekson on	ervices are desired, and complete Items 3	will provide you the name of the person he following services are available. Consult s) requested. s. 2. \(\text{D}\) Restricted Delivery \(\text{1}\) Restricted Delivery \(\text{1}\) (Extra charge)\(\text{1}\)	P 750 494 160 Type of Service: Registered Insured XXX.Certified COD	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	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 Entitles.	card from being returned to you. The return receipt fee will provide you the name of the person political delivered to and the date of delivery. For additional fees the following services are available. Consult bostmaster for fees and check box(as) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery 1 (Extra charge) 3. Article Addressed to:	The Estate of Orbery Jackson c/o Mrs. Orbery Jackson Route 2, Lox 97 Prospect, TN 38477	Signature - Addressee Miss. (Inferm.) Action. Signature - Agent Date of Delivery 10 - 4 - 8 8	S Form 38 1 1, Mar. 1987 + U.S.G.P.O. 1987-178-268
o 4	No. 1. Date of Derivery 1. Date of Derivery 2. S. Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268	1× 50[× 52]	Lawrenceberg	SENDER: Co SENDER: Co Officer of the postmaster for fee Sender of the postmaster for fee Sender of the postmaster for fee Officer of the postmaster for fee Sender of the postmaster for fee Sender of the postmaster for fee Officer of the postmaster of the postmaster for fee Sender of the postmaster o	
	DOMESTIC RETURN RECEIPT	8. Addressee's Address (ONLY if requested and fee paid)	☐ Registered ☐ Insured X Micertified ☐ COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.	mplete items 1 and 2 when additional services are desired, and complete items 3 in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this returned to you. The return receipt fee will provide you the name of the person the date of delivery. For additional fees the following services are available. Consult is and cheek box(es) for additional service(s) requested. Tom delivered, date, and addressee's address. 2. □ Restricted Delivery 1/Extra charge/1 ed to: 4. Article Number The Town 71 Type of Service:	+

156 ρ 750 494

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

(See Reverse)	
School T. Jacks	on
Sile 55 30 Mantilla San Diego, CA	Road
P.O., State and ZIP Code	22-12-0
Postage	s 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	s 2.00
Postmark or Date	
9/28/88	

750 494 157

PS Form 3800, June 1985

, PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL

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

of envelope to the right

Sent to H.T. Stanford	
PrecOand NBox 3392	
Oxford, AL 362(P.O., State and ZIP Code) [
Postage	\$.25
Certified Fee	. 85
Special Delivery Fee	
Restricted Delivery Fee	
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Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	s _ 2_00
Postmark or Date	
9/28/88	

*		
DOMESTIC RETURN RECEIPT	% / ★ U.S.G.P.O. 1987-178-268	
	1000	Form 3811 Va. 1007
	1968	Date of Delivery
o. Addressee's Address (ONLY if requested and fee paid)	Para SEP	Signature Agent
Always obtain signature of addressee or agent and DATE DELIVERED.	66	Signature - Addressee
 Express Mail		
 Registered Insured	CA 92128	an Diego, CA
P 750 494 156	lla Road	2553 Mantilla Road
4. Article Number	0:	Article Addressed to:
iss. 2. D Restricted Delivery	†(Extra charge)†	
and from being returned to you. The return receipt fee will provide you the name of the person this delivered to and the date of delivery. For additional fees the following services are available. Consult Show to whom delivery by for additional service(s) requested.	rned to you. The return receipt fee date of delivery. For additional fees dicheck box(es) for additional service	delivered to and the postmester for fees and the starter
3 and complete items	the "RETURN TO" Space on the	out your address in t

SENDER:

Complete items 1 and 2 when additional services

are desired,

and complete items 3

PS Form 3811, Mar. 1987 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 to 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 Date of Delivery Oxford, AL Article Addressed to: SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 Stanford Fox 3392 36201 * U.S.G.P.O. 1987-178-268 8. Addressee's Address (ONLY If requested and Is said) CEXPOSE Mail or agent and DATE DELIVERED. Always obtain signature of addressee Registered Type of Service: トゴ Article Number 750 494 Restricted Delivery ONLEGIA RETURN RECEIPT lnsured COD 157

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 CXY 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	Àcres
	Mervin Harrell Route 1, Box 142 Tremont, Miss. 38876	1/2016	.01984
L	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	.01964
	Enola F. Pounders P.O. Box 251 Haleyville, AL 35565	1/2016	.01984

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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 CXY 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, Sell Se Bill Seltzer	etzer
I desire to sell my mineral		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
ا	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

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r		
Interest	Àcres	
1/2016	.01984	
1/2016	.01984	
1/2016	.01984	
1/2016	.01984	
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	Interest 1/2016 1/2016 1/2016 1/2016 1/2016 1/2016	Interest Acres 1/2016 .01984 1/2016 .01984 1/2016 .01984 1/2016 .01984 1/2016 .01984 1/2016 .01984

214 WEST TEXAS, SUITE 507 MIDLAND, TEXAS 79701

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September 27, 1988

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Bill Seltzer

Bill Seltzer

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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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murin Havull

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

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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enterest. Vera L. Chism Bill Seltzer

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214 WEST TEXAS, SUITE 507 MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

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

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act 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 Nol, Box 142	
	Tremont, Miss. P.O., State and ZIP Code	30070
	Postage	s . 25
	Certified Fee	
	Special Delivery Fee	. 6 3
	Restricted Delivery Fee	
ro.	Return Receipt showing to whom and Date Delivered	90
e 198	Return Receipt showing to whom, Date, and Address of Delivery	
PS Form 3800, June 1985	TOTAL Postage and Fees	s 2.00
3800	Postmark or Date	
-orm	9/27/88	
PS.		

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

(See Reverse)		
Margie H. Pounde		
Route 2, Box 24	38847	
P.O., State and ZIP Code		
Postage	s .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	. 70	
TOTAL Postage and Fees	\$ 2.00	
Postmark or Date		
9/27/88		
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* U.S.G.P.O. 1987/178-288 DOMESTIC RETURN RECEIPTS	Mai. 198/	DOMESTIC RETURN RECEIPT	'S Form 3811, Mar. 1987 + U.S.G.P.O. 1987-178-268
	R		9-29-86
	7. Date of Delivery		7. Date of Delivery
			×
			6. Signature — Agent
Ľ_	& Marie 4. Founders	requested and fee paid)	X M. R. TY WILL
8. Addressee's Address (OMI V is	5. Signature - Addressee	8 Addressee's Address (ONLY) if	Singston Aldragens
Always obtain signature of addressee or agent and DATE DELIVERED		Always obtain signature of addressee	
Express Mail		Express Mall	
X XX XCertified COD			Tremont, Miss. 300/0
Registered Parison	Colden, Miss. 38847	Type of Service:	_
P 750 494 150	Route 2, Box 249	P 750 494 145	Mervin Harrell
4. Article Number	Margie	4. Article Number	3. Article Addressed to:
$\uparrow(Extra\ charge)\uparrow$ Restricted Delivery $\uparrow(Extra\ charge)\uparrow$ Restand to:	1 (Extra charge) 1	s. 2. C Restricted Delivery \(\(\) \(\	 Show to whom delivered, date, and addresse's address. t(Extra charge)†
itional service(s) requested.	postmester for fees and check box (es) for add	ne following services are available. Consult s) requested.	<u>delivered to and the date of delivery</u> . For additional fees the following services are available. Consult postmaster for fees and check box (es) for additional service(s) requested.
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 to some provide you the name of the person	card from being returned to you. The returned to end the date of delivery For ad-	se side. Failure to do this will prevent this will provide you, the name of the person	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
ass in the "EETITELY TOWN	and 4.	arvices are desired, and complete items 3	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
	SENDER: Complete its		

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

	(See Reverse)	MAIL
	W.M. Harrell	
	Zilled an Lake Street Trussville AL. P.O. State and ZIP Code	35173
	Postage	\$ 25
	Certified Fee	.25
	Special Delivery Fee	. 85
	Restricted Delivery Fee	
2	Return Receipt showing to whom and Date Delivered	0.0
e 198	Return Receipt showing to whom, Date, and Address of Delivery	. 90
, Jun	TOTAL Postage and Fees	S
3800	Postmark or Date	2.00
PS Form 3800, June 1985	9/27/88	

P	750	494	147
RECE	EIPT FOR	CERTIF	FIED MAIL

NOT FOR INTERNATIONAL MAIL (See Reverse)

(See Reverse))
Sed 60. Harrell	Estate
Sire 3rd Woodglen I Brandon Miss.	37 _
Postage	S
Certified Fee	25
Special Delivery Fee	85
Restricted Delivery Fee	+
eturn Receipt showing whom and Date Delivered	
eturn Receipt showing to whom, ate, and Address of Delivery	90
OTAL Postage and Fees	\$ 2.00
stmark or Date	2.00
9/27/88	

n 3811, Mar. 1987 * U.S.G.P.O. 1987-174-288 DOMESTIC RETURN RECEIPT	SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this result fees the following services are desired, and complete items 3 years for fees and charge. For additional services, the following services are available. Consult of Extra charge. The service items is the following services are available. Consult of Extra charge. The service items is the following services are available. Consult of Extra charge. The service items is the following services are available. Consult of Extra charge. The service items is the following services are available. Consult of Extra charge. The service items is the following services are available. Consult of Extra charge. The service items is the service items is the service items. The service items is the service items is the service items is the service items. The service items is the service items items items is the service items items items is the service items items items items items items is the service items ite
5. Signature — X X Signature 6. Signature X 7. Date of Deli	SENDER: and 4. Put your address from beitvered to at postmaster for 1. Ill Show to 2. Article Adds O. U. Ha. C/O JOYO 115 WOO Brandon

PS Form 3811, Mar. 1987 elivery ing returned to you. The return receipt the following services are availablend the date of delivery. For additional fees the following services are available fees and check box(es) for additional service(s) requested.

If the and check box(es) for additional service(s) requested.

If Extra charge for whom delivered, date, and addressed's address.

2.

If Extra charge for the ch dglen Place ce Windham rrell ressed to: ess in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this ing returned to you. The return receipt fee will provide you the name of the person and the date of delivery. For additional fees the following services are available. Consult Addressee Complete items 1 and 2 when additional Miss. Estate * U.S.G.P.O. 1987-178-268 services are desired, and complete items 3 Type of Service:

Registered

XXXCertified 8. Addressep's Address ONLY if or agent and DATE DELIVERED. Always obtain signature of addressee Article Number Express Mail DOMESTIC BETURN RECEIPT 494 Insured cop 147

P 750 494 348

RECEIPT FOR CERTIFIED MAIL

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

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Ī	Vera L. Chism		
	Routenol, Box 461 Fulton, Miss. 3	88	43
	P.O., State and ZIP Code		
	Postage	S	. 25
	Certified Fee		05-
	Special Delivery Fee		. 63
	Restricted Delivery Fee		
١	Return Receipt showing to whom and Date Delivered		. 90
PS Form 3800, June 1985	Return Receipt showing to whom. Date, and Address of Delivery		
June	TOTAL Postage and Fees	S	2.00
3800	Postmark or Date		
-orm	9/27/88		
PS F	· .		

r top of envelope to the right

P 750 494 151 RECEIPT FOR CERTIFIED MAIL

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

Enola F. Pounder	s	
Po Box 251 Haleyville, AL 3	355	65
P.O., State and ZIP Code		
Postage	S	.25
Centiled 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	S	2.00
Postmark or Date		
9/27/88		

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DOMESTIC RETURN RECEIPT	Form 3811, Mar. 1987 + U.S.G.P.O. 1987-178-268
	Date of Delivery
	Signature — Agent
8. Addressee's Address (ONLY if requested and fee paid)	Signature — Addressee
Always obtain signature of addressee or agent and DATE DELIVERED.	
Type of Service: Registered Insured XXXerrified COD Express Mail	Culte 1, Box 461 Culton, Miss. 30843
4. Article Number P 750 494 1.48	\sim \tilde{a}
s) requested. c. 2. \(\sigma \text{Restricted Delivery} \) c. \(\frac{1}{Extra charge} \)	istmaster for fees and check box (es) for additional service(s) requested. Show to whom delivered, date, and addressee's address. †(Extra charge)† †(Extra charge)†
rse side. Failure to do this will prevent this will provide you the name of the person the following services are available.	t your address in the "RETURN TO" Space on the everse side. Fallure to do this will prevent this rd from being returned to you. The return receipt fee will provide you the name of the person livered to and the date of delivery. For additional fees the following services are available. Once the
ervices are desired, and complete items 3	SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

DOMESTIC RETURN RECEIPT	* U.S.G.P.O. 1987-178-268	PS Form 3811, Mar. 1987	77
		7. Date of DEDwerk 0 - 8(
	nders	× Ironus Panders	,
		6. Signature - Agent /	,
requested and fee paid)		X Signature - Addressee	
or agent AUDATE DELIVERED.			
Express Mail			
XXX cartified COD	35565	Haleyville, AL	
.¥ □		P.O. Box 251	
P 750 494 151	ers	Enola F. Pounders	
4. Article Number		3. Article Addressed to:	
2. ☐ Restricted Delivery f(Extra charge)↑	1. \square Show to whom delivered, date, and addressee's address. 2. \square Restricted Delivery $\uparrow(Extra\ charge)\uparrow$ $\uparrow(Extra\ charge)\uparrow$	1. Show to whom delivers †(Extra	
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 services; requested.	card from being returned to you. <u>The return receipt fee will provide</u> delivered to and the delivery. For additional fees the following positraster for fees and check box (es) for additional service(s) requested,	card from being returned to delivered to and the date of postmaster for fees and check	
end 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this	TURN TO" Space on the rever	Put your address in the "RE	
SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3	ns 1 and 2 when additional se	SENDER: Complete Item	٠.,
			,

P 750 494 149

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

	Michele Alverson Route 5, Box 91	n _	
		355	65
	PO. State and ZIP Code		
	Postage	\$.25
	Certified Fee		. 8
	Special Delivery Fee]
	Restricted Delivery Fee		
2	Return Receipt showing to whom and Date Delivered		_9n
9 198	Return Receipt showing to whom, Date, and Address of Delivery		
, Jun	TOTAL Postage and Fees	5 2	00
Form 3800, June 1985	Postmark or Date 9/27/88		
S			

Michele 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 Haleyville, AL Route 5, Signature Article Addressed to: SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Mar. 1987 Alverson Box 91 35565 * U.S.G.P.O. 1987-178-268 XXXertified
☐ Express Mail or agent and DATE DELIVERED. Always obtain signature of addressee Registered 4. Article Number Type of Service: Addressee's Address (ONLY if requested and fee paid) 750 494 Restricted Delivery DOMESTIC RETURN RECEIPT □ Insured 149

750 494 145

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

	(See neverse)	
	Sent to Mervin Harrell	
	RouteNol, Box 142 Tremont, Miss.	
	P.O., State and ZIP Code	30070
	Postage	s .25
	Certified Fee	0.5
	Special Delivery Fee	.05
	Restricted Delivery Fee	
r)	Return Receipt showing to whom and Date Delivered	90
e 198	Return Receipt showing to whom, Date, and Address of Delivery	
PS Form 3800, June 1985	TOTAL Postage and Fees	^s 2.00
3800	Postmark or Date	
Form	9/27/88	
PS		

P 750 494 U RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)		
Margie H. Pound		
Route 2, Box 24 Colden, Miss.	38847	
P.O., State and ZIP Code		
Postage	s .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	. 70	
TOTAL Postage and Fees	\$ 2.00	
Postmark or Date		
9/27/88		

J. 4 b 494 750

RECEPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

	(See Heverse)	
	r.M. Harrell	
T	nd and acke Street russville, AL O. State and ZIP Code	35173
_	Postage	s .25
1	Certified Fee	85
	Special Delivery Fee	
-	Restricted Delivery Fee	
}	Return Receipt showing to whom and Date Delivered	.90
36	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	s 2.00
800	Postmark or Date	
PS Form 3800, June 1993	9/27/88	

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

	(See Heverse)	
5	Chou. Harrell Est c/o Joyce Windh 1795 Woodglen Pl. Brandon, Miss.	aш
+	Postage	s . 25
1	Certified Fee	. 85
\ \	Special Delivery Fee	
\ 	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
200	Return Receipt showing to whom. Date, and Address of Delivery	
June 1907	TOTAL Postage and Fees	\$ 2.00
8000	Postmark or Date	
Form 3800,	9/27/88	

	Company of the Compan	
	DOMESTIC RETURN RECEIPT	/m 3811, Mar. 1987 * us.g.po. 1887-178-268
		the of Delivery
•		gnaturé - Agent/
	8. Addressee's Address (ONLY if requested and fee paid)	gnature — Addressee
	Always obtain signature of addressee or agent and DATE DELIVERED.	
	Express Mail	,
	<u>, ÿ</u>	07 Lake Street russville, AL 35173
·- 	750 494 146	M. Harrell
p de c	s. 2. □ Restricted Delivery †(Extra charge)↑ A Article Number	☐ Show to whom delivered, date, and addressee's address. $\uparrow (Extra\ charge) \uparrow$
P •	ree side. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult is requested.	your address in the "AETUAN TO" Space on the reverse side. Fellure to do this will prevent this your address in the "AETUAN TO" Space on the reverse side. Fellure to do this will prevent this your the name of the person vered to and the date of delivery. For additional fees the following services are available. Consult the state of delivery. For additional service(s) requested.
	ervices are desired, and complete items 3	SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

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and 4.

and 5.

The return receipt fee the following services are available. Consult your address in the "RETURN The return receipt fee the following services are available. Consult ard from being returned to you. The return receipt fee the following services are available. Consult is referred to and the delivery for additional services. The return receipt fees and check box (es) for additional services. The return receipt fees and check box (es) addresses address.

2.

1/Extra charge/f

Show to whom delivered, date, and addresses address. 115 Woodglen Place Erandon, Miss. 39(XX Article Addressed to: PS Form 3811, Mar. 1987 Signature Agent Signature -Date of Delivery Joyce Windham Harrell Addressee Estate 39042 * U.S.G.P.O. 1987-178-268 ☐ Registered Type of Service: 8. Addressep's Address ONLY If or agent and DATE DELIVERED. Always obtain signature of addressee Express Mail requestyd any ESTIC BETURN RECEIPT □ Insured

P. 250 -494 1,48

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL (See Reverse)

	vera L. Chism	
	Route _{No} l, Box 461 Fulton, Miss. 3	
	P.O., State and ZIP Code	
	Postage	s . 25
	Certified Fee	0.5
	Special Delivery Fee	. 83
	Restricted Delivery Fee	
2	Return Receipt showing to whom and Date Delivered	. 90
PS Form 3800, June 1985	Return Receipt showing to whom. Date, and Address of Delivery	
Jun,	TOTAL Postage and Fees	⁵ 2.00
3800	Postmark or Date	
-orm	9/27/88	
PS		

of envelope to the right

750 494 P 151

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

(00011010100)	
Effola F. Pounder	cs
P.O. Box 251 Haleyville, AL 3	35565
PO. 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	

orm 3811, Mar. 1987 Signature Signature - Addressee ulton, toute 1, d from being returned to you. The return receipt the variety versed to and the date of delivery. For additional fees the following treater for fees and check box(es) for additional service(s) requested.

Show to whom delivered, date, and addresse's address. 2.
Fig. 1. A Actional Service of the control of Date of Delivery era L. Article Addressed to: t your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this d from being returned to you. The return receipt fee will provide you the name of the person ivered to and the date of delivery. For additional fees the following services are available. Consult SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Miss. Chism Box 461 * U.S.G.P.O. 1987-178-268 œ **CXXertified** or agent and DATE DELIVERED. Always obtain signature of addressee ☐ Express Mail ☐ Registered ype of Service: Addressee's Address (ONLY if Article Number requested and fee paid) 750 494 Restricted Delivery (Extra charge)↑ DOMESTIC RETURN RECEIPT Insured PS Form 3811, Mar. 1987 6. Date of Others Enola Signature - Agent Signature - Addressee P.O. Article Addressed to: Haleyville, Liones Box 251 F. Pounders Extra charge) AL * U.S.G.P.O. 1987-178-268

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 receipts 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 SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. XX Certified Always obtain signature of addressee or agent INVENTE DELIVERED. ☐ Express Mail ype of Service: Addressee's Address (ONLY if Registered requested and fee paid) Article Number 750 494 000 insured

DOMESTIC RETURN RECEIPT

750 494 149

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

1	Michele Alverson	
	Haleyville, AL	35565
	P.O., State and ZIP Code	
	Postage	s . 25
	Certified Fee	. 8
	Special Delivery Fee	
	Restricted Delivery Fee	
10	Return Receipt showing to whom and Date Delivered	90
1986	Return Receipt showing to whom, Date, and Address of Delivery	
June,	TOTAL Postage and Fees	s 2 00
PS Form 3800, June 1985	Postmark or Date 9/27/88	
PS For		

Administration of the Control of the	MINISTRACTION OF THE PROPERTY OF STREET, THE PROPERTY	
DOMESTIC RETURN RECEIPT	PS Form 3871, Mar. 1987 * U.S.G.P.O. 1987-178-268	PS Form
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	The state of the s	×
	Agent .	6. Signatura
requested and fee paid)	Margareth 1 lion	×
8. Addressee's Address (ONLY if	5. Signature -/Addressee	5. Sign
or agent and DATE DELIVERED.	<i>x</i>	
Always obtain signature of addressee		-
Express Mail		,
XXX Certified ☐ COD		
☐ Registered ☐ Insured	Haleyville, AL 35565	Hal
Type of Service:	Route 5, Box 91	Rou
P 750 494 149	Michele Alverson	Mic
4. Article Number	3. Article Addressed to:	3. Arti
s. 2. Restricted Delivery †(Extra charge)†	†(Extra charge)†	:
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ervices are desired, and complete items 3	and 4. 15	and 4.
	NDER: Complete items 1 and 2 when additional) SE