

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION
OF AMERADA HESS CORPORATION FOR
APPROVAL TO CONVERT THE NMGSAU
WELL NOS. 215 AND 503 TO INJECTION IN THE
NORTH MONUMENT GRAYBURG SAN ANDRES UNIT,
LEA COUNTY, NEW MEXICO.

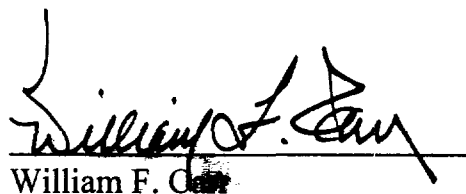
CASE NO. 12432

19

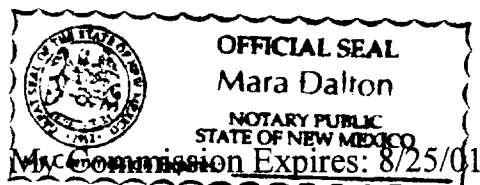
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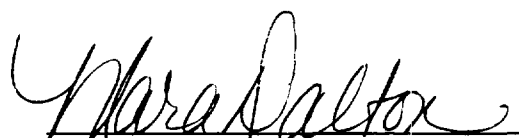
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Amerada Hess Corporation, the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.


William F. Carr

SUBSCRIBED AND SWORN to before this 3rd day of October, 2000 by William F. Carr.




Mara Dalton, Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case No. 12432 Exhibit No. 19

Submitted by:

Amerada Hess Corporation
Hearing Date: October 5, 2000

EXHIBIT A

United States Dept. of Interior
Bureau of Land Management
2909 West Second Street
Roswell, NM 88201

David H. Arrington Oil & Gas
P.O. Box 2071
Midland, TX 79702

Gruy Petroleum Management
P.O. Box 140907
Irving, TX 75014

Phillips Petroleum Co.
4001 Penbrook Street
Odessa, TX 79762

John H. Hendrix Corporation
Box 3040
Midland, TX 79702-3040

Jimmie T. Cooper
P.O. Box 55
Monument, NM 88265

Chevron U.S.A., Inc.
Claydesta Plaza, 15 Smith Road
Midland, TX 79702

Doyle Hartman
500 N. Main
Midland, TX 79701

Texaco Exploration & Production
205 E. Bender
Hobbs, NM 88240

Altura Energy, Inc.
P.O. Box 4294
Houston, TX 77210

Conoco, Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705

Magnum Hunter Production, Inc.
P.O. Box 140907
Irving, TX 75014

State of New Mexico
Commissioner Ray Powell
P.O. Box 1148
Santa Fe, NM 87504-1148

CAMPBELL, CARR, BERGE

8 SHERIDAN, LA

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
ANTHONY F. MEDEIROS

JACK M. CAMPBELL
1916-1999

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: law@westofpecos.com

May 25, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL LEASEHOLD OPERATORS WITHIN ONE HALF MILE OF A PROPOSED INJECTION WELL IN THE NORTH MONUMENT GRAYBURG SAN ANDRES UNIT AND THE OWNER OF THE SURFACE OF THE LAND UPON WHICH EACH INJECTION WELL WILL BE LOCATED.

CERTIFIED MAIL RECEIPT
Postage and Fees Paid
Division of Conservation of Amerada Hess Corporation for approval to convert the NMGSAU Well Nos. 215 and 503 to injection in the North Monument Grayburg San Andres Unit, Lea County, New Mexico.

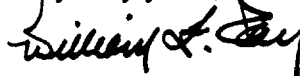
Ladies and Gentlemen:

In November 1999, Amerada Hess Corporation mailed a copy of its application to convert its NMGSAU Wells 215 and 503 to injection in the North Monument Grayburg San Andres Unit (NMGSAU). A copy of the application is enclosed with this letter. These wells are designed to improve the recovery efficiency of the waterflood patterns and enhance production of the NMGSAU secondary recovery project. The wells are located in the following locations in Township 19 South, Range 37 East, NMPM: No. 215 - Section 18, Unit O; and No. 503 - Section 19, Unit C. Water will be injected into the unitized interval of the Eunice Monument Grayburg San Andres Pool.

This application has been set for hearing before a Division Examiner on June 15, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



William F. Carr
Attorney for Amerada Hess Corporation

WFC/md

Enclosure

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

7099 3220 0005 9419 9865

Article Sent To:

Postage \$.77

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.42

DE VARGAS STA. SANTA FE, NM
MAY 25 2000
USPS 87594

United States Dept. of Interior
Bureau of Land Management
2909 West Second Street
Roswell, NM 88201

SE
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Dept. of Interior
Bureau of Land Management
2909 West Second Street
Roswell, NM 88201

A. Received by (Please Print Clearly) B. Date of Delivery
5-30-00

C. Signature
X [Signature]
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9865

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1739

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

7099 3220 0005 9419 9742

Article Sent To:

Postage \$.77

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.42

DE VARGAS STA. SANTA FE, NM
MAY 25 2000
USPS 87594

Phillips Petroleum Co.
4001 Penbrook Street
Odessa, TX 79762

SE
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Phillips Petroleum Co.
4001 Penbrook Street
Odessa, TX 79762

A. Received by (Please Print Clearly) B. Date of Delivery
J E HARRIS 5-30-00

C. Signature
X [Signature]
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9742

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1739

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

7099 3220 0005 9419 9780

Article Sent To:

Postage \$.77

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.42

DE VARGAS STA. SANTA FE, NM
MAY 25 2000
USPS 87594

Gruy Petroleum Management
P.O. Box 140907
Irving, TX 75014

SE
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gruy Petroleum Management
P.O. Box 140907
Irving, TX 75014

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X [Signature]
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9780

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1739

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only. No Insurance Coverage Provided)

7099 3220 0005 9419 9827

Postage \$ 7.00
Certified Fee 1.00
Return Receipt Fee (Endorsement Required) 1.00
Restricted Delivery Fee (Endorsement Required) 1.00
Total Postage & Fees \$ 10.00

7099 3220 0005 9419 9827

Altura Energy, Inc.
P.O. Box 4294
Houston, TX 77210

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Altura Energy, Inc.
P.O. Box 4294
Houston, TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature GEE MAY 30 2000
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9827

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only. No Insurance Coverage Provided)

7099 3220 0005 9419 9831

Postage \$ 7.00
Certified Fee 1.00
Return Receipt Fee (Endorsement Required) 1.00
Restricted Delivery Fee (Endorsement Required) 1.00
Total Postage & Fees \$ 10.00

7099 3220 0005 9419 9831

Jimmie T. Cooper
P.O. Box 55
Monument, NM 88265

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jimmie T. Cooper
P.O. Box 55
Monument, NM 88265

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature Jimmie Cooper 5-30-00
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9831

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only. No Insurance Coverage Provided)

7099 3220 0005 9419 9735

Postage \$ 7.00
Certified Fee 1.00
Return Receipt Fee (Endorsement Required) 1.00
Restricted Delivery Fee (Endorsement Required) 1.00
Total Postage & Fees \$ 10.00

7099 3220 0005 9419 9735

State of New Mexico
Commissioner Ray Powell
P.O. Box 1148
Santa Fe, NM 87504-1148

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State of New Mexico
Commissioner Ray Powell
P.O. Box 1148
Santa Fe, NM 87504-1148

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature JUN 01 2000
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9735

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9419 9759

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

SENDER

Postage \$.77
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 3.42

Texaco Exploration & Production
 205 E. Bender
 Hobbs, NM 88240

WFC 12

DE VARGAS
 SANTA FE
 MAY 25 2000
 USPS - 87594

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Texaco Exploration & Production
 205 E. Bender
 Hobbs, NM 88240

A. Received

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☒ Certified☐ Registered☐ Insured

4. Restricted Delivery?

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7099 3220 C

7099 3220 0005 9419 9797

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

SENDER

Postage \$.77
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 3.42

Conoco, Inc.
 10 Desta Drive, Suite 100W
 Midland, TX 79705

WFC

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Conoco, Inc.
 10 Desta Drive, Suite 100W
 Midland, TX 79705

A. Received by (Please Print Clearly)

B. Date of Delivery

Jane Scheele

6/7

C. Signature

X Jane Scheele

☐ Agent☐ Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9797

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9419 9803

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

SENDER

Postage \$.77
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 3.42

Chevron U.S.A., Inc.
 Claydesta Plaza, 15 Smith F
 Midland, TX 79702

DE VARGAS

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron U.S.A., Inc.
 Claydesta Plaza, 15 Smith Road
 Midland, TX 79702

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Michael G. Schaub

5-8-00

C. Signature

X Michael G. Schaub

☐ Agent☐ Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9803

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9419 9810

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Article Sent To:

Postage \$.77
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$3.42

David H. Arrington Oil & Gas
 P.O. Box 2071
 Midland, TX 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David H. Arrington Oil & Gas
 P.O. Box 2071
 Midland, TX 79702

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Signature *Shawna Slouk* 5-3-00

C. Signature *Shawna Slouk* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7099 3220 0005 9419 9810

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9419 9766

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Article Sent To:

Postage \$.77
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$3.42

Magnum Hunter Production, Inc.
 P.O. Box 140907
 Irving, TX 75014

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Magnum Hunter Production, Inc.
 P.O. Box 140907
 Irving, TX 75014

2. Article Number (Copy from service label)

PS Form 3811, July 1999

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Wanda Kuehn* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7099 3220 0005 9419 9766

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Article Sent To:

Postage \$.77
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$3.42

John H. Hendrix Corporation
 Box 3040
 Midland, TX 79702-3040

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John H. Hendrix Corporation
 Box 3040
 Midland, TX 79702-3040

2. Article Number (Copy from service label)

PS Form 3811, July 1999

A. Received by (Please Print Clearly) B. Date of Delivery

Signature *John H. Hendrix* 5-3-00

C. Signature *John H. Hendrix* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7099 3220 0005 9419 9728

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 OLD AT POSTED LINE

DELETE THIS SECTION ON DELIVERY

Postage \$.77
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 3.42

DE VARGA
 SANTA
 MAY 2
 USPS

No Doyle Hartman
 St 500 N. Main
 Ct Midland, TX 79701
 PS

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Doyle Hartman
 500 N. Main
 Midland, TX 79701

A. Received by (Please Print Clearly) B. Date of Delivery
 DOYLE HARTMAN 6-14-00
 C. Signature Doyle Hartman
☐ Agent
☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Control Service)

PS Form 3811, July 1999 v15

7099 3220 0005 9419 9773

Domestic Return Receipt

102595-99-M-1788