

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:

TRAVELERS INDEMNITY CO.
ONE TOWER SQUARE
HARTFORD, CT 06183

4a. Article Number

P 326 937 153

4b. Service Type

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

7. Date of Delivery

5/28/97

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

Received By: (Print Name)

S. Cassano

6. Signature: (Addressee or Agent)

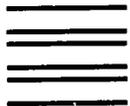
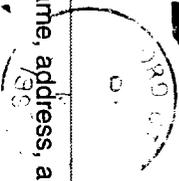
X

PS Form 3811, December 1994

Domestic Return Receipt

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 ●

**RAND CARROLL
ENERGY, MINERALS & NATURAL RESOURCES
OIL CONSERVATION DIVISION
2040 SO. PACHECO
SANTA FE, NM 87505**

CASE 11799



P 326 937 153

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided **CASE 11799**
Do not use for International Mail (See reverse)

| | |
|---|-----------|
| Sent to TRAVELERS INDEMNITY CO. | |
| Street & Number ONE TOWER SQUARE | |
| Post Office, State, & ZIP Code HARTFORD, CT 06183 | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

P 326 937 154

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

| | |
|---|-----------|
| Sent to JACK F. GRIMM (CASE 11799) | |
| Street & Number PO BOX 35 | |
| Post Office, State, & ZIP Code ABILENE, TX 79604 | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

PS Form 3800, April 1995

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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):

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

Consult postmaster for fee.

3. Article Addressed to:
JACK GRIMM
PO BOX 35
ABILENE, TX 79604

4a. Article Number
P 326 937 154

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X 

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 •

RAND CARROLL
ENERGY, MINERALS & NATURAL RESOURCES
OIL CONSERVATION DIVISION
2040 SO. PACHECO
SANTA FE, NM 87505

CASE 11799

