

Post Office Department
OFFICIAL BUSINESS



Return to OIL CONSERVATION COMMISSION

Street and Number,
or Post Office Box,
Box 871

REGISTERED ARTICLE
Post Office SANTA FE N M

No. INSURED PARCEL
State



Post Office Department
OFFICIAL BUSINESS



Return to OIL CONSERVATION COMMISSION

Street and Number,
or Post Office Box,
Box 871

REGISTERED ARTICLE
Post Office SANTA FE N M

No. 7821 INSURED PARCEL
State



Post Office Department
OFFICIAL BUSINESS



Return to OIL CONSERVATION COMMISSION

Street and Number,
or Post Office Box,
Box 871

REGISTERED ARTICLE
Post Office SANTA FE N M

No. 7821 INSURED PARCEL
State

Post Office Department
OFFICIAL BUSINESS



Return to OIL CONSERVATION COMMISSION

Street and Number,
or Post Office Box,
Box 871

REGISTERED ARTICLE
Post Office SANTA FE N M

No. 7810 INSURED PARCEL
State



Post Office Department
OFFICIAL BUSINESS

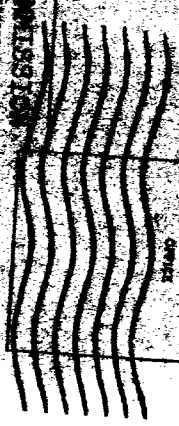


Return to OIL CONSERVATION COMMISSION

Street and Number,
or Post Office Box,
Box 871

REGISTERED ARTICLE
Post Office SANTA FE N M

No. 7810 INSURED PARCEL
State



Post Office Department
OFFICIAL BUSINESS



Return to OIL CONSERVATION COMMISSION

Street and Number,
or Post Office Box,
Box 871

REGISTERED ARTICLE
Post Office SANTA FE N M

No. 7810 INSURED PARCEL
State

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 *Mamie H. Haggard*
(Signature of name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery *3/6/55*
U. S. GOVERNMENT PRINTING OFFICE 16—12621

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 *Charles H. Foxman*
(Signature of name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery *MAR 7 1955*
U. S. GOVERNMENT PRINTING OFFICE 16—12621

Case 865

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 *Henry H. Haggard*
(Signature of name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery *3-8-55*
U. S. GOVERNMENT PRINTING OFFICE 16—12621

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 *Wm. H. Haggard*
(Signature of name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 *Wm. H. Haggard*
(Signature of name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery *4/12-55*
U. S. GOVERNMENT PRINTING OFFICE 16—12621

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 *Wm. H. Haggard*
(Signature of name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Post Office Department
OFFICIAL BUSINESS

Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

REGISTERED ARTICLE
7819
Post Office

INSURED PARCEL

No. 10-12861

State

Post Office Department
OFFICIAL BUSINESS



Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

Street and Number,
or Post Office Box

REGISTERED ARTICLE

No. 7846

INSURED PARCEL

No. 10-12861

State

Post Office Department
OFFICIAL BUSINESS



Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

Street and Number,
or Post Office Box

REGISTERED ARTICLE

No. 7845

Post Office

Santa Fe N M

Post Office Department
OFFICIAL BUSINESS

Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

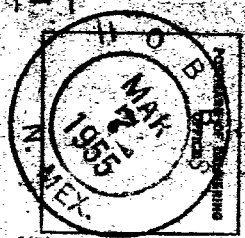
REGISTERED ARTICLE
7820
Post Office

INSURED PARCEL

No. 10-12861

State

Post Office Department
OFFICIAL BUSINESS



Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

Street and Number,
or Post Office Box

REGISTERED ARTICLE

No. 7820

INSURED PARCEL

No. 10-12861

State

Post Office Department
OFFICIAL BUSINESS



Return to
OIL CONSERVATION COMMISSION
Box 871
Santa Fe N M

Street and Number,
or Post Office Box

REGISTERED ARTICLE

No. 7820

Post Office

Santa Fe N M

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Shelton Oil Co.
(Signature or name of addressee)

2 Henry W. Harrison
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery MAR 8 1955, 1945
U. S. GOVERNMENT PRINTING OFFICE 16-13481

Form 8511
Rev. 1-4-40

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 J. H. Hannon
(Signature or name of addressee)

2 William S. Marshall
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery MAR 25, 1945
U. S. GOVERNMENT PRINTING OFFICE 16-13481

Form 8511
Rev. 1-4-40

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 F. J. Hargrave
(Signature of name of addressee)

2 Marion Henderson
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery March 7, 1945
U. S. GOVERNMENT PRINTING OFFICE 16-13481

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Kathryn A. Holloway
(Signature or name of addressee)

2 Kathryn A. Holloway
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 3-8, 1945
U. S. GOVERNMENT PRINTING OFFICE 16-13481

Form 8511
Rev. 1-4-40

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Kathryn A. Holloway
(Signature or name of addressee)

2 Kathryn A. Holloway
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 3-8, 1945
U. S. GOVERNMENT PRINTING OFFICE 16-13481

Form 8511
Rev. 1-4-40

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 H. E. Chester
(Signature or name of addressee)

2 H. E. Chester
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 3-8, 1945
U. S. GOVERNMENT PRINTING OFFICE 16-13481

Form 3811
Rev. 1-4-40

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Alice Siddals
(Signature or name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 3-7-, 1945

U. S. GOVERNMENT PRINTING OFFICE 16-12421

Post Office Department
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO INHABITANTS OF TERRITORIES (SPO)



Return to OIL CONSERVATION COMMISSION

(NAME OF SENDER)

Street and Number,
or Post Office Box,

Box 871

REGISTERED ARTICLE

No. 7817 Post Office SANTA FE N M

INSURED PARCEL

No. _____ State _____

16-12421

Receipt for Registered Article No. **7819** POSTMARK
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

Form 3806-S (Rev. 2-52) **7819** POSTMARK
Receipt for Registered Article No. **7819**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

Form 3806-S (Rev. 2-52) **7820** POSTMARK
Receipt for Registered Article No. **7820**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

Form 3806-S (Rev. 2-52) **7821** POSTMARK
Receipt for Registered Article No. **7821**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

ILLEGIBLE

Form 3806-S (Rev. 2-52) **7815** POSTMARK
Receipt for Registered Article No. **7815**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

Form 3806-S (Rev. 2-52) **7816** POSTMARK
Receipt for Registered Article No. **7816**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

Form 3806-S (Rev. 2-52) **7817** POSTMARK
Receipt for Registered Article No. **7817**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

Form 3806-S (Rev. 2-52) **7825** POSTMARK
Receipt for Registered Article No. **7825**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____
in person _____ or order _____ Fee paid _____
Accepting employee will place his initials in space
indicating restricted delivery. _____
NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit
this receipt in case of inquiry or application for indemnity.
(Name of addressee) (P. O. and State of address)

Form 3806-S (Rev. 2-52) **7826** POSTMARK
Receipt for Registered Article No. **7826**
Fee paid _____ cents. Class postage _____
Declared value _____ Surcharge paid, \$ _____
Return Receipt fee _____ Spl. Del'y fee _____
Delivery restricted to addressee: _____

Receipt for Registered Article No.

7822

Postmaster

POSTMARK

Fee paid _____ cents. Class postage _____

Declared value _____ Surcharge paid, \$ _____

Return Receipt fee _____ Spl. Del'y fee _____

Delivery restricted to addressee:

In person _____, or order _____ Fee paid _____

Accepting employee will place his initials in space indicating restricted delivery.

07-16-19433-6. GPO

NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity.

William H. Gregory, Jr.
(Name of addressee) (P. O. and State of address)

Receipt for Registered Article No.

7823

Postmaster

POSTMARK

Fee paid _____ cents. Class postage _____

Declared value _____ Surcharge paid, \$ _____

Return Receipt fee _____ Spl. Del'y fee _____

Delivery restricted to addressee:

In person _____, or order _____ Fee paid _____

Accepting employee will place his initials in space indicating restricted delivery.

07-16-19433-6. GPO

NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity.

William H. Gregory, Jr.
(Name of addressee) (P. O. and State of address)

Receipt for Registered Article No.

7824

Postmaster

POSTMARK

Fee paid _____ cents. Class postage _____

Declared value _____ Surcharge paid, \$ _____

Return Receipt fee _____ Spl. Del'y fee _____

Delivery restricted to addressee:

In person _____, or order _____ Fee paid _____

Accepting employee will place his initials in space indicating restricted delivery.

07-16-19433-6. GPO

NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity.

William H. Gregory, Jr.
(Name of addressee) (P. O. and State of address)

ILLEGIBLE