

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

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

3. Article Addressed to:
 AMOCO PRODUCTION CO.
 P. O. BOX 4072
 ODESSA, TX 79762

| | |
|---|----------------|
| 4. Type of Service: | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | P 495 091 407 |

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

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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- Restricted Delivery.

3. Article Addressed to:
 MARATHON OIL CO.
 P. O. BOX 552
 MIDLAND, TX 79702

| | |
|---|----------------|
| 4. Type of Service: | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | P 495 091 408 |

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

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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3. Article Addressed to:
 CHEVRON OIL CO.
 P. O. BOX 670
 HOBBS, NM 88240

| | |
|---|----------------|
| 4. Type of Service: | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | P 495 091 409 |

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

5. Signature - Addressee
 X

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 X

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3. Article Addressed to:
 EXXON CO. U.S.A.
 P. O. BOX 1600
 MIDLAND, TX 79702-1600

| | |
|---|----------------|
| 4. Type of Service: | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | P 495 091 410 |

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

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT