| SENDER: Complete items 1 and 2 when additional 3 and 4. | services are desired, and complete it |
|--|--|
| Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will i to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reques | erse side. Failure to do this will prevent provide you the name of the person deliv g services are available. Consult postma |
| for fees and check box(es) for additional service(s) requer 1. X Show to whom delivered, date, and addressee's a (Extra charge) | sted. ddress. 2. Restricted Delivery (Extra charge) |
| 3. Article Addressed to: | 4. Article Number |
| Siete Oil & Gas Corp. | P 046 661 407 |
| Petroleum Bldg., Suite 200 | Type of Service: |
| 200 West First Street | Registered Insured |
| Roswell, New Mexico 88202 | Cortified COD Express Mail Return Receipt for Merchandia |
| ATTN: Gene Shumate | Always obtain signature of addressee |
| | or agent and DATE DELIVERED. |
| 5. Signature — Address | 8. Addressee's Address (ONLY if |
| X | requested and fee paid) |
| 6. Signature — Agent | |
| * (Bry Man Mond) X | _ |
| 7. Date of Delivery | 1 |
| PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212 | 2-865 DOMESTIC RETURN RE |
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| | |
| SENDER: Complete items 1 and 2 when additiona 3 and 4. | (|
| Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee will be able to the deliver to the delivereto the deliver to the deliver to the deliver to the deliver to t | provide you the name of the person deliv |
| to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reque | ig services are available. Consuit postin |
| X Show to whom delivered, date, and addressee's a (Extra charge) | Address. 2. Restricted Delivery (Extra charge) |
| 3. Article Addressed to: | 4. Article Number |
| Exxon Company, U.S.A. | P 046 661 406 |
| P.O. Box 1600 | Type of Service: |
| Midland, Texas 79702-1600 | Registered Insured |
| ATTN: Brockman King | Certified COD Express Mail Return Receipt for Merchand |
| Prod. Land Coordinator | Always obtain signature of addressee |
| | Lor agent and DATE DELIVERED. |
| 5. Signature — Address | 8. Addressee's Address (ONLY if |
| X | requested and fee paid) |
| 6. Signature – Agent | GAME |
| x Iliala Jack Den | 1 3/1.12 |
| 7. Date of Delivery 7 / 7 - 30 - 89 | 1 |
| PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21 | 2-865 DOMESTIC RETURN RE |
| - 0.3.Q.F.O. 1900-21 | 2-005 DOMESTIC RETURN RE |
| | · · · · · · · · · · · · · · · · · · · |
| SENDER: Complete items 1 and 2 when additional 3 and 4. | · |
| Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee will | rerse side. Failure to do this will preven |
| to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reque | ng services are available. Consult postm |
| 1. 🔯 Show to whom delivered, date, and addressee's a | address. 2. Restricted Delivery |
| (Extra charge) 3. Article Addressed to: | (Extra charge) 4. Article Number |
| Amoco Production Company | P 046 661 405 |
| | Type of Service: |
| 501 WestLake Blvd. | Registered Insured |
| Houston, Texas 77253 | ☐ Cortified ☐ COD |
| ATTN: Emily Coodfellow | Express Mail Return Receiptor Merchand |
| Land Dept Central Div. | Always obtain signature of addressee |
| | or egent and DATE DELIVERED. |
| 5. Signature — Address | 8. Addressee's Address (ONLY if |
| X | requested and fee paid) |
| 6. Signature - Agent | |
| X UM | |
| 7. Date of Delivery | |
| and the second s | • |

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