

*Oil Reports and Gas Services, Inc.* DIVISION

P.O. BOX 755

HOBBS, NEW MEXICO 88241

MAR 10 1992

PHONE NUMBERS  
393-2727 · 393-2017

March 9, 1992

State of New Mexico  
Oil Conservation Division  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Re: D-Mil Production, Inc.  
Elliott "31" Federal Lease  
Section 31, T24S, R38E,  
Lea County, New Mexico

Gentlemen:

Reference is made to the recent purchase of the subject lease by D-Mil Production, Inc. from Estacado, Inc. In preparing the C-104 to reflect this change of operator, it was discovered that the prior C-104 did not show a commingling order number to legalize commingling of production from Federal Lease LC-069052 with Federal Lease NM-0349953. A thorough search of the Hobbs office of the Oil Conservation Division failed to reveal such an order number.

In order that the commingling of the two leases may legally be continued, we hereby make application on behalf of D-Mil Production, Inc. for administrative approval of said commingled facilities. In support thereof we furnish the following documentation:

1. A letter from HNG Oil Company to the Bureau of Land Management dated August 24, 1972 requesting approval to commingle.
2. A letter of approval dated September 8, 1972, subject to like approval from the New Mexico Oil Conservation Commission.
3. A schematic diagram of the current tank battery facilities.
4. A plat showing the location of all wells on the two leases.

In further support of this application, I provide the following statements of clarification:

1. All production is from one common source of supply, being the Dollarhide Devonian Pool.
2. Both leases continue to have a common working interest and royalty interest as stated in the letter from HNG Oil Company.
3. Allocation of production will be made from periodic well tests.

Oil Conservation Division  
March 9, 1992

Page 2

4. The purchaser, Enron Oil Trading & Transportation, is aware of said commingling and is being provided with a monthly allocation of production based on the individual well tests.

The only royalty interest involved is owned by the United States Government, and this commingling of production into a common tank battery has been approved by the Bureau of Land Management. It is, therefore, respectfully requested that you grant administrative approval to continue to commingle the production from Federal Lease LC-069052 with production from Federal lease NM-0349953.

Yours very truly

OIL REPORTS & GAS SERVICES, INC.



\_\_\_\_\_  
Donna Holler

DH/pn

cc: Oil Conservation Division  
Hobbs

D-Mil Production, Inc.  
P.O. Box 49  
Argyle, Texas 76226

August 24, 1972

United States Department of the Interior  
Geological Survey  
P. O. Box 1157  
Hobbs, New Mexico 88240

Attention: Mr. Arthur R. Brown  
District Engineer

Re: HNG Oil Company's  
Elliott Federal "31" Well No. 8  
1650' FNL & 990' FWL,  
Section 31, T-24-S, R-38-E,  
Lea County, New Mexico

Dear Sir:

HNG Oil Company is asking permission to commingle Federal Lease No. LC-069052 and Federal Lease No. NM-0349953. We are producing into the central battery from the Devonian Zone of both the Elliott Federal "31" Wells No. 5, 6 & 7, which are covered under Federal Lease No. LC-069052 and also the Elliott Federal "31" Well No. 8, which is covered by Lease No. NM-0349953. As evidenced by the enclosed Division of Interest Title Opinion the ownership interest is all the same.

The Elliott Federal "31" Well No. 8 is going through a metering separator and then is going into the central battery with the Elliott Federal "31" Well No. 5, 6 & 7.

In view of the above HNG Oil Company is asking for administrative approval to commingle wells number 5, 6, 7 & 8.

Very truly yours,

HNG OIL COMPANY



George R. McBride  
Admin. Ass't. to Dist. Supt.

GM/dm

Encl.

Division of Interest Title Opinion  
Plat showing well flow lines, separators, and tanks.

Drawer 1857  
Roswell, New Mexico 88201

September 8, 1972

HNG Oil Company  
P. O. Box 767  
Midland, Texas 79701

Attention: Mr. George R. McBride

Gentlemen:

Your application of August 24 requests approval to commingle Devonian production from No. 8 Elliott Federal "31", lease New Mexico 0349953, with like production from wells Nos. 5, 6, and 7 Elliott Federal "31", lease Las Cruces 069052, in sec. 31, T. 24 S., R. 38 E., Lea County, New Mexico.

The system for commingling described in your application is hereby approved subject to like approval by the New Mexico Oil Conservation Commission. Your Lessee's Monthly Report of Sales and Royalty, form 9-361, should show all computations used to allocate production to each lease.

Please notify the District Engineer, P. O. Box 1157, Hobbs, New Mexico 88240, when the installation is completed so that a field inspection of the system can be made.

Sincerely yours,

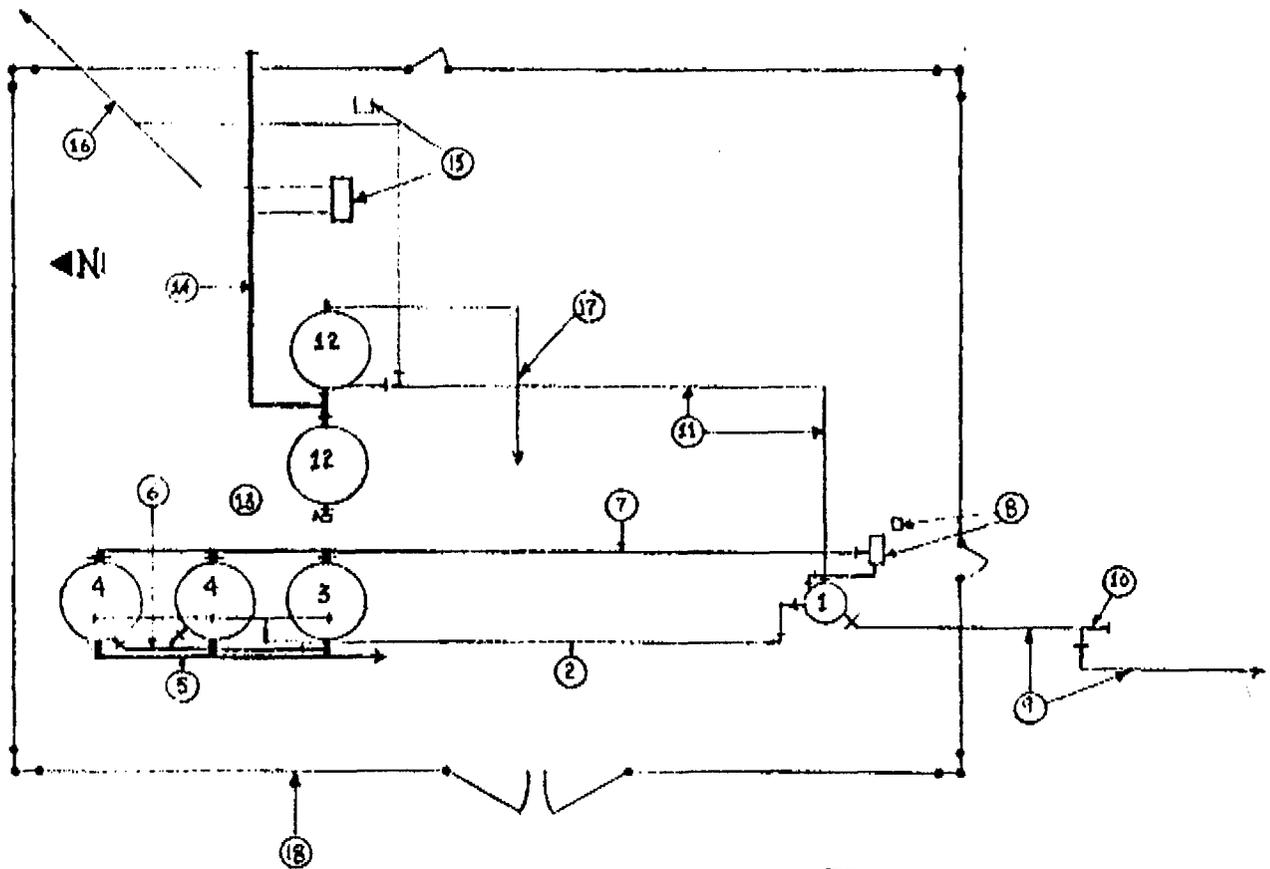
(ORIG. SGD.) N. O. FREDERICK

N. O. FREDERICK  
Area Oil and Gas Supervisor

cc:  
Hobbs (2)  
Accounts

NOTED  
SEP 11 1972  
BROWN

NOTED  
SEP 11 1972  
GORDON

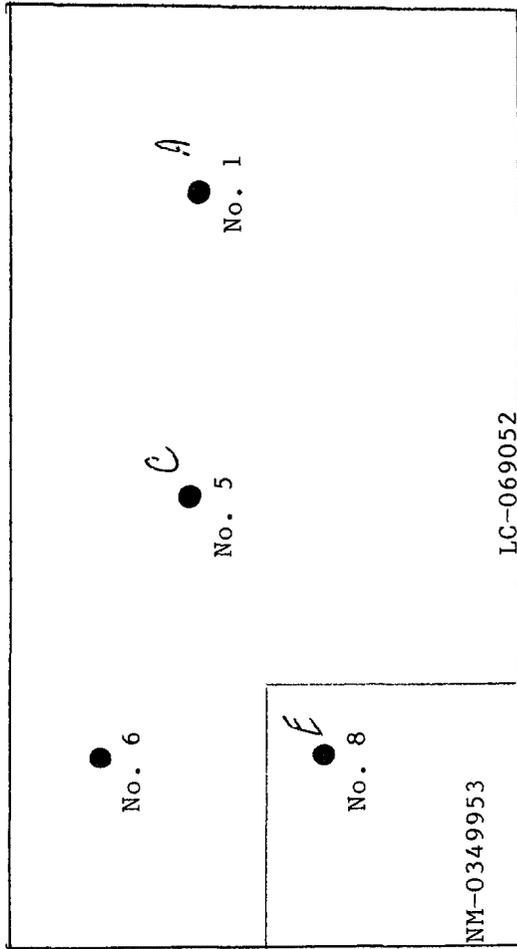


Elliott Fed. 31 Battery #1

(-) Location of valve or dump.

1. National 4x20 L.P. Heater Treater S.N. 46860.
2. Oil line to storage tanks, 2 7/8 tbg. w/2" Kimray dump and fill line, 5-2" Rockwell plug valve included.
3. 250 bolted tank. (not in use).
4. Oil storage, 2-250 bbl. bolted tanks.
5. Tex-New Mex. pipeline. 4" w/3/4 Rockwell valve.
6. Equalizer line 3" w/3-3" Rockwell valve.
7. Circulating line from storage tanks to heater 2 7/8 tbg. w/3-3" Rockwell valve at back of tanks and 1-2" valve at circulating pump.
8. 2" Viking circulating pump, S.N. 0969891 w/ 5 horse motor and control box.
9. Vent line 2 7/8 tbg. w/2" Kimray relief valve.
10. Salco line 2 7/8 tbg. w/2" Kimray relief valve at heater and 2" plug valve upstream of El Paso meter run.
11. Water line 2 7/8 tbg. w/2" Kimray dump--2-2" Rockwell plug valve.
12. Water storage--2-500 bbl. bolted tanks.
13. Water level controller w/2" Vic valve.
14. Load line 4" w/3-4" Rockwell plug valve.
15. 1 1/2 Centrifugal pump w/7 1/2 horse motor, S.N. 3495, and Gen. Electric control box, style #52E73983A
16. Water line to Getty's disposal.
17. 2" polyethylene water line from VANCE 30-1 and ELLIOTT FED. 31-2 Battery.
18. Fence around location.

R 38 E



D-MIL PRODUCTION, INC.  
SECTION 31, T24S, R38E

Elliot "31" Federal No. 1 990' FNL & 990' FEL  
No. 5 940' FNL & 2310' FWL  
No. 6 467' FNL & 990' FWL  
No. 1650' FNL & 990' FWL

P 911 650 323

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

**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. (Extra charge)
- 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Katherine Mary Scott</i> <i>809 Sheridan St.</i> <i>Altoona, PA 16602</i>	4. Article Number <i>P 911 631 463</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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <i>Katherine Mary Scott</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>5-26-92</i>	

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

Sent to <i>Lodewick Energy, Inc.</i>	
Street and No. <i>5927 Morningside</i>	
P.O., State and ZIP Code <i>Dallas, TX 75206</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <i>5-21-92</i>	

**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. (Extra charge)
- 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Margaret Baish Master</i> <i>47 Oakwood Dr.</i> <i>Normleysburg, PA 17043</i>	4. Article Number <i>P 911 650 341</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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <i>X Margaret Baish Masters</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>5/27/92</i>	

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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. (Extra charge)
- 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Patricia J. Cooper, Trustee of</i> <i>the PJC Revocable Trust</i> <i>4/A dated 12/30/89</i> <i>1409 S. Sunset</i> <i>Roswell, NM 88201</i>	4. Article Number <i>P 911 650 338</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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X P.J. Cooper</i>	
7. Date of Delivery <i>5/27/92</i>	

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

7. Date of Delivery <i>5/27</i>	6. Signature - Agent <i>X</i>	5. Signature - Addressee <i>X Richard B. Lodewick</i>	3. Article Addressed to: <i>Richard B. Lodewick</i> <i>1100 Valley #21</i> <i>Midland, TX 79701</i>
4. Article Number <i>P 911 650 324</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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.			
8. Addressee's Address (ONLY if requested and fee paid)			

and check box(es) for additional service(s) requested.  
1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
2.  Restricted Delivery (Extra charge)

**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: <i>San Diego Trust and Savings Bank Trustee W/A dated 5/26/85 for Ralph A. Shugart P.O. Box 8529 La Jolla, CA 92028</i>		4. Article Number <i>P 911 650 344</i>	
5. Signature - Addressee <i>X</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <i>X [Signature]</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 <input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery <i>5-27-92</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	

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**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: <i>S.P. Johnson, III and Patricia J. Johnson, Trustee W/A S.P. Johnson, Jr. P.O. Box 1713 Roswell, NM 88201</i>		4. Article Number <i>P 911 650 335</i>	
5. Signature - Addressee <i>X [Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <i>X [Signature]</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 <input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.	

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

3. Article Addressed to: <i>Braille Institute of America NCNB Texas C/O Trust Oil &amp; Gas P.O. Box 842029 Dallas, TX 75284-2028</i>		4. Article Number <i>P 911 650 345</i>	
5. Signature - Addressee <i>X [Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <i>X [Signature]</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 <input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery <i>MAY 22 1992</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	

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3. Article Addressed to: <i>S.P. Johnson, III and Patricia J. Johnson, Trustee of S.P. Johnson, III and Patricia J. Johnson, Trustee W/A dated 1/24/84 P.O. Box 1713 Roswell, NM 88201</i>		4. Article Number <i>P 911 650 337</i>	
5. Signature - Addressee <i>X [Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <i>X [Signature]</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 <input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.	

3. Article Addressed to: <i>Margaret Jane Johnson/Mary Ellen Johnson, P.O. Box 1713, Roswell, NM 88201</i>		4. Article Number <i>P 911 650 343</i>	
5. Signature - Addressee <i>X [Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <i>X [Signature]</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 <input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.	

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

3. Article Addressed to:  
*Betty Baich Strohmeyer*  
*5362 E. Rosewood*  
*Fusion, Az 85711*

4. Article Number  
*P 911 650 322*

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

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

5. Signature - Addressee  
*J. Strohmeyer*

6. Signature - Agent  
*J. Strohmeyer*

7. Date of Delivery  
*5-23-92*

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

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

3. Article Addressed to:  
*Spindletop Exploration Co.*  
*P.O. Box 25304*  
*Dallas, Tx 75225-5504*

4. Article Number  
*P 911 650 340*

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

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

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X*

7. Date of Delivery  
*6-6-92*

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

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

3. Article Addressed to:  
*NCNB Tx. Nat'l Bank and*  
*C.R. Mallison,*  
*Trustee of the Selma E. Andrews*  
*Trust dated 5-8-69*  
*P.O. Box 842025*  
*Dallas, Tx 75284-2025*

4. Article Number  
*P 911 650 342*

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

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

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X*

7. Date of Delivery  
*MAY 22 1992*

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

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and check box(es) for additional service(s) requested.  
1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

Article Addressed to:  
*John Henry Schmitt, Esq.*  
*3305 Montford*  
*Dallas, Tx 75225*

4. Article Number  
*P 911 650 347*

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

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

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X*

7. Date of Delivery  
*5-23-92*

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

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and check box(es) for additional service(s) requested.  
1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

Article Addressed to:  
*Laura B. Schmitt, Esq.*  
*John W. Schmitt, Esq.*  
*P.O. Box 1180*  
*Dallas, TX 75202-1180*

4. Article Number  
*P 911 650 339*

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

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

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X*

7. Date of Delivery  
*5-26-92*

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

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

3. Article Addressed to: <i>Laura Patricia Lodewick Estate John W. Lodewick, Per Rep P.O. Box 1180 Roswell, NM 88202-1180</i>	4. Article Number <i>P 911 650 346</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 <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b> <i>J. Johnson</i>	
7. Date of Delivery <i>5-26-92</i>	

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

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

3. Article Addressed to: <i>Mary Elizabeth Barch 102 Logan Ave. Altoona, PA 16602</i>	4. Article Number <i>P 911 650 321</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 <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <b>X</b> <i>Mary Elizabeth Barch</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b>	
7. Date of Delivery <i>5-27-92</i>	

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

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

3. Article Addressed to: <i>Karen Elizabeth Charles 110 Hudson Ave. Altoona, PA 16602</i>	4. Article Number <i>P 911 650 320</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 <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <b>X</b> <i>Karen Charles</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b>	
7. Date of Delivery <i>6-5-92</i>	

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT