BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF AMERADA HESS CORPORATION FOR STATUTORY UNITIZATION OF THE NORTH MONUMENT GRAYBURG/SAN ANDRES UNIT, AND APPROVAL OF A WATERFLOOD PROJECT LEA COUNTY, NEW MEXICO

CASE NO. 10252

AFFIDAVIT

STATE OF OKLAHOMA)

COUNTY OF TULSA
)

William S. Holder, authorized representative of Amerada Hess Corporation, the Applicant herein, being first duly sworn, upon oath, states that the notice provisions set forth in Rules 701 and 1207 of the New Mexico Oil Conservation Division and on Oil Conservation Division Form C-108 have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested persons entitled to receive notice as shown by Exhibit "A" attached hereto, and that notice has been given at the correct addresses provided by such rule.

WILLIAM S. HOLDER

SUBSCRIBED AND SWORN to before me this Aday of Aget, 1991.

Patricia fynn Wells Notafy Public

MY COMMISSION EXPIRES

MY COMMISSION EXPIRES

JANUARY 11,1993

BEFORE EXAMINER CATANACH

OIL CONSERVATION DIVISION

AMERICAN HESEXHIBIT NO.

CASE NO. 10252

RTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
413545351	LORETTA VIRGINIA ALEXANDER	YES
413545352	VERNON ALEXANDER	YES
413545353	LILA P. ALLEN	YES
413545354	D. H. ARRINGTON	YES
413545355	CLINT T. ATWOOD	NO
413545356	CHARLCIE F. BYRD	NO
413545357	W. K. BYROM	YES
		YES
		YES
413545361	FRANK D. GARDNER	YES
413545362	DAVID GILBERT	NO
413545363	CAROLYN J. HIGGINS	NO
413545364	MARILYN J. HILL	NO
413545365	RICHARD RAY LIKES	NO
413545366	LEONARD L. ROBINETT	YES
413545368	CAROLYN JANE SAXON	NO
413545370	QUINTON SAXON	YES
413545371	BETTY M. SHIPLEY	YES
413545372	ROBERT L. SMITH	NO
		YES
413545374	HOBBS MUNICIPAL SCHOOLS	YES
413545375	KAISER FRANCIS OIL CO.	YES
413545376	LEAPARTNERS, L.P.	YES
413545377	OXY USA, INC.	YES
	413545351 413545352 413545353 413545354 413545355 413545356 413545359 413545360 413545361 413545362 413545363 413545363 413545364 413545366 413545366 413545370 413545371 413545372 413545373 413545373 413545374 413545375 413545376	### ### ### ### ### ### ### ### ### ##

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF AMERADA HESS CORPORATION FOR STATUTORY UNITIZATION OF THE NORTH MONUMENT GRAYBURG/SAN ANDRES UNIT, AND APPROVAL OF A WATERFLOOD PROJECT LEA COUNTY, NEW MEXICO

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William S. Holder, authorized representative of Amerada Hess Corporation, the Applicant herein, being first duly sworn, upon oath, states that the notice provisions set forth in Rules 701 and 1207 of the New Mexico Oil Conservation Division and on Oil Conservation Division Form C-108 have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested persons entitled to receive notice as shown by Exhibit "A" attached hereto, and that notice has been given at the correct addresses provided by such rule.

WILLIAM S. HOLDER

SUBSCRIBED AND SWORN to before me this 17th day of west, 1991.

Atricia Lynn Ween Notary Public

My Commission Expires:
MY COMMISSION EXPIRES
JANUARY 11.1993

ARTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
P 695717038	LORETTA VIRGINIA ALEXANDER	NO
P 69 5717039	VERNON ALEXANDER	NO
P 69 5717040	LILA P. ALLEN	NO
	D. H. ARRINGTON	NO
	CLINT T. ATWOOD	NO
	W. B. BAUM	YES
	CHARLCIE F. BYRD	NO
	W. K. BYROM	NO
P 69 5717046	V. A. CARNAHAN	YES
	LAWRENCE E. COCHRAN	YES
	KATHI SU COZBY	NO
	J. W. DANIEL	YES
	JOHN A. DANIEL	YES
	L. S. DICKERSON	YES
	DAVID MARK DURHAM	YES
	ROBERT E. DURHAM	NO
	ANDREW EDMONSON, JR.	YES
	BENJAMIN DONALD EVANS	YES
	KAISER FRANCIS	NO
	CLYDE E. FRAZIER	YES
	FRANK D. GARDNER	NO
	DANNY B. GIERISCH	YES
	BILLY GILBERT	YES
	DAVID GILBERT	NO
	W. R. GOTTSHALL, SR.	YES
	DONALD T. GRACEY	YES
	LONA MAE HAMMER	YES
	VORA LOWE HARTLEY	YES
	DOYLE HARTMAN	YES
	AGNES KASTNER HEAD	YES
	LARRY NEAL HENRY	YES
	CAROLYN J. HIGGINS	NO
	MARILYN J. HILL	NO NES
	MICHAEL D. HORTON	YES
P 695717072	W. R. HURST	YES
P 695717073	ORA LOVINA JACKSON	YES
P 695717074	WILLIAM EDWIN JOHNSTON	YES
P 695717075	RICHARD RAY LIKES	NO NO
P 695717077	JERRY D. MATTHEWS	YES
P 695717078	MARY LOU MOODY	YES
P 695717079	WILLIAM ELMER MURROW	YES
P 695717080	MARY ETTA NARON	YES

YES

P 695717081 DOLORES A. NASH

		SIGNED
ARTICLE NO.		RECEIPT RETURNED
	L. C. PERKINS, JR.	YES
	WILLIAM C. PORTER	YES
P 695717084	R. BRUCE PRICE	YES
P 695717085	GARY D. REID	YES
	LEONARD L. RÜBINETT	NO
P 695717087	DON F. ROGERS	YES
	ROBERT L. ROGERS	YE S
	ROSCOE ROGERS	YES
	PATRICIA KAY RUCKER	YES
	CAROLYN JANE SAXON	NO
	QUINTON SAXON	NO
	BETTY M. SHIPLEY	NO
	THOMAS L. SIMMONS	YES
	G. P. SIMS	YES
	BOBBY J. SMITH	YES
	JIM D. SMITH	YES
	ROBERT L. SMITH	NO
	GLYNN MARK STONE	NO
	PRENTIS B. STURDIVANT	YES
	MURL D. TILLEY	YES
	ROBERT J. VICKERS	YES
	AMOS WATSON	YES
	BILLIE WHITEHEAD	YES
	MARY WILLHITE	YES
	JOE RAY WILLIAMS	YES
	PATRICIA ANN WILLIAMSON	YES
	AMERADA HESS CORPORATION	YES
	AMERICAN LEGION POST #26	YES
	ARCO OIL AND GAS COMPANY	YES
	BARTON BROTHERS LAND & ROYALTY CO.	
	BIG THREE LAND CO.	YES
	CHEVRON U.S.A., INC.	YES
	CHI ENERGY, INC.	YES
	CHURCH OF CHRIST	YES
P 695717116	CLIMAX CHEMICAL CO.	YES
P 695717117	CONOCO, INC.	YES
P 6957 17118	CULP PROPERTIES	YES
	C/O LINWOOD SECURITIES TRUST	
0.605717110	COMMERCE BANK, J. SNYDER TRSTE	VEC
P 695717119	D. L. LAUGHLIN ESTATE	YES
n cnezizio^	C/O ELSIE LAUGHLIN REEVES	VEC
P 695717120	DELBERT D. COOPER & J. T. COOPER	YES
P 69 5717121	DELL BARBER, ET AL	YES

ARTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
P 695717122	DURHAM, INC.	YES
P 6957 17123	EDWARD H. KLEIN ESTATE	YES
P 69 5717124	EL PASO NATURAL GAS CO.	YES
	EL PASO NATURAL GAS CO. ESTATE OF J. F. DICKINSON C/O ADA MARTIN	YES
P 695 717126	ESTATE OF W. H. V. LAUGHLIN C/O ELSIE L. REEVES	YES
P 6957 17127	EVELYN BETTS & KENNETH E. LEWIS	YES
P 6957 17128	GRACE PETROLEUM CORPORATION	YES
0 605717100	COAMAN DOMA, THE LTD	YES
P 6957 17130	GREAT WESTERN DRILLING COMPANY	YES
P 69 5717131	HOBBS MUNICIPAL SCHOOLS	NO
P 695717132	HOBBS MUNICIPAL SCHOOLS JIMMIE B. COOPER & BETTY COOPER	YES
P 69 5717133	LEA COUNTY MANAGER	YES
0 /05313104	I FADADTAIFDE I D	NO
P 695 717135	LEWIS B. BURLESON, INC.	YES
	LEAPARTHERS, L.P. LEWIS B. BURLESON, INC. M. E. LAUGHLIN ESTATE C/O ELSIE LAUGHLIN REEVES	YES
P 69571713 7	M. H. MCGRAIL ESTATE MARATHON OIL COMPANY	YES
P 695 717138	MARATHON OIL COMPANY	YES
P 695 717139	MERIDIAN OIL, INC.	YES
P 69571714 0	MOBIL PRODUCING TEXAS AND NEW MEXICO	YES
P 695 717141	MONUMENT WATER USER'S CO-OP	YES
P 69 5717142	MOREXCO INC.	YES
P 69 5717143	ORYX ENERGY COMPANY	YES
P 69 5717144	OXY USA, INC.	NO
	PETER A. PANAGOPOULOS & P. V. PANAGOPOULOS	YES
P 69 5717146	PHILLIPS PETROLEUM CO.	YES
P 695 717147	RICE ENGINEERING	NO
P 69 571 7 148	ROSIE LEE MILLER & RAY MILLER	YES
	RUBY BOYD, ET AL C/O RUBY BOYD TRUSTEE	YES
P 69571715 0	S. E. PRODUCTION COMPANY	YES
P 6957171 51	SARAH E. PHILLIPS ESTATE C/O MATTIE F. MOORE	YES
P 695 717152	SHELL WESTERN E&P, INC.	YES
P 695 717153	SIRGO OPERATING, INC.	YES
P 695717154	SNYDER RANCHES LTD.	YES
P 69 5717155	TEXACO, INC.	YES
P 69 5717156	THE WISER OIL COMPANY	YES
P 695 717157	TIDEWATER ASSOCIATION	NO
P 695 71715 8	TIERRA EXPLORATION, INC.	YES

ARTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
 P 695717159	TOMMIE LOU COOPER, DELBERT DALE COOPER JIMMY TOM COOPER	YES
P 695 717160	TRIO OIL CO.	YES
P 69 5717161	TWO STATES OIL COMPANY	YES
P 695717162	UNION TEXAS PETROLEUM	YES

ENDER: Complete items 1 and 2 when additional and 4 our address in the RETURN TO Space on the reverse	side Failure to do this will prevent this card		16 16 16 16 16 16 16 16 16 16 16 16 16 1
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ticle Addressed to:	4. Article Number	3. Article Houlessed to	
D /135/5357	P 413545357	P 413545351	
P 413545357	Type of Service:	LOPETTA VIRGINIA ALEXANDER	Type of Service Registered
W. K. BYROM	Registered Insurfed	4203 GRAM LANE	Scenified 200
510 E. ALTO DR.	CertifiedCOD	WACE TX TETTE	Express Van
HOBBS NM 38240	Express Mail Peturn Receipt for Merchandise		
	Always optain signature of addressee		A ways obtain signature of addresses
	or agent and DATE DELIVERED	Section 1/2	or agent and DATE DEL . ERED
nature - Addressee	8 Addressee's Address (ONLY if	5. Signeture - Appresse	B Addressee's Address (ONE) (requested and fee paid)
1 (22)	requested and fee paid)	Trille Manuel	
A A A A A A A A A A A A A A A A A A A	· !	6 Signature - Agent	
gnature - Agent		X	
	1.	7. Date of Delivery	₹
ate of Delivery		8.38.37	•
x-24-91		205 - 3911 + 1000	
1 3811, Apr 1989 #U.S.G.PO. 1989-236-81	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	815 DOMESTIC RETURN REC
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Article Addressed to:	4. Article Number	3 Article Addresses to	4. Article Number
6 /176/6765	P 4/3545358		D 4.35-535
P 413545358	Type of Service:	P 413545352	Type of Service
W. K. BYROM		VERSION ALEXANDER	
C/O LEACOUNTY STATE BANK	Certified COO Return Receipt Express Mail Return Receipt for Merchandise	BOX 33	deficenties = coa
P.O. BOX 400	Express Mail tor Merchandise	MONUMENT VM 88265	TARLET Rece
HOBBS NM 88241	Always obtain signature of addressee	. DIVIDEN 411 35255	
	or agent and DATE DELIVERED.		Always obtain signature of addresse
Mahadura - Addresses M	B. Addressee's Address (ONLY if		or agent and DATE DELIVERED
VA. V. Vans	requested and fre paid)	5. Signature - Addressee	8. Addressee's Address (ONL) requested and fee paid:
Jase House		X	
Signature - Agent		6. Signature - Apent	
organica in a series			1
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Date of Delivery			
Date of Delivery 5-23-91 Form 3811, Apr 1989 • U.S.G.P.O 1989-23 SENDER: Complete Items 1 and 2 when addition		7. Date of De-very 9 - 26-91 PS Form 3811, Apr 1989 ** us.c.PO 1989: SENDER Complete terms 1 and 2 when additional complete terms 1	onal services are desired and complete
Date of Delivery - 23-9 Form 3811, Apr 1989 *us.G.PO 1999-23 SENDER: Complete items 1 and 2 when addition 3 and 4. It your address in the "RETURN TO" Space on the revombering returned to you. The return receipt fee will prove date of delivery, for additional fees the following seried check boxies for additional services i reguested.	nai services are desired, and complete items trise side. Failure to do this will prevent this card uide you the name of the person delivered to and vices are asalatic. Consult postmaster for fees	7. Date of Dervery 9 - 24 - 91 PS Form 3811, Apr 1989 .us.gp0 1989-2 SENDER Complete tems 1 and 2 when additive 3 and 4 Put your sofress in the RETURN TO: Space on the revision property remained to you. "eletum recept fee will prote the gate of dervery, for additional fees the following search of the servery for additional fees the following search of the servery for additional fees the following search of the servery for additional fees the following search of the servery for additional fees the following search of the servery for additional fees the following search of the servery for additional fees the following search of the servery for additional fees the following search of the servery for additional fees the following search of the servery fees the following search of the servery fees the servery fe	onal services are desired and complete erse side. Failure to do this will develop to wide you the name of the person be will be thickes are available. Consumoss Faster for
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Date of Delivery 5 - 23 - 91 Form 3811, Apr 1989 *US.G.P.O 1999-23 SENDER: Complete items 1 and 2 when addition 3 and 4. It your address in the "RETURN TO" Space on the reverse management of the reverse being returned to you. The return receipt fee will provide the provided of the reverse of the revers	nail services are desired, and complete items trise side. Failure to do this will prevent this card use you the name of the person delivered to and vices are assisted. Consult postmaster for fees address. 2 Restricted Delivery (Eurocharge) 4. Article Number	7. Date of Dervery 9 - 26 - 91 PS Form 3811, Apr 1989 *US.G.PO 1989: SENDER Complete terms 1 and 2 when additive a service of the reversion being returned to you the return receipt fee will give he gate of dervery. For additional fees the following sear of check boxes for additional services in requested 1. — Show to whom dervered, date, and addressee "Eara charger" 3. Article Addressed to	onal services are desired and complete erse side. Failure to do this will devent this vide you the name of the person be lived in the same as a value. Consult positives are available. Consult positives address. 2. If Restricted Delivery Estrocharzy. 4. Article Number.
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SENDER: Complete items 1 and 2 when addition 3 and 4. If your address in the "RETURN TO" Space on the revent baring returned to you. The return receipt fee will provide boxies! for additional fees the following send check boxies! for additional fees and addressee in European and addressee in European Complete C	nai services are desired, and complete items irse side. Failure to do this will prevent this card wide you the name of the person delivered to and vices are assistic. Consumptions address. 2. Restricted Delivery (Extra charge) 4. Article Number 1. Type of Service:	7. Date of De-very 9 - 21 - 91 PS Form 3811. Apr 1989 .us.6.PO 1989: SENDER Complete terms 1 and 2 when addition 3 and 4. Put now address in the RETURN TO' Space on the retrom being returned to you. The return receipt fee will provide the gate of dervery, for additional fees the following search of peech boxes for additional services requested. 1. Show to whom dervered date, and addressee "Eara charger". 3. Article Addressed to 9 41355353 ILA P. ALLEN	onal services are desired and complete erse side. Failure to do this will devent this bide you the name of the person be used rivides are available. Consult post light of a saddless. 2 Restricted Delivery failure charge. 4. Article Number: D 4135453 Type of Service.
Date of Delivery. 5-23-91 Form 3811. Apr 1989 • us.GPO 1999-23 SENDER: Complete items 1 and 2 when addition 3 and 4. to your address in the "RETURN TO" Space on the reversible management of the case of delivery. For additional fees the following send check boxies! for additional service is requested. Show to whom delivered, date and addressee in Europe charge. Article Addressed to: P 413545359 KATHI SU CCZBY	nai services are desired, and complete items irse side. Failure to do this will prevent this card wide you the name of the person delivered to and vices are assistic. Consumptions address. 2. Restricted Delivery (Extra charge) 4. Article Number 1. Type of Service:	7. Date of De-very 9 - 26 - 91 PS Form 3811, Apr 1989 ** us.g.po 1989: SENDER Complete terms 1 and 2 when additive a series of the revision being returned to you ** retrum receipt fee will go the gate of dervery for additional fees the following sear of check boxes for additional services in requested 1. — Show to whom dervered date, and addressee ** Eara charger* 3. Article Addressed to 2.135_5353	onal services are desired and complete erse side. Failure to do this Arc devent this Note you the name of the person services are available. Consult positivation is address. 2 — Restricted Deliven (Earla charry). 4. Article Number. Type of Service. Registered
Date of Delivery 1	nai services are desired, and complete items erise side. Failure to do this will prevent this card use you the name of the person delivered to and vices are as a site. Consult postmaster for fees a address. 2 — Restricted Delivery. Extractional Consult of the person delivered of Service: Begistered Insured Vicentified Consult of the person	7. Date of De-very 9 - 21 - 91 PS Form 3811. Apr 1989 .us.6.PO 1989: SENDER Complete terms 1 and 2 when addition 3 and 4. Put now address in the RETURN TO' Space on the retrom being returned to you. The return receipt fee will provide the gate of dervery, for additional fees the following search of peech boxes for additional services requested. 1. Show to whom dervered date, and addressee "Eara charger". 3. Article Addressed to 9 41355353 ILA P. ALLEN	onal services are desired and complete erse side. Failure to do this Articlevent in bide you the name of the person servered rivides are available. Consultod Services are available. Consultod Services. 4. Article Number: D 4135453 Type of Service Registered insured Consultod Service Registered Consultod Service Registered Consultod Service Registered Consultod Service
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MONUMENT NM 88265	Express Mail Return Receipt for Merchandise	BCX 154	Express Na For Merchandise
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HOBBS MUNICIPAL SCHOOLS	P413545374 Type of Service:	P 413545266	Type of Service
BOX 1040	Registered Insured	LEONARD L. ROBINETT BOX 732	☐ Registered ☐ reured ☐ Committee ☐ CODO
HOBBS NM 88240	Certified COD Express Mail Receipt	LOVINGTON NM 88260	Express Van Fer um Receipt
	Express Mail for Merchandise Always obtain signature of addressee		Always obtain signature of appressee
	pr agent and DATE DELIVERED	7	or agent and DAME DEL . ERED
Signature - Addressee	B. Addressee's Address (ONLY if requested and fee paid)	5 Signature - Andresses	8 Addressee's Address GNLF (requestes and recipies
Signature - Agent	requested until jee plants)	6. Signature – Agent	-
опуравите ступить		x	
Date of Delivery	7	7. Date of Derivery	
27-91		9-26-9/ PS Form 3811, Apr 1989 •U.S.G.P.O. 1989-23	DOMESTIC RETURN RECEI
orm 3811, Apr. 1989 +U.S.G.PO. 1989-238-	ats DOMESTIC RETURN RECEIPT	PS FORM 30 11, 401 1707	DODESTIC NETONIC NECC.
BENDER: Complete items 1 and 2 when addition 3 and 4.	nai services are desired, and complete items	SENDER: Complete items 1 and 2 when add 3 and 4.	itional services are desired, and complete
B and 4. Put frour address in the "RETURN TO " Space on the rev	erse side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the	COMPANDED COME EN. OR TO TO THE A
rock being returned to you. The return receipt fee will pro	wide you the name of the person delivered to and		
hat flour address in the "RETURN TO" Space on the revious being returned to you. The return receipt fee will prohe date of delivery. For additional fees the following se and check boxless for additional service's requested.	anddrage 3 Decembed Delices	the date of devivery for additional laes the following and check box estitor additional sequents: requested 1	solvences are eventeure, non-sur-postmaster for
Show to whom delivered date and addressee (Eatu charge)	s address. 2. Restricted Delivery Exira charge)	(STILE CHILLS)	ee's address 2 T Restricted Delivery "Eximilitative"
Article Addressed to	4 Advice Number	3 Article Appressed to	4 Artie Number
P 413545375	P 4/3545375	F 413545367	4354536
KAISER FRANCIS OIL CO.	Type of Service: Registered Insured	LEGNARD L. ROBINETT	Typis of Servicensured
P 0 BOX 21468	Gruffled COD	COUNTRY CLUB ROAD	I Cerred ⊒ 200
TULSA 0K 74121	Express Mail Return Receipt for Merchandise	LOVINGTON NM 88260	Express Mail Parum Receip
	Always obtain signature of addressee or agent and DATE DELIVERED.		Always consin signature of addressee
Signature - Addressee	8. Addressee's Address (ONLY if	5 Signature - Addressee	8. Appressee's Appress ONLY if
C.	requested and fee paul;	Floren L. Malint	requested and fee paid.
5. Signature - Agent		Signature - Agent /	
<u> </u>		7 Date of Delivery	
Date of Delivery		8-26-81	
Form 3811, Apr. 1989 «US GPO 1989»	238-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr 1989 +US.Q.R.O. 198	9-238-815 DOMESTIC RETURN RE
SENDER: Complete items 1 and 2 when addit	tional services are desired, and complete items	SENDER. Complete items 1 and 2 when additions 3 and 4	onal services are desired, and complete ite
3 and 4. Pur your address in the "RETURN TO" Space on the re	everse side. Failure to do this will prevent this card	But your patrock of the "RETURN TO" Space on the re-	verse side. Fallure to do this will prevent this
from being returned to you. The return receipt fee will the date of delivery for additional fees the feeowing		from being returned to you. The return receipt fee will prome date or be length for additional fees the following seand check box es for additional service(s) requested	or de you car a read the Berson be referred rylides are avairable. Consumboshmaster for fu
and check box(es) for additional service(s) requested 1 — Show to whom delivered, date, and addresse	es address 2. Restricted Delivery	 1 Show to whom delivered, date, and addressee 	i's address = 2 == Festricted Delivery
(Estra charge)	(Extra charge) 4. Article Number	(Extra charge) 3. Article Addressed to:	Ecra muree 4. Article Number
3. Article Addressed to.	P413545376		D 413545370
P 413545376	Type of Service:	F 413545370	Type of Service
LEAPARTNERS, L.P. FIRST CITY BANK TOWER	Registered Insured	OLINTON SAXON C'C AALTON CONSTRUCTION CO.	= Registered = Tsured
201 MAIN ST.	Certified COD Return Receipt for Merchandise	314 W. MARLIN	Express Va
FT. WORTH TX 76102	Always obtain signature of addressee	HOBES NM 88241	Always octain signature of addressee
	or agent and DATE DELIVERED		or agent and DATE DELIVERED
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paud)	5. Signature - Addressee	8. Addressee's Address (ONL) if requested and fee pand)
X	requestea ana jee puta)	6. Spriature - Agent	
6. Signature - Agent		X Signature - Agent Friendly	
7. Date of Delivery		7. Date of Delivery	
8/2761		323-41	
PS Form 3811, Apr 1989 *us.c.PO. 196	9-238-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr 1989 +US G.P.O. 1885	204-815 DOMESTIC RETURN REC
	_	· · · · · · · · · · · · · · · · · · ·	
SENDER: Complete items 1 and 2 when addroor	nai services are desired, and complete items	SENDER: Complete items 1 and 2 when additional 3 and 4.	tional services are desired and complete i
SENDER: Complete items 1 and 2 when additions 3 and 4. It your address in the "RETURN TO" Space on the reverse to your address in the "RETURN TO" Space on the reverse to you. The return receipt fee will provide the provid	rse side. Failure to do this will prevent this card	Pur your address on the "RETURN TO" Space on the	everse side. Favore to do this will prevent this strovide you the mama of the narroon de vecon to
orn Dearly recommend Services the following Services	VICES OF COLUMN	from being returned to you. The return receipt fee will the date of delivery. For additional fees the following and check box es) for additional service(s) requested.	services are available. Consurt postmaster for
e date of delivery. For additional lees the cluested deheck box(es) for additional service(s) requested Show to whom delivered, date, and addressee [Eara charge)	s address. 2. Restricted Delivery	1. Show to whom delivered, date, and address: (Extra charge)	ee's address 2 = Restricted Delivery Extra theories
(Eara charge)	4 Article Number	3. Article Addressed to.	4 Article Number
Article Addressed to:	D 41 3545 377	1	0 41354537
P 413545377	Type of Service:	P 413545371	Type of Service
OXY USA, INC.	Registered insured	BETTY M. SHIPLEY 1015 W. AVE. K	Registered nauted
P 0 80X 50250	Express Mail Return Receipt for Merchandise	LOVINGTON NM 88260	Edwass Va For Merchand
MIDLAND TX 79705	Always obtain signature of addressee	, 2012 0 0 0 141 35250	Always octam signature of addressee
	(p	T .	or agent and DATE DEL VERED
	or agent and DATE DELIVERED.		
Signature - Addressee	or agent and DATE DELIVERED.	5. Signargre - Addressee	B. Addressee's Address ONLY of requested and fee paid
/ 1	or agent and DATE DELIVERED.	5. Signature - Addressee X 6. Signature - Agent	
·	or agent and DATE DELIVERED.	* Dette Sheelest	requested and fee paid
5. Signature – Addressee X 6 Signature – Agent X	or agent and DATE DELIVERED.	6. Signature Agent	requested and fee paid

SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	SENDER! Community 3 and 4.	tional services are desired, and comple-
3 and 4.	side Failure to do this will prevent this card	Put your address in the "RETLIEN TO" Space on the	everse side. Failure to do this will prevent :
		the date of delivery. For additional fees the following	
the date of delivery. For additional fees the following service	es are available Consult postmaster for rees	and check boxies) for additional service(s) requested 1. Show to whom delivered date and address.	
1 Show to whom delivered, date, and addressee's a	ddress. 2. Restricted Delivery (Extra charge)	Manage and addiese	Etra charges
l e e e e e e e e e e e e e e e e e e e	4. Article Number	P 695717078 s	4 Article Number
P 695717082 S		MARY LOU MOOD?	P1.4= 7.7 6=
L. C. PERKINS. JR.	P 695 717 082 Type of Service:	2400 N. GRIMES, H-213	Type of Service:
2118 N. ROJO	Registered Insured	HOBBS NM 88240	Registered Insured
HOBBS WM 88240	K Certified ☐ COD	11000 111 00210	Certified COD Express Mail Return Re
	Express Mail Return Receipt for Merchandise		Express Mail Heturn Re for Merch
	Always obtain signature of addressee		Always obtain signature of address
\frown	or agent and <u>DATE DELIVERED</u> .	5. Signature – Addressee	or agent and DATE DELIVERED
5. Signature - Addréssee	8. Addressee's Address (ONLY if	X	8. Addressee's Address (ONL) requested and fee paid
xx 1 teller 1.	requested and fee paid)	6. Signature - Agept	
6. Signature - Agent		v. signature – Agent	
x		7. Date of Delivery	
7. Date of Delivery 7 17-19/	1)-11_C/1	
1 1 1		DC F 2011 + 1000	
PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr 1989	DOMESTIC RETURN
SENDER: Complete items 1 and 2 when addition	al services are desired and complete deme	Control of	
■ 3 and 4.		SENDER: Complete items 1 and 2 when add 3 and 4.	
Put your address in the "RETURN TO" Scace on the rever from being returned to you. The return receipt fee will provi	de you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will	reverse side. Failure to do this will prevent provide you the name of the person delivers
the date of delivery. For additional fees the following servi	ices are available. Consult postmaster for fees	the date of delivery. For additional fees the following	services are available. Consult postmaster
1 Chow to whom delivered date, and addressee's	address. 2. © Restricted Delivery (Extra charge)	and check box(es) for additional service(s) requested 1 Show to whom delivered, data, and address	see's address. 2. 🗔 Restricted Deliver
D 604717Ne3	4. Article Number	 	(Extra charge) 4. Article Number
P 695717083 S	P695 717 083	P 695717079 S	P 695 717 0
WIGGIAM C. PORTER	Type of Service:	WILLIAM BLMBR MURROW	Type of Service:
708 SUMSET DR.	Registered Insured	BOX 22	Registered Insured
HODDS NM \$8240	S Certified COD	MONUMENT NM 88265	S Cartified ☐ COD
	Express Mail Return Receipt for Merchandise		Express Mail Return Refor Merch
	Always obtain signature of addressee		Always obtain signature of addres
THE.	or agent and DATE DELIVERED		or agent and DATE DELIVERED.
5. Signéture Addressée	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature + Addyessee	8. Addressee's Address (ONL
YU FEB	A Ludwing and her here?	x Jul & Morror	requested and fee paid)
6. Signature Agent)]	6. Signature – Agent	
x 1991	4 /	X	
7. Date of Delivery	5	7. Date of Delivery	1//
		2-2-91 Nonta Juno	lle
PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
SENDER: Complete items 1 and 2 when addition	al services are desired, and complete items	SENDER: Complete items 1 and 2 when add	nional services are desired, and comple-
3 and 4. Put your address in the "RETURN TO" Space on the rever		3 and 4. Put your address in the "RETURN TO" Space on the	reverse side. Failure to do this will prevent
from being returned to you. The return receipt fee will provi	de you the name of the person delivered to and	from being returned to you. The return receipt fee will the date of delivery. For additional fees the following	provide you the name of the person delivere-
and check boxles) for additional fees the following servi	ces are available. Consult postmaster for fees	and check box(es) for additional service(s) requested 1 Show to whom delivered, date, and address	,
1 Show to whom delivered data and addressee's	address. 2. Restricted Delivery (Extra charge)	- i	(Extra charge)
P 695717084 S	4. Article Number	P 695717080 s	4. Article Number
R. BRUCE PRICE	P695 717 084	MARY ETTA NARCH	P 695 717 08
1510 GILA DR.	Type of Service:	BOX 45	Type of Service:
HOBBS NM 88240	Registered Insured	MONUMENT NM 88265	Registered Insured
MODEL WILL GOLD	COD Return Receipt		Return Re
	Express Mail Return Receipt for Merchandise		Always obtain signature of address
	Always obtain signature of addressee		or agent and DATE DELIVERED
5. Sanature Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signatuse - Addressee	8. Addressee's Address (ONL)
XX PRAIN AND	requested and fee paid)	1 x 7/ /22 - 7/2000	requested and fee paid)
6. Signature – Agent		6. Signature - Agent	
X /		l x	1
7. Date of Delivery		7. Date of Delivery	
2/7./9/		2-6-91	
PS Form 38 11, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
. С. ста се ст. др. 1707	DOMESTIC RETURN RECEIPT	· · ·	
CENTED O		CENTED C.	
SENDER: Complete items 1 and 2 when additiona 3 and 4.		SENDER: Complete items 1 and 2 when add 3 and 4.	
Put your address in the "RETURN TO" Space on the reversifrom being returned to you. The return receipt fee will provid	e you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will	provide you the name of the person deliver-
the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.	es are available. Consult postmaster for fees	the date of delivery. For additional fees the following	services are available. Consuit postmaste
1 Chow to whom delivered date and addressee's a	ddress. 2. 🗆 Restricted Delivery	1 Show to whom delivered date and address	'dress. 2. 🗀 Restricted Deliver
D 606717006	(Extra charge) 4. Article Number	D 606717001	(Extra charge) 4. Article Number
P 695717085 S	P 695 717 085	P 695717081 S	P 1.95 717 C
GARY D. REID	Type of Service:	DOLORES A. NASH	Type of Service:
BOX 26	Registered Insured	P O BOX 239	Registered Insured
HONUMENT UN 88265	S Certified □ COD	NONUMENT NM 88265	Certified COD
	Express Mail Return Receipt for Merchandise		Express Mail Return Refor Merc
	Always obtain signature of addressee	1	Always obtain signature of addres
- · · · · · · · · · · · · · · · · · · ·	or agent and DATE DELIVERED.	<u> </u>	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	8. Addressee's Address (ONL requested and fee paid)
Naux Rout	requesiea ana jee para)	x deray france	requesieu una jee paia)
6. Signature - Agént	1	6. Signature - Agent	
X /	⊣	X 7. Date of Delivery	
7. Date of Delivery	1	7. Date of Delivery	
2-4-4/		₩ 5 - 3911	L
S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC DETIIDS

SENDER: Complete items 1 and 2 when addition 3 and 4.	•	SENDER: Complete items 1 and 2 when additional 3 and 4.	•
Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi-	de you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the reverse from being returned to you "The return receipt fee will provide the date of delivery for additional fees the following service.	you the name of the person delivered
and check box(es) for additional service(s) requested. 1 — Show to whom delivered, date, and addressee's		and check boxies for additional service's requested Show to whom delivered date, and addressee's a	
	(Extra charge) 4. Article Number	'	(Extra :harge) 4 Article Number
P 695717094 S	P 495 717 094	P 695717087 S DON P. ROGERS	P695 717 C.
THOMAS L. SIMMONS 11116 M. BEMSING DR.	Type of Service:	STAR RT. A. BCX 353	Type of Service:
BOBBS NM 88240	Registered Insured	HOBBS NM 88240	Registered Insured COD
	Express Mail Return Receipt for Merchandise		Certified COD Express Mail Return Receifor Merchan
	Always obtain signature of addressee		Always obtain signature of addresser
	or agent and DATE DELIVERED.	· · · · · · · · · · · · · · · · · · ·	or agent and DATE DELIVERED
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	8. Addressee's Address (ONLY. requested and fee paid)
6. Signature – Agent	- 1	6 Signature - Agent	4
X		X	
7. Date of Delivery ()	7	7. Date of Delivery	1
249/		2-4-91	
PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN R
SENDER: Complete items 1 and 2 when addition	inal services are desired, and complete items	SENDER: Complete items 1 and 2 when additiona 3 and 4.	il services are desired, and complete
3 and 4. Put your address in the "RETURN TO" Space on the revi		Put your address in the "RETURN TO" Space on the revers	ie side. Failure to do this will prevent the
from being returned to you. The return receipt fee will pro the date of delivery. For additional fees the following ser	rvices are available. Consult postmaster for fees	from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service.	le you the name of the person delivered ces are available. Consult postmaster :
and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee.		and check boxies: for additional service(s) requested. 1. Show to whom delivered, data, and addressee's	eddress. 2. 2 Restricted Delivery
n (A(2)224)	4. Article Number	- P 695717008 S	(Extra charge) 4. Article Number
P 695717095 S G. P. SIMS	P 695 717 095	ROBERT L. ROGERS	P 495 717 08
BOX 1046	Type of Service	STAR RT. A. BOX 51	Type of Service:
BUNICE WM 88231	Registered Insured Con Con Registered	HONUMENT MM 88265	Registered Insured COD
	Express Mail Return Receipt for Merchandise		Express Mail Return Rector Merchan
	Always obtain signature of addressee	1 ()	Always obtain signature of addresse
+	or agent and DATE DELIVERED.	4	or agent and DATE DELIVERED.
5. Signature - Addressee	Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressed	8. Addressee's Address (ONLY requested and fee paid)
6. Signature – Agent		6. Signature - Agent	\dashv
x		x	
7. Date of Delivery		7. Date of Delivery	
2-5-91		J - 4-4-	
PS Form 3811, Apr 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
SENDER: Complete items 1 and 2 when addition 3 and 4.	,	SENDER: Complete items 1 and 2 when additions 3 and 4.	
Put your address in the "RETURN TO" Space on the review from being returned to you. The return receipt fee will prote date of delivery. For additional fees the following ser	wide you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the revers from being returned to you The return receipt fee will provid the date of delivers. For additional less the following servi-	de you the name of the person delivered.
and check box(es) for additional service(s) requested 1 Show to whom delivered, date, and addressee'		and check boxies: for additional service(s) requested	
1 1. Show to whom delivered, date, and addressee	(Extra tharge)		(Extra charge)
P 695717096 S	4. Article Number	P 695717089 S	4. Article Number P195 717 68
BORBY J. SMITH	P 695 717 096 Type of Service:	ROSCOE ROGERS	Type of Service:
BOX 158 Monument wh 88265	Recestered Insured	BOX 172 MONUMENT NM \$8265	Registered Insured
DOBOTER. MR 00200	COD Return Receipt	nowing, who observe	Certified COD Express Mail Return Rector Mercha
	Always obtain signature of addressee	4	Always obtain signature of addresse
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
5. Signature – Addressee	Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	8. Addressee's Address (ONLY requested and fee paid)
X Secretary Acres	requested and jee paid)	Trace to get	
6. Signature - Agent		6. Signature — Agent X	
7. Date of Delivery		7. Date of Delivery	
2-4-91			
≥S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
		<u> </u>	<u> </u>
SENDER: Complete items 1 and 2 when additional 3 and 4.	ional services are desired, and complete items		
Put your address in the "RETURN TO" Space on the re- from being returned to you. The return receipt fee will pr	ovide you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the reve	rse side. Failure to do this will prevent ride you the name of the person delivere
the date of delivery. For additional fees the following st and check box(es) for additional service(s) requested.	ervices are available. Consult postmaster for fees	the date of delivery. For additional fees the following sentended and check box(es) for additional service(s) requested.	VICES die dediable. Golden person
1 C Show to whom delivered, date, and addressed	e's address. 2. The Restricted Delivery (Extra charge)	1 Chair to whom delinered data and address	r ridress. 2. Restricted Deliver (Extra charge)
P 695717097 S	4. Article Number	P 695717090 S	4. Article Number
JIM D. SMITH	P695 717 097	PATRICIA KAY RUCKER	P 695 717 0
DRAMER E	Type of Service:	3125 CIBOLA	Registered Insured
MONUMENT WM 88256	Certified COD	HOBBS WM 88240	Certified COD
JiM F. mith	Express Mai Return Receipt for Merchandise	4	Express Mail for Merch
~	Ahways obtain signature of addressee or agent and DATE DELIVERED.		Always obtain signature of address or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if	5. Signatuje - Addressee	8. Addressee's Address (ONL.
x	requested and fee paid)	x Tarricia Sucher	requested and fee paid)
6. Signature - Agent		6. Signature – Agent	

Signal 4. Put wour address in the RETURN TO' Space on the	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card	SENDER: Complete items 1 and 2 when addrt 3 and 4. Put your address in the "RETURN TO" Space on the re	verse side. Failure to do this will prevent
the date of delivery for additional fees the following and check hox(es) for additional service(s) requested	services are available. Consult postmaster for fees	from being returned to you. The return receipt fee will p the date of delivery. For additional fees the following s and check box(es) for additional service(s) requested	rovide you the name of the person deliver-
t Chow to whom resovered date, and address	see's address. 2. Restricted Delivery (Extra charge)	delivered date and addresse	e's address. 2. Restricted Delive-
P 695717104 g BILLIB WHITEFFAT	4. Article Number 0-695-717-104	P 695717100 S PRENTIS B. STURDIVANT	4. Article Number
126 W. ST. ANNE PI	Type of Service:	SO4 N. COLEMAN	P 1695 717 1C
HOBBS NM 8824:	Registered Insured	HOBBS NK 88240	Registered Insured
	Contified COD Express Mail Return Receipt		Certified COD Express Mail Return Re
	Always obtain signature of addressee		Always obtain signature of address
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED
Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signatury Addresse	8. Addressee's Address (ONL requested and fee paid)
Signature - Agent		6. Signature – Agent	
	ļ	X	
Date of Delivery		7. Date of Delivery	
2-2-91		2-2-91	
Form 3811, Apr 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETUR
SENDER: Complete stems 1 and 2 when add 3 and 4.	ditional services are desired, and complete items	SENDER: Complete items 1 and 2 when addition	tional services are desired, and compli-
out your address in the 'RETURN TO' Space on the rom being returned to you. The return receipt fee will	reverse side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the "	verse side. Failure to do this will preven:
the date of delivery. For additional fees the following and check boxies: for additional services! requested	convince are available. Conside nontemperar for fone	from being returned to you. The return receipt fee will p the date of delivery. For additional fees the following s	rovide you the name of the person deliver- ervices are available. Consult postmaste
ong check boxies, for accompositional services; requested the and address	see's address. 2. The Restricted Delivery (Extra charge)	and check box(es) for additional service(s) requested 1. Show to whom delivered data and additional services.	*** Idress. 2. 🗀 Restricted Delive
P 695717105 s	4. Article Number	B (65717101 C	(Extra charge) 4. Article Number
MARY WILLEITE	12-695-717-105-1	P 695717101 S MURL D. TILLEY	P695 717 10
BOX 214	Type of Service:	BOX 25	Type of Service:
MONUMENT NN 88265	Scenified Cop	MONUMENT NM 88265	Registered Insured Certified COD
	Express Mail Return Receipt for Merchandise		Express Mail Return R
	Always obtain signature of addressee or agent and DATE DELIVERED.		Always obtain signature of address
5. Signature – Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee	or agent and DATE DELIVERED 8. Addressee's Address (ON)
+ + + - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	requested and fee paid)	x Mil I Van	requested and fee paid)
Signatur – Agent		6. Signature - Agent	
/ Date of Delivery		X	
2 - 5 - 9;		7. Date of Delivery 2-6-91	
Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
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P 695717106 S	4. Article Number	P 695717102 S	(Extra charge) 4_Article Number
JOE RAY WILLIAMS	12-695-717-106	ROBERT J. VICKERS	P-695-717-10
BCX 215	Type of Service: Registered Insured	116 W. STANGLIND RD. #4	Type of Service:
MONUMENT MM 88265	Secretified COD	HOBBS NM 88240	Scertified COD
	Express Mail Return Receipt for Merchandise		Express Mail Return R for Merc
	Always obtain signature of addressee or agent and DATE CELIVERED.		Always obtain signature of address or agent and DATE DELIVERED
5. Signature – Addressee /	8. Addressee's Address (ONLY if	5 Signature - Addressee /	8. Addressee's Address (ONL
× Joelan Wellen	requested and fee paid)	AXINOLINE L'ICKEY	requested and fee paid)
6. Signature — Agént		6. Signature — Agent	
X 7. Date of Delivery		7. Date of Delivery	
2-11-91		7-11-91	
S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETUR
SENDER: Complete items 1 and 2 when ad 3 and 4.	ditional services are desired, and complete items	SENDER: Complete items 1 and 2 when additional 3 and 4.	nonal services are desired, and compli
Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee wi	e reverse side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the re	everse side. Failure to do this will prevent
the date of delivery. For additional fees the following and check box(es) for additional service(s) requeste	g services are available. Consult postmaster for fees	from being returned to you. The return receipt fee will p the date of delivery. For additional fees the following s and check box(es) for additional service(s) requested.	
1. Show to whom delivered, date, and address	ssee's address. 2. Restricted Delivery (Extra charge)	Chow to whom delivered, date, and addresse	e's address. 2. Restricted Delive (Extra charge)
P 6957171 0 7 s	4 Article Number	P 695717103 S	Article Number
PATRICIA ANN WILLIAMSON	P-695-117-109	AMOS WATSON	1-695-717-10
BOX 848	Type of Service: ☐ Registered ☐ Insured	BOX 19	Type of Service:
WHITHEY TX 76592	Certified COD	MONUMENT NM 88265	Certified COD
	Express Mail Return Receipt for Merchandise		Express Mail Return R for Merc
	Always obtain signature of addressed or agent and DATE DELIVERED.		Always obtain signature of address or agent and DATE DELIVERED.
o. Significina — Modrassee	8. Addressen's Address (ONLY if	5. Signature — Addressee	8. Addressee's Address (ONI
X Policia & Mamin	, requested and fee paid)	X A.G. WATSON	requested and fee paid)
5. Signature — Agent		6. Signature — Agent	
Y		, , ,	i
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7. Date of Delivery	1000	7. Date of Delivery 2-2-91 Am to Limit	7.

SENDER: Complete items 1 and 2 when additions	services are desired, and complete items	SENDER: Complete items 1 and 2 when additi	onal services are desired, and comp
But would address in the RETURN TO Space on the revers	side Failure to do this will prevent this card	3 and 4. Put your address in the "RETURN TO" Space on the re-	verse side. Failure to do this will preven
Put your address in the RETURN TO "Space on the revers from being returned to you. The return receipt fee will provid the date of derivery. For additional fees the following service and check boxies: for additional services: requested and check boxies: for additional services: requested.	es are available. Consuit postmaster for fees	from being returned to you. The return receipt fee will printe date of delivery. For additional fees the following se	rvices are available. Consult postmas:
and check boxies: for additional service(s) requested Show to whom delivered, date, and addressee's a	ddress. 2 Restricted Delivery (Extra charge)	and check box(es) for additional service(s) requested Show to whom delivered, date, and addressee	's address. 2. = Restricted Deliving Extra charge:
P 695717112 S	4. Article Number	P 695717108 S	4. Article Number
BIG THREE LAND CC.	P-695-11111a	AMERADA HESS CORPORATION	P-695-111-1
BOX 732	Type of Service: Registered Insured	P O BOX D	Type of Service: Registered Insured
LOVINGTON NM 18268	Certified COD	MONUMENT NM 88265-0052	Registered Insured
	Express Mail Return Receipt for Merchandise		Express Mail Return for Mero
	Always obtain signature of addressee		Always obtain signature of addre
1.	or agent and DATE DELIVERED	ta a	or agent and DATE DELIVERED
5. Supering - 75 9505 Track to	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Aggregsee	8. Addressee's Address (O.), requested and fee paid)
X form 5 that		6. Signature – Agent	
6. Signature – Agent		X	
7. Date of Delivery		7. Date of Delivery	
2.11.91		2-4-91	į
PS Form 3811, Apr 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETUR
		TA CENTER O	
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the date of delivery. For additional fees the following sen and check box(es) for additional service(s) requested		the date of delivery. For additional fees the following se and check box(es) for additional service(s) requested	
1. Show to whom delivered, date, and addressee's	s address. 2. □ Restricted Delivery (Extra charge)	1 Show to whom delivered date, and addressee	's address. '2. Restricted Delive (Extra charge)
D 695717112	4 Article Number	T + F 595717109 S	4. Article Number
P 695717113 S ATTM: PRODUCTION MANAGER-NEW MEXICO	12695-717-113	AMERICAN LEGION POST \$26	D-692-117-10
CHEVRON U.S.A. INC.	Type of Service:	319 E. DUNMAN	Type of Service:
P O BOX 1150	Registered Insured	HO5BS NM 88240	Registered Insured
MIDLAND TX 19702	Express Mail Return Receipt for Merchandise		Express Mail Return R
	Always obtain signature of addressee	7	Always obtain signature of addre
.	or agent and DATE DEL'VERED		or agent and DATE DELIVERED
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5 Signature – Addressee	8. Addressee's Address (ON) requested and fee paid:
Signature Agens		6. Signature – Agent	
1x Lorens		x huhar	
7. Date of Delivery		7. Date of Delivery	
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PS Form 3811, Apr 1989	DOMESTIC RETURN RECEIP	T PS Form 3811, Apr. 1989	DOMESTIC RETUR
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and check boxies! for additional service(s) requested 1. Show to whom delivered, date, and addressee's a	iddress. 2. E Restricted Delivery	and check box(es) for additional service(s) requested. 1 Show to whom delivered date, and addresses	's address. 2. 🗆 Restricted Deliv
	(Extra charge) 4. Article Number	, , , , , , , , , , , , , , , , , , , ,	4 Article Number
P 695717114 S	P-695-717-114	P 695717110 S	10-695-717-11
ATTN: PRODUCTION MANAGER CHI ENERGY INC.	Type of Service:	ATTN: PRODUCTION MANAGER ARCO OIL AND GAS COMPANY	Type of Service:
P 0 BCX 1799	Registered 'nsured	P 0 BOX 1610	Registered Insured
MIDDAND TX 79702	Cortified COD Return Receipt for Merchandise	MIDLAND TX 79702	Certified COD Express Mail Return 1
	Always obtain signature of adoressee		Always obtain signature of addre
1	or agent and DATE DELIVERED.	<u>L</u>	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Addressee	8. Addressee's Address (ON
X	- requested was fee paids	X	requested and fee paid;
6. Signature - Agent		6. Signature – Agent	
7. Date of Delivery	34-		
2-1-91		7. Dat FEB Pelvery 1991	
PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETUR
SENDER: Complete items 1 and 2 when additions	l continue are desired and annual in the	CENDER.	
3 and 4. Put your address in the "RETURN TO" Space on the reverse	· · · · · · · · · · · · · · · · · · ·	SENDER: Complete items 1 and 2 when addit 3 and 4.	·
from being returned to you. The return receipt fee will provi	de you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the re from being returned to you. The return receipt fee will pu	rovide you the name of the person delivi
the date of delivery. For additional fees the following servi and check boxles) for additional service(s) requested. 1. T Show to whom delivered, date, and addressee's		the date of delivery. For additional fees the following s and check box(es) for additional service(s) requested.	· · · · · · · · · · · · · · · · · · ·
1. 11 Show to whom delivered, date, and addressee's	(Extra charge)	1. Show to whom delivered, date, and addresse	e's address. 2. ☐ Restricted Deliv (Extra charge)
P 695717115 S	Article Number	P 695717111 S	4 Article Number
CHURCH OF CHRIST	P-695-111-115	BARTON BROTHERS LAND & ROYALTY CO.	P-675-117-1
BOX 301	Type of Service:	BOX 968	Type of Service:
HONUMENT AN 48265	Sertified COD	HOBBS WM 88240	Registered Insured
	Express Mail Return Receipt for Merchandise		Express Mail Return for Mer
	Always obtain signature of addresses		Always obtain signature of addr
5 Signature — Apereren	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
S. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	S. SIGNATURY — ADDRESSEE	8. Addressee's Address (O.) requested and fee paid)
6. Signature — Agent	┥ !	6 Signature - Agent	
X		X X	
7. Date of Delivery			
		7. Date of Delivery	
2-4-91		7. Date of Delivery 4-9	

SENDER: Complete items 1 and 2 when additional s	ervices are desired, and complete items	SENDER: Complete items 1 and 2 when additional s	ervices are desired, and complete
3 and 4. Put your address in the "RETURN TO. Space on the reverse s	ide. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the reverse s	aide. Failure to go this will prevent to
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check boxies) for additional service is requested.	you the name of the person delivered to and	from being returned to you. The return receipt fee will provide	you the name of the person delivered.
and check boxies) for additional service's requested	are available Consult postiliaster for rees	the date of delivery. For additional fees the following services and of eck boxies: for additional servicets: requested	are available. Consult postmaster r
1 Show to whom delivered, date, and addressee's add	ress. 2 Restricted Delivery	5 Show to whom delivered, date, and addressee's add	iress 2 = Restricted Delivery
P 695717120 S	A Article Number	, , , , , , , , , , , , , , , , , , ,	4. Article Number
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12695-717-120	P 695717116 S	D-195-717-11
DELBERT D. COOPER & J. T. COOPER	Type of Service:	CLIMAX CHEMICAL CO.	Type of Service
BOX 6	Registered Insured	BCX 1595	
MONUMENT NM 88265	Scenified COD	BOBBS NM 88240	Scenified COD
	Express Mail Return Receipt for Merchandise		Express Mail COD Return Rec-
į (Always obtain signature of addressee	`	
	or agent and DATE DELIVERED.	•	Aiways obtain signature of addresse or agent and DATE DELIVERED
5. Signature - Addressee	8. Addressee's Address (ONLY if	te suntaine name	8. Addressee's Address (ONL)
X Anchel Sea T	requested and fee paid)	5. Signeture — Appressee	requested and fee paid:
		* MIC Williams	
6 Signature - Agent		6 Signature - Agent	
X		X	1 1
7. Date of Delivery		7 Date of Delivery	
J4-91		2 191	
≥S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
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C CENOTO C		A OFFICE O	
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired and complete items	SENDER: Complete items 1 and 2 when additional 3 and 4.	
Put your address in the "RETURN TO Space on the reverse	side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the provided t	side. Failure to do this will prevent
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service	es are available. Consult postmaster for fees	the date of delivery. For additional fees the following service	you the name of the person deliver-
the date of delivery. For additional fees the following service and check boxles) for additional service's requested	ddress 2	and check box(es) for additional service(s) requested.	
1 Show to whom delivered, date, and addressee's a	(Extra charge)	1. Show to whom delivered, date, and addressee's a	ddress. 2. \subseteq Restricted Deliver (Extra charge)
P 695717121 S	A Article Number		Article Number
	12695-717-121	P 695717117 S	P695-717-1
DELL BARBER, ET AL	Type of Service:	ATTN: PRODUCTION MANAGER-NEW MEXICO	Type of Service:
BOX 1246	Registered Insured	CGNOCO, INC.	Registered Insured
COLORADO CITY TX 79512	Scentified COD	10 DESTA DRIVE WEST	Z-Certified COD
	Express Mail Return Receipt for Merchandise	MIDLAND TX 79702	Express Mail Return Refor Merch
	Always obtain signature of addressee	-	Always obtain signature of address
	or agent an ATE DELIVERED		or agent and DATE DELIVERED.
5 Signature – Addressee	8 Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONL)
X	requested and fee paid)	x	requested and fee paid)
6 Signature / Sent	┥ .	6 Signature - Agent	4
x ///s//holds		X ///	1
- Maurit & Tribas			1
7 Date of DeliveryFEB 1 1991		7. Date of Delivery	
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PS Form 3811, Apr 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
		· · · · · · · · · · · · · · · · · · ·	
SENDER: Complete items 1 and 2 when additional	services are desired and complete items	SENDER: Complete items 1 and 2 when additional	services are desired and comple
		3 and 4.	
9 and 4. Put your address in the "RETURN TO" Space on the reverse from the returned to you. The return receipt feet will provide	you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the reversi from being returned to you. The return receipt fee will provid	e you the name of the person deliver-
Put your address in the "RETURN 10" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and beview for additional services are desired.	are available. Consult postmaster for tees	the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.	es are available. Consult postmaster
and check boxies) for additional service's requested 1. Show to whom delivered, date, and addressee's ad-	dress. 2. Restricted Delivery	1 Show to whom delivered, date, and addressee's a	
	(ZXIVO : NAT ge)		(Extra charge)
P 695717122 S	4. Article Number	P 695717118 S	Article Number
ATTN: PRODUCTION MANASER	P-675-117-122	CULP PROPERTIES	10-15-11-11
	Type of Service:	C/O LINGUOD SECURITIES TRUST	Type of Service:
DURHAM, INC.	Registered Linsured	COMMERCE BANK, J. SNYDER TRSTE	Registered = Insured
P G DRAWER 273	Return Receipt	P 0 BOX 419248	Certified COD Return Re
MIDLAND TX 79702 FEB	Express Mail 55 for Merchandise	KANSAS CITY MO 64141	for Merch
ا در ا	Always obtain signature of addressee	Answer Citi DO VIII	Always obtain signature of addres
	coragent and DATE DELIVERED.	le e	or agent and CATE DELIVERED
5. Signature - Addressee	Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee	8. Addressee's Address (ONL requested and fee paid)
X HCBO	<i>*</i> ,,	X	- cyacsieu was jee puiu)
6. Signature - Agent	1	6. Signature Agent	. }
x Town Core	ا	× Jane tarsons	<u>'</u>
7. Date of Delivery	Į l	7. Date of Delivery	7
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2S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
- O Committee of the April 1997			
	and complete items	SENDER: Complete items 1 and 2 when additions	I services are desired and comp
 SENDER: Complete items 1 and 2 when additional 3 and 4. 		3 and 4.	· · · · ·
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	es are available. Consult postmaster for fees	from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested.	ces are available. Consult postmaste
and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a	dress. 2. TRestricted Delivery	1. Show to whom delivered, date, and addressee's	
1. SHOW TO MINDIES GREEN SEED SOURCESSEE S. S.	(22774 3124 477		(Extra charge)
P (01313103	4. Article Number	P 695717119 s	Article Number
P 695717123 S	D-695-717-123	D. L. LAUGHLIN ESTATE	1-675-11171
EDWARD H. KLEIM ESTATE	Type of Service:	C/O BESIE LAUGHLIN REEVES	Type of Service:
P O BOX 1503	Registered Insured	1	Registered Insured
HOBBS MM 88241	Cortified COD	3902 W. KEIM DR.	Cortified COD
•	Express Mail Return Receipt for Merchandise	PROENIX AZ 85019	Express Mail Return R for Merc
	Always obtain signature of addresses		Always obtain signature of addre
	or agent and DATE DELIVERED.		or agent and <u>DATE DELIVERED</u> .
5. Signatura — Muuresses // . ^ (8. Addressee's Address (ONLY if	5. Signiture - Adoressee	8. Addressee's Address (ON)
x tare & XVo.	requested and fee paid)	X But 1 Leven	requested and fee paid)
6. Signature Agent	7	6. Signature - Agent	7
X		X	1

DOMESTIC RETURN RECEIPT

7. Date of Delivery
25 Form 3811, Apr. 1989

		SENDER: Complete items 1 and 2 when ad	Bitiofial services are desired, and comp.
SENDER: Complete items 1 and 2 when additional 3 and 4	itional services are desired, and complete items	3 and 4. Put your address in the "RETURN TO" Space on the	
Put your address in the "RETURN TO" Space on the	everse side. Failure to do this will prevent this card	from being returned to you. The return receipt fee will the date of delivery. For additional fees the following	I provide you the name of the person delice.
from being returned to you. The return receipt fee will the date of delivery. For additional fees the following and check boxtest for additional serviceis: requested	services are available. Consult postmaster for fees	and check boxies) for additional service(s) requester	3 .
and check boxies) for additional service(s) requested it. Show to whom delivered, date, and address.	ee's address. 2 Restricted Delivery	1. Show to whom delivered, date, and address	Ettra marger
D (01747104	(Extra charge)	P 695717124 S	4. Article Number
P 695717128 S	P1-95-717-128	EL FASC NATURAL BAS CO.	F-675-11:-1
ATTN: PRODUCTION MANAGER GRACE PETROLEUM CORPORATION	Type of Services	P 0 B0X 1492	Type of Service Registered nsured
6501 N. BROADWAY	Registered Insured	PL PASC TX 79978	CertifiedCOD
OKLAHOMA CITY OK 73116	COD Cortified COD Receipt for Merchandise		Express Mail Return A. for Merce
ORDINECTA 0111 OK 75110			Always obtain signature of addres
	Always obtain signature of addressee or agent and <u>DATE</u> DELIVERED.	1	or agent and DATE DELIVERED
5. Signature – Addressee	8. Addrest de's Address (ONLY if	5. Signature - Aggressee	8. Addressee's Address (ON) requested and fee paid;
x	requested and fee police	6. Signature - Agent	
6. Signature Agent	4-6	x 2	
× Jag- Dish		7. Date of Delivery	
7. Date of Delivery		FEB 5 4 1991	
S Form 3811, Apr. 1989	DALLE TO BETTING BEGINS	PS Form 3811, Apr 1989	DOMESTIC RETURN
5 Form 30 1 1, Apr. 1989	DOMESTIC RETURN RECEIPT		
·		SENDER: Complete items 1 and 2 when ad	ditional services are desired, and comple-
SENDERA Complete items 1 and 2 when addit	•	3 and 4. Purt your address in the "RETURN TO" Space on the	reverse side. Facure to do this Autorevent
tut your address in the "RETURN TO" Space on the re	verse side. Failure to do this will prevent this card royide you the name of the person delivered to and	from being returned to you. The return receipt fee will the date of delivery. For additional fees the following	provide you the name of the person deliver-
nt your address in the "RETURN IO" Space on the re rom being returned taugou. The return receipt fee will pure the dark of delivery. For additional fees the following s pd check box(es) for additional service(s) requested.	ervices are available. Consult postmaster for fees	and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and address	i.
Show to whom delivered date, and addressed	e's address. 2. Restricted Delivery (Extra charge)	1 Show to whom delivered, date, and address	(Extra :=arge)
B 606717170	4 Article Number	P 695717125 S	4. Article Number
P 695717129 S ATTW: PRODUCTION HANAGER	P695-717-129	ESTATE OF J. F. DICKINSON	12-1022-111-19
GRAHAM ROYALTY LTD.	Type of Service:	C 2 ADA MARTIN	Type of Service. Registered Insured
P O BOX 3134	Registered insured Structured COD	307 AUSTIN ST.	Contribed COD
COVINGTON LA 704363134	Express Mail Return Receipt for Merchandise	LEVELLAND TX 79336	Express Mail Return Re for Merch.
	Always obtain signature of addressee		Always obtain signature of address
	or agent and DATE DELIVERED.		or agent and <u>DATE DEL VERED</u>
. Signature — Addressee	8 Addressee's Address (ONLY if	5. Sofieture - Addressee	8 Addressee's Address (ONL): requested and fee paid)
·	requested and fee paid)	Sinature - Agent	
Signature - Agent		Z Z	
12 th stepul		Date of Delivery	
7. Date of Delivery		4	
Form 3811, Apr 1989	DOMESTIC RETURN RECEIPT	orm 3811, Apr. 1989	DOMESTIC RETURN
The date of believer, for additional services: requested and check boxies! for additional services: requested in Show to whom delivered, date, and address P 695717130 S ATTN: PRODUCTION HANAGER GREAT WESTERN DRILLING COMPANY P 0 BOX 1659 MIDSAND TX 79702 5. Signature — Addressee X 6. Signature — Addressee	services are available. Consult postmaster for fees ee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Cys - 1 1 - 130 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	and check boxies: for additional service(s) requested 1 Show to whom delivered, date, and address P 695000126 S ESTATE OF W. H. V. LAUGHLIN CIO ELSIE L. REEVES 3902 W. REIN DE. PHOENIX AZ 85009	Article Number See's address. 2. — Restricted Deliver (Estra charge) Article Number Type of Service Registered insured Certified COD Express Mail for Mercha Always obtain signature of address or agent and DATE DELIVERED 8. Addressee's Address (OVL) requested and fee paid)
x Misligh.		X	
7. Date of Delivery FEB - 5 1991		7. Date of Delivery	1
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S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	10 10 m CO 11, Apr. 1202	
SENDER: Complete items 1 and 2 when add 3 and 4.	ditional services are desired, and complete items	SENDER: Complete Italias 1 and 2 when at 3 and 4.	ditional services are desired, and complete
Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will	reverse side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on th	e reverse side. Pasure to do this will prevent to
the date of delivery. For additional fees the following	services are available. Consult postmaster for fees	the date of delivery. For additional tess the follows	g services are available. Consumpositioned
and check box(es) for additional service(s) requested 1.	see's address. 2. Restricted Delivery	1. C Show to whom delivered, date, and addre	ssee's address. 2. Restricted Deliver (Extra charge)
	(Extra charge)	, h cheatasan	4. Article Number
P 695717132 S	D 695-717-132	9 695717127 S	P695-717-12
JIMMIE B. COOPER & BETTY COOPER	Type of Service:	EVELYM BETTS & KENNETH B. LEWIS 1613 ROSE LAME	Type of Service:
RR BOX 5 Monument wh 88265	Registered Insured	HOBBS WM 88240	Registered Insured
NONORUMI BE 00203	Certified COD Express Mail Return Receipt for Merchandise	10000 30 00030	Cortified COD Return Re for Merch
			Always obtain signature of addres
	Always obtain signature of addressee or agent and DATE DELIVERED.	2	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONL requested and fee paid)
Vinne B Contra	requested and fee paid)	X Xlanna Sews	requesien una jee punaj
6: Signature Agent		6. Signature - Agent	
X		X 3 Date of Bellium	
7. Date of Delivery		7. Date of Delivery 2-5-9	
24-9/ *S Form 3811. Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check boxies! for additional services: requested 1. — Show to whom delivered date and addresses's	se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees	SENDER: Complete tems 1 and 2 when addition: 3 and 4. Put your address in the RETURN TO'' Space on the revers from being returned to you The return receipt fee will provi the date of delivery. For additional fees the following servi and check boxies for additional service(s) requested: 1 Show to whom delivered, date, and addressee's	de side Failure to do this will prevent to de you the name of the person derivers ces are available. Consult postmaster
p 695717138 S	A Article Number	P 695717131	4 _Article Number
• • • • • •	19-695-117-138 I	•	1 P-1695-717-7
ATTN: PRODUCTION MANAGER	Type of Service	DEA COUNTY MANAGER	Type of Service:
MARATHON OIL COMPANY	Registered Insured	TEY COUNTY LIMITERIES	Registered insured
P 0 BCX 552	≥ Certified ☐ COD	LOVINGTON WM ##1151	Certified COD
MIDLAND TX 79702	Express Mail Return Receipt for Merchandise		Express Mail Return Ret
	Always obtain signature of addressee		Always obtain signature of addresse
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED
5. Signature – Addressee	B. Addressee's Address (ONLY if	5. Signature Addressee	8. Addressee's Address (ONL)
X	requested and fee paid)	5. Signature Addresses	requested and fee paid
	⊣	10.30	
6. Signature - Agent		6: Signature - Agent	1
- Alling Estatando		X	_]
7- Date of Delivery FEB 1 1001		7. Date of Delivery	
FEB 1 1991		2.4.91	
PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr 1989	DOMESTIC RETURN
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9 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prov the date of delivery. For additional fees the following ser- your check box(ss) for additional services; requested	rse side. Failure to do this will prevent this card yide you the name of the person delivered to and vices are available. Consult postmaster for fees	Pur your address in the RETURN TO" Space on the reve from being returned to you. The return receipt fee will provide date of delivery for additional fees the following servand check boxies for additional service(s) requested. Should be whom delivered flate and addregsee's	se side. Failure to do this will prevent ode you the name of the person deliverences are available. Consult postmaster
1 Chow to whom delivered date and addresses	* Address: 2 Restricted Delivery (Extra charge)	1,000	(Extra charge)
	A Article Number	P 695717135 s	Article Number
P 695717139 S	01-95-717-129	ATTN: PRODUCTION MANAGER	14645-717-135
ATTM: PRODUCTION HANAGER	7-012 11112	LEWIS B. BURLESIN, INC.	Type of Service:
MERIDIAN OIL, INC.	Type of Service:		Registered Insured
21 DESTA DRIVE	Registered Insured	P 0 BOX 2473	ZSCertified ☐ COD
HIDLAND TX 79705	Express Mail COD Return Receipt for Merchandise	MINIAND TX 19713	Express Mail Return Re:
17703		1	Always obtain signature of address:
	Always obtain signature of addressee		or agent and DATE DELIVERED
_	or agent and DATE DELIVERED.	5. Signature — Addressee	B. Addressee's Address (ONL)
5 Signature — Addressee	8 Addressee's Address (ONLY if requested and fee paid)	X	requested and fee paid;
Χ	requeste and jet pana)	6 Supportuna - Apper	
6 Signature - Agent		JAMES SINIA MILLIA	
x waveles		7/1/42 3000	-
7. Date of Delivery		7. Date of Deirvers	
1/1/2	,		<u> </u>
PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN
PS Form 30 1 1, Apr. 1989	DOWESTIONE COMMITTEELS !		
3 and 4. Put your address in the "RETURN TO "Space on the reversion being returned to you. The return receipt fee will provine date of delivery. For additional fees the following service and check box(es) for additional service(s) requested 1. Show to whom delivered, data, and addressee's P 695717140 S ATTH: PRODUCTION MANAGER MOBIL PRODUCTION MANAGER MOBIL PRODUCTION TEXAS AND NEW MEXICO UNITED BANK BLDG. 500 M. ILLINOIS MIDLAND TX 79701	a address. 2. Restricted Delivered to and vices are a labe Consult bostmaster for fees a address. 4. Article Number Type of Service: Registered Insured Consultation of Service: Registered Consultation of Service: Always obtain signature of addressee or agent and DATE DELIVERED	Put your address in the IRETURN TO' Space on the reversion being returned to you. The return receipt fee will prote date of delivers. For additional fees the following ser and check box es for additional fees the following ser and check box es for additional fees the following ser and check box es for additional fees the following ser and check box es for additional fees and addressed. 9. 69501011: N. B. LAUSELIN ESSEE C/O ELSIP LAUSELIN ESSEE 1902 N. ELIE LE. PROPRIA AT FILE 5. addressed.	vide you the name of the person delivers vices are available. Consult postmaste
5. Signature — Andressee	8. Addressee's Address (ONLY if requested and fee paid)	X To	requested and fee paid;
X	requested was jet puitt)	6. Signature - Apart	
6. Signature Agent	į	X	
x5. Danchart		7. Date of Delivery	
7. Date of Delivery	r	2 - 9/	[
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2-1-41		0/3-/	
2-1-41	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr 1989	DOMESTIC RETURN
>S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	•	DOMESTIC RETURN
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the date of delivery for additional fees the following service and check box(es) for additional service is: requested	es are available. Consult postmaster for fees	from being returned to you. The return receipt fee will provide the pate of belivery. For additional fees the following services	are available. Consult postmaste.
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	(Extra charge)	<u>,</u>	Estra charges
P 695717148 S	4 Article Number	F 695717142 S	Article Number
ROSIE LEE MIGLER & RAY MILLER	D-012-111-1-18	ATTN: PRODUCTION MANAGER	12-695-717-192
200 CAPE PLACE	Type of Service:		Type of Service
	Registered Insured	MOREFOO INC.	Registered Insured
HOBBS NM 88240	Certified COD Return Receipt	9 C BOX 481	Certified COD Return Rece
	Express Mair for Merchandise	ARTECIA NM 88210	Express for Merchan
	Always obtain signature of addressee		Always obtain signature of addresse-
_	or agent and DATE DELIVERED	· .	or agent and DATE DELIVERED
5. Signature - Addresses	8. Addressee's Address (ONLY if	5. Signature – Addressee	8. Addressee's Address (ONL)
XX Me Willer	requested and fee paid)	ix larkin alam	requested and fee paid)
6. Signature - Agent	7	6. Signature - Agent	
Y		x	
7. Date of Delivery	-	7 Date of Delivery	
1491	1	Q- 2-26-91	
	DOMESTIC RETURN RECEIP		
S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIP	PS Form 3811, Apr. 1989	DOMESTIC RETURN F
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	4. Article Number	2 616717142	A Article Number
P 695717149 S	P-695-717-149	F 695717143 S	16 7 11-6-212 1112
RUBY BOYD, ET AL	Type of Service:	ATTM: PRODUCTION MANAGER	102 103 - 111-101
C/O RUBY BOYD TRUSTEE	Registered Insured	JRYX ENERGY COMPANY	Type of Service:
3500 RICE CREEK ROAD	COD Return Receipt	5656 BLACKWEUL ST.	Registered Insured COD
WINSTON OR 97496	Express Mail — for Merchandise	1 TALLAS TX 75231	Express Mail Return Rec for Mercha
MINOTON ON VICE	Always obtain signature of addressee		for Mercha
•	or agent and DATE DELIVERED.		Always obtain signature of addresse
\	8. Addressee's Address IONLY if		or agent and DATE DELIVERED
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x Floyd 130 14		X	requested and fee paid)
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and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and addressee s	(Extra charge)	E SHOW TO WHOM CAMPANY AND	Extra charge:
	4. Article Number	P 695717145 S	A Article Number
P 695717150 S	10-695-717-150		12695-717-145
ATTN: PRODUCTION MANAGER	Type of Service:	PETER A. PANAGOPOULOS &	Type of Service
S. E. PRODUCTION COMPANY	Registered Insured	F. V. PANAGOPOULOS	Registered Insured
P O BOX 755	TS-Cartified COD	1815 SANCY DANB	Scentified COD
BOBBS WM 88241	Express Mail Return Receipt for Merchandise	. CAFISEAD MM 88220	Express Man Return Retu
TODDO MII AADIT	Always obtain signature of addressee	7 '.	Always obtain signature of address
	or agent and DATE DELIVERED		or agent and DATE DELIVERED
	8. Addressee's Address (ONLY If	5. Signature – Addressee	8. Addressee s Address (ONL)
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X		Signed Abent	1 / 1
6. Signature - Agen			0.
x Calley Dunances		7. Date of Delivery	4
7. Date of Delivery		1. Date of Delivery	1
ノンラ-71 <u> </u>			1
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SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	3 and 4.	
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and check box(es) for additional service(s) requested	address 2 - Restricted Delivery	1 Show to whom delivered, date, and addressee's ad	
ind check boxles) for additional service(s) requested to Check boxles	(Extra charge)	<u>.</u>	(Extra charge)
	4 Article Number	P 695717146 S	4. Article Number
P 695717151 \$	12-695-717-151	ATTN: PRODUCTION MANAGER	16-12-111-1d
SARAH E. PHILLIPS ESTATE	Type of Service:	PHILLIPS PETROLEUM CO.	Type of Service:
C/O MATTIE P. MOORE	Registered Insured	1 .	Registered Insured
1323 CENTRAL	Cartified COD	4001 PENBROOK	Certified COD Return Rec
AMARILLO TX 79108	Express Mail Return Receipt for Merchandise	ODESSA TX 79762	Express Mail for Mercha
GIRBIUDY AN TARE	Always obtating signature of addressee		Always obtain signature of addressi
	or agent and ATE DELIVERED.]: [or agent and DATE DELIVERED.
A	B. Addressee's Address (ONLY if	5. Signature – Addressee	8. Addressee's Address (ONLY
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6. Signature 7 Agent		(x)) 7 +	1
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7. Date of Delivery		2-1-91	
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	DOMESTIC DETURN DECEN	77 PORTO SO 11, ADT. 1989	DOMESTIC RETURN

		SENDER: Complete items 1 and 2 when additional and 4	mail services are desired, and com-
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	e andress. 2. The Restricted Delivery		(Extra charge)
P 695717050 S	(Extra charge)	8 695717043 S W. B. BAUM	4. Article Number
JOHN A. DANIEL	P 495 717 050	2:X 264	P 695 717
B0X/65	Type of Service:	TATUM NM 88267	Type of Service: Registered Insured
MONUMENT NH 88265	Registered Insured		☑ Certified ☐ COD
	Certified COD Return Receipt		Express Mail Return R
	Express Mail La for Merchandise		Always obtain signature of addre
•	Always obtain signature of addressee or agent and DATE DELIVERED.	5 Signature – Addressee	or agent and DATE DELIVERED
E C Addresses	8. Addressee's Address (ONLY if	5 Signature — Addressee	8. Addressee's Address (ONL requested and fee paid)
5. Signature — Addressee	requested and fee paids	6 Signature - Agent	
6 Signature Agent		x3. Quele Home	1
Sterende		7 Date of Delivery	
7. Date of Delivery		8.4.91 CK	
2-4-91		PS Form 3811, Apr. 1989	DOMESTIC RETUR
PS Form 3811, Apr 1989	DOMESTIC RETURN RECEIPT		
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	(Extra charge)	P 695717046 s	4. Article Number
P 695717051 s	4. Article Number	V. A. CARNAHAN	P 695 712 0
L. S. DICKERSON	P 695 717 051	BOX 516	Type of Service:
C/O RODNEY B. MAPP	Type of Service:	HOBBS NM 88240	Registered Insured Cortified COD
BOX 8	Registered Insured		Express Mail COD Return Refor Merch
MONUMENT NM 88265	Express Mail Return Receipt for Merchandise		Always obtain signature of addres
	Always obtain signature of addressee	L	or agent and DATE DELIVERED.
	or agent and DATE DELIVERED	5 Signature - Addressee	8. Addressee's Address (ONL
5. Signettire - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	* Hack Camahan	requested and fee paid)
* 1 Could 11 mg	requested and fee paid	6 Signature - Agent	
b. Signature → Ageott //		X	
7. Date of Delivery		7 Date of Delivery 26-91	
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25 Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	7 5 1 GHI 35 1 1, Apr. 1989	DOMESTIC RETURN
	DOMESTIC RETURN RECEIFT		
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DAVID HARK DUREAM	P 695 717 052	LANRENCE E. COCHRAN	P 1.95 717 047
STAR RT A, BOX 50	Type of Service:	406 CRESTVIEW	Type of Service:
MCNUMENT NM 88265	Registered Insured Cortified COD Return Recent	TUDUNCARI NM 88401	Registered # t - Insured
	Express Mail Return Receipt for Merchandise	***************************************	Certified COD
	Always obtain signature of addressee		Express Mail Return Rec
_	or agent and DATE DELIVERED.		Always obtain signature of address or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if	5 Signature - Addressee	8. Addressee's Address (ONLY
X-Ward M. Aluka	requested and fee paid)	X	requested and fee paid)
6. Signature - Agent			
<u> </u>	i	6 Signature - Agent	-
7. Date of Deliver:		6 Signature - Agent X / Fazel OpoChran	
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2-4-91	DAMESTIC SETURN PROFITS	* Hazel Deochran	
7. Date of Delivery 2-4-9/ 25 Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	7. Date of pelivery	DOMESTIC RETURN
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or your address in the "RETURN TO" Space on the reve om being returned to you. The return receipt fee will prov	ride you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the rev from being returned to you. The return receipt fee will pro	wide you the name of the parties dol
e date of delivery. For additional fees the following service	vices are available. Consult postmaster for fees	the date of delivery. For additional fees the following se and check boxies) for additional service is requested	rvices are available. Consuit postmaster (c.
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Figure 2	(Extra charge)	,	(Extra charge)
: 69571*156 S	4. Article Number	P 695717152 S	Article Number
ATTM: PRODUCTION MANAGER	12695-717-156	ATTN: PRODUCTION MANAGER	10-695-717-15.
THE WISER OIL COMPANY	Type of Service:	SERLL WESTERN EAP. INC.	Type of Service:
	Registered Insured	P 0 80X 1950	Registered Insured
P 0 B01 192	ZCertified COD		Certified COD
SISTERVILLE WW 26175	Express Mail Return Receipt for Merchandise	HOBBS NM 88240	Express Mail Return Receive for Merchan
	Always obtain signature of addressee		Always obtain signature of addressee
	or agent and DATE DELIVERED		or agent and DATE DELIVERED
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Signature - Adoressee	8. Addressee's Address (ONLY if requested and fee paid)	y signature 7 Augustee	8. Addressee's Address (ONLY ij requested and fee paid)
	requested that fee pales	Juno102	requestes usu jee puiu)
S-grature - Agent		6. Signature – Agent	
		X	
Date of Delivery	- '	7. Date of Delivery	-
<i>'</i>	1	4-191	
- 2011 · 1000		PS Form 38 11, Apr. 1989	
Form 3811, Apr 1989	DOMESTIC RETURN RECEIPT	rs rom 30 i i, Apr. 1989	DOMESTIC RETURN RE.
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SENDER: Complete items 1 and 2 when addition 3 and 4.	nal services are desired, and complete items	3 and 4.	are side. Failure to do this will prevent this :
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on being returned to you. The return receipt fee will prove state of delivery. For additional fees the following ser	vide you the name of the person delivered to and	the date of delivery. For additional fees the following ser	vices are available. Consult postiliosici io
no pheck boxies) for additional service(s) requested		and check boxles) for additional service(s) requested. 1. Show to whom delivered date and addressee.	anddress. 2. E Restricted Delivery
The to whom delivered date, and addressee	's address. 2. Restricted Delivery (Extra charge)	\(\ = \frac{1}{2} \)	TEXTILE EMERGE
	A Article Number	P 695717153 S	4. Article Number
P 695717158 S	111/100 717 100		11-153
ATTM: PRODUCTION MANAGER	1-012-111-120	ATTM: PRODUCTION MANAGER	Type of Service:
TIERRA EXPLORATION, INC.	Type of Service:	SIRGO OPERATING, INC.	Registered Insured
300 W. WALL, STE. C	Registered Insured	P 0 BOX 3531	Certified COD
	COD Return Receipt	HIDLAND TX 79702	Express Mail Return Receipt for Merchandis
MICLAND TX 79701	Express Mail Return Receipt for Merchandise		Always obtain signature of addressee
	Always obtain signature of addressee		or agent and DATE DELIVERED
	or agent and DATE DELIVERED.	t	8. Addressee's Address (ONL)
Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature – Addressee	requested and fee paid
•	requested and fee paid:	X	
S.onatium - Agent	 	6. Signature - Agent	
The land		1x P. Ridman	
JUN STURN		7. Date of Delivery	
Date of Delivery		2-1-91	
11/91			DOMESTIC RETURN RES
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TOMMIE LOU COOPER, DELBERT DALE COOPER		SHYDER RANCHES LTD.	<u> </u>
JIMMY TON COOPER	Type of Service:	P O BOX 2158	Type of Service: Registered Insured
BOX 2183	Registered Insured COD	HOBBS NM 88240	Registered Insured Cod Cod
E1335 #M 88240	Return Receipt	Hopps we goese	Return Receip
1.555 NO 00240	Expression — for Merchandise		101 METERIORE
	Always obea asignature of addressee	!	Always obtain signature of addressee
•	or agent and DATE DELIVERED.		or agent and DATE DELIVERED
5 Signatury - Addressee	8. Addressee's Address (ONLY if	5. Signatore - Audressee	8. Addressee's Address (ONLY if requested and fee paid)
x Com your cotter	requested and fee poid)	X a	requestes and see paner
5 Signature - Agent		6 Signature - Agent	
X		X Signature	
7 Date of Delivery			
		7. Date of Delivery	1
2-20-9/ 5 Form 3811, Apr. 1989		2-5-91	
5 Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN R
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the date of delivery. For additional fees the followin	ng services are available. Consult postmaster for fees		
1 Show to whom delivered date and address	SSMA S Address. 2 Restricted Delivery	1. Show to whom delivered, date, and address	ssee's address. 2. The Restricted Delivery (Extra charge)
	(Extra charge)	-	
P 695717160 S	4 Article Number	P 695717155 S	4. Article Number
ATTM: PRODUCTION MANAGER	P-695-717-160	ATTH: PRODUCTION MANAGER	P-695-717-15
71 10 01L CO.	Type of Service:	TEXACO, INC.	Type of Service:
P O BOX 755	Registered Insured		Registered Insured Certified COD
B18BS WM 88241	Scenified C00	400 W. LORAINE	Return Re
E_200 Mt 00651	Express Mail Return Receipt for Merchandise	MIDLAND TX 79701	txpress man for Merch
	Always obtain signature of addressee		Always obtain signature of address
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature — Addressee	B. Addressee's Address (ONL)
X	requested and fee paid)	X	requested and fee paid)
			
6. Signature - Agent	}	6. Signature - Agent	1
* Clu Dumany		1 Jouann	
7. Date of Delivery		7. De of Delivery	
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'S Form 3811, Apr. 1989	DOMESTIC RETURN RECEI	PT PS Form 3811, Apr. 1989	DOMESTIC RETURN

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P 695717062	(Extra charge)	•5717055 s	4. Article Number
W. R. GOTTSHALL, SR.	P695 717 002	JAMIN DONAED EVANS	P 495 717 0=
P C DRAWER B	Type of Service:	80% 225	Type of Service:
HOBBS NM 88240	Registered insured & COD	MENT NM 88265	Registered Insured COD
	Express Mail Return Receipt for Merchandise		Express Mail Return Rec for Mercha
	Always obtain signature of addressee		Always obtain signature of address
Sighatura Addracean	or agent and DATE DELIVERED.	5 Signature - Addressee	8. Addressee's Address (ONL)
Day totished looms	8. Addressee's Address (ONLY if requested and fee paid)	Jojan Soul	requested and fee paid;
Signature - Agent	1	seture - Agent	
		10.1	
Date of Delivery		2- //- 4/	<u> </u>
5 2011		n 3811, Apr. 1989	DOMESTIC TO
Form 3811, Apr 1985	DOMESTIC RETURN RECEIPT		DOMESTIC RETURN
		CENDED C	
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and check box(es) for additional service(s) requested.	• • • • • • • • • • • • • • • • • • •	the date of defivery for additional fees the following service and check boxfees for additional service(s) requested.	
,	(Extra charge)		1dress. 2. Restricted Deliver (Extra charge)
P 695717063 S	4. Article Number	P 695717057 S	4. Article Number
DOWALD T. GRACEY	P L 95 7/7 063 Type of Service:	CLYDE B. PRAZIER 400 B. ALTO DR.	P 695 717 057 Type of Service:
1916 STEVEN DR. Hobbs NM 8824C	Registered Insured	HOBBS NM 88240	Registered Insured
HUDDS #11 00210	Contified COD Express Mail Return Receipt		Certified COD
_ ^	Asways obtain signature of addressee	4	Express Mail Return Re for Merch
	or agent and DATE DELIVERED		Always obtain signature of address or agent and DATE DELIVERED
Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signeture - Addresse	8. Addressee's Address (O.V.)
y Donald I pracey	requesieu una jee palar	* Samuel Straig	requested and fee paid
6. Signature – Agent		6. Signature - Agent	
7. Date of Delivery		7. Date of Delivery	┥
2-5-91] [~5	
S Form 3811, Apr. 1989	DOMESTIC RETURN RECEIP	PS Form 3811, Apr. 1989	DOMESTIC RETURN
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ne date of delivery. For additional fees the following servind check box(es) for additional service(s) requested		and check boxles) for additional services, requested	es are available. Consult postmaster
Thou to whom delivered date and addressee's	Restricted Delivery (Extra charge)	1 Show to whom delivered date and addresses's at	ddress. 2. A Restricted Delivers (Exira charge)
P 695717064 S	4. Article Number	P 695717059 S	4. Article Number
LONA HAE HAMMER	P 695 717 064	DANNY B. GIERISCE	P 695 717 CS
1722 N. PENASCO	Registered Insured	BOX 881	Type of Service:
BOBBS WM 88240	Certified — COD — Return Receipt	MASON TX 76856	Certified COD
	Express Mail — for Merchandise		tor Merch
	Always obtain signature of addressee or agent and DATE DELIVERED		Always obtain signature of address or agent and DATE DELIVERED
i. Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature – Addressee	8. Addressee's Address (ONL)
(requested and fee paid)	X	requested and fee paid)
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Date of Delivery	=	7. Date of Delivery	-
2-5-7		7. Date of Delivery FEB 4 19	01,
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3 and 4. Put your address in the "RETURN TO" Space on the rev	verse side. Failure to do this will prevent this card	Put your address in the "RFTLIRN TO" Space on the reverse	side. Failure to do this will prevent to
from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following se	ovide you the name of the person delivered to ac- ervices are available. Consult postmaster for fe	and check box(es) for additional service(s) requested.	es are available. Consult postmaster
and check box(es) for additional service(s) requested. 1	*'s = dress. 2. D Restricted Delivery	1 Show to whom delicered data and address.	'Iress. 2. Restricted Deliver. (Extra charge)
D (66717ACE	(Extra charge) 4. Article Number	- P 695717060 S	4. Article Number
P 695717065 S VORA LOWE HARTLEY	P 495 717 065	BILLY GILBERT	P 695 717 060
1500 BROADWAY, STE 1230	Type of Service:	20840 M. 6 DR	Type of Service:
LUBBOCK TX 79401	Registered Insured Certified COD	PROENIX AZ 85027	Contified COD
	Express Mail Return Receipt for Merchandise	į)	Express Mail Return Ret
	Always obtain signature of addressee		Always obtain signature of address or agent and DATE DELIVERED.
E Cinchuna Address	or agent and DATE DELIVERED.	5. Signature - Addressee	8. Addressee's Address (ONL)
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6. Signature – Agent	· 	6. Signature - Agent X Bith Dielect	
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the date of delivery. For additional fees the following servi			coupt fee will provide you he have of the person deliver- the following services are and able. Consult postmaster
1 Show to whom delivered, date, and addressee's	address. 2. Restricted Delivery (Extra charge)	and check box(es) for additional service	
P 695717072 S	4. Article Number		and addressee's accress 2 Restricted Deliver (Extra charge)
W. R. HURST	P 495 717 072	P 595717066 3	4 Artice Number
1813 POLO 4D.	Type of Service:	DIVLE HARTMAN	717 6
AUSTIN TX 78703	Registered Insured COD	P : BOX 10426	T•pe of Service: Registered □ Insured
	Express Mail Receipt for Merchandise	MIDLAND TX 79702	& Certifed □ COD
	Always a trial signature of addressee		Express Mail Return Rector Merchan
	on ageint and TE DELIVERED.	9	A ways obtain signature of address:
5. Symptury - Addressee	8. Addressee's survess (ONLY if requested and and aid)	5. Signature - Addressee	JA VI COMMENT DATE DELIVERED
x Colorla Harst	requested and (adjaila)	X	Addressee's Address (ONL) requested and fee paid)
6. Signature - Agent	833	6 Signature Agent A	
7. Date of Delivery	1 2013	x 2 (Kassler	1991
7. Date of Deavery		7. Date of Delivery	USP
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15 Tollin 55 T. 1774pi. 1355		PS Form 3811, Apr. 1989	DOMESTIC RETURN F
Control Company in the Control of th	al acrisions are desired, and complete items	SCHOED C	
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the date of definety. For additional fees the following serving and check box(es: for additional service(s) requested. Show to whom delivered date, and addressee's	ces are available. Consult positilaster for rees	and check box(es) for additional senses	THE TOHOWING Services are available. Consult postmaster f.
1 - Show to whom delivered date, and addressee's	* (Extra charge)	1 Show to whom delivered date	and addressee's address. 2. Restricted Delivery (Extra charge)
P 695717073 S	4. Article Number	P 595717067 s	Article Number
ORA LOVINA JACKSON	P695 717 073	ASWES KASTNER HEAD	P 695 717 067
BOX 12024	Type of Service:	1930 CIMARRON RD.	Type of Service:
ODESSA TX 79768	Certified COD	- ECEBS WM 88240	— Registered ☐ Insured ☐ COD
	Express Mail Return Receipt for Merchandise		Express Mail Return Rece for Mercha-
	Always obtain signature of addresses		Aways obtain signature of addresse-
te ou a service	8. Addressee s Address TENLY NO.	1. 1. 6	or agent and DATE DELIVERED.
5. Signature - Addressee	requested and further)	5. Signature - Addressee	8 Addressee's Address (ONLY) requested and fee paid)
6. Signature – Agent		6. Signature - Agent	
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PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN R
SENDER: Complete items 1 and 2 when additions 3 and 4.	al services are desired, and complete items	SENDER: Complete items 1 and 3 and 4.	2 when additional services are desired, and complete
Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will provi		Put your address in the "RETURN TO" !	Space on the reverse social famore to do this will prevent the person delivered to
the date of delivery. For additional fees the following servi	ces are available. Consult postmaster for fees	the sate of delivery. For additional fees end check box(es) for additional service	the following services are awa able. Consult postmaster:
1 To Show to whom delivered date, and addressee's	address. 2. Restricted Delivery (Extra charge)	1 Show to whom delivered, date	and addressee's accress 2 Restricted Delivery (Extra charge)
P 695717074 S	4. Article Number	P 695717068	4 Artice Number
WILLIAM EDWIM JOHNSTON	P 695 717 074	LARRY NEAL HENRY	P 495 717 CL
90x 152	Type of Service:	fil E. SCHARBAUR	Tipe of Service:
HONUMENT WM 88265	SC Certified COD	EIBBS NM 88240	Registered Insured Control COD Return Research
	Express Mail Return Peceipt for Merchandise		Express Mail Return Rece
	Always obtain signature of addressee		Amays cotain signature of addresses
5.0:	or agent and DATE DELIVERED	,	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Addressee	8 Addressee's Address (ONLY :: requested and fee paid)
6. Signature - Agent	┦ !	6. Signature - Agent	
x		X RELESTED BOA	
7. Date of Delivery	7	7. Date of Delivery	-
2-4-91]]]] -3 - 9/	
3 Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989	DOMESTIC RETURN R.
SENDER: Complete items 1 and 2 when addition	nal services are desired, and complete items	SENDER: Complete items 1 and	d 2 when additional services are desired, and complete
3 and 4	·	3 and 4. Put your address in the "RETURN TO"	Space on the reverse side. Failure to do this will prevent th
Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will pro the date of delivery. For additional fees the following sen	ride you the name of the person delivered to and rices are available. Consult postmaster for fees	the date of delivery. For additional feet	receipt fee will provide you the name of the person delivered s the following services are available. Consult postmaster fo
and check box(es) for additional service(s) requested. 1. Show to whom delivered date, and addressee's		and check box(es) for additional services to whom delivered det	a and addressas's address. 2. Restricted Delivery
Water and sourcessee	(Extra charge)	D CAERLINANA	(Extra charge)
P 695717077 S	4) Article Number	7 9 695717071 S	4 Article Number P-495 717 071
JERRY D. MATTHEWS	P 695 717 077 Type of Service:	MICHABL D. HORTON BEL 224	Type of Service:
718 S. GIBBS	Registered Insured	MONUMENT NM 88265	Registered Insured
ROBBS MM \$8240	Certified COD		Suppress Mail ☐ Return Rece
	for Merchandise	4	Tor Merchan
	Always obtain signature of addresses or agent and DATE DELIVERED.		A-ways obtain signature of addresse or agent and DATE DELIVERED.
5. Signature Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY)
x. Onle morthous	requested and fee paid)	X aria Sato	requested and fee paid)
2. Signature - Agent		6. Signature – Agent]

Apr. 1989 DOMESTIC RETURN R

the date of delivery. For additional fees the following and check boxies) for additional service(s) requested 1. Show to whom delivered date and address	provide you the name of the person delivers services are available. Consult postmast a see's address. 2. Restricted Delivers
1 Show to whom nettypeed date and answer	(Extra charge)
P 695717161 S	4 Article Number
ATTN: PRODUCTION MAKAGER	12675-111-1
TWO STATES OIL COMPANY	Type of Service:
4925 GREENVILLE AVE.	Registered Insured
DASUAS TX 75206	Cortified COD Express Mail Return for Me
	Always obtain signature of addi
	or agent and DATE DELIVERED
5. Signature?- Addresses//	8. Addressee's Address (O)
x M.K. Man	requested and fee paids
6. Signature - Agent	
x	
7. Date of Delivery $1 - 4 - 9/$	
PS Form 3811, Apr. 1989	DOMESTIC RETU
SENDER: Complete items 1 and 2 when ad 3 and 4. Put your address in the "RETURN TO" Space on the form believes to the second to	reverse side. Failure to do this will preve
3 and 4.	e reverse side. Failure to do this will preve provide you the name of the person delic g services are available. Consult postmat disease. 2. Restricted Deli
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P 695717162 S ATTN: PRODUCTION HANAGER	reverse side. Failure to do this will prever provide you the name of the person deling services are available. Consult postmas general services are available. Consult postmas general services are available. Consult postmas general services are available.
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