NOTICE TO ALL OWNERS

TROOF OF SENDING

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION

CHECKCN EXHIBIT NO. 42

CASE NO. 10059-61

otal Number of Pieces listed by Sender DDRESS SENDER $\widetilde{\mathscr{B}}$ Number of M P.O. BOX 1635 HOUSTON, TX. 77251 Total Number of Pleces
Received at Rost Office OKLAHOMA CITY, OK 73101 P 0 BOX 2119 FARMERS UNION CO-OPERATIVE ROYALTY CO. HOUSTON, TX 77252 P 0 BOX 2305 EXXON COMPANY, U.S.A. RANTOUL, IL 61866 SUZAN TRIMBLE EUBANK 5 SENIOR OFFICERS #B ACCT #340-690-3-08 A/C JUDITH H. DEVENPORT, TRUSTEE FIRST CITY TEXAS - MIDLAND NA MIDLAND, TX 79702 P 0 BOX 10966 CHEVRON U.S.A. INC. GEORGE H. ETZ, SR. TRUST SURREY, UK RACHEL B. FARDON 2003 17TH STREET DORKINGRH4 2EB DORKING SURREY CASTRO 11 UPPER ROSE HILL LUBBOCK, TX 79401 ROSWELL, NM 88201 P 0 BOX 1992 ETZ OIL PROPERTIES, LIMITED SCARSDALE, NY 10583 25 MAMARONECK ROAD IRIS GERBER DAMSON Name of Addresses TMASTER, PER (Name of receiving employee) A-418 A-198 A-297 A-116 A-534 Indicate type of mail

Registered

Insured

COD

Certified Exp 280 The same of the same of the same of the same of Certified ☐ Express Mail Postage TI 00 1 The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$23,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. Charge (If Regis.) ☐ Without Postal Insurance Check appropriate block for Registered Mail: With Postal Insurance ARTICLES DESCRIPATO ON TACKINGWLEDGE RECEIPT/OF THE WORDS MAIL SETTING 工版的 Value If C.O.D. Fee Fee POSTMARK AND DATE OF RECEIPT Affix stamp here if lasued as certificate of mailing or for additional copies of this bill. - DATE: SYMI I KIN P 7.55 2 I Rest. Del. Fee Remarks

-FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL-POINT PEN

-		Total	15	7	13	2	=	10	9	· 00	7	۵	S	•	w	2	-	8	OF SE
	7	Total Number of Pieces Listed by Sender	67/245		671244		671243			611240		67/24/			67/240		67/239	Number of Article	NAME AND ADDRESS OF SENDER
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN) ************************************	77210-4630	# GAS INC.		147 NM 88101	ROWLAND AKENS	5205 E. SLOPE AMARILLO, TX 79108-4713 A-497	,	NEW YORK, NY 10020 A-374	MANUFACTURERS HANOVER TRUST CO., AGENT FOR FREDERICKA AGINS AGENT REAL ESTATE DEPARTMENT	A-339	300 WEST TEXAS, SUITE 1100 MIDLAND, TX 79701		127	ELBERT ABRAMSON, EXEC. OF THE ESTATE OF	SAN ANTONIO, TX 78209 A-509	AARCO OIL & GAS COMPANY P O BOX 6738	Name of Addressee, Street, and Post-Office Address	P.O. BOX 1635 HOUSTON, TX. 77251
D BY TYPEWRITER, INK	occu \$500 \$300 parce	te of receiving employee) The f							No resident	1X 16 990							85	Postage Fee	of mail ☐ Express Mail
OR BALL POINT PEN	rrence. The maximum independently. The maximum indemnity of for Insured Mail. Special sts. Special delivery service at	full declaration of value is maximum indemnity payab, reconstruction insurance is			LIME SE	WORDS MAIL	ARTICLES DE			SPS	1						W	Handling Act. Value Insured Charge (If Regis.) Value	Check appropriate block for Registered Mail:
\$U.S. GOVERNMENT PRINTING OFFICE:	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	required on all domestic and the for nonnegotiable documents \$50,000 per piece subject to			DATE: 7-1	STATUTE OF THE SE	ACKNOWLEDGE RECEIPT OF THE										1 %	e Oue Sender R. R. S. D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
TING OFFICE: 1988 197-542	'ail merchandise insurance is ered Mail, \$500 for COD and to Third- and Fourth-Class vice.	international registered mail. ts under Express Mail docuto a limit of \$500,000 per			9-70											. 0	Rest Waler	S. H. Rest. Del. Fee Remarks	RECEI

245	ADDRESS ADDRESS OF SENDER	1/10/10 P.O. BOX 1835 HOUSTON, TX. 77251 Indicate type of mail Registered Box 1835 Certified Box	of mail	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance	ck for	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	nellin les of	issuec g or f this I	oil.	RECE	EIPT	man
£	Number of Article	Name of Addressee, Street, and Post-Office Address	Postage Fee	Handling Act. Value Charge (If Regis.)	Insured Value	Due Sender H	₽.R.	S. D.	₽.S.	H	D B	Rest. Del. Fee Remarks
	246119	AMERADA HESS CORPORATION P O BOX 2040	88				9,				1	1) Miden
2		TULSA, OK 74102-2040 A-002										
u	671247	AMERADA HESS CORPORATION								-		
-		TULSA, OK 74102-2040 B-002										
<u></u>	812169	AMOCO PRODUCTION COMPANY, U.S.A. P O BOX 3092 HOUSTON TX 77253										
0		A003										
7	671249	P O BOX 3092 HOUSTON, TX 77253										
8		B-003	2.00							-		
9	671250	AMROY COMPANY P O BOX 18422 OKLAHOMA CITY, OK 73118	O WEST									
10		B-005	JUI	990 SPS	K P T T T T T T T T T T T T T T T T T T)				 		
11	67/257	R. G. ANDERSON CO-TRUSTEE OF THE	() () () () () () () () () ()	-	MODDE DECOMEDED	RECEIP	74-	OF THE	P	+-		
12		TULSA, OK 74103			1 mg	A-aci		JON SHILL	õ	1.4		
13		REPUBLIC NATIONAL BANK OF DALLAS AND		TIME:	30	0411			lack -	1		
14	671253	C.R. MALLISON, INDEP. EXORS. OF THE SELMA E. ANDREWS TRS #5188				i	1	1	10	1/	N/V	
15		DALLAS, TX 75221 A-272								-		
F 2	Total Number of Pieces Listed by Sender	Total Number of Pieces POSTMASTER, PER (Name of receiving employee) Received (St Post Office	<u> </u>	The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail \$500 for COD and \$500 for Insured Mail Special handling charges apply only to Third- and Fourth-Class parcels Special delivery service also includes special handling structs.	alue is requir / payable for / payable for / payable for / payable is \$5(um indemnity um indemnity emnity payat Special hand ervice also inc	ed on all dom nonnegotiable nonnegotiable (),000 per piec (, payable on l) is \$25,000 ling charges a hudes special h	estic docu docu e sub expre expre for R pply pply andlii	and in imentification in the important i	nternates uncernates u	der Elimit limit richar lail, \$	xpress of \$1 mdise and I	istered mail. S Mail docu- 500,000 per insurance is or COD and ourth-Class
		FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	3Y TYPEWRITER	, INK OR BALL POINT P	EN ⊅∪.S.	S. GOVERNMENT PRINTING	NTP	RINT	NG.	OFFICE:	CE:	1988 197-542

ARICIO ASHLAND EXPLORATION INC. P O BOX 200043 HOUSTON, TX 77216 ATLANTIC RICHFIELD COMPANY P O BOX 1610 MIDLAND, TX 79702 A-004 ATLANTIC RICHFIELD COMPANY P O BOX 1610 MIDLAND, TX 79702 B-004 ELIZABETH MURCHISON BAKER, AS INDEP. EXECUTRIX OF THE EST. OF HILLIAM B BAKER HOUSTON, TX 77027 ROY G. BARTON, JR. P O BOX 978 HOBBS, NM 88240 B-081	-10-	ME AND DORESS SENDER		of mail	ress	ss Mail	-	-	Check appropriate block Registered Mail: With Postal Insurance Without Postal Insurance Handling Act. Value	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance Handling Act. Value Insured	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance Handling Act. Value Insured	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance Handling Act. Value Insured Check appropriate block for Certificate of mailing or to edditional copies of this to edd to
1 677260: 10 6 707260: 10 6 707260: 10 6 707262: 10 6 707262: 10 6 707262: 10 707262	-	ho Number of Article	b	Postage	8	T ee	T 00		Fee Handling Act. Value Charge (If Regis.)	Fee Handling Act. Value Insured Charge (If Regis.) Value	Fee Handling Act. Value Insured Due Sander R. R. Charge (If Regis.) Value If C.O.D. Fee	Fee Handling Act. Value Insured Due Sender Charge (If Regis.) Value If C.O.D.
2 671260: 5 671260: 5 671260: 5 671262: 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	S MAI	167/259	ASHLAND EXPLORATION INC.			85	85	85	85	85	85 90	85 90
671260:		2										
671262	WID E	w	ATLANTIC RICHFIELD COMPANY									
671262												
671262			D COMPANY									
671262												
67263	1		ELIZABETH MURCHISON BAKER, AS INDEP. EXECUTRIX OF THE EST. OF WILLIAM B BAKER									
6 7263 ROY G. BARTON, JR. P O BOX 978 HOBBS, NM 88240	٦	80	1728 CHIMNEY ROCK HOUSTON, TX 77027									
P 0 BOX 9/0 HOBBS, NM 88240	I						1136	Last A	USES V	186	INSUS A	186
11010	<u> </u>	0				Cir	C.;	6.7	233	-	-	-
0/1201	: ; ; •	671264	BEAMS MINERALS COMPANY							1 人產用		

	Isted b	15	4.	13	12 (11	10	9	00	7	0	5	-	u	2		L Inc	NAMI ADO OF SE
B	lotal Number of Pieces Listed by Sender		671259		135110			6725 6		67125		671254	671253		••	674958	Number of Article	NAME AND ADDRESS OF SENDER
	Total Number of Pieces PUS I MASIET, 1 CT B. 03h	10966 , TX 79702	TRUST CITY, TEXAS-MIDLAND, NA, TRUSTEE U/W/O JAMES G. ARMSTRONG ACCOUNT NO. 99-1496-00		1731 TEXAS AMERICAN BANK BLDG.	ARCHIBSCHOPRIC OF NEW YORK	HALE CENTER, TX 79041-0430 A-468	MS. LISTON ARCHER DRAWER 430	A-244	PANCHER ARCHER DRAWER 430 HALE CENTED TO TOO	HOBBS, NM 88240 A-376	ALAN JOEL ANTWEIL PO BOX 2010	C 124 TULSA DRIVE ROGERS, AR 72756-8672	R-272	P O BOX 244 DALLÁS, TX 75221	ALLISON, INDEP	Name of Addressee, Street, and Post-Office Address	$\gamma/ \psi ^{\ell}$ CHEVRON U.S.A. INC. P.O. BOX 1835 HOUSTON, TX. 77251
	of receiving employee)						22(4)2	OH.										Indicate type of Registered Insured COD Certified
	employee					***	Respect										Postage	f mail □ Express Mail
2 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							٠.									85		Maii
currence. 00. The n 00 for Ir	ne full dec																Handling Charge	Check appropria Registered Mail: With Postal I Without Post
The maxim naximum in maximum in sured Mail.	daration of im indemnit			TIME	₩O _M	AAC											Act. Value (If Regis.)	Check appropriate block for Registered Mail:
surance is a num indemnity pay demnity pay Special har service also in	value is required to payable in				WORDS MAIL SLITHING	NOWLED						!					insured Value	ock for ance surance
ty payable on able is \$25,000 its solution of the second o	ired on all do or nonnegotiab		- DATE:		MORDS MAIL SCAPED ON	ARTICLES RECEIRT	,										Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
Expression Expression for Repply of handling	mestic : de docu		T			• 1										B	π.¤ ≅.¤	here if mailin opies of
ss Mail ss Mail ss Mail egistered only to only to	and inte		1		HISTAGE	7										i	S. D.	Issued a g or for this bill
merchai Mail, \$ Third- e.	rnation: inder E				~												S. H.	* I.)F REC
ment reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	al registered mail.											:			0	Can Tade	Rest. Del. Fee Remarks	EIPT

****	252	ADDRESS OF SENDER	CHEVRON U.S.A. INC. Indicate type of mail P.O. BOX 1635 HOUSTON, TX. 77251 Certified D Ex	of mail	ss Mail	Check appropria Registered Mall: With Postal I Without Post	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance	ock for ance surance	Affix stamp here if issued as cartificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	here f mail opies	f issue ing or of this	des for bill.	ECEIPT
	F	Number of	Name of Addressee, Street, and Post-Office Address	Postage	F 00	Handling	Handling Act. Value	insured	Due Sender	7.P	S.D.	S. I.	Rest. Del. Fee
o MAL	_	025119	ASHLAND EXPLORATION INC.		38					B			Ray Mide
	2	4	HOUSTON, TX 77216 A-215										0
	u		HFIELD COMPANY										
_	•	671260	F 0 BOX 1610 MIDLAND, TX 79702 A-004										
	5	1000	ATLANTIC RICHFIELD COMPANY P O BOX 1610										
	6	-	MIDLAND, TX 79702 B-004										
	7	671262	ELIZABETH MURCHISON BAKER, AS INDEP.										
	00		1728 CHIMNEY ROCK HOUSTON, TX 77027										
	•	- 22.3		_	-	-							

ILLEGIBLE

P8 Form 3	-		T	· · ·			T	ERED,	INSUI	RED, C	.O.D.,	CERTI	FIED,	AND E	XPRE	SS MA		· · · ·	
	lated to	15	14	=======================================	12 (=	5	9	00	7	0	<u>, v</u>	4	ω	2	-	Line	우 유	MAN
7	Total Number of Pieces Listed by Sender		671273		671272		671271			671270		671269		67/268		671261	Number of Article	OF SENDER	e and
FORM MUST BE COMPLETED BY TYPEWRITER INK OR BALL FOINT PEN	Total Number of Pieces POSTMASTER, PER (A: 437	P O BOX 1776 CORSICANA, TX 75110	NORTH PALM BEACH, FL 33408 B-028	HAROLD E. BICKFORD INSTRUCTION DATED 11-15-82 957 LAKE HOUSE DRIVE	TRUSTEES OF THE ELSIE D. BICKFORD AND	2221 NORTH CIELO DRIVE HOBBS, NM 88240	E. DOYLE BERRYMAN		II, TRUSTEE		HENRY D. BEDFORD JR. ANCILLARY PERSONAL REP OF THE ESTATE	ROUNDUP, MT 59072		P 0 BOX 275 PT RICHMOND, CA 94807-0275 A-293	HELEN LEARMONT BEDFORD C/O EDWIN L. BEDFORD	Name of Addressee. Street and Bost Office	" HOUSTON, TX: 77251	
1177	PER (Name of receiving employee)					CX.	8 8											Certified C	Indicate type of mail
	employee)					Tea (97 97	3000								200	Postage F	☐ Express Mail	mail
occ SSC Par	걸걸	<u> </u>	ļ				XI	<i>'</i>								W		a:	
nt reconst urrence. T 00. The ma 00 for Ins cels. Specia	full dech				<u> </u>	· •											Charge 1	□ With P	Check appropria Registered Mail:
ruction ins The maximum ind aximum ind Mail. al delivery s	aration of a			!	¥ ::	ORDS M	ACKNO										Act. Value (If Regis.)	With Postal Insurance Without Postal Insurance	Check appropriate block for Registered Mail:
urance is 3 um indemn lemnity pay Special ha service also	value is requ					AIL SCATTON ON	/LEDGE										Insured Value	ince surance	ock for
nnity payable on maity payable on payable is \$25,000 handling charges o includes special	uired on all don or nonnegotiabl			DATE:	3	ORDS MAIL SCREED ON THIS PAGE	ACKNOWLEDGE NECES										Due Sender If C.O.D.	POSTMARK AND DATE OF RECEIPT	Affix stamp here if issued as certificate of mailing or for
Expression for Ruapply	nestic i	·			Ş	SI										B	77.73 27.73	AND	here if
O per piece subject to a yable on Express Mail my \$25,000 for Registered h charges apply only to T as special handling service.	and inte					K											₽. Ø.	this bil	issued a
a limit mercha Mail Mail Third-	rnation inder E			1			-										S. H.)F REC	•
ment reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable accurrence shail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail. \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. INK OR BALL FOINT PEN 201 S GOVERNMENT DRIVETING OFFICE. 1028 107.542	al registered mail.														0	Ray Miller	Rest. Del. Fee Remarks	EIPT	

NAME / ADDR OF SEN

CHEVRON U.S.A. INC.

	TX. 77251	25	
Cartified Everage Mail	D with Postal	Registered	Indicate type of mail
Without P	☐ With Posta	Registered Ma	Check appropr

15

11

13

NAME AND ADDRESS MING P.O. BOX 1635
ADDRESS HOLLETON 1635 Indicate type of mail
Registered Check appropriate block for Registered Mail:

一

Affix stamp here if issued as certificate of mailing or for additional cooles of this bill.

10 Law 901	,,	P ** '	700	٠,		<u> </u>			,		~~,			,				
L		51	14	13	12	Ξ	10	9	œ	7	6	5	-	w	2	-	F	ADDRESS OF SENDER
Littled by Sender				67/2			0		6	6		6		é	4-	61	z	NDER
		z'		11		,	10		11	73	•	12			•	6112	Number of Article	J
	2	3		05		1	is		8	6712		3		35		283	of	
	220			1		i	20		000	20		35		12		X		10190
37			6. S	'	'	 -			13	100		 	 	1	, z	0 U 22		70
Revalued at Pac Office	2	DALLAS, TX 75225	ROYAL H. BRIN, 6506 LUPTON DR.	BOULDER, CO 80302	C R BRAUCHLI 1401 WALNUT STREET, SUITE 405	P C	NO A		P C	NEW 1	BOYS	1201 MAIN STREET, SUI DALLAS, TX 75202-3904	ANN KNIGHT BOWER,	1201 MAIN STREET DALLAS, TX 75202	RIVERSIDE, CA 92506 DAVID A. BOWER. AC	RACHEL BEDFORD BOWEN C/O MRS. FRED BUTLER 6240 RIVERSIDE AVENU		_
		; :	H. I	ER,	SRAUG WALK	TRUSTEE OIL AN P O BOX 830308 DALLAS, TX 752	AGENCY 631-00 NCNB TEXAS NA		BRADLEY NOM P O BOX 292 WELLSVILLE,	NEW YORK,	CE.	MAI	NIG	AS,	SIDE	L BE RS: RIVE	Nen	Q
		{ 75;	BRIN DI DI	3 03	ITH I	7X 830	631.	1	NON 292	, v	. D	N ST	HT B	X X	BOY CA	DFOR FRED RSID	of A	2
Mic.		225	, JR.	10302	TREE	7528	AGENCY 631-00 NCNB TEXAS NATION		NY	//1 FIRST AVENUE NEW YORK, NY 10017	F AM	REET 5202	OWER	78EE	925 VER.	D BC	ddrea	0
			•		i i	TRUSTEE OIL AND GAS S P O BOX 830308 DALLAS, TX 75283-2029	AGENCY 631-00 NCNB TEXAS NATIONAL		BRADLEY NOMINEE CORF P O BOX 292 WELLSVILLE, NY 14895	017	BOYS CLUB OF AMERICA	-390		2 F,	AGENT	BOWEN BUTLER AVENUE		Z
	POS FALO				TT 102		OF AMERICA	} :	BRADLEY NOMINEE CORPORATION P O BOX 292 WELLSVILLE, NY 14895		➤	TE	TRUSTEE	1201 MAIN STREET, SUITE 3100 DALLAS, TX 75202	Z,		Name of Addressee, Street, and Post-Office Address	HOUSTON, TX. 77251
					 40	SECTION	NER I		710			3100	E S	310			, and	7
14	A-214			λ-017		4				>	,		DER		A		Post-C	25
-	بمصبت)17	:		INC	A-114		A-137	ر د د	;	UNDER THE WILL	A-341	¥-287		Office	-
1	γ Na Na Na Na Na Na Na Na Na Na Na Na Na		;	T .									MILI				Add	
	16 0						1			1	1						2	Certified
	receiv																	fied
	(Name of receiving employee)						<u> </u>		-			-	┼	 			70	
	nplo																Postage	☐ Express Mail
	<u>š</u> -			-	 -	-	-		-	-	177	5 >		<u> </u>		9		ess M
HE SOUTH						-				TIME:	!	RT CLE	<u></u>			OK.	F	E.
ment reconstitutions of the contract of the co	<u> </u>									1		RTICLES DESCRIPTION ON	₹				Handling Charge	
iximu econs nce. The m or in Spec	dec								<u> </u>	Ц.			₹	<u> </u>		<u> </u>	ge i	Vith P
m inc tructi The 1 aximi sured ial de	aratio									Ш	3	188	3				Act. Value (If Regis.)	ostal 1t Pos
demni on in on in maxin maxin um in Mail livery	a e						_	. _		17	3	NO CONTROLLO	3				gia.)	With Postal Insurance Without Postal Insurance
suran suran num demr Spe servio	value							7		DATE:	9	0.5	7				< 2	ance
yable ce is ndem ity pocial he also	is re					13 a		j.									Value	8
\$50,0 nity nyable andliandli				 -	7				+		- S	OF THE		-	-	-	-0	79 8
payab b is \$1 des s	9				\ \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\							Ø. E					Due Sender If C.O.D.	additional copies of this bill. POSTMARK AND DATE OF RECEIPT
gotial per pi le on 25,000 arges	≝ &											3						nel co
Exp for appl hand	mesti	_		┼─							<u> </u>	+	 	+	 	10	₽.₽ 8.₽	NN.
cume ubjec ress N Regis V onl ling s			<u> </u>		ļ							 				1	F.S.D.	of thi
t to a fail refered to y to cervice	ii -		ļ				-	-		 	-	 			 	-		TE QI
nder limi merch Mail Third	natio		<u> </u>	ļ	ļ	ļ	<u> </u>	ļ	<u> </u>	ļ	-	-	<u> </u>	1	ļ		₽.S.	REC
t of andis \$500 and	nal re															5/]]	CEIPI
\$500 for (Fou	gister														1	Z,	Remarks	, <i>'</i> >
maximum indemnity payable for nonnegotiable documents under Express Mail docuret reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per trence. The maximum indemnity payable on Express Mail merchandise insurance is 0. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and 0 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class rels. Special delivery service also includes special handling service.	m p	<		+	-	 			+		+	+	+-	 		M	Rest. Del. Fee Remarks	
per per e is and lass	ii.		1													M	*	
i	ı		ı	1 \	í	1	1	1	,	1	ı	1	1	ı	1	, /,		•

				A Parket	H. n. s.	The state of the s	The second secon	Ass. Her	The state of the s				
N N	NAME AND HIGH	CHEVRON U.S.A.	INC. Indicate type of mail	f mail		Check appropria	Check appropriate block for Registered Mail:	ock for	Affix stamp here if issued as certificate of mailing or for additional copies of this hill	here if	issued of to	= 7 %	
OF (S	Ĩ	HOUSTON, TX. 77251	60	☐ Express Mail	Mail	U With	Without Postal Insurance	urance	POSTMARK AND DATE OF RECEIPT	GNE	DATE	OF REC	EIPT
ine	Number of Article	Name of Addressee, Street, and Post-Office Address	Office Address	Postage	- 1	Handling Charge	Act. Value (If Regis.)	Insured Value	Due Sender If C.O.D.	F. R.	S. D.	₩.S.	Rest. Del. Fee Remarks
-	67/291				85					E			Kan had
2	4.	WOODLAD HILLS, CA 91364 A-195	95			,							_
ω	671292	F O BOX 1326 TUSCALOOSA, AL 35403											
4			A-138										
S	691293	FORT WORTH, TX 76107	A-231										
6	6912 94	REX CAMPBELL RT 3 BOX 299 C MT PLEASANT, TX 75455	!	;									
7			A-243									ļ	
00	671295	88201	B-050			100	Siss						
و ا	671296	JOAN A. CARBONE 489 SOUTH MAIN STREET WOONSOCKET, RI 02895				DO	LSno	**************************************					
10	•	OMPANY	. 677			NES	, NO						
=	671297	23261	A-196			600	100						
12	802110	UNION STREET DN HARBOR, MI 49022				•	ACKNOWLEDGE	VLEDGE.	ECEIPT	てま			
13	691299	EET) 1 1 1 1 1				ĝ	MAN AND AND AND AND AND AND AND AND AND A	CH CH	THE SE	GE,		
14	•	VERNON CARR	A_41 A					4	Tille	1			
15	671300	X 92-М МІ 49085	546						האוב: _		0	14	
Lieta	Total Number of Pieces Listed by Sender	Received at Post Office POSTMASTER	POSTMASTER, PER Yvame of receiving employee)	g employee		he full de he maxim	claration of um indemnit	value is req y payable urance is	uired on all do for nonnegotia \$50.000 per p	mestic ble doct	and intuments	ernatio under a limi	nal registered mail. Express Mail docutor of \$500,000 per
	(0		7			ccurrence. 500. The 500 for I arcels. Spe	The maxim maximum incompared Mail. cial delivery	um indemr demnity par Special has service also	ity payable of yable is \$25,00 ndling charges includes specia	0 for R apply handli	ss Mail egister only to ng servi	merch ad Mail, Third ce.	occurrence. The maximum indemnity payable on Express Mail merchandise injurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

	9	otal Number of Pieces Isted by Sender	5 671309	4	3 67/308	2	1 67/307	0	9 671306	8	1 671305	6	5 67130 4	4 671303	3	2 67/302	1081/901	ine Number of Article	ADDRESS ADDRESS A	
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR	A A	Hecelved at Post Office	ENGLEWOOD, CO 80110	JEAN K. CLINE	OF THE JEANNETTE C. CLIFT ESTATE P O BOX 97788 DALLASS TO THE STATE	DALLAS, TX 75395-1416	HUBERT E. CLIFT, TSTMATRY TRUST ACCT #4815011415 P O BOX 951416	AMERITRUST TEXAS TRUSTEE OF THE	JANICE LYNN CLEBOSKI 12106 MEADOW VALLEY LANE STAPFORD, TX 77477	HOUSTON, TX 77266	CHAPARRAL ROYALTY COMPANY	3750I	THOMAS B. CATRON III & JOHN S CATRON AGTS FOR DISB	POWHATAN CARTER JR. P O BOX 328 FT SUMMER, NM 88119	HARLINGEN, TX 78551	DANNIE A CARTER P O BOX 2604	ANDERSON CARTER P O BOX 998 LAS CRUCES, NM 88004	Name of Addressee, Street, and Post-Office Address	HOUSTON, TX. 77251	CHEVRON U.S.A. INC.
COMPLETED BY		me of receiving employee)																Address		Indicate type of mail
TYPEWR		; employee)		w. 6														Postage	□ Express Mail	mail
TER, IN	\$50 \$50 \$50			WE.	WORDS MAIL	ARTICLES L											28			
	orrence. Orrence Ofor Inches	full deci maximu				ES C									,			Handling /	With Postal I Without Post	heck app
BALL POINT PEN	The maxinaximum in sured Mai ial delivery	laration of m indemin			SE AVICE	LEDGE RECEIP												Act. Value (If Regis.)	Negastered man. ☐ With Postal Insurance ☐ Without Postal Insurance	Check appropriate block for
	num indemn ndemnity pay l. Special have service also i	value is requity payable i	!	5	9												MU	Insured Value	ance nsurance	lock for
\$U.S. GOVER	able is \$25,0 nolling charge ncludes speci.	uired on all dor nonnegoti			PAGE,	盂	160	WIES.	00									Due Sender If C.O.D.	editional copies of this bill. POSTMARK AND DATE OF RECEIPT	Affix stamp here if issued as
VIMENT P	n Expre 00 for R apply al handli	omestic		-			(Z)		. 3	52							B	R. R.	copies of	D here If
GOVERNMENT PRINTING OFFICE:	ss Mail registered only to ng service	and inter					No.			7							,	S. D. S.	this bill.	issued as
GFFICE	nerchand Mail, \$5 Third- ar	national nder Exp		-	-										·			S. H.	? RECEL	
E: 1988 197-542	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	registered mail. press Mail docu-														0	lan aider	Rest. Del. Fee Bemarks	PT	-

Line 5 5 OF SENDER ဌ lated by Sender 9 NAME AND œ 9 67/3/1 Number of P 0 BOX 3457 COLONIAL ROYALTIES LIMITED PARTNERSHIP LUBBOCK, OF THE A L CONE ESTATE LOIS ALYNE C BATES CO-EXECX BETTY LOU C PETREE CO-EXECX 320 S. BOSTON, SUITE 1108 ANNIE LEE C COOKE CO-EXECX TULSA, OK 74103 SANTA FE, NM 87502 P O BOX E.E. P O BOX 1818 MAX W. COLL, II ROSWELL, NM 88201 JON F. COLL TULSA, OK 74103 320 SOUTH BOSTON, STE 1108 COLONIAL ROYALTIES COMPANY ROSWELL, NM 88201 P 0 BOX 1818 CHARLES H. COLL NCNB TEXAS NATIONAL BANK DALLAS, TX 75285 P 0 BOX 852069 J.L. COLLINS ED. FUND AGENCY #222 NCNB TEXAS NATIONAL BANK ROSWELL, NM 88201 P 0 BOX 1818 JAMES N. COLL ENGLEWOOD, CO 80110 3290 S. WILLIAMS RICHARD L. CLINE, JR. Name of Addressee, Street, and Post-Office Address CHEVHON U.S.A. INC. Indicate type of mail P.O. BOX 1635
HOUSTON, TX. 77251 | Insured I A-323 A-108 A-107 V25-V A-105 A-106 of receiving employee) ☐ Express Mail Postage T1 00 BY ARTICLES DESCRI MORDS MAIL HACKNOWLEDGE PECKIPT OF THE The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document, reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Expless Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. Charge (If Regis.) Check appropriate block for ☐ With Postal Insurance☐ Without Postal Insurance Registered Mail: る人 THIS PAGE Due Sender R. R. S. D. If C.O.D. Fee Fee Affix stamp here if issued as certificate of mailing or for POSTMARK AND DATE OF RECEIPT additional copies of this bill. Rest. Del. Fee Remarks

Allendary . Jen.

The second second

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

NAME AND ADDRESS OF SENDER Line 7 9 00 tel Number of Pieces ted by Sender Number of 22 902 WEST MADISON LOVINGTON, NM 88260 Total Number of Process
Received at Post Office 29948 WILKES ROAD ALLIS V. CORBETT VALLEY CENTER, CA 92082-9411 P 0 BOX 3457 LUBBOCK, TX 79452 ATTY IN FACT ANNIE LEE CONE COOKE ET AL, MIDLAND, TX 79702 P 0 BOX 10966 ACCOUNT NO. 066-865-6-05 MIDLAND, TX 79705 TEN DESTA DRIVE WEST A/C CRAIG LTD FIRST CITY, TEXAS - MIDLAND NA VERO BEACH, FL 32961 EULA CORDER P 0 BOX 2410 JOINT INTEREST OPERATIONS DALLAS, TX 75225 J. PATRICK CORRIGAN CONOCO INC. 3317 CENTENARY BETTY BELL CROTTY MIDLAND, TX 79710 HUGH CORRIGAN, 111 **Г**ОВВОСК, ТХ 7940В P O BOX 50460 S. E. CONE, J. P O BOX 10321 E. CONE, JR. Name of Addressee, Street, and Post-Office Address CHEVRON U.S.A. INC indicate type of mail P.O. BOX 1635
HOUSTON, TX. 77251 Certified D.E. B-030 A-171 A-109 A-463 ne of receiving employee) 7 ARTICLES DESCRIBED ON THIS PAGE A ACKNOWLEDGE RECEIPT OF THE SYNTAL AN ECHANDS THYM SONDAM ☐ Express Mail Postage T: 0 The full declaration of value is required on all donestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. Handling □ Without Postal Insurance Check appropriate block for Registered Mail: DATE: With Postal Insurance Act. Value (If Regis.) Value Oue Sender R. R. S. D. Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT Remarks Del. Fee

AND DESCRIPTION OF THE PARTY OF

.

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

CERTIFIED, AND EXPRESS MAIL NAME AND ADDRESS OF SENDER 7 13 -12 5 isted by Sender 9 Line œ ø S Number of TRUSTEE OF TRUST #1069 NCNB TEXAS NATIONAL BANK MIDLAND, TX 79702 P 0 BOX 270 JESSIE BLEVINS CRUMP FAMILY TRUSTS MINING EXCHANGE BLDG-SUITE 502 COLORADO SPRINGS, P 0 BOX 1778 DELTEX ROYALTY COMPANY GLENWOOD SPRINGS, CO 81601 904 OXFORD LANE MARCIA LYNN DELOORE FORT WORTH, TX 76199 DRAWER NO. 99033 ACCT #2312 THE JOE & JESSIE CRUMP FUND AND DAVID C. BLEVINS, TRUSTEES OF TEXAS AMERICAN BANK/FORT WORTH NA C/O TEXAS AMERICAN BANK, FORT WORTH NA DAVID C. BLEVINS TRUSTEE OF THE JONES HAMLIN, TX 79520 RT. 2, BOX 23 RONALD K. DE FORD FORT WORTH, TX 76199-0033 DRAWER #99033 LESTER CRUMP TESTAMENTARY TRUST JANIE WAIDE DEEN AUSTIN, TX 78704 1604 RABB ROAD SAN DIEGO, CA 92109 CHEVRON U.S.A. INC. P 0 BOX 90969 CO-TRUSTEES WILMA M. PHILLIPS AND CURTIS DARLING JUDITH CRUZ TRUST HOUSTON, IX. P.O. BOX 1635 Name of Addressee. Street and ?... CO 80,901 A-535 A-777 -022 A-496 A-320 Indicate type of mail

Registered

Insured

COD

Cod

Certified

Exp dress e of receiving employee) ☐ Express Mail Postage WORDS MAILIG ARTHOLES DES ACKNOWLEDGE RECEIPT OF THE T) The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. Handling Act. Value Charge (If Regis.) ☐ Without Postal Insurance Check appropriate block for Charge Registered Mail: With Postal Insurance W. TEXAS THIS PACE Insured Value If C.O.D. | Fee | Fee | Fee Affix stamp here if issued as certificate of mailing or for POSTMARK AND DATE OF RECEIPT / additional copies of this bill. Rest. Del. Fee Remarks

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

	stal Number of Places To Division to the standar Received at Post Office	321	4 671353 TYLER, TX 75701	3 LUERA MON 2626 S. C	2 67/352 542 S. HIGLEY MESA, AZ 85206	1 GEORGE EAGER	0 671357 SALINAS, CA 93907	9 RENATE JONE	8 65 FLOSS AVENUE BUFFALO, NY 14211	7 MEMPHIS, TN	6 67/34 VIRGINIA M. 1	5 67124 MOBILE HOME PARK RD #1	4 LELAND DOWNING	3 671347 CHARLES DOWNING 3 671347 WEXFORD, PA 15090	2 TUSTIN, CA 92681	1 671346 ROBERT C DOLLEY	ine Number of Name of	ADDRESS ADDRESS ADDRESS ADDRESS HOUS
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR		0 0	(75701 A-246	LUERA MONTEZ EASTLAND 2626 S. CHILTON AVENUE	*1	A-299	ER COURT A 93907	RENATE JONES DYMESICH GUARDIAN FOR CENTER IN THE PROPERTY OF T	FRUE		DRAKE B-059 GROVE RD., APT 2	PARK RD #1 PA 16033	ING B-018	NING BAYNE RD, RR 4 15090	92681 A-023	LLEY	Name of Addressee, Street, and Post-Office Address	CHEVRON U.S.A. INC. Indicate type of mail P.O. BOX 1635 HOUSTON, TX. 77251
D BY TYPEWRITER	of receiving employee)	: ME	BY: 4	¥RTIC												200	פר	pe of mail red
	The full d The maxir ment reco occurrence \$500. The \$500 for parcels. Sp			ARTICLES DES	ACKAMOWE ED											a)	Handling Charge	ㅁㅁ콩요
BALL POINT PEN	leclaration of num indemnit nstruction ins . The maximum ind maximum ind lnsured Mail.		9,13,13,10	()													Act. Value (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
	y payable is requirements y payable if y payable is \$ um indemnifum pay special har ervice also in		7		160	WES	000									NN	insured Value	ock for nce turance
\$U.S. GOVERNM	uired on all do or nonnegotiab 50,000 per pi ity payable on able is \$25,000 idling charges ncludes special			SE SE	1197		380										Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
GOVERNMENT PRINTING OFFICE:	mestic and le docum ece subject Express for Reginapply on handling to the subject of the subject															80	F. F. S.	here if isa f mailing of opies of th
NTING O	d internations under to a little to a litt																S. D. S. H.	nued as or for als bill.
FFICE: 1988 197-542	The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail. \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.														0	Kan Wales	Rest. Del. Fee Remarks	ECEIPT

	671374 1106 ONE ENERGY SQUARE ON THE STATE OF THE AVE.	FIVE STATES 1988-A, LTD A-120	671378 1220 ONE ENERGY SQUARE 4925 GREENVILLE AVENUE DALLAS, TX 75206-4072		67/37) FIRST HUTCHINGS-SEALY NAT'L BANK OF GALVESTON GALVESTON	9 FIRST CITY NATIONAL BANK, TRUSTEE ACCOUNT #33-0292-02	8 671875 P 0 BOX 2097 MIDLAND, TX 79701	ITY NATIONAL BANK OF MID	6 6 11374 BRUNSWICK, NJ 08816 A-346	5 A-269	4 67372 PO BOX 668 PO BOX 668 PERRVILLE, TX 78029	3 67/372 DALLAS, TX 75230 A-193	BERT FIELDS, JR. 11835 PRESTON ROAD	1 6737 PO BOX 240921 MEMPHIS, TN 38124-0921	and Post-Office Address	ADDRESS A (U Q CHEVRON U.S.A. INC. Indicate type of mail P.O. BOX 1635 Registered Registered Insured Registered Expression Registered Regis	
me of receiving employee)															Postage	mail	
														K	F 00		
e full de					Ì							·			Handling Charge	Check appropria Registered Mail: With Postal I Without Post	
claration of	1	EX.	ART												Act. Value (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance	
value is requ		4	ICLES DEX											NV	Insured Value	ock for ince surance	
ired on all d	DATE	Me	** **********************************	OF BECK!											Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF	
omestic	i.i	V	9 9	<u> </u>										\$	¬,₽	p here if of mellir copies of	
and inter	1	-	S PAGE	<u> </u>											S. D. S.	issued as ag or for this bill.	
The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail docu-	10		M										0	Kansu	S. H. Rest. Del. Fee	Affix stamp here if issued as cartificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT THE	

CHEVRON U.S.A. INC. Bachines D. A. INC. Bachines D. BOX 1635 HOUSTON, TX. 77251 Bachines D. Box 1635 Name of Addresses, and carcottine Address Name of Addresses, and carcottine Address 1 (1/136) 1 (1/1
N. 1635 X 1635 N. 17251 Registered Re
ndicate type of mail Registered Insured COD Certified Express Mail Postage Fee
age Fee
Propriate block for dMail: Postal Insurance additional copies of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEI (If Regis.) ACKNOVLEDGE RECEIPT OF THE RIICLES DESCRIPTOF THE RIICLES DESCRIPTOF THE RIICLES DESCRIPTOF THE SAS ACKNOVLEDGE RECEIPTOF THE RIICLES DESCRIPTOF THE SAS SASI material international insurance is \$50,000 per piece subject to a limit of the maximum indemnity payable on Exercise Mail merchand of the
Affix stamp have if issued as certificate of milling of for Postal Insurance additional opties of this bill. POSTMARK AND D.TE OF RECEIPT MACHING PROSENTING PROSENTING PROPERTY TO PROSENTING PROSEN
insurance certificate of realing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT POSTMARK AND DATE OF THE DESCRIPTOF TH
Affly stamp have if issued as cartificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT MAILING TO THE THE THIS PAGE CEIPT OF THE DON'THIS PAGE CEIPT OF THE DON'THIS PAGE CEIPT OF THE DON'THIS PAGE THE P
of mailing or for copies of this bill. K AND DATE OF RECEIPT R. S. D. S. H. Rest. Del. Fee Fee Remarks Rest. Del. Fee Re
S.D. S.H. Rest. Del. Fee Fee Receipt Marks Fee Rest. Del. Fee Rent. Del. Fee
F RECEIPT MACH. H. Rest. Del. Fee Promerks Rest. Del. Fee Promerks Rest. Del. Fee Promerks Rest. Del. Fee Rest. Del. F
Rest. Del. Fee Rest. Del. Fee Promerks Press Mail docu- press Mail docu- press Mail docu- press incurance is

	1	0	-	-		6	6		6	6	<u> </u>	4	<u> </u>	6	6	8	ADDRESS F SENDER	
tal Number of Pieces Ited by Sender		11396		67134		671390	01393		67/392	611391	C1-	1390		671384	671388	Number of Article	as Alman	
Total Number of Pieces POSTMASTER, re	A 70434-]	FAY COMBEL GOTTESMAN P O BOX 1538	P O BOX 200692 HOUSTON, TX 77216	GOLDSTON, JOHN J MITO OTHY RICE (THE ESTATE OF THE A-407	JACQUELINE BRIN GOLDBERG, LIVING TRUST 3572 GREN VISTA DRIVE	P O BOX 19247 ENCINO, CA 91416-9247	JACOURLINE BRIN COLDER	JR.	P O BOX 587 NOWATA, OK 74048	JULIAN W. GLASS	JULIAN W. GLASS, JR. 1805.125 U/W/O EVA PAYNE GLASS P O BOX 587	; 2	DOLORES GILMER 619 VIRGINIA CIRCLE	P O BOX 570365 HOUSTON, TX 77257	Name of Addresses, Stre	i	
POSTMASTER, FER prume of receiving employee)		3		EXECUTORS CHELL,		RUST										ca Address	Registered Insured COD Certified	Indicate type of mail
employee												-				Postage	☐ Express Mail	rnail
		TIME:	2 8	A -											Be		s Mail	
e full de maxim recon recorrence.			WORDS	ARTICLES												Handling Charge		Check a
claration of um indemni struction in The maxin maximum in			Vc.	WLEDGE REC												Act. Value (If Regis.)	ered Mail: h Postal Insurance hout Postal Insurance	appropriate block for
value is req ty payable l surance is s num indemn demnity pay		776.	1												NN	Insured Value	ance	lock for
uired on all do or nonnegotia or nonnegotia 50,000 per pity payable or able is \$25,00	0	THE	KAS AGE,	IPT OF THE		20										Due Sender If C.O.D.	certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	Affix stamp have if issued as
omestic ble doci		8-		115	(S)		7								go.	R. R.	of maillicopies o	h
and into timents dject to ss Mail egistere	•1	V)		1	2		TS.	į								S. D.	ng or for f this bil	
ernation under E a limit merchal Mail S				1		DISN	M.									S. H.	∥. ⊃F REC	•
The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class															Kan Mader	Rest. Del. Fee Remarks	EIPT	

FORM MUST BE CON	isted by Sender. Total Number of Figure 146 to 146	ET 1021	CHARLES GUTHAN A-348	3 671404 TAUNTON, MA 0278	2 67/403 TULSA, OK 74170-2075	GLORIA MCFARLAND, TRUSTEE OF THE	0 67/402 MT VERNON, NY 10550	SUSAN G. YOUNG ADMINISTRATRIX OF THE	8 UNGO REBA CAMPBELL GRIFFIN A-482 RT 1 BOX 109 MT PLEASANT, TX 75455	DR. S. #602 FL 33069-4229	6 6 1/400 RHEA S. GREENWOOD A-539	LE AVENUE NJ 07065	4 EMILY C GREENHALGH & DOLORES SLOAT,	3 67/398 LOS ANGELES, CA 90024	2 PETER G. GREENFIELD TRUSTEE A-528 THE GREENFIELD TRUSTEE OF	1 6 1301 UNDER THE WILL OF MORRIS GOTTESMAN P O BOX 1538	ine Number of Name of Addresses, Street, and Post-Office Address		CHEVRON U.S.A. INC
FORM MUST BE COMPLETED BY TYPEWRITER, INK O	ne of receiving employee)															3	Postage	Cortified Capress Mail	dicate type of mail
ER, INK OR B	The full de The maxim ment recor occurrence. \$500. The \$500 for 1 parcels. Spe															05	Fee Handling Charge		- Charles
BALL POINT PEN	claration of volum indemnity of volum indemnity istruction insured maximum and maximum indeximum										-						Act. Value (If Regis.)	C. C	
EN \$U.S.	ralue is requiry payable for y payable for y payable for urance is \$5 um indemnit um indemnity payabecial hand special hand ervice also in	71	8	¥AR				3								NV	Insured Value/	nce urance	-
S. GOVERNIN	red on all do r nonnegotial 0,000 per pi 0,000 per pi y payable on ble is \$25,000 lling charges cludes special	TIME:		ARTICLES DUSCE WORDS MAIL SCI	CKNOWLEDGE	6	Care										Due Sender If C.O.D.	Affix stemp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	
GOVERNMENT PRINTING	mestic and lece subject Express M for Regist apply only handling se	DA	-		DEFRECE	_										90	R. R. S. D. Fee Fee	here if issu f mailing or this of this of this of this can be a seen as a seen	
TING OFF	internationts under to a limital merchial merchiered Mail to Third rvice.	VE:	1	25	3	-											S. H.	ed as for a bill. TE OF RE	
OFFICE: 1988 197-542	The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.			THIS PAGE,	FTHE										0 /	Han Valer	Rest. Del. Fee Remarks	CEIPT	

ADDRESS OF SENDER 14 5 15 12 NAME AND Listed by Sender otal Number of Pieces 9 Number of HOUSTON, TX 77001 P O DRAWER 1826 P 0 BOX 789 HARLOW ROYALTIES, INC. ALBANY, TX 76430 H. R. STASNEY AND SONS COMPANY MIDLAND, TX 79704 P 0 BOX 5615 NEW YORK, NY 10022 DALLAS, TX 75221 P 0 BOX 2823 JACK L. HART LOVINGTON, NM 88260 P 0 BOX 1224 WILL OF MAX GUTMAN JEROME T. HANNERS DANIEL L. GUTMAN TRUSTEE UNDER THE 16 SUTTON PLACE BETTY GUTTAG BROADWAY & 72ND STREET C/O FIRST NAT'L CITY BANK OF NEW YORK NEW YORK, NY 10021 DOROTHY GUTMAN, TRUSTEE NEW YORK, NY 10021 239 EAST 79 STREET DANIEL L. GUTMAN NEW YORK, NY 10017 TRUST REAL ESTATE DEPARTMENT FOR CHARLES GUTMAN SUCCESSOR TSTE. U/A DATED 1956 MANUFACTURES HANOVER TRUST CO. 270 PARK AVENUE, 20TH FLOOR CHEVRON U.S.A. INC. HOUSTON, TX. 77251 P.O. BOX 1635 Name of Addressee, Street, and Post-Office Address B-041 A-369 A-228 A-349 Indicate type of mail

Registered

Instituted

COD

Certified
Exp me of receiving employee) ☐ Express Mail Postage # 0 0 The full declaration of value is required on all domestic and international registered mail. The maximum indemnity [payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. Handling Act. Value Charge (If Regis.) ☐ Without Postal Insurance Check appropriate block for Registered Mail: With Postal Insurance 84. ARTICLES DESQUENTE ON THIS ACKNOWLEDGE RECEIPT OF T STORY SO STORY If C.O.D. Fee Fee Fee Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT Rest. Del. Fee Remarks

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

	tal Number of Pieces ted by Sender Received at Post Office	67/422	P O BOX 2421 GAINESVILLE GA 30	67/421 HOUSTON, TX 77027	WANDA PRUETT HESS	NANCY ZOE GOLDSTON HERPIN 6750 W. LOOP SOUTH, SUITE BELLAIRE, TX 77401	P O BOX ONE WICHITA, KANSAS 67201	671418 FIRST NATIONAL BANK IN WHI	MIDLAND, TX 79702	INDEPENDENT EXECUTOR TRUST DEPT TRUST #1851	A:N. HENDRICKSON ESTATE	5 69/4/7 PO BOX 270	DOROTHY LOUISE HENDERSON TRUST	3 67/46 PO BOX 570365 HOUSTON, TX 77257	2	1 6/14/5 GEAN TRIMBLE HEIDMANN 8709 WILLOWICK DRIVE AUSTIN. TX 78759	ne Number of Name of Address	ADDRESS PAUL HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	POSTMASTER, PER (Name of receiving employee)	A-136	T INC.	#223	A-552	HERPIN SUITE 858	A-457	FIRST NATIONAL BANK IN WHICHITA, AGENT TRUST OIL & GAS DEPARTMENT		CUTOR SCUTOR T #1851	N ESTATE A-396		TRUS	A-127	A-199	E NN	Name of Addressee, Street, and Post-Office Address	U.S.A, INC. Indicate type of mail 1635 TX. 77251 Indicate type of mail CRegistered Control Cortified Description
PEWRITER, IN			:	1 0 do 3	ino.	Sa S										85	Postage Fee	ail Express Mail
	re full declaration of value is require maximum indemnity payable it ent reconstruction insurance is 3, currence. The maximum indemnity pays 00 for Insured Mail. Special han reels. Special delivery service also it		With the second	BY:	WORDS MAIL SERVICE	I ACKNOWLED BE RECEIPT										NN	Handling Act. Value Insured Charge (If Regis.) Value	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance Wit
QU.S. GOVERNMENT PRINTING OFFICE:	The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail. \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.			7F.		CRIPT OF THE										20 10	Due Sender R. R. S. D. S. H. R. If C.O.D. Fee Fee Fee	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
1988 197-542	egistered mail. ess Mail docu- \$500,000 per \$ insurance is e insurance and Fourth-Class														0	in adder	Rest. Del. Fee Remarks	T

the first of the second of the second

The state of the s

	9	il Number of Pieces SUI ed by Sender Rec	67/431 H.L.	67/430	0.3	67/424 RO	JI	67/428 POS	164169		07/426		5 671425	4	671424	2	1 67423	ne Number of Article	ADDRESS ADDRESS
FORM MUST BE C		SULPHUR SPRINGS, TX 775482 Heceived at rost Olives A-248	HOUSTON JR.	3804 AMHERST DALLAS, TX 75225	MARY M. HODGE & CHARLES R. CRAVENS JR. CO-TRUSTEES OF MARY M. HORNE TRUST	ı	JIMMY JOE HOOPER	P O BOX 2126 ROSWELL, NM 88201	5108 WEST 38TH AVE DENVER, CO 80212 A-230	GERALD HAMIL HOOPER AND DOLORES ALBERTA HOOPER	PEORIA, AZ 85345 A-218	RONALD CLEM HOOPER	TULSA, OK 74103 THE TURES OF THE TOWER TULSA, OK 74103	TULSO, OK 74103	TREET	A-245	MARY JOSEPHINE HOLMES 622 PAMPA STREET SUILPHUR SPRINGS, TX 75482	Name of Addressee, Street, and Post Office Address	CHEVRON U.S.A. INC. P.O. BOX 1635 HOUSTON TO
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR		lame of receiving employee)			•													Address Postage	Indicate type of mail Registered Insured COD Certified Exp
WRITER, I	E SWW G	_							•								ż	ge Hee	ail Express Mail
	ccurrence. T 500. The ma 500 for Instances. Specia	he full-decla					WOKUS N	烂子										Handling /	Check appropria Registered Mail: With Postal I Without Post
BALL POINT PEN	ruction insulte maximum indeximum indeximum indeximum indeximed Mail. (all delivery se	aration of variety			:	8	MAIL VE											Act. Value (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
N DU.S.	rarice is \$5 m indemnit mainty paya pecial hance also in	alue is requi payable for				D, TE:	10° 34	23									N//	Insured Value	ck for ice irance
,S. GOVERNMENT PRINTING OFFICE:	0,000 per pie y payable on ble is \$25,000 lling charges a cludes special h	red on all dom nonnegotiable		£51	DO _e ,	1	3V.A.S	THIS PAGE								····		Due Sender III C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
NT PRI	ce subjections for Registration in Registratio	estic and	16		9 6 0 0			-		-							<i>S</i>	R. R. S. D.	nere if iss mailing of pies of th
NTING O	t to a li Mail mer stered Ma ly to Thi service.	internat	1		TSUC													D. S. H.	ued as or for his bill.
FFICE: 1988 197-542	ment reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	ional registered mail r Express Mail docu-						,								1	Carl Valler	Rest. Del. Fee	RCEIPT

es special handling service. GOVERNMENT PRINTING OFFICE: 1988 197-542	o includes special	PEN \$	pecial delivery servi	parcels. Sp	EWRITER	MPLETED BY TYP	FORM MUST BE COMPLETED BY TYPEWRITER, INK OR I	
The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail. \$500 for COD and \$500 for Insurance Mail. Special handling charges apply only to Third- and Fourth-Class	uired on all do or nonnegotiat 50,000 per pi tty payable on able is \$25,000 idling charges	value is requity payable it surance is \$ num indemnity payademnity	declaration of mum indemnion struction in the maxin maxin maxin maxin maxin maxin maxin Mail	The full dec The maximu ment recons occurrence. \$500. The m \$500 for In		of receiving employee)	Total Number of Pieces Received at Post Office	tal Number of Places Tot Recited by Sender
							OK 0	671439
			DATE:		ř.	1. WE	MARY JANE HYMAN	
GP GP	(S)	TEXAS	TE OF TE	WORDS MAIL SERVICE	AD MA	Wo	ROSEMANN MAHONEY, EXECUTATA OF THE ESTATE OF NELLE P. HYLAND 10770 LINDBROOK DRIVE	67438
25	7 DO	OF THE	ECEIPT ON	ARTICLES DISCRIE	CKNOW	AR		471431
1860	-						EDWIN F HYLAND 10770 LINDBROOK DRIVE	
	CASE .						ALTADENA, CA 91001 A-350	
	_						MARY FRANCES (FRANA) HURLEY 297 W. LOMA ALTA DR.	61/436
							P O BOX 2799 CASPER, WY 82602 R-035	
							G. WILLIAM HURLEY & WYOMING NATIONAL BANK OF CASPER ACCOUNT NO. 52588	67/435
							MIDLAND, TX 79702 A-398	
							NCNB TEXAS NATIONAL BANK, TRUSTEE TRUST #863 P O BOX 270	671434
							A-200 A-200	
							JOHN R. HUDSPETH 4318 HOCKADAY DRIVE DALLAS, TX 75229 —	61433
							SULPHUR SPRINGS, TX 75482	1
D ha		NV			83			671432
R. R. S. D. S. H. Rest. Del. Fee Fee Fee Remarks	Due Sender If C.O.D.	Insured Value	Act. Value (If Regis.)	Handlin Charge	#ge Fee		Name of Addressee, Street, and Post-Office Address	le Number of Article
certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	certificate o additional cu	ance	Registered Mail: With Postal Insurance Without Postal Insurance	Registe Witi	☐ Express Mail	☐ Registered ☐ Insured ☐ COD ☐ Certified ☐ Exp		SENDER MULTIPLE
Affix starms have if lessed as	Attiv stamp	lock for	appropriate block for	Check		dicate type of mail	<u>`</u>	•

9	FALLS, TX 76308 By056	JOHN M. MOUSER COMPANY ROUTE 3 HOX SOR	67/441 MIDLAND, TX 79705	ALAN JOCHIMSEN B-047	67/446 JANE JENNINGS 3159 ELM PLACE WANTAGH NY 11793	ARCADIA, CA 91006 B-052	67/448 MARVIN G. JENKINS ARCADIA GARDENS	SAN CLEMENTE, CA 92672	67/444 MARLIN H. AND/OR MURIEL L. JENKINS A-051 JOINT TENANTS	CA 92672	L. JENK	67/442 MIDLAND, TX 79702	INTEGRITY OIL & GAS INC. A-236	PROFIT SHARING TRUST P O BOX 4365 MIDLAND, TX 79701	2 A-149	671440 U/W OF JACK HYMAN 9821 MEADOW BROOK	~ `.	AME AND P.O. BOX 1635 F SENDER P.O. BOX 1635 HOUSTON, TX. 77251
	Name of receiving employee															25	ddress Postage Fee	Indicate type of mail Registered Insured COD Certified Express Mail
ment reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth Class parcels. Special delivery service also includes special handling service.	The full declaration of va	TIME:	BY:	ARTICLES	1 ACKNOW EDGE			SCA	SAGII							47	Handling Act. Value Charge (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
ance is \$50,000 per piec m indemnity payable on E mnity payable is \$25,000 i pecial handling charges a vice also includes special ha	the is required on all dome	DATE:		SCO CNS	RECEIPT OF		048) [F)	Molo								Value If C.O.D. F	
e subject to a lim express Mail merch for Registered Mail pply only to Thir andling service.	estic and internatic	17/6-7		S PAGE	1											9	R. R. S. D. S. H. Fee Fee Fee	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
it of \$500,000 per handise insurance is \$500 for COD and 3- and Fourth Class	nal registered mail. Express Mail docu-	'O'													<i>(</i>)	Kan Vada	Rest. Del. Fee Remarks	CEIPT

	:	isted	15	4	w	12	<u> </u>	0	9	00	7	6	2	4	ω	2		in e	ADD F SE
	9	otal Number of Pieces Isted by Sender	671457		071456		671453	671454		671453	67/452		671451		671450	•.	671,449	Number of Article	ADDRESS A IN
FORM MUST BE		Total Number of Places POSTMASTER. PER (Name of receiving employee) Received at Past Office	LOS ANGELES, CA 3000/ 3/02 A-464	KATHERINE CONE KECK 1801 AVE OF THE STARS, STE 430	402	LEONARD D. KERFER	KEC ACQUISITION CORP. P O BOX 297166 HOUSTON, TX 77297	LUBBOCK, TX 79417 A-462	MARJORIE CONE KASTMAN A-296		DALLAS, TX 75206 A-351		CHRISTOPHER DUKINFIELD JONES 515 N. ARDMORE #6 LOS ANGELES, CA 90004	A-454	JONES ROBINSON LTD P O BOX 2076 POSUSTI NA GOOD		MARY EVANGELINA JONES TRUST NCNB TEXAS NATIONAL BANK, TRUSTEE TRUST ACCOUNT #1407	Name of Addressee, Street, and Post-Office Address	P.O. BOX 1635 HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR		(Name of receiving			C.	00%	18	2			060							Address	Indicate type of mail Registered Insured COD Correction
TYPEWRITE		employee)		1	A CORP	ac.												Postage F	f mail Express Mail
R, INK	\$500 \$500 parce	The The															0,		
OR BA	Tence. The m for In is. Spec	full dec maximu																Handling Charge	Check appropria Registered Mail: With Postal I Without Post
BALL POINT PEN	The maximum naximum inden inden sured Mail. Springle delivery servital delivery serv	laration of value indemnity processing the large contraction insurance contraction insur		<u> </u>	BY:	WORDS.	/ ACKN										N	Act. Value (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
Ž	indemn nnity pay secial havice also	ue is req payable i	<u> </u>			S Des	JATAC					:					7	Insured Value	k for e
SU.S. GOVERNMENT PRINTING OFFICE:	ity payable on Able is \$25,000 ndling charges includes special	uired on all de or nonnegotial		- DATE:		WORDS MAIL ST. S.D. CN	1 ACKNOWLEDGE											Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
NENT PI	Expres for Re apply handlin	mestic a ple docu			S	1 C C C											8	₽.₽ 8.₽	here if f meilin opies of
RINTIN	ss Mail ss Mail egistered only to g service	and inte		_	ن ا	T OF THE		-										S.D.	issued and or for this bill
G OFFI	mercha d Mail 1 Third-	rnation under E	1		,,,) 												Ŗ.S. B.H.	II.
CE: 1988 197-542	occurrence. The maximum indemnity payable on Express Mail merchanise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	al registered mail. xpress Mail docu-	•													1	Can Malen	Rest. Del. Fee Remarks	EIPT

Total	12 11 13	10 8	7 6 5	ω 4	2 1	ine	NAM ADD F SE
14 67/465 15 Total Number of Pieces Listed by Sender	671464	671463	671460	671460	671458	Number of Article	NAME AND ADDRESS OF SENDER
HARLINGEN, TX 78551 B-080 Total Number of Pieces Received et Post Office FORM MUST BE COMPLETED BY TYPEWRI		C/O NEW BEAUMONT RETIREMENT HOTEL 625 ORLEANS BEAUMONT, TX 77701 P-046 JEAN READ KNOX 121 NOTTINGHAM TERRACE BUFFALO, NY 14216	BUFORD I. KING, TRUSTEE PO BOX 270 FORT WORTH, TX 76101	MELBOURNE, FL 32904 MARGUERITE M. KENT 2110 NEBRASKA PECOS, TX 79772		Name of Addresses. Street, and Post-Office Address	P.O. BOX 1635 HOUSTON, TX. 77251
B-080 TMASTER, PER (Name of receiving employee) The full declaration of value of mention indemnity and the maximum indemnity and the maximum occurrence. The maximum indemication insurant occurrence. The maximum indemication of the maximum indemication indemication indemication in the maximum indemication in							Indicate type of mail Registered Insured COD Certified DE
TYPEWRITE	I ACKNON ARTICLES					Postage	nail Express Mail
The fu The fu The ment occurr \$500. \$500. parcels	ACKNOWLED				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7	
DATE: Ill declaration of maximum indemniaximum indemniamente. The maximum in for insured Mail for insured Mail for Insured Mail for BALL POINT	MEDOL RECEIP					Handling Act. Value Charge (If Regis.)	Check appropriate block for Registered Mail:
value is req ity payable surprise is num indemnity pas Special has service also	THIS PH				MV	Insured Value	lock for ance isurance
quired on all domestic and international reformed in the control of the control o	1000 de 1000 d					Due Sender If C.O.D.	Affix stamp here if issued as cartificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF
mestic an object document of the confidence of t	TV NOIS				8	F. R. S. D.	here if iss f mailing of opies of th
d internative to a liter Mail merc Mail merc stered Mail to This service.						₽. S. H.	Ť
The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail. \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. NNK OR BALL POINT PEN \$U. S. GOVERNMENT PRINTING OFFICE: 1988 197-542					Kan Vadam	Bemarks	RECEIPT

BY TYPEWRITER	FORM MUST BE COMPLETED	0
ne of receiving employee) The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$50,000 per occurrence. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply, only to Third- and Fourth-Class	Heceived at Post Office	d by Sender of Pleces
TIME: DATE:	ROBERT S. LIGHT P O BOX 1658 CARLSBAD, NM 88220	107473
WORDS WATER OFFICE	SAN ANTONIO, TX 78209 A-155	
ARTICLES DESCRIPTION THIS PAGE	TIMOTHY T. LEONARD P O BOX 6006	cutilo)
SAME OF THE	ROSWELL, NM 88201	
1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		67147
1990	DALLAS, TX 75221 A-153	
	PATRICK J. LEONARD P O BOX 335	067160
	TULSA, OK 74103	
	LAWSON PETROLEUM COMPANY 2100 PHILTOGRED BIDG	6951601
	GREEN MTNFLS, CO 80819-0234	-
The state of the s		

ILLEGIBLE

ck for Affix stamp here if issued as certificate of mailing or for additional copies of this bill. Additional copies of this bill. Inance POSTMARK AND DATE OF RECEIPT	Insured Due Sender R. R. S. D. S. H. Rest. Del. Fee Value, If C.O.D. Fee Fee Fee Aemarks	NV gg Kuy Walow	7							A Liston	199/ 1898		ES TO	WLEDGE PRECEIPT OF THE	WORDS MALESCRIPE OF TRAS	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	The full declaration of variet is required on an domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail docu-	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.
f mail Check appropriate block for Registered Mail: □ With Postal Insurance □ Express Mail □ Without Postal Insurance	Postage Fee Handling Act. Value Charge (if Regis.)	8												I ACKNO	WORDS	BY:		\$500. The maximum index \$500 for Insured Mail. parcels. Special delivery se
CHEVRON U.S.A. INC. Indicate type of mail registered Registered	s, Street, and Post-Office Address	LON MORRIS COLLEGE 800 COLLEGE AVENUE JACKSONVILE, TX 75666-2930	PATRICIA D. LYETH CO-TR	FIRST INTERSTATE BANK DENVER CO-TR ATTN: TRUST MINERALS 9N 023 'P O BOX 5825	DENVER, CO 80217 A-502	MUNRO LYETH MUNRO LYETH AC 1103300	ATIN TRUST MINERAL 9N 023 P O BOX 5825 TERM ANNEX	DENVER, CO 80217	C/O FIRST INTERSTATE BANK OF DENVER	P O BOX 5825 DENVER, CO 80217	A-317	JONA N. & LAWKENCE K. MACCAUGHTRY 3650 LOS FELIX BLVD #43 LOS ANGELES, CA 90027	SUSAN MADELEY HUGHES JT IND EVER	JANET MADELEY EVERS JT IND EXEC SHELLEY MADELEY MORRISON JT IND EXEC	P 0 BOX 1924 TRINITY, TX 75862	A-520	Total Number of Places POSTMASTER, PER Name of receiving employee	
ADDRESS (0/0)	ne Number of	1 671474	2	3 69495	4	s 67476	6 Contractor	7	8 67/478	6	8/2/19		2	3 67/430	4	1.5	otal Number of Pleces Istad by Sender	9

								rnational registered mail. inder Express Mail docu- a limit of \$500,000 per nerchandise insurance is Mail, \$500 for COD and Third- and Fourth-Class	3 OFFICE: 1988 197-542
Rousion	190 05PS	(Se) 54	EST D	OF THE	EX.AS	8-91-6	-	The full declaration of value is required on all domestic and international registered mail. The maximum indernity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail, \$pecial handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	N AU.S. GOVERNMENT PRINTING OFFICE: 1988 197-542
				I ACKNOWLEDGE RECEIPT OF THE	WORDS MALE SERVICE OF TEXAS	BV: + 56 SATE:	TIME		PEWRITER, INK OR BALL POINT PEI
895 A 537								POSTMASTER, PER (Name of receiving employee)	FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN
								Total Number of Places Received at Post Office	
		ì					19	sted by Sender	

ILLEGIBLE

200	CHEVRON II'S A INC	Indicate type of	r mail		Check a	Check appropriate black for	lack for	_					
NAME AND ADDRESS OF SENDER		Registered Unsured COD	T Fyrrage Mail	<u> </u>	Registered Mail: With Postal I Without Post	Registered Mail: With Postal Insurance Without Postal Insurance	rance	certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	opies o	f this b	OF RE	CEIPT	
ine Number of Article			Postage	Fee	Handling Charge	Handling Act. Value Charge (If Regis.)	Insured Value	Due Sender If C.O.D.	T. 20	S D	n.S. Z. ⊥	Rest. Del. Fee	. F00
1671484	MANUFACTURES HANOVER TRUST CO., AGENT FOR WILLIAM H FLEISCHMANN JR.,		OHE	K			1		B			Can.	Maler
2	P/T RL EST DEPT 2ND 600 FIFTH AVENUE	•		\rangle									
ω	NEW YORK, NM 10010 A-278												
4671485	CHRISTINE MARFLEET AND NANCY MONTEITH, JOINT TENANTS	i ,											
5	PLEASANT RIDGE, MI 48069	3											
6671486	BETTY B. MARTIN 310 MEADOW LAND SOMERVILLE THE TOTAL												
7	A-156		-										
8671487	JOVILLA MARTIN 300 NORTH BONNIE BRAE DENTON, TX 76201-3728							-					
9	À-495												
184169 01	PART IRIS GOLDSTON CORPORATION P O BOX 570365 HOUSTON, TX 77257-0365												
	À-119				ARTI	ARTICLES DESC	ACKNOWLEDGE RECEIPT OF THE	PT OF TH	FFT		.:		
12 671484	TRUSTEE FOR THE MAYFIELD CORP. DEFINED BENEFIT PLAN & TRUST				WOR BY:	ORDS MAHESCY		TINAS PAGE	AGE,				
13	NOLSOC		š) 		TIME	25	D. 7	71			ບ' 		
14 671490	JACK H. MAYFIELD, JR. P.O. BOX 200692	1	SI							To			
15	HOUSTON, TX 77216 A-551	IIST (20a	,,,,									
Total Number of Pieces T	Total Number of Pieces POSTMASTER, PER Ivame of receiving employs Received at Post Office	name of resemble	ing employed	3 111	ne full dec	laration of um indemn	value is requity payable is	ired on all do or nonnegotial	mestic ble doc	and in	ternatic under	nal registered Express Mail	d mail.
7	2 Dest	/	1/5	0 \$ \$ \$ \$ \$ \$ \$	currence. 00. The r 00 for Ir reels. Spec	The maxin naximum ir navined Mail pail delivery	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parfels. Special delivery service also includes special handling service.	ty payable or ble is \$25,00 dling charges cludes special	0 for R apply handli	egister egister only t	merched Mail of Thirdice.	\$500 for CO and Fourt	ance is D and h-Class
	FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	OMPLETED BY	TYPEWRI	TER, II	VK OR BA	LL POINT	PEN #	\$U.S. GOVERNMENT PRINTING OFFICE:	MENT P	RINTI	NG OFF	ICE; 1988	197-542

	7	Total Number of Pieces Listed by Sender	15	14 671490	13	12 67/484	11	10 671488	9	8 67/487	7	6671486	5	4671485	<u>u</u>	2	1671484	Line Number of Article	NAME AND ADDRESS OF SENDER
FORM MUST BE	2 Dest	Total Number of Pieces POSTMASTER, PER [name of rec	HOUSTON, TX 77216 A-551	JACK H. MAYFIELD, JR. P O BOX 200692		TRUSTEE FOR THE MAYFIELD CORP. DEFINED BENEFIT PLAN & TRUST	A-119	P 0 BOX 570365 HOUSTON, TX 77257-0365	MARY IDIS COLD-	JOO NORTH BONNIE BRAE DENTON, TX 76201-3728	A-156	BETTY B. MARTIN 310 MEADOW LAND SOMERVILLE, TN 38068	T RIDGE, MI 48069	CHRISTINE MARFLEET AND NANCY MONTEITH, JOINT TENANTS	NEW YORK, NM 10010 A-278	P/T RL EST DEPT 2ND 600 FIFTH AVENUE	MANUFACTURES HANOVER TRUST CO., AGENT FOR WILLIAM H FLEISCHMANN JR., C. VONGONTARD & FRENDICKA AGING	Name of Addressee, Street, and Post-Office Address	CHEVRON U.S.A. INC. P.O. BOX 1635 HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	/	Induce of the Sails (26)	200			D								TH,			S SHIE		Indicate type of mail Registered Instured COD Certified Express Mail
	occurrence. The maximum indemnity pay \$500. The maximum indemnity pay \$500 for Insured Mail. Special hat partels. Special delivery service also	The full declaration of value is requestion in the maximum indemnity payable in the maximum inclined in the second reconstruction in			TIME: SO DATE	K	ARTICLES DESCRISSION								71.		S S	ee Handling Act. Value Insured Charge (If Regis.) Value	
\$U.S. GOVERNMENT PRINTING OFFICE: 1988 197-542	ence. The maximum indemnity payable on Express Mail merchandise insurance is The maximum indemnity payable in \$25,000 for Registered Mail, \$500 for COD and for Insured Mail. Special handling charges apply only to Third- and Fourth-Class s. Special delivery service also includes special handling service.	uired on all domestic and international registered mail. for nonnegotiable documents under Express Mail docu-				13	PT OF TH										90 Kars Mile	Due Sender R. R. S. D. S. H. Rest. Del. Fee If C.O.D. Fee Fee Fee Remarks	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT

F(7	rtel Number of Pieces Total Number of Pieces POSTN Received at Post Office	DALLAS, TX 75284-0738	#224-01931200, C/O TRUST OIL & GAS	NCNB TEXAS NATIONAL BANK AGENT FOR METHODIST HOME, A TEXAS NON-PROFIT	P O BOX 5119 MCALLEN, TX 78502	WELLINDA INVESTIGATION CONTRACTOR	117 ROSALYN AVENUE DAYTONA BEACH, FL 32018	MARION L. MEADER	DAVID H. LOEFFLER, JUANITA S. 6 BETTY M. KELLY CO-TRUSTEES U/W OF H.M. MCMIL	DALLAS, TX 75221	5 67/493 REPUBLIC NATIONAL BANK DALLAS A.M. MCMILLAN ESTATE 89 P O BOX 241	DENVER, CO 80218	3 671492 ARTHUR EUGENE MCKONE 329 SOUTH CLARKSON	2	1 6/14/6/ RAY L. MCKIM P O BOX 50790 MIDIAND TY 79710	ne Number of Name of Addressee, Street, and Post-Office Address	ADDRESS HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR	RMH	POSTMASTER, PER (Name of receiving employ	A-477		B-067 AGENT FOR	ATION		B-065	A-2/4	JUANITA S. MCMILLIAN H.M. MCMILLAN	À-446	ALLAS	A-173		A-271			Indicate type o Registered Ipsured COD Cortified
TYPEWRITER	- 20/	ec)	() IIII	GPO												2.8083	Postage Fee	f mail Express Mail
	occurrence \$500. The \$500 for parcels. Sp	The full	E CONTRACTOR OF THE PARTY OF TH														Handling Charge	Check : Registe
BALL POINT PEN	. The maxim maximum income maximum income Mail. Insured Mail. ecial delivery	eclaration of num indemnit	וועוב.	BY:	WORDS	1 ACKN											g Act. Value (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
	um indemni demnity pay Special har service also i	value is requirements			MAIL SC	ACKNOWLEDGE			-	-						MV	Insured Value	ock for ance surance
\$U.S. GOVERN	ty payable on able is \$25,00 adling charges ncludes special	ired on all do		DATE:	SERVICE OF	RECEIPT											Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
GOVERNMENT PRINTING OFFICE:	Express 0 for Reg apply or handling	mestic an docum			\$X.	E SIE										20	F. R. S	here if is frailing of mailing of the control of th
NTING C	Mail men istered Mi ister of Th ily to Th service.	d interna lents und				AGE,											S. D. S. H. Fee Fee	sued as or for his bill.
FFICE: 1988 197-542	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$570 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	tional registered mail. ref \$500 000 per					;									Par Medar	Rest. Del. Fee Remarks	RECEIPT

	6	sted by Senger	5	4	3	671503	1	0	671502		67/501	6	8 671500	*	8 67/499		864110	Number of Article	AME AND ADDRESS
	6	Total Number of Places PC Received at Post Office		523 WEST 6TH STREET LOS ANGELES, CA 90014	SEELEY G. MUDD FUND PACIFIC MUTUAL BLDG-ROOM 1206	LUTHER C. ANDERSON, CHARLES W. PARTRIDG AND CARL M. FRANKLIN, AS TRUSTEES UNDER		1502 BUTTRAM ROAD OKLAHOMA CITY, OK 73120	J D MOREY & MARY M MOREY, TRUSTE OF THE JIMMY D MOREY REVOC TRUST		TRUST #1143074008 P O BOX 3538 TULSA, OK 74101	JAMES M MOREY TEST TRUST AND LIBERTY NATIONAL BANK & TRUST CO. OK	DALLAS, TX 75285	MOBIL PRODUCING TEXAS & NEW MEXICO INC. P O BOX 3362	IRVING, TX 75062	JOHN JEFFERSON MITCHELL	P 0 BOX 2201 CONROE, TX 77305-2201	Name of Addressee, Street, and Post-Office MITCHELL MINERALS CORPORATION	CHEVRON U.S.A. F.O. BOX 1635 HOUSTON TX. 7
FORM MUST BE COMPLE	(0)	POSTMASTER, PER (Name of receiving employee)		B-061	XXX 1206	DERSON, CHARLES W. PARTRIDGI FRANKLIN, AS TRUSTEES UNDER	A·130	0	REY, TRUSTEES	À-129		CO. OK	A-304	& NEW MEXICO INC	A-128	A-123		אלקר	* INC
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	950 \$50 \$50 Par		TES.	17.													2.40.85	Postage Fee	type of mail tered ed □ Express Mail
K OR BALL POINT PEN	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for CQD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	e full declaration of value is maximum indemnity paya at reconstruction insurance		OS TIME:	BY:	WORDS MAILS	I ACKNOVL										111	Handling Act. Value Insured Charge (If Regis.) Value	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
\$U.S. GOVERNMENT PR	demnity payable on Expres y payable is \$25,000 for Re il handling charges apply c also includes special handlin	s required on all domestic a ible for nonnegotiable docu is \$50,000 per piece subj		DAIE:		CE OF TOU	RECEIPT OF T										8	Due Sender R. R. If C.O.D. Fee	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
GOVERNMENT PRINTING OFFICE: 1988	ss Mail merchandise insurt sgistered Mail, \$500 for CQL only to Third- and Fourth- g service.	and international registered iments under Express Mail (ject to a limit of \$500,000)				S PAGE.	.									0	Can	S. D. S. H. Rest. Del. Fee Fee Fee Remarks	lasued as g or for this bill. DATE OF RECEIPT
197-542	nce is D and Class	mail. docu- 0 per							-						-		Made	Fee	

1 AM CHEVRON U.S.A. INC.

The second second

, , ,)	CHEVRON U.S.A. INC.	Indicate type of mail		Check appropriate block for	ock for				
NAME AND ADDRESS OF SENDER	ANT P.O. BOX 1635 HOUSTON, TX. 77251	Registered Insured CoD Certified Fynness Mail		Registered Mail: With Postal Insurance Without Postal Insurance	ance	certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	mailing of th	r for is bill.	<i>SCEIPT</i>
Line Number of Article	Name of Addressee, Street, and Post-Office Address			Handling Act. Value Charge (If Regis.)	Insured Value	Due Sender	R. R. S. D.	5. S. H.	Rest. Del. Fee
1 67/504	ALBERT MULDAVIN C/O MICHAEL MULDAVIN, TRUSTEE P O BOX 247	240	38.		NV		8		Kan Hader
2	RIBERA, NM 87560 A-485	85							
3	ALBERT MULDAVIN								
4 67/505	1455 STOCKTON STREET SAN FRANCISCO, CA 94133								
5	J. S. MULLEN JR., TRUSTEE OF THE	9							
6 67/506	ARDMORE, OK 73401	, , , , , , , , , , , , , , , , , , ,							
7	NCNB TEXAS NATIONAL BANK, AS SUCCESSOR	ESSOR							
125169 8	DEPARTMENT 0887 DALLAS, TX 75284 R-071	71							
9	G NEAL								
10 67/508	B B82 4 1							;	
П		ŭ de		ACKNOWLEDGE RECEIPT OF TH	OF RECE	PT OF THE	<u> </u>		
12 67/509	P O BOX 278 HOBBS, NM 88241			WORDS MAIL SURVICE	SPANCE OF	1 1 1 1 1 1			
13	. A-549	TX GPO		BY:	ラックで	73			
4	LENA GRACE NESRSTA 1412 S MADISON	TOW YUL	183	TIME:	0,1				
15 67/5/0	NGELO, TX 76	° (5) 1990	200						
otal Number of Pieces Isted by Sender	Total Number of Pieces POSTMASTER, PER (/)	POSTMASTER, PER (Name of receiving entriples)	1	Il declaration of aximum indemnition in	value is required to the second of the secon	ed on all dor nonnegotiab	mestic and le docume	internati ents under	onal registered mail. Express Mail docu-
7	7	ROX	S500. 7	nce. The maxim The maximum in or Insured Mail. Special delivery	um indemnity lemnity payat Special hand service also inc	payable on le is \$25,000 ling charges ludes special	Express Nor Regis	Mail merc tered Mai y to Thir ervice.	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

	\propto	Total Number of Places Listed by Sender	15 67/5/8	14	13 69/5/7	12	11 67/5/6	10	9 67/8/15	00	7	6 671514	5	4 67/5/3	3 67/5/2	2	1 671511	Line Number of Article	NAME AND ADDRESS OF SENDER
FORM MUST BE	8	Received at Post Office	PERSONAL REPRESENTATIVE P O BOX 419248 KANSAS CITY, MO 64141-6248	ESTATE OF ELYSE S. PATTERSON COMMERCE BANK OF KANSAS CITY	OKLAHOMA CITY, OK 73112	PANHANDLE ROYALTY COMPANY GRAND CENTRE, SUITE 210 5400 N CENAND BIVD	DALLAS, TX 75391 A-073	ORYX ENERGY COMPANY	P O BOX 1401 LUBBOCK, TX 79408-1401	ORA LEE NISLAR	P O BOX 1401 LUBBOCK, TX 79408	AMERICAN STATE BANK, TRUSTEE OF THE OF TRUST DEPARTMENT.	A-478	JAMES ROBERT NISLAR TRUST PO BOX 1401 LUBBOCK, TX 79408-1401	HOUSTON, TX 77297 AMERICAN STATE RANK CO. A-133	A-158 NINIAN OIL COMPANY P O BOX 297166	BOYS RANCH STATION BOYS RANCH, NM 87002	Name of Addressee, Street, and Post-Office Address	CHEVRON U.S.A. INC. P.O. BOX 1635 HOUSTON, TX 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	5	ne of receiving employee)		110	\$10														Indicate type of mail Registered Insured Cortified Exp
TYPEWRITER		employee)	(EE)	1550	307	1X UV											2.40 8	Postage Fee	f mail Express Mail
, INK OR	s 500. The \$500 for parcels. Sp	The full d The maxi ment reco		Qa .	87M												Sev.	Handling Charge	2 5
BALL POINT	maximum in Insured Mail recial delivery	eclaration of mum indemn instruction in			TIME:	B (1)	ARTICLES DESCRIBES DOS											g Act. Value (If Regis.)	Check appropriate block for Registered Mail:
 - 	num indemi idemnity pa Special has service also	value is req ity payable isurance is	_				RTICLES DESCRIEVED ON										NºV/	Insured Value	lock for ance
⊅U.S. GOVERI	uity payable cyable is \$25,0 ndling charge includes speci	uired on all d for nonnegoti \$50,000 per			ATE:	18	THE COUNTY	SOCIOT DE										Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF
NMENT P	n Expre 00 for R s apply al handlir	omestic able docu					THIS PAGE	7									8	F 33 8 33 8 33	p here if of mailin copies of K AND
GOVERNMENT PRINTING	ss Mail megistered only to large service.	and interi iments unject to a				-	Ţň		 		1		-					S. D. S. H. Fee Fee	issued as g or for this bill.
OFFICE: 1988 1	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Claparcels. Special delivery service also includes special handling service.	national registered mail. ider Express Mail docu- limit of \$500,000 per						.ដ								0	Can Sader	H. Rest. Del. Fee Remarks	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT

S AC MAN

CERVEON IN

<u> </u>	ດົ
DD Insured	Indicate type of
	of n

Z ≥	ME AND AND		Indicate type of mail Registered	mail	Chec Regis	Check appropriate block for Registered Mail:	ock for	Affix stamp here if issued as certificate of mailing or for	here if	issued g or fa	- 1	
¥ %E	OF SENDER	HOUSTON, TX. 77251	Certified	□ Express Mail		☐ With Postal Insurance☐ Without Postal Insurance	ince surance	additional copies of this bill. POSTMARK AND DATE OF RECEIPT	AND	this b	OF RE	CEIPT
,ine	Number of Article	Name of Addressee, Street, and Post-Office Address		Postage Fee	ee Handling Charge	ng Act. Value e (If Regis.)	Insured Value	Due Sender If C.O.D.	₽. ₽. ₽.	S. D.	₩. ₩. ₩.	Rest. Del. Fee
_	671519	ELYSE SAUNDERS PATTERSON, TRUST B EDWARD T. MATHENY JR. TR COMMERCE BANK KANSAS CITY TR		2.40 8	2		NV		12			Ray Valor
2	671520	ATTN: TRUST REAL ESTATE DEPT. C/O COMMERCE BANK KANSAS CITY P O BOX 419748								<u>-</u>		
ω		KANSAS CITY, MO 64141-6248 A-503	ω				<u> </u>					
4	671520	EHMOND, VA 23261										
5		A-461										
6	671521	JULIA H. PAYNE 4413 HAYDEN LAND OKLAHOMA CITY, OK 73112										
7		JULIA H. PAYNE, TRUSTEE										
00	671523	OKLAHOMA CITY, OK 73112	:									
9		DAVID M. PEDLEY										
10	67528	STREET SOUTH RSBERG, FL 33707										
=	671524	JOHN C. PEDLEY P O BOX 632									ļ	
12		PRINCETON, KY 42445 LAWRENCE L. PEDLEY A-161			- X	ACKNOWLEDGE RECEIF	AE RECEIP	TOF THE	3			
13	671525	LOUISVILLE, KY 40204) 6.50 0.50	WO	TICLES UNS	ANOS S	1数%				
14		T.A. PEDLEY, JR. C/O THOMAS J HAYES 2646 CHESTNITT CONTROL	ISTO	13/13	PY		X RAIL	7	17	9	9	
15	671621	CA 9	HO!	(2) 1000			3	,				
다 T of	Total Number of Pieces Listed by Sender	Total Number of Pieces POSTMASTER, PER (Name of reco	Æ	(Spaploy)	The full The max	declaration of imum indemnit	value is requi	red on all dos nonnegotiab	nestic le docu	and int	ernatio under	nal registered mail. Express Mail docu- t of \$500 000 per
	S)	のラングン			occurren \$500. Th \$500 for parcels. S	ce. The maxim ince maximum ince maximum ince Insured Mail. pecial delivery	um indemnit jemnity payal special hance service also in	payable on payable on payable is \$25,000 ling charges ludes special	for Reapply	ss Mail ss Mail egistere only to	merch id Mail id Third ce.	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500.000 for Fig. 3500. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25 000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.
Ī										0		

1.

	Lister	15	14	13	12	Ξ	10	9	00	7	6	5	4	ω	2	_	Line	NAN ADD
	Total Number of Pieces Listed by Sender		671534		671533		67/532		671531		671520		671529		67/528	671527	Number of Article	NAME AND ADDRESS OF SENDER
FORM MUST BE CON	Received at Post Office Received at Post Office Received at Post Office		7120 19TH TUBBOCK, TX 79416	NAMES & DESCRIPTION	3008 SHORESIDE DRIVE COLUMBIA, MO 65203 A-197	MARGUERITE H. PETTWAY	TRUST DIVISION, ACCT NO. 2073-12 P O BOX 270 MIDLAND, TX 79702	PETRUST CORP OF AMERICA C/O FIRST NAT'L BANK OF MIDLAND	P O BOX 391 KILGORE, TX 25662	DALLAS, TX 75270 A-385	NANCY ELIZABETH PENSON 4633 INTERFIRST TWO 1201 ELM	ORLAHOMA CITY, OR 73102 B-076	411 OIL AND GAS BLDG 110 N. ROBINSON	DALLAS, TX 75270 A-384	PENN BROTHERS, INC. 4622 RENAISSANCE TOWER	35854 COURTNEY CREEK DRIVE BROWNSVILLE, OR 97327	Name of Addressee, Street, and Post-Office Address	11 1 P.O. BOX 1635 HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	te & receiving templay	De To	SA. TO													2.40	ress Postage	Indicate type of mail Registered Insured COD Certified Express Mail
TER, INK	The 1 The 2 occur \$500 \$500 parce															SE,	Ω _±	
OR BALL P	full declarati maximum in reconstruct rence. The rence The naxim for Insured ls. Special de		11000	WO: US MAN	CATIOLES DESCR												Handling Act. Charge (If R	Check appropriate block Registered Mail: With Postal Insurance Without Postal Insura
	The full declaration of value is required on all dourlestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail docrenent reconstruction insurande is \$50,000 per piece subject to a limit of \$500,000 occurrence. The maximum indemnity payable on Express Mail merchandise insurar \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for Cr \$500 for Insured Mail. Special handling charges apply only to Third- and Four parcels. Special delivery service also includes special handling service.		R		-14	20000000										NN	Act. Value Insured (If Regis.) Value	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
⊅U.S. GOVERN	quired on all deformance of the state of the		177		TEXAS	SCEPT OF THE											Due Sender If C.O.D.	Affly stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
MENT PR	orfestic ar ble docur piece subject n Express 10 for Reg s apply or s apply or				SC.	ī										15	7, N 8 N	p here if is of meiling copies of 1
GOVERNMENT PRINTING OFFICE:	nents und nents und ect to a liet to a liet Mail mer sistered Milling to Tholy to Th		1														S. D. S. H.	sued as or for this bill.
	tional regis er Express mit of \$50 chandise in all, \$500 fo ird- and Fo																	RECEIPT
1988 37-5.	stered mail. Mail docu 00,000 · 00,000 · 01,000 · 1 Cr 1 Cr 2 ur															of Meder	Rest. Del. Fee Remarks,	

		,	- r ·· ·				<u> </u>	W101	CKLD,	11/201	(ED, C	י.ע.ט., ו	LEKII	FIED,	AND E	XPRE	20 WIV		
ſ		Light	15	14	13	12	=	10	9	œ	7	6	5	4	ω	2	1	Line	OAA
		Total Number of Pieces	671542		671541	671540		671539	671538		671537			671536			671535	Number of Article	NAME AND ADDRESS OF SENDER
FORM MUST BE CO	B RAN	Tt un 3044A, CA 72037 A-313		PIERRE D. PHILLIPS TRUST NO. 1 UNDER DECLARATION OF TRUST DATED	SAN DIEGO, CA 92103	BARTLESVILLE, OK 74005 A-521		JOHN W. PHILLIPS P O BOX 1059 MENLO PARK. CA 94026	ALBUQUERQUE, NM 87197 A-460	D. MICHAEL PHILLIPS CO-TRUSTEE REVDON TRUST B P O BOX 6908	P O BOX 17728 AUSTIN, TX 78760 A-393	C/O STATE OF TEXAS FIDUCIARY FOR UNCLAIMED FUNDS	MAUDE EAGLE PFOUTS ESTATE	SAN ANGELO, TX 76904 A-182	WILLIAM CARL PFLUGER 2657 VISTA DEL ARROYO	SAN ANGELO, TX 76901 A-184	OWO CARL R PFLUGER A. LEE PFLUGER TRUSTEE	Name of Addressee, Street, and Post-Office Address	P.O. BOX 1635 HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK	led:	<u>.</u> . <u>.</u>	ON.	SPO													2.40 85	2	Indicate type of mail Registered Insured COD Certified Express Mail
OR BALL POINT PEN	USP 500. The maximum indemn 15 post of the maximum indemnity pay 500 for Insured Mail. Special ha parcels. Special delivery service also	The first declaration of value is required to the partition indemnity payable in the first terms of the firs			TIME:	BY:	WORDS NAMES	ACKNOWLEDGE RECEIP									NU	Charge (If Regis.) Value	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
SU.S. GOVERNMENT PRINTING OFFICE: 1988 197-5	Ance. The maximum indemnity payable on Express Mail merchandise insurance is The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and for Insured Mail. Special handling charges apply only to Third- and Fourth-Class is. Special delivery service also includes special handling service.	uired on all domestic and international registered mail or nonnegotiable documents under Express Mail documents under of \$500,000 per 50,000 per niece subject to a limit of \$500,000 per			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACCOUNT TO THE STATE OF THE STA	Silt. NO C										go Kan Va	Due Sender R. R. S. D. S. H. Rest. Del. Fee If C.O.D. Fee Fee Fee Bemarks	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT

		Total	15	4	13	12	11	10	9	00	7	6	<u>ν</u>	4	ω	2	_	ine	NAM ADC OF SI
	7	Total Number of Pieces Listed by Sender	67154			671548		671547		671546			671545		671544	• •	67/543	Number of Article	NAME AND ADDRESS OF SENDER
	>	Total Number of Pieces Received at Post Office	WICHITA, KANSAS 67202	BETTY PERDEW RALSTIN ESTA JAMES RALSTIN, EXECUTOR INNION NATIONAL BANK BLDG.	OWNERS CITT	FOUNDATION OF 1 P O BOX 1335	THE DROTESTANT	HOSEA V. PRICE 955-N MT ZION WINSTON SALEM, N	CHARGMONT, CA 91/11	KENYON HOUSE 212 EAST SECOND STREET	POMONA COLLEGE,	77 YA 75225	VENTURE 8111 PRESTON RD		P 0 BOX 90969 SAN DIEGO, CA 92019		VIRGINIA W PHILLIPS 335 NORTH AMHERST WEST COLUMBIA, TX 77486	Name of Addresses, S	1 1 1 1 P.O. BOX 1635 HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR	Por	POSTMASTER, PER (Name of receiving)	67202 A-458	PERDEW RALSTIN ESTATE RALSTIN, EXECUTOR NATIONAL BANK BLDG.	A-523	THE DIOCESE OF OKLAHOMA	B-042	NC 27101	B-078	STREET	A CORPORATION	A~205	FICKENS GRANDCHILDRENS JOINT RD, SUITE 800	A-318	6103 54	A-522	LIPS ST TX 77486	and Post-Office Addr	
ETED BY TYPEWRITER	USPS	(16.64.02)	217 July 174	10 Se Co									NT				2.40 8		Indicate type of mail Registered Insured COD Certified Express Mail
, INK OR BALL POINT PEN	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Rourth-Class parcels. Special delivery service also includes special handling service.	The full declaration of	20 7		WO, DS MAIL	ARTICLES CALL											5	Handling Act. Value Charge (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
PEN \$U.S.	num indemnity parable indemnity payable in Special handling service also include	value is required ity payable for no		DATE:		Neces											NV	Insured Value	
GOVERNMENT PRIN	yable on Express Nable on Express Nas \$25,000 for Regis charges apply only es special handling st	on all domestic and nnegotiable docume				THE PAGE	K 1 K										90	Due Sender R. R. S. D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
PRINTING OFFICE: 1988	dail merchandise line tered Mail, \$500 for y to Third- and Pol- srvice.	international registions under Express M			-		:44										Kar	S. H.	red as reformed by the second
88 197-542	surance is COD and urth-Class	ered mail.							_					_			Vacles	Rest. Del. Fee Remarks	

NAME AND ADDRESS ALLA	ALIANOCHEVRON U.S.A. INC. Indicate typ P.O. BOX 1535 Certified HOUSTON, TX. 77251 Certified	Indicate type of mail Registered Insured Officeror	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	
ine Number of Article	reer, and Post-Office Addr	Postage Fee	Handling Act. Value Insured Charge (If Regis.) Value	Due Sender R. R. S. D. S. H. Rest. Del. Fee If C.O.D. Fee Fee Fee Remarks	- -
1 671550	JANE D. RANDOLPH 2105 SPRUCE STREET	24085		7 OB	Mer
2	#-306			0	
3 67/557	PO BOX 51823 LAFAYETTE, LA 70505				
4	A-459				
s 671552	P O BOX 221 EUREKA, CA 95502				
6	A-355				
1 671553	MARY VERN RANSOM 297 W. LOMA ALTA ALTADENA. CA 91001				
8	A-220				
9 671552	WILLIAM COLEMAN RANSOM P O BOX 31				
0	A-356				
167153	ALEXANDER D. READ THREE MEADOWS FARM			RECEIPT OF THE	
2	PERU, VT 05152 A 329		ET	OF STATES PAGE	
3	CURTIS S. READ IR	(G) (G)	X	18	
69/554	HENRY SANFORD ROAD BRIDGEWATER, CT 06752		TIME: D	DATE:	
5	A 336	SUST	200		
otal Number of Pieces isted by Sender	Total Number of Pieces POSTMASTER, PER (Name of r	ing endino ver	maximum indemnity payable	quired on all domestic and international registered for nonnegotiable documents under Express Mail	mail.
J	>		currence. The maximum indem sourence. The maximum indem foo. The maximum indemnity pa foo for Insured Mail. Special h urcels. Special delivery service also	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25 000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	ce is and

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

GOVERNMENT PRINTING OFFICE: 1988 197-542	RINTING	WENT PI	\$U.S. GOVERN	PEN	BALL POINT PEN	INK OR B	WRITER.	BY TYPE	FORM MUST BE COMPLETED BY TYPEWRITER, INK OR	FORM MUST		1
occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	ss Mail riegistered only to	0 for Reapply of handling	ity payable of able is \$25,00 able is \$25,00 adding charges includes special	um indemr demnity par Special ha service also	The maxin maximum in maximum in Mail. cial delivery	occurrence. \$500. The I \$500 for I parcels. Spe			<u>e</u>	6 PY	6	
national registered mail. nder Express Mail docu- limit of \$500,000 per	and inter iments uniect to a	mestic : ble docu iece sub	uired on all do or nonnegotial 50,000 per pi	value is req ty payable surance is	claration of um indemni struction in	The full de The maxim ment recon		ing emploj	rem (wame of receiving employee)	Received at Post Office	otal Number of Places listed by Sanda	= 2
							100	(%)	A-332	PALM BEACH, FL 33480	67/502	2
			DATE:		IME:	200	900	0 05 1	}	WILLIAM A. READ 850 SOUTH COUNTY ROAD		4
	Í	\$	7	ALL SEX	WORDS MAIL	182		O.V.	A-333	PURCHASE, NY 10577 A-	67/561	لتا ت
		7	.0	ACKNOWLEDGE R	ACKNOWLEDGE RECEIPT		0/		200			72
										180 THE NARROWS ROAD BEDFORD HILLS, NY 10507	671560	=
									A-334	מבפ		0
				-						P O BOX 6655 MALIBU, CA 90264-6655	671554	9
	-								A-241)05		00
	-									C/O COX TREANOR & SHAUGHSESSY 48 WALL STREET, STE 2500	671538	7
												6
									A-328	RIVERSIDE, CT 06878	671557	S
												4
									A-405	PURCHASE, NY 10577	671886	w
									A-331			N
Kan Video		8		MIN			5%	39.6		DAVID W. READ P O BOX 665 SALEM. NY 12865	671535	-
S. H. Rest. Del. Fee Fee Remarks	₽.S.	⊤,7J 8 ,33	Due Sender If C.O.D.	Insured Value	Act. Value (If Regis.)	Handling Charge	71	Postage	ice Address	Name of Addressee, Street, and Post-Office Address	Number of Article	ine
Affix stamp here if issued as certificate of mailing or for edditional copies of this bill. POSTMARK AND DATE OF RECEIPT	issued as g or for this bill.	here if mellin oples of	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF	ock for ance surance	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance	Check appropria Registered Mail: With Postal I: Without Post	f mail Express Mail	of mail	Indicate type of mail Registered Insured COD Certified E	10 P.O. BOX 1635 HOUSTON, TX. 77251	NAME AND ADDRESS AND ANDRESS	₩₽₩

		100	15	14	13	12	=	ō	9	00	7	6	S	4	ω	2	<u>-</u>	Ď	NAN ADI OF S
	S	otal Number of Pieces		671570			671569		69/568	-	671567	671566		6715705	4e in	671564	671563	Number of Article	NAME AND ADDRESS OF SENDER
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR	6 AND M	Total Number of Pieces POSTMASTER, PER (Name of receiving emots)	1	ST JOSEPHS ORPHANAGE P O BOX 852069	NCNB TEXAS NATIONAL BANK AGENCY #764 THE ROMAN CATHOLIC DIOCESE OF DALLAS	P O BOX 852069 DALLAS, TX 75285 A-442	OF DALLAS JAMES L. COLLINS CATHOLIC SCHOOL	A-310 NCNB TEXAS NATIONAL BANK AGENCY #763 THE BOWN CARROLL DISCUSSES	P O BOX 839 CHARLESOTN, RI 02813	A-507		EDITH P RIGGS TR LESLIE RIGGS MILLS TR GEORGE D. RIGGS & EDITH P RIGGS	GEORGE D. RIGGS, TR	840-C 6TH STREET SANTA MONICA, CA 90403	ALBUQUERQUE, NM 87131 A-159	REGENTS OF THE UNIVERSITY OF NEW MEXICO C/O UNIVERSITY OF NEW MEXICO	CAMPUS BOX 25 BOULDER, CO 80309-0025	Name of Addressee, Street, and Post-Office Address	P.O. BOX 1635 HOUSTON, TX: 77251
OMPLETED BY		Vame of receiving														0		140-priz	Indicate type of mail Registered Insured COD Certified D
TYPEWRI		g company (c)	ISTO.														2.90	Postage	of mail Express Mail
TER, I	S en en loc	Disb	17) 6													8		Mail
NK OR BA	currence. 00. The m 500 for In ucels. Spec	The tax dec	00)	53 K														Handling Charge	Check appropria Registered Mail: With Postal I Without Post
BALL POINT PEN	The maxin naximum in nsured Mail cial delivery	claration of unitariation in the control of the con		TIME:	800	ARTIC:												Act. Value (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
	num indemni demnity pays Special han service also in	value is requity payable for				Y	- D (F)										NV	Insured Value	lock for ance isurance
\$U.S. GOVERNMENT PRINTING OFFICE:	ty payable of ble is \$25,00 dling charges cludes special	ired on all do r nonnegotia 0.000 per p		DATE:	June	SK SEP IT EST	THE 30 Idisonal											Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
MENT F	n Expre 00 for R apply I handli	omestic ble doc		1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) 1										20	77.20 8 20	p here i
RINTI	ess Mai egister only t	and in uments		\[\bar{\chi}{\chi}\]		À,	M											F 0.	f issued no or to of this b
NG OFF	l merched Mail o Thirdice.	ternatic under																™. 2 T	OF RE
FICE: 1988 197-542	Socurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	nal registered mail. Express Mail docu- it of \$500,000 per		*	7		>									0	Kan Value	Rest. Del. Fee	CEIPT
42				1)		})		1	1		1		1	1		

	7	Total Number of Pieces To: Listed by Sender Re	15 67577	14	13	12/67/576	1	10 671575	9	8 671574	7	6 671573	5	4	3 67/572	2	1 671571	Line Number of Article	NAME AND ADDRESS OF SENDER MINISTER OF SENDER
FORM MUST BE CO		Total Number of Pieces POSTMASTER, PER (Na Received at Post Office	A-543	ROYALL TRUST U/W/O FRANCIS K. ROYALL 2600 REPUBLIC BANK TOWER	A-360 JOHN R. ROYALL, TRUSTEE OF THE JOHN R.	323 SAINT PAUL N DALLAS, TX 75201		DALLAS, TX 75201	JOHN R ROYALL & TUCKER R ROYALL, INDEPENDENT EXECUTORS OF THE ESTATE	PENSACOLA, FL 35503 A-164	B-066 MRS. REEDE CHRISTMAN ROSS B-066	153 EAST 53RD ST., 54TH FLOOR NEW YORK, NY 10022	2-16-79 F/B/O N BLAIR DAMSON, LAURA C DAMSON, AND BETHANY E DAMSON	TULSA, OK /4101 A-357	TEST/TR #1143074008 P O BOX 3538	A-419 T'L BK & TR.	ONEZ MORMAN KOUNEY 2915 CITY NAT'L BANK TOWER OKLAHOMA CITY, OK 73102	Name of Addressee, Street, and Post-Office Address	CHEVRON U.S.A. INC. P.O. BOX 1635 HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK O		POSTMASTER, PER (Name of receiving employee)	OUST	ON		-			8							co.	2.40 8		Indicate type of mail Registered Insuped Coff Certified Dexpress Mail
R, INK OR BALL POINT PEN	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	The ful declaration of	200	U ST	GPD ₹2												08	Handling Act. Value Charge (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
øu.s.	num indemnity payable indemnity payable is \$3 demnity payable is \$3 demnity payable is \$3 demnity payable indemnity payable is \$3 demnity payable indemnity payable is \$3 demnity payable is \$3 demn	value is required on ty payable for nonne	* JAME!		WORDS MAIL GENERAL	ACKINOWLEDGE BED											NI	Insured Due Sender Value If C.O.D.	
COVERNMENT PRINTING OFFICE:	ble on Express Mail me 25,000 for Registered M arges apply only to The pecial handling service.	all domestic and interna gotiable documents und	UMTE:			art ao taircae											D	nder R. R. S. D. S. H. D. Fee Fee Fee	Affix stamp here if issued as certificate of melling or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
OFFICE: 1988 197-542	rchandise insurance is lail, \$500 for COD and hird- and Fourth-Class	ational registered mail. ler Express Mail docu-			K											0	Can Wide	Rest. Del. Fee	RECEIPT

0.z
NAME AND ADDRESS OF SENDER
1 885
\ 23m
lōm≥
, m. o
4

Line

P.O. BOX 1635 HOUSTON, TX. 7 CHEALON GOS

77251	
Indicate type of mail Registered Insured COD	
f mail	

Check appropriate block for	Affix stamp here if issued as
Registered Mail:	certificate of mailing or for
☐ With Postal Insurance	additional copies of this bill.
☐ Without Postal Insurance	POSTMARK AND DATE OF REC

T PRINT	GOVERNMENT PRINTING OFFICE:	\$U.S. 60V	PEN	ALL POINT	NK OR B	TER,	Y TYPEWE	MPLETED B	FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	- T		1
occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	aximum indemnity payable aximum indemnity payable is \$2 m indemnity payable is \$2 Mail. Special handling charery service also includes special background in the service also includes a service a	n indemnity partial. Special here also	Axii	The m maximum nsured l cial deliv	courrence, 500. The 500 for I	T 5050				6	6	
n of value is required on all domestic and i lemnity payable for nonnegotiable document	n of value is required on a empity payable for nonner	n of value is re lemnity payable	em of	claratic	he maxim	£	receiving employed	' receivin	A∵558	DALLAS, TX 75201	Total Number of Pieces To- listed by Sender	7 E
					100	15.	KOU		R OF THE	N R ROYALL, IN TRUSTED N R ROYALL, IN TRUST	671513	15
DATE:	J. ME:	IJME:	-		1 15		STOA		A-363	DALLAS, TX 75201		14
Tale	_<	_<			10	2			NK TOWER	2600 REPUBLIC NAT'L BANK TOWER 323 SAINT PAUL N.	671582	13
χÇ	WORDS MALL TANK	WORDS A	~ ~) OF THE U/W	JOHN R. ROYALL TRUSTEE OF THE N.R. ROYALL III TRUST U/W		12
I ACKNOWLED OF DECEMENT OF	I ACKNOW EDO	I ACKNO!	_						A: 422	DALLAS, TX 75201	671581	=
									ONDER THE WILL	N.R. ROYALL III TRUST UNDER THE WILL OF FANNIE MAY ROYALL 2600 REPUBLIC NAT'L BK TOWER		6
									A-364 OF THE	JOHN R. ROYALL TRUSTEE OF THE		9
									NO TOWN	JALLAS, TX 75201	671580	00
									U/W OF	N.R. ROYALL III TRUST U/W FANNIE MAY ROYALL		7
									A-361	JOHN R. ROYALL TRUSTEE OF		6
									ANK TOWER	2600 REPUBLIC NAT'L BANK TOWER 323 SAINT PAUL N	671579	5
									E OF THE	JOHN R. ROYALL TRUSTEE OF JOHN R. ROYALL TRUST U/W		4
									A-362	l	de .	3
				†					BANK TOWER	-		12
NN 90	NN	NIV				·88	2.40		U/W OF	JOHN R. ROYALL TRUSTEE OF THE JOHN R. ROYALL TRUST U/W OF FANNIE MAY ROYALL	671578	
Act. Value Insured Due Sender R. R. S. D. (If Regis.) Value If C.O.D. Fee Fee	Insured Value		Regis.)	⊋À	Handling Charge	TI 8	Postage	iress	and Post-Office Ad-	Name of Addressee, Street, and Post-Office Address	Number of Article	Line
POSTMARK AND DATE OF RECEIPT	_	stat insurance	1 1818	lout Fo	C WIS	s Mail	Express Mail	☐ Certified	10			1

· (本)

ICE: 1988 197-542	GOVERNMENT PRINTING OFFICE:	RINTI	MENT	S GOVERN	PEN	ALL POINT	VK OR BA	TER .	TYPEWR	COMPLETED B	FORM MUST BE COMPLETED BY TYPEWRITER INK OR BALL POINT PEN			
occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$35,000 for Registered Mail, \$500 for COD and \$500. The maximum indemnity payable is \$35,000 for Registered Mail, \$500 for COD and \$500. Third- and Fourth-Class parcels Special delivery service also includes special handling service.	l mercha ed Mail, o Third- ice	ess Mai Register only t	n Expr	ity payable of able is \$25,00 able is \$25,00 idling charges	demnity pay Special har	The maxin naximum in nsured Mail.	COMTENCE.				Z	ゝ	\	
nal registered mail. Express Mail docu- of \$500,000 per	ternation under E a limit	and in unents	omestic ble doc iece su	uired on all de or nonnegotia 50,000 per p	value is requ ty payable to surance is \$	claration of um indemni struction in	he full de he maximi ent recon		g employee,	Name of receivin	POSTMASTER, PER (Name of receiving employee)	Total Number of Pieces Received at Post Office	otel Number of Pieces lated by Sender	sted by
							¥	() ()	K0		A-423	DALLAS, TX 75201		5
18	1	1	1/	DAT	E:	TIME:	00	177	USTO		ROYALL K TOWER	U/W OF FANNIE MAY ROYALL 2600 REPUBLIC BANK TOWER	671590	4 6
	T		5	X		BY:	\$3 \m	=) <u>e</u>			20110-T			3
	ĈĘ,	IS PA	2	THE PAGE	ARTICLES 1.3	ART					02 A-489	DALLAS, TX 75201-3802		12
		7	1 2	OF SUCCEST OF THE	ACKNOW! TICK	120					RUSTEE U/W/O	TUCKER K. ROYALL, TRUSTEE U/W/O N. R. ROYALL JR. 2600 REPUBLIC HANK TOWER	671589	=
	-										À-358	PALESTINE, TX 75802		10
) 1	TUCKER B. ROYALL P O BOX 202	671588	9
											, n	P O BOX 202 PALESTINE, TX 75802	` .	∞
								-		ER	7 ∃	TUCKER B. ROYALL, TRUSTEE OF B. ROYALL TRUST U/WO FRANCIS	671587	7
											à ∵540	DALLAS, TX 75209		6
											STEE OF THE T, U/W/O FRANCIS	REBECCA ROYALL, TRUSTEE OF THE REBECCA ROYALL TRUST, U/W/O FRANCIS	985160	5
											A-359	DALLAS, TA /3207		4
												REBECCA ROYALL 5313 LIVINGSTON	671585	3 6
0											02 A-488	DALLAS, TX 75201-3802	•.	2
Can Maken			8		NV			B	2.0		TOWER	N.R. ROYALL JR. 2600 REPUBLIC BANK TOWER	1786119	1 6
Rest. Del. Fee flemarks	S. H.	S.D.	F 8 8.	Due Sender If C.O.D.	insured Value	Act. Value (If Regis.)	Handling Charge	[]	Postage		Name of Addressee, Street, and Post-Office Address	, [Number of Article	ine
EIPT	OF REC	ng or to	o here in st maill copies o	Affix stamp here it issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	ance surance	Registered Mail: With Postal Insurance Without Postal Insurance	Registered Mail: With Postal I Without Post	Mail	Express Mail	Registered Registered COD Cortified E	77251	P.O. BOX 1635 HOUSTON, TX 77251		NAME AND ADDRESS OF SENDER
ار					ock for	voropriste bi	Check as		f mail	Indicate type o	NO	CHEVRON U.S	767	

sted	4 0	<u>ω</u> [5]	= 0	9 8	7 6	5	ω 4	2	Line	NAMI ADD OF SE
atel Number of Pieces	671598	671547	671596	671595	671594	671593	671592	61/541	Number of Article	NAME AND ADDRESS OF SENDER
Total Number of Plecies POSTMASTER, P	CHARLES SPENCER SARNOFF 2860 SOUTH OCEAN BLVD. PALM BEACH, PL 33840-5554	GIRVIN H. SANDERSON P O BOX 6161 WACO, TX 76706	JACKSON L. SADLER 2230 TANGLEWOOD FT. COLLINS, CO 80521 A	WILMA RUTLAND 501 SOUTH HOWE LAMPASSAS, TX 76550 A	IRMA J. RUSHING 814 SOUTH LOVE STREET LOVINGTON, NM 88260 B	ELLIS RUDY P O BOX 789 HOUSTON, TX 77001	N. R. ROYALL, III, EXECUTOR OF THE N. R. ROYALL, JR. ESTATE 2600 REPUBLIC NAT'L BANK TOWER DALLAS, TX 75201 A-41	FENNIE MAY ROYALL REPUBLIC BANK TOWER 5, TX 75201-3802	Name of Addressee, Street, and Post-Office Address	1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
POSTMASTER, PER (Name of receiving emplo)	A-490	B-039	A-165	A-284	B-044	A-115	THB	A 465	Mice Address	Indicate type of mail Registered Dipetured COD Certified Exp
is emission	USTON							27:40	Postage	of mail Express Mail
255 S	ングラング							85	F.	L
ne full de le marine pe marine con econ econ econ econ econ econ eco	13711								Handling Charge	Check appropria Registered Mail: With Postal I Without Post
claration of claration of um indemnistruction in The maximaxin naximum in the clark th	BY:	ACKNOW ARTICLES WORDS N							Charge (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
value (s requity payable I surance is \$ num indemnidemnity pay Special had		ACKNOWLEDGE ARTICLES DOM WORDS NOT SO						11/1	< 2	lock for rance
ured on all dor nonnegotion nonnegotion 50,000 per ty payable cable is \$25,0	DATE	RECEIPT OF							Due Sender It C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
omestic able docupiece submerge Expre		OF THE THE TEXAS						2	7. J.	of mailir copies o
and inter iments u bject to ss Mail r egistered only to		SAN SE							F. D. S	issued and or for this bill DATE O
rnational inder Ex a limit c nerchand Mail \$5 Third- a	7.29	1							S. I.	F RECE
The full declaration of value is required on all domestic and international registered mail. The physimum indemnity payable for nonnegotiable documents under Express Mail documents required to the construction insurance is \$50,000 per piece subject to a limit of \$500,000 per piece subject to a limit of \$500 per per piece subject to a limit of \$500 per piece subje								Conflade	Rest. Del. Fee	TAIS

OF SENDER NAME AND 9 itel Number of Plecer Number of P.O. BOX 1635 HOUSTON, TX. 77251 CHEVRON U.S.A. INC. NEW YORK, NY 10170 420 LEXINGTON AVE. MCGARRY GRAYBAR BUILDING C/O CHOATE, MOORE, HANN AND ESTATE OF THEODORE SEDLMAYR LILLIAN R. SEDLMAYR, EXTX OF THE 16 SECOR DRIVE NORTH ALBUQUERQUE, NM 87125 SUNSET BANK OF ALBUQUERQUE NA TRUSTEE PRT WASHINGTON, NY 11050 JOHN E. SEDLMAYR P 0 BOX 26900 JEANNE A. SAUNDERS TRUST TULSA, OK 74105 4662 SOUTH TROOST MARCELLYN J. SEAL, JOINT TENANTS WILLIAM G. SEAL AND 4662 S. TROOST WILLIAM G. SEAL SULPHUR SPRINGS, TX 75482 TULSA, OK 74105 BILLIE LOIS SARTIN
223 N. MOORE AVENUE JERSEY CITY, NJ 07306 FRIEDA SCHACHNER
201 ST. PAULS AVENUE TN OF TONAWANDA, NY 14223 560 MONTROSE AVENUE % L DEEGAN FRANCES SCHNEIDER Name of Addressee, Street, and Post-Office Address A-234 Indicate type of mail

Registered

Insured

COD

Certified Exp of receiving amplants ☐ Express Mail Postage T! The full-declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail docu(comput reconstruction insurance is \$5,000 per piece subject to a limit of \$5,00,000 per bedurfence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class pareels. Special delivery service also includes special handling service. Handling Act. Value Charge (If Regis.) ☐ Without Postal Insurance Registered Mail: Check appropriate block for With Postal Insurance 8Y: _ TIME: WORDS ARTICUES U.S. ACKNOWLEDGE RECEIPT OF THE 14:13 Value DATE Due Sender R. R. S. D. If C.O.D. Fee Fee Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT Rest. Del. Fee Remarks

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

	CHEVRON U.S.A. INC.	Indicate type of mail	f mail	<u> </u>	heck ann	ropriste blo	ek for					
NAME AND ADDRESS ADDRESS	MOUSTON, TX. 77251	Registered Dipoured	,		Registered Mail: With Postal I Without Post	Registered Mail: With Postal Insurance Without Postal Insurance	nce urance	ATTIX stamp nere it issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	opies of	g or for this bill	F REC	LAIS
ine Number of	Name of Addressee, Street, and Post-Office Address	Address	Postage Fee		herge (Handling Act. Value Charge (If Regis.)	Insured Value	Due Sender If C.O.D.	₽.₽ 8.₽	S.D.	S.T.	Rest. Del. Fee
1 67/607	JAMES SETH 639 ULFINIAN WAY MARTINEZ. CA 94553		240.	88			NV		B			Can Wach
2	OLIVER SETH	_			· · ·							
3 67/608	P O BOX DRAWER 1 SANTA FE, NM 87501 A-202											
4	SHATTUCK-ST. MARY'S SCHOOLS											
5 671609	FARIBALT, MN 55021 A-172	72										
6 67/6/0	SHELL WESTERN E&P INC. P O BOX 576 HOUSTON, TX 77001	-										
7	A- 097	97										
8 671611	JACK SHULTS 1419 SOUTH OAK KINGFISHER, OK 73750											
9	VAN SHULTS 111 CHISHOM DRIVE											
10 67/6/2	KINGFISHER, OK 73750 A-282	.0								,		
11 67/6/3	WANDA SHULTS P O BOX 82 OKEMAH, OK 74859											
12	FRANCES R. SIDFORD	·			•	ACK	OWI EDGI					
13 67/6/4	P 0 BOX 4243 PARK CITY, UT 84060 A-366					ARTICLES DE	ARTICLES DESCRIPTION	N. (Z R R		
14	FRANCIS R. SIDFORD, TRUSTEE OF THE FRANCIS R. SIDFORD TRUST, U/W/O		2	\$P)		BΥ:		Tall) ç	10		
15 67/6/5	60		TON	E P		TIME		DATE	13	13	2	63
Fotal Number of Pieces	Ti A 542 A 5	12 - of receiving conplo	2 Statioyers		fill decla	ration of vertion in indemnity	value is requi y payable to urance is \$5	red on all do r nonnegotial 0.000 per pi	mestic ble docu	ind inte	rnation Inder E a limit	al registered mail. xpress Mail docu- of \$500,000 per
2	Q	ラジェ	1,000	11	frence. The ma). The ma) for Insi	he maximuximuximum indured Mail.	im indemnit emnity paya Special hand ervice also in	y payable on ble is \$25,00 lling charges cludes special	Expre 0 for R apply handlir	s Mail gistered only to g service	merchau Mail, § Third- e,	oxcurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail. \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.
_				ייייייייייייייייייייייייייייייייייייייי	でして してきてん	I WOULD A	CLASCE WITH AND THE	Carrier of the carrier	TIPLICATION OF THE PARTY OF THE	P 20. 4 1.C.	•	

The second secon

_						,		~101.	LKEU,	TN2A)	RED, C	.O.D.,	CERTI	FIED,	AND E	XPRE	SS MA		
		Total Listed	15	14	13	12	11	10	9	∞	7	6	2	4	u	2	-	Line	NAM ADD OF SE
		Total Number of Pleces Listed by Sender	6		6		6		6		6		62		6		61	z	NAME AND ADDRESS OF SENDER
	0	r of Pie	7/1		67/629	! !	1/1		111		2/1		1/1		12		1/6	Number of Article	
		2	630		2		62		1621		226		2		624		1.623	3	2/1
}		Tot Rec	9		-	 	10	 	-				13		1			-	
		elved a	TUL	PH11 320	TULS	1118	RANDE	WILLARD B 2008 RIVER	HOUST	E 1.70	SOOH	GTAM	P O	₩. B	NEW	NANC	P O	K Z	PO H
		Total Number of Pieces Received at Post Office	SA, OR	PHILIP R. 320 SOUTH	SA, OK	BILL R. SNOW	NTON,	U B A	P O BOX 570365 HOUSTON, TX 77	ERITON CHITE	HOUSTON, TX 7	WELDON SMITH	P O BOX 470 MEXIA, TX 7	LAKE	ASCUS CANAA	Y TAY	P O BOX 742 MISSION, TX	eme of	BO BO STC
	0	office	TULSA, OK 74103		TULSA, OK 74102	NOW	BRANDENTON, FL 34208	WILLARD B AND HELEN .	P 0 BOX 570365 HOUSTON, TX 77257	2	HOUSTON, TX 77063	HTI	P 0 BOX 470 MEXIA, TX 76667	BLAKE SMITH, JR.	32 WASCUSSUE COURT NEW CANAAN, CT 06840	NANCY TAYLOR SMITH	P O BOX 742 MISSION, TX 78572	Addres	P.O. BOX 1635 HOUSTON, TX.
-		PC		ON, SI	2 0	2	1 208	LEN J	7		163			JR.	0684	HTIH	572	see, Str	535 X.
FOR		POSTMASTER, PER (Name of receiving employee) USP The		SNOW BOSTON, SUITE 2000	TULSA, OK 74102	3		A-125 AND HELEN JOY SMITH TRUST RSIDE DRIVE F							0		-	Name of Addressee, Street, and Post-Office Address	P.O. BOX 1635 HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, IN		STER,		000			>	TH TR			. .		_			•		J Post-C	51 NC.
T BE C	30	PER (A	A-307		A-308		A-401	A-125 TRUST			A-545	;	A -500		B-070	100		Office A	
OMPL	4	lame oj		ī	ı	I	}	1						-			f	ddress	Indicate type of mail Registered Insured CoD Certified Exp
ETED		receivi																	licate type Registered Insured CoD Certified
171 A8		ng emp													-		2	Pog	of mai
EWRI		loxee)	HOU	TON											-		2.40	Postage	[mail
E.	9889	Sea.	1997	- i	77 60												El	L	Mail
읾	Courrence OO for Cels. Since	o fax	300	1831														Handling Charge	□□Regist
K OR BALL POINT PEN	e. The maxing Insure Insure Decial d	declarat			TIME:	B :	AR	-								 		Act C+	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
ONT	maxin maxin mum in d Mail.	ion of			ŲË	8												Act. Value (If Regis.)	oriate b ail: al Insur ostal Ir
PEN	demnit Specia	value i			1		S DE										11/1	insured Value	lock fo
₩U.S.	demnity payal hand	s requi			Q													T PO	
S. S	payate sple is \$ ling chiling chilings	red on			11.70	12	NO CAL											Due Sender 1f C.O.D.	Affix certifi edditi
VERNME	per problems on 25,000 arges argued arges argued arges argued arges argued arges argued arges argued argu	ali don gotiabl				بيد	'0											D.D.	stamp cate of onel co
NT PR	Express for Re-	e docui			1	13.45	E THE										0	F. F.	Affix stamp here if issued as cartificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF
NILN	Mail : Mail : gistered nly to nly to	nd inte			7		2											S.D.S	ssued a l or for this bil
COVERNMENT PRINTING OFFICE:	mercha Mail, S Third-	rnation inder E			3													S. H.	Affix stamp here if issued as certificate of mailing or for edditional copies of this bill. POSTMARK AND DATE OF RECEIPT
33	and Fo	al relis)	K	Rest	EIPT
1988 19	nient reconstruction insulance is \$00,000 per piece subject to a minit of \$00,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insulance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail, \$pecial handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	tered m												_				Rest. Del. Fee Remarks	
197-542	e is	cu-																8	

Total Number of Pieces Listed by Sender	15	14 6.	13	2 6	11	10	9	8	7	6	567	4	3 6	2	1	Line	NAME AND ADDRESS OF SENDER
Pieces		11637	_	11636		7/1035		1/634			67/633		67/632	••••	67/631	Number of Article	
Received at Post Office POSTMASTER, PER (Name of receiving emission)	A·258	P O BOX 987 ROSWELL, NM 88202	SSG LIMITED PARTNEDSTATE	SPINDLETOP EXPLORATION CO., INC. P O BOX 25504 DALLAS, TX 75225-5504	A-250	P O DRAWER 1687 LOVINGTON, NM 88260	ROSWELL, NM 88202-1977 A-494	CR: WILMA LEIGH SPARKS, #310-027-8 P O BOX 1977	FIRST NATIONAL BANK OF ROSWELL	P O BOX 114 DALLAS TX 75275	SOUTHERN METHODIST UNIVERSITY PROPERTY MANAGEMENT	NEW YORK, NY 10028 A-167	EDITH G. SOCOLOW AND A. WALTER SOCOLOW, TRUSTEES U/A, DATED NOV 24, 1976 45 EAST 82ND STREET	NEW YORK, NY 10028 A-232	EDITH G. SOCOLOW & A. WALTER SOCOLOW TRUSTEES U/A DATED NOV 24-1976 45 EAST 82ND STREET	Name of Addressee, Street, and Post-Office Address	HOUSTON, TX. 77251
Name of receiving													Ē,			Address	Indicate type of mail Registered Insured COD Certified E
(S) (S)	TON	X													2.40	Postage	f mail Express Mail
The full SSSO TO	I SZM	8													06	Fee Handling Charge	
declaration of imum indemnitude in inconstruction in ce. The maximum in maximum in maximum in maximum in maximum in maximum in maximum dall	וואור.	BY:	WORDS M	I ACKN										· · · · · · · · · · · · · · · · · · ·		ing Act. Value ge (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
value is req ity payable ity payable isurance is num indemr idemnity pa Special ha			MAIL SE	I ACKNOWLEDGE											NI	insured Value,	block for rance
uired on all do for nonnegotiat \$50,000 per pi ity payable on yable is \$25,000 indling charges		PATÉ:	Whole the	RECEIPT										;		Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
mestic and december of the document of the doc			SOLAS	2 H											30	F. R. S	here if in frame of mailing of Mailing
nd international ments und cet to a lect to a lect to a lect me mistered Mail me mistered Maily to The				PAGE.										-		S. D. S. H.	asued as or for this bill.
declaration of value is required on all domestic and international registered mail imum indemnity payable for nonnegotiable documents under Express Mail documents under Express Mail documents under its solo,000 per piece subject to a limit of \$500,000 per construction insurance is \$50,000 per piece subject to a limit of \$500,000 per per construction indemnity payable on Express Mail merchandise insurance is the maximum indemnity payable is \$25,000 for Registered Mail \$500 for COD and in surged Mail. Special handling charges apply only to Third- and Fourth-Class															Kan Wader	H. Rest. Del. Fee Remarks	RECEIPT

LILEN, COLD LAL NUOS MALL

	1	ited by Sender	s le Mery	4	3	2 67/643	1	10 67/642	07/641	00	1 67/640	6	5 67/639	4	w	2	1671638	Line Number of Article	NAME AND ADDRESS OF SENDER	••
FORM MUST BE COMPLETED BY TYPEWRITER, INK O	7	Received at Post Office	HARLINGEN, TX /8550 B: 007	ANN STIERNBERG STONE 1513 LITTLE CREEK DRIVE	SAN ANTONIA, TX 78279 A-474	GEORGIA ANN STIEREN, CUSTODIAN FOR MICHAEL ANDREW STIEREN, A MINOR P 0 BOX 791225	A-475	P O BOX 791225 SAN ANTONIO, TX 78279	SAN ANTONIO, TX 78279 A-387	INDP. EXECUTRIX OF THE ESTATE OF JACK STIEREN	GEORGIA ANN STIEDEN	GEORGIA ANN STIEREN P O BOX 5615 MIDLAND, TX 79704-5615	P 0 BOX 2308 SANTA FE, NM 87501 B-096	STATE OF NEW MEXICO OFFICE OF COMMISSIONER OF PUBLIC LANDS OIL PAYMENTS	A-470	ENDOWMENT FUND P 0 BOX 2392 LONGVIEW. TX 75606~2392	TEXAS COMMERCE BANK-LONGVIEW, TRUSTEE OF THE ST. PAUL INDUSTRIAL TRAINING SCHOOL INC.	Name of Addressee, Street, and Post-Office Address		CHEVRON U.S.A. INC.
OMPLETED B		e of receiving employee												DS				, d	Indicate type of man	Indicate tupe
HW34A1 A		g employee		HOU	STON												2.40	Postage	☐ Express Mail	ŕ
ITER, IN	\$50 \$50 \$50	_7	SS (990	100	10 1											88			-
	urrence. 00. The m 00 for In cels. Spec	full dec	Y	200	المقالمة													Handling Charge	Check appropriat Registered Mail: With Postal In Without Posta	<u>}</u>
R BALL POINT PEN	The maxinaxinaximum issured Maisured Ma	laration o		TIME	WORD	ARTICL ARTICL												Act. Value (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance	<u> </u>
	mum indemnindemnindemnity pay I. Special has y service also i	f value is requity payable			Asver 8	ACKNOWLEDGE											My/	Insured /	block for irance insurance	
\$U.S. GOVERN	ty payable of able is \$25,00 idling charges actudes specia	ired on all do or nonnegotia		DATE	10 m	LINGSON 3												Due Sender If C.O.D.	Affix stemp here if issued as certificate of mailing or for edditional copies of this bill. POSTMARK AND DATE OF	-
MENT PE	n Expres 0 for Re apply of handlin	mestic a ble docu		4	12.2	79											B	77.77 8 73 8 73	p here if of mailing copies of KAND I	
GOVERNMENT PRINTING OFFICE	s Mail m s Mail m gistered l only to T g service.	nd interi ments un		7	[E:	SE S						-				-		S. D. S.	issued as g or for this bill. DATE OF	
OFFICE: 1988 197-542	nicht reconstruction insufance is \$30,000 per piece subject to a limit of \$300,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insufance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	national registered mail. ider Express Mail docu-		9												0	Kan Thake	S. H. Rest. Del. Fee Fee Remarks	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	

]	 -	+	 			 	 	 	 		 	<u> </u>	ļļ	<u> </u>	 	- 0	SDS	•
	tel Number of Pieces ted by Sender		67/657		:	6765V	67/650	67/649		671648		67/647		6711696		671645	Number of Article	DDRESS SENDER	
FORM MUST B	Received et Post Office Output		ATTN: JAMES R. BROWN P O BOX 190567 DAILERS TO TOTAL	A-168	BANK BLDG.	- TEXARO OII COMPANY	TEXACO PRODUCING, INC. P O BOX 2100 P DENVER CO BOZO 2200	YUM, AZ 85365 A-221	LOIS CONE TEKELL 4323 W. VAOUERO LANE	HUNTINGTON BEACH, CA 92647 A-532	JAMES T. TAIT	7085 BIRDVIEW AVENUE MALIBU, CA 90265	A-453	P O BOX 776 HOBBS, NM 88240	A-183	4723 SPRING MEADOW LANE #2 MIDLAND, TX 79705	Name of Addressee, Street, and Post-Office Address		
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN	Name of receiving					5				2	+		53		183		• Address	Insured COD Certified	Indicate type of mail
Y TYPEWRI	Tist Tist	usī +														2.4	Postage	Express Mail	of mail
TER, IN	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			[6] /												88		Mail	
K OR B	full de maxime maxime maximent reconurrence. 30. The 30 for 1 cels. Spe	90a															Handling Charge	Register With With	Check a
ALL POINT	sclaration of unm indemn struction in struction in The maximum in maximum in sured Mail nsured Mail ns		TIME	WORDS	ARTIC												Act. Value (If Regis.)	Registered Mail: With Postal Insurance Without Postal Insurance	Check appropriate block for
PEN	value is ity payansurance num ind ndemnity l. Specia			S M	ACKNOWLEDG											1111	Insured Value/	rance nsurance	block for
₽U.S.	is \$50, lemnity payable handli		D	7	EDG														
GOVERNMENT PRINTING OFFICE:	d on all denonnegotianonnegotian 000 per possible or payable or e is \$25,00 ng charges udes special		DATE:	The st	RECEIP												Due Sender If C.O.D.	certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	Affix stamp here if issued as
VENT P	mestic ble deci iece sub iece sub Expre 0 for R apply handlin		12	6=	 S											3	∓.R 8 .R	opies o	here if
RINTIN	and into imments because to said as Mail as Ma		M	\figs	THE PAGE												S. D.	ng or for this bil	issued a
G OFFI	ernatior under E a limit mercha d Mail . Third-e.		1		(Lie												S. H.	II. OF REC	ű.
CE: 1988	The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.		Q.								 -					Kan'i	Rest. Del. Fee	EIPT	
197-542	mail. docu- docu- 0 per nce is D and Class				, , , ,											napal	G F		

	0	tel Number of Pieces ted by Sender	671658			: 67/657		67/656	9	œ	1 671655	6	S	1 671654	.	2	1 67/653	ine Number of Article	NAME AND ADDRESS OF SENDER
FORM MUST BE	6	Total Number of Pieces POSTMASTER, PER (Name of receiving employee) Received at Post Office	A-30#	P O BOX 1300 ROSWELL, NM 88202-1300		ODESSA, TX 79768 A-403	MPSON	P O BOX 270 MIDLAND, TX 79702 A-402	NCNB TEXAS NATIONAL BANK, AGENT ACCT. NO. 4012	TOPERA, KS 66601-1737 B-034	FIDELITY STATE BK/TR P O BOX 1737	FRANCES THOMPSON	BOX 1737 EKA, KS 66601	C/O FIDELITY BANK & TR	FRANCES K THOMPSON PER REP EST OF BERT	ROSWELL, NM 88202 A-254	THE TOLES COMPANY P O BOX 1300	Name of Addressee, Street, and Post-Office Address	HOUSTON, TX. 77251
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN		(Name of receiving										2						Address	Indicate type of mail Registered Instured COD COD Cortified In Ex
TYPEWRITER	!	<u>~</u> Z	Ļ., .	X	× 6												2.40 83	Postage Fee	f mail Express Mail
, INK OR	\$500. Th \$500 for parcels. S		/20	1831	\$ P							¥						الـــا	
BALL POINT	e. The maxin e maximum in Insured Mail pecial delivery	declaration of imum indemni		TIME BY:	WORD	ARTIC												Handling Act. Value Charge (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
	num indemni demnity pay Special has service also i	value is requity payable is Surance is \$			SAN	ACKNOWLEDGE R											NV	insured Value	lock for rance nsurance
BU.S. GOVERN	ity payable of able is \$25,00 able is \$25,00 abling charges necludes special	uired on all di or nonnegotia 50.000 per r		Dale:		ACKNOWLEDGE RECEIPT												Due Sender If C.O.D.	Affix stamp here if issued as certificate of meiling or for edditional copies of this bill. POSTMARK AND DATE OF RECEIPT
MENT P	n Expre 00 for R s apply l handli	omestic ible doci		4		9											20	T .20	p here if of melli copies o
RINTIN	ss Mail egistered only to ng service	and inte uments u piect to		7	1	PAGE												S.D.	issued and or for fittis bit
GOVERNMENT PRINTING OFFICE:	merchan Mail, \$: Third- a	rnationa inder Ex a limit (2		-	-	-										₽. 2 ±.	I. IF RECE
Æ: 1988 197-542	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	l registèred mail. press Mail docu- of \$500,000 per		N												0	an Valer	Rest. Del. Fee Remarks	TAIS

CHEVRON U.S.A. INC.

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL FOINT PEN

		et el	5	4	ω	12	Ξ	0	9	00	7	0	5	4	ω	2	-	ine	VAME ADD F SE
	E	otel Number of Pieces sted by Sender				671672			671671		67/670		671669		671668		671667	Number of Article	NAME AND ADDRESS ADDRESS ADDRESS
		Total Number of Pieces Received at Post Office				P 0 BOX 444 TUSTIN, CA 92681	LINDA DOLLEY WARD	BANK ROUTING 113108682 P O DRAWER CC RICHMOND, TX 77469	C/O TEXAS CAPITAL BANK ATTN MAIL TELLER ACCT.			DANIEL ROBERT WARD	3315 - 54TH STREET LUBBOCK, TX 79413	MBS NOBY ENTER	C/O CHEMICAL BANK, A/C 092-016073 ONE BAST 42ND STREET NEW YORK NY 10017-600	MIDLAND, TX 79702	THE W A YEAGER GROUP, A PARTNERSHIP	Name of Addressee, (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
FORM MUST BE COMPLETED BY TYPEWRITER, INK OR		POSTMASTER, PER (Name of receiving employee)				A-092 (A-392	582	NK FORT BEND T. 7038372	B-091 800		A-390		906 A-492	092-016	B-088	-	Name of Addressee, Street, and Post-Office Address	
OMPLETED BY 1	3	ame of receiving e														!			Indicate type of mail Registered Insured COD Certified E
YPEWRITE!		mbloyee)	0US	0 17	100												8 03.6	Postage Fee	mail Express Mail
R, INK OR E	Soo for parcels. Sp	The full d The maxin	300	0													1	Handling Charge	
BALL POINT PEN	. The maximum in maximum in lingured Mai ecial delivery	eclaration of num indemn		TIME:	BY:	AR												g Act. Velue (If Regis.)	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
PEN	mum indemn ndemnity pay l. Special had service also i	f value is requity payable f		Ē:	BY:	ARTICLES DE CALORIE											M	Insured Value	block for rance
\$U.S. GOVERNMENT PRINTING OFFICE:	ity payable o able is \$25,0 ndling charge ncludes specia	uired on all d or nonnegotic 50 000 ner		10.476		RECE												Due Sender If C.O.D.	Affix stam certificate additional
WENT PRIN	in Express N 00 for Regis s apply only il handling se	omestic and able docume		7	1	141 OF THE											S	F. R. S. D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
ITING OFF	Mail merch tered Mail y to Third ervice.	internations into under to a limit		*		HE												3.0 3.0 3.1	r for is bill.
ICE: 1988 197-542	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	nal registered mail. Express Mail docu- t of \$500.000 ner		23													Kin Valer	Rest. Del. Fee Remarks	CEIPT

~		4	3	2	1 6	0	9	<u></u>	7	6	5	4	3 6	2	1	Line	NAME AND ADDRESS OF SENDER
ited by Sender	671680	/ / //	67/670		671678		671677		7/673		67/678		71674		7167	Number of Article	SINIMA
A-432	HEELOCE	K JR IND C	P O BOX 5060 LUBBOCK, TX 79417	WESTERN MINERAL DEED ASSOCIATION	P O BOX 777 DAVIS, OK 73030	WENTZ LEGACY	WENTZ HERITAGE P O BOX 777 DAVIS, OK 73030	MIDLAND, TX 79702 B-093	WAY ENTERPRISES, INC.	A-416	GENT AND	CANADA A-223	RACHEL LOUISE WARNER 420 BOURKE AVE #1A DORVAL QUEBEC	į	ANNE H WARNER 5932 AVENIDA CHAMNEZ	Name of Addressee, Street, and Post-Office Address	CHEVRON U.S.A. INC. P.O. BOX 1635 HOUSTON, TX. 77251
2 of receiving	75 00 180			21		70		193		16		23		B-008		Address	Indicate type of mail Registered Insured COD Cott
Sakopa sa	OUST C	24	7 6										7.15		2.8	Postage	of mail Express Mail
US S The ma ment roccurre \$500. 1	हि प्र	15	-												8	_	
ull declar maximum reconstru rence. The				·			-				-					Handling Act. Charge (If F	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance
ation of indemnitude indemnitude indemnitude indemnitude indexing		TIME:	WORDS	ARTIC												Act. Value (If Regis.)	eck appropriate block for gistered Mail: With Postal Insurance Without Postal Insurance
payable urance is um indem			SMALE	ARTICLES DESC							-				11	Insured Value	ock for ince surance
The full declaration of value is required on all demestic and international registered mail. He maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insufance is \$50,000 per plece subject to a limit of \$500,000 per ment reconstruction insufance is \$50,000 per place subject to a limit of \$500,000 per occurrence. The maximum indemnity payable of Express Mail merchandise insurance is \$50,000 for payable of Express Mail section for Consideration and the section of the sec		DATE	2017105 01	Special Sp	? !											Due Sender If C.O.D.	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT
mestic a ble docu ece sub			\$												100	π.R 3 π.	p here if of mailin copies of K AND I
ments un ments un ject to a s Mail m			Ú	PAGE	n e		-			-	-					S. D. S. H.	issued as g or for this bill.
national ider Exp limit of lerchandi			· ·	•							-				2		RECEI
registered yess Mail f \$500,00 ise insura)0 for CO		1									-			0		Rest. Del. Fee Remarks	PT
docu- docu- nce is Dand															Mon	. Fee	!

NAME AND ADDRESS OF SENDER	AMCHEVRON U.S.A. INC. HOUSTON, TX. 77251	Indicate type of mail Registered Insured COD Cortified E	f mail □ Express Mail	s Maii	Check appropria Registered Mail: With Postal I Without Post	Check appropriate block for Registered Mail: With Postal Insurance Without Postal Insurance	ock for nce surance	Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	here if	issued and or for this bill	· · ·F REC	EIPT
ine Number of Article	Name of Addressee, Street, and Post-Office Address		Postage	Ti S	Handling Charge	Act. Value (If Regis.)	insured Value	Due Sender If C.O.D.	π.₽ 8 .₽	\$ D.	₽.S.	Rest. Del. Fee Remarks
1 67/617	NCNB TEXAS NAT'L BANK, TRUSTEE FOR SUSAN JANE WHEELOCK TRUST #247		M.C	B			MI		3	-	-	Ransks
2	PALLAS, TX 75285 A-425	1										
3	THE WHITE-SMOTHERS TRUST											
4 671683	CEDAR RAPIDS, TRUSTEES P O BOX 3013 CEDAR RAPIDS, IA 52406											
5	À-206				-							
6	LAWRENCE W. WHITE FAMILY TRUST NO 12045 00 1 FIRST INTERSTATE BANK OF DENVED											
1 67/689	P O BOX 5825 DENVER, CO 80217											
00	W. W. WHITE											
07/684	RR #1 BOX 226C SOLON, IA 52333											
10	EXAS - MIDLAND NA											
11 67/6858	MIDLAND, TX 79702											
12	BLLEN ANNE W. WILLIAMS		-/-				ACKNOW	EDAN PROFIP	P	05 H F	ন ——	
13 67/68	1801 CRESTMONT COURT GLENDALE, CA 91208 A-112		7		SZR	W/A	ORDS MA	1		بب	PAGE,	
14			UST	17	₽0a	# 8		A A				
15 67168	4504 10TH SINGE: LUBBOCK, TX 79416-4828 A-493		H	sps	Y		40.5.	DATE:	iii	4	R	13
Fotal Number of Pieces Listed by Sender	Received at Post Office	ame of receiving	employed	\dashv	he full dec he maximi ent recon	claration of vum indemnity	alue is request y payable for the second sec	ired on all don or nonnegotiables of 000 mer nic	e docu	ments u	nation nder E	al registered mail. xpress Mail dodu-
7				2 ××0	currence. 500. The r 500 for Increase. Treels. Spec	The maximum ind maximum ind maximum ind maximum ind mail. cial delivery s	in indemnium indemnium indemnity pays emnity pays Special han Special han	ble is \$25,000 dling charges a cludes special is	Expression Resident	gistered only to g service	merchal Mail 3 Third-	occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500.000 per occurrence. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

		Indicate type of mail		<u>C</u>	eck appr	Check appropriate block for	lock for	Affix stamp here if issued as	D here		•
ADDRESS ALIMON	Alightinouston, TX. 77251	Registered Insured COD Certified F	Fynress Mail		Registered Mail: With Postal I Without Post	Registered Mail: With Postal Insurance Without Postal Insurance	ance	certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT	of mall		ing or of this
ine Number of	Name of Addresses, Street, and Post-Office Address	, in the	Postage F	+	Handling A	Act. Value (If Regis.)	Insured Value	Due Sender	, , ,		5 2 0
1 67/68	 ELIZABETH G. WILLIAMS PERSONAL REPRESENTATIVE OF THE ESTATE OF J. H. WILLIAMS 	2	8	200			NI		1	7	7
2	CK, TX 79413		_								
3 671686	JACK WILLIS CHAMPLIN ROAD										
4	A-555					į					
5 67/1690	PHILIP J. WILLIS 1191 NORTH MAIN ROAD					į				- {	
+	CAMBUILDEN, RI 02835		1	7	-				\downarrow	- {	\dagger
6	A-556									1	
1 107/692	PHILIP J. WILLIS AND JACK WILLIS JOINT TENANTS BUT NOT IN COMMON CHAMPLIN ROAD										
8	SAUNDERSTOWN, RI 02874 A-435		- -i								
671693	WILLS ROYALTY INC. P O BOX 1658 CARLSBAD, NM 88220									1	
10	A-508										
67/699	TRANCES C. GRIGSBY & JOSEPH S. DEITCH TRUSTEES OF THE WILSON CHILDREN TRUST 102 SUDBERRY ROAD										
12	CONCORD, MA 01742 À-240					ACK	ON/LEDG	ACKNOWLEDGE RECEIPT	Q.		or THE
13 1,91694	102 SUDBURY CONCORD, MA 01742					WORDS N				100	N. YO
4	THE WISER OIL COMPANY P O BOX 192				-	BY:		The state of the s	1	$N \cup$	17
15 67/695	PERSVLE, WV 26175 A-113		(S)			IMIC		- Lette:	1	l N	
otal Number of Places	Received at Post Office	e of receiving on	Toyer Toyer	nent n	ull decla naximum reconstr	ration of indemniuction in	value is req ty payable is surance is	aired on all dor nonnegoti 50,000 per	Die Com	200	tic and i locumen subject
\sim	S NYY	HOUS.	(- 1	2000 2000 2000 2000 2000	The may for Insu s. Special	ne maxin kimum in red Mail delivery	demnity pay Special has service also	Decurrence. The maximum indemnity payable on Express Mail merchandise insurance is 3500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and 9500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.	oo re	55-E	Registe Property Country Count
	FORM MUST BE COMPLETED BY TYPEWRITER, INK OR	IPLETED BY TY	EWRITE	R, INK	OR BAL	BALL POINT PEN	PEN 🌣	OVER	<u>≨</u>	TN	COVERNMENT PRINTING OFFICE:

CERTIFIED, AND EXPRESS MAIL NAME AND ADDRESS OF SENDER Line Total Number of Pieces Listed by Sender 10 15 14 13 12 9 00 O/ S Number of P.O. BOX 1635 HOUSTON, TX. 77251 CHEVRON U.S.A. INC. Total Number of Pieces Received at Post Office WITWER OIL AND GAS TRUST P 0 BOX 1588 ALBANY, TX 76430 P O DRAWER 1846 MACK H. WOOLDRIDGE TULSA, OK 74101 BANK OF OKLAHOMA, N.A., TRUSTEE OF THE Name of Addressee, Street, and Post-Office Address Jachimaen POSTMASTER, PER (Name of receiv B-011 Indicate type of mail

Registered

Insured

COD

Certified Ex Certified ☐ Express Mail Postage Ŧ The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per piece recurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service. Charge (If Regis.) Check appropriate block for ☐ Without Postal Insurance Registered Mail: With Postal Insurance WORD ARTIQUES DEC I ACKNOWLEDGE RECEIP Value \$U.S. GOVERNMENT PRINTING OFFICE: 1988 197-542 of C.O.D. | Fee | Fee | Fee Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT DATE Rest. Del. Fee

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN