

Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SANTA FE ENERGY RESOURCES,  
INC.  
550 W. TEXAS, SUITE 1330  
MIDLAND, TX 79701  
ATTN: Curtis D. Smith

4a. Article Number  
**P176 016 604**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)

7. Date of Delivery  
**7-22-94**

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

6. Signature (Agent)  
*C. Gentry*

PS Form 3811, December 1991 ☆ U.S. G.P.O.: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MRL Partners, LP  
P.O. Box 832  
Midland, TX 79702

4a. Article Number  
**2 062 020346**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)  
*S. Guzman*

7. Date of Delivery  
**JUL 22 1994**

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Union Oil Co. of Calif.  
P.O. Box 3100  
Midland, TX 79702  
ATTN: Michael A. Nysson

4a. Article Number  
**P176 016 605**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)

7. Date of Delivery  
**JUL 22 1994**

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

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 ☆ U.S. G.P.O.: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

6. Signature (Agent)		<i>[Signature]</i>	
8. Addressee's Address (Only if requested and fee is paid)			
7. Date of Delivery		JUL 22 1994	
4b. Service Type		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail	
4a. Article Number		221 173 985	
3. Article Addressed to:		Tom Brown P.O. Box 2608 Mulberry, TX 79702	
I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.	

6. Signature (Agent)		<i>[Signature]</i>	
8. Addressee's Address (Only if requested and fee is paid)			
7. Date of Delivery		JUL 22 1994	
4b. Service Type		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail	
4a. Article Number		2 062 020 349	
3. Article Addressed to:		Charles B. Bond P.O. Box 1518 Knoxville, TN 37902	
I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.	

6. Signature (Agent)		<i>[Signature]</i>	
8. Addressee's Address (Only if requested and fee is paid)			
7. Date of Delivery		7.22.94	
4b. Service Type		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail	
4a. Article Number		2 062 020 348	
3. Article Addressed to:		Barbara Tookin 803 W. Lind Ave, Suite 190 Mulberry, TX 79701-5116	
I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.	

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Collins T. White, Inc*  
*303 W. Wall, Suite 2210*  
*Midland, TX 79701*

4a. Article Number  
*P 221 173 984*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*7-22-94*

5. Signature (Addressee)  
*Mary Gambel*

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Hallward Petroleum, Inc*  
*P.O. Box 37811*  
*Denver, CO. 80237*

4a. Article Number  
*P176 016 607*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*JUL 22 1994*

5. Signature (Addressee)

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

6. Signature (Agent) *FRED JALILFAR*

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Fisio, Inc.*  
*P.O. Box 1*  
*Hondo, NM 88336-0001*

4a. Article Number  
*P176 016 606*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*07-22-94*

5. Signature (Addressee)

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

6. Signature (Agent)

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Ray C. Havener*  
*904 Morse*  
*Roswell, NM. 88201*  
*R. Havener*

4a. Article Number  
*P 221 173 986*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*7/21/94*

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*John Thomas*  
*40 Mirale, Inc*  
*P.O. Box 832*  
*Midland, TX 79702*

4a. Article Number  
*P 221 173 992*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*JUL 22 1994*

5. Signature (Addressee)  
*D. Guzman*

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Sam P. Jones*  
*10066 Amber Oaks*  
*Houston, TX*  
*77080*

4a. Article Number  
*2062 020 350*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*JUL 25 1994*

5. Signature (Addressee)  
*D. Jones*

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Fynda S. Jones*  
*5004 Hallmark*  
*Forwington, WA*  
*87401*

4a. Article Number  
*P221 173 988*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*Fynda S. Jones*

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

6. Signature (Agent)  
*8-3-94*

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Edward C. Webster*  
*2919 Palo Alto*  
*Cairns, WA*  
*88220*

4a. Article Number  
*P221 173 991*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*7-22*

5. Signature (Addressee)  
*Edward C. Webster*

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

6. Signature (Agent)

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*George E. Webster*  
*2573 Country Club*  
*Millard, TX 79701*

4a. Article Number  
*2062020342*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*JUL 27 1994*

5. Signature (Addressee)  
*George E. Webster*

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

6. Signature (Agent)

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Bureau of Land Management  
 1717 West 2nd St.  
 Roswell, NM 88201-2019  
 ATTN: Leslie Cone, Dist Manager

4a. Article Number  
 2 062 020 352

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 8-8-94

5. Signature (Addressee)  
 [Signature]

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

6. Signature (Agent)

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Bureau of Land Management  
 N.M. State Office  
 P.O. Box 27115  
 Santa Fe, NM 87502-0115

4a. Article Number  
 2 062 020 344

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 JUL 22 1994

5. Signature (Addressee)

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

6. Signature (Agent)  
 [Signature]

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Oil Conservation Commission  
 P.O. Box 2088  
 Santa Fe, NM 87504  
 [Signature]

4a. Article Number  
 2 062 020 345

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 [Stamp]

5. Signature (Addressee)  
 [Signature]

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

6. Signature (Agent)

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