





Dickmonkback Pet
 Margie Lay #1
 7 7-17-28

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

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:

NORTHWESTERN NATIONAL INS.
311 CITY CENTRE
MIDDLETON, OH 45042

4a. Article Number

P 614 928 438

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10-16-95

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

95 00 24 00 8 52

Oil Conservation Division
2040 S. Pacheco
Santa Fe, NM 87505

LEGAL



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
2040 S. PACHECO
SANTA FE, NM 87505

CERTIFIED

P 614 928 436

MAIL

CERTIFIED - RETURN
RECEIPT REQUESTED

DIAMOND BACK PETROLEUM INC.,
PO BOX 2938
RUIDOSO, NM 88345

55345-2938

[REDACTED]

SANTA FE, NM
OCT 15 1995
N. MEX.
27
10-14
10-29

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

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:

DIAMOND BACK PETROLEUM INC
PO BOX 2938
RUIDOSO, NM 88345

4a. Article Number

P 614 928 436

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

**OIL CONSERVATION DIVISION
2040 S. PACHECO
SANTA FE, NM 87505**

CERTIFIED

P 624 928 437 P

MAIL

CERTIFIED - RETURN
RECEIPT REQUESTED

Name _____
1st Meeting _____
2nd Meeting _____
3rd Meeting _____

DIAMOND BACK PETROLEUM INC.
216 AMERICAN HOME BUILDING
ARTESIA, NM 88210

☐ MOVED
☐ NEW ADDRESS
☒ NO SUCH STREET
☐ NO SUCH NUMBER
☐ INSUFFICIENT ADDRESS

SANTA FE
OCT 13 95
N. MEX.

275

Thank you fo

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 malpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the malpiece 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):

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

3. Article Addressed to:

4a. Article Number

DIAMOND BACK PETROLEUM INC
216 AMERICAN HOME BLDG.
ARTESIA, NM 88210

P 614 928 437
4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |
7. Date of Delivery

5. Received By: (Print Name)

Signature: ~~(Addressee or Agent)~~

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

PS Form 3811, December 1994

Domestic Return Receipt