

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 ) ss.

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.

Wm. S. Holder  
WILLIAM S. HOLDER

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

Patricia Lynn Wells  
Notary Public

My Commission Expires:  
MY COMMISSION EXPIRES  
JANUARY 11, 1993

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION
<del>AMERADA HESS</del> EXHIBIT NO. <u>4</u>
CASE NO. <u>10252</u>

EXHIBIT "A"  
NORTH MONUMENT GRAYBURG/SAN ANDRES UNIT  
AUGUST 21, 1991 MAILING

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

BEFORE THE  
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

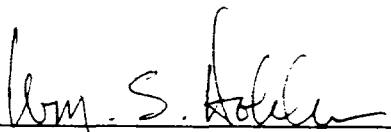
IN THE MATTER OF THE APPLICATION  
OF AMERADA HESS CORPORATION FOR  
STATUTORY UNITIZATION OF THE NORTH  
MONUMENT GRAYBURG/SAN ANDRES UNIT,  
AND APPROVAL OF A WATERFLOOD PROJECT  
LEA COUNTY, NEW MEXICO

CASE NO. 10252

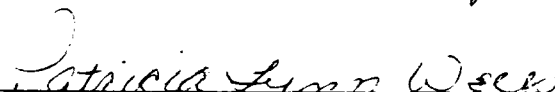
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STATE OF OKLAHOMA)  
COUNTY OF TULSA ) ss.

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 Sept, 1991.

  
Notary Public

My Commission Expires:

MY COMMISSION EXPIRES

JANUARY 11, 1993

EXHIBIT "A"  
NORTH MONUMENT GRAYBURG/SAN ANDRES UNIT  
JANUARY 31, 1991 MAILING

ARTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
P 695717038	LORETTA VIRGINIA ALEXANDER	NO
P 695717039	VERNON ALEXANDER	NO
P 695717040	LILA P. ALLEN	NO
P 695717041	D. H. ARRINGTON	NO
P 695717042	CLINT T. ATWOOD	NO
P 695717043	W. B. BAUM	YES
P 695717044	CHARLCIE F. BYRD	NO
P 695717045	W. K. BYROM	NO
P 695717046	V. A. CARNAHAN	YES
P 695717047	LAWRENCE E. COCHRAN	YES
P 695717048	KATHI SU COZBY	NO
P 695717049	J. W. DANIEL	YES
P 695717050	JOHN A. DANIEL	YES
P 695717051	L. S. DICKERSON	YES
P 695717052	DAVID MARK DURHAM	YES
P 695717053	ROBERT E. DURHAM	NO
P 695717054	ANDREW EDMONSON, JR.	YES
P 695717055	BENJAMIN DONALD EVANS	YES
P 695717056	KAISER FRANCIS	NO
P 695717057	CLYDE E. FRAZIER	YES
P 695717058	FRANK D. GARDNER	NO
P 695717059	DANNY B. GIERISCH	YES
P 695717060	BILLY GILBERT	YES
P 695717061	DAVID GILBERT	NO
P 695717062	W. R. GOTTSALL, SR.	YES
P 695717063	DONALD T. GRACEY	YES
P 695717064	LONA MAE HAMMER	YES
P 695717065	VORA LOWE HARTLEY	YES
P 695717066	DOYLE HARTMAN	YES
P 695717067	AGNES KASTNER HEAD	YES
P 695717068	LARRY NEAL HENRY	YES
P 695717069	CAROLYN J. HIGGINS	NO
P 695717070	MARILYN J. HILL	NO
P 695717071	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
P 695717077	JERRY D. MATTHEWS	YES
P 695717078	MARY LOU MOODY	YES
P 695717079	WILLIAM ELMER MURROW	YES
P 695717080	MARY ETTA NARON	YES
P 695717081	DOLORES A. NASH	YES

EXHIBIT "A"  
NORTH MONUMENT GRAYBURG/SAN ANDRES UNIT  
JANUARY 31, 1991 MAILING

ARTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
P 695717082	L. C. PERKINS, JR.	YES
P 695717083	WILLIAM C. PORTER	YES
P 695717084	R. BRUCE PRICE	YES
P 695717085	GARY D. REID	YES
P 695717086	LEONARD L. ROBINETT	NO
P 695717087	DON F. ROGERS	YES
P 695717088	ROBERT L. ROGERS	YES
P 695717089	ROSCOE ROGERS	YES
P 695717090	PATRICIA KAY RUCKER	YES
P 695717091	CAROLYN JANE SAXON	NO
P 695717092	QUINTON SAXON	NO
P 695717093	BETTY M. SHIPLEY	NO
P 695717094	THOMAS L. SIMMONS	YES
P 695717095	G. P. SIMS	YES
P 695717096	BOBBY J. SMITH	YES
P 695717097	JIM D. SMITH	YES
P 695717098	ROBERT L. SMITH	NO
P 695717099	GLYNN MARK STONE	NO
P 695717100	PRENTIS B. STURDIVANT	YES
P 695717101	MURL D. TILLEY	YES
P 695717102	ROBERT J. VICKERS	YES
P 695717103	AMOS WATSON	YES
P 695717104	BILLIE WHITEHEAD	YES
P 695717105	MARY WILLHITE	YES
P 695717106	JOE RAY WILLIAMS	YES
P 695717107	PATRICIA ANN WILLIAMSON	YES
P 695717108	AMERADA HESS CORPORATION	YES
P 695717109	AMERICAN LEGION POST #26	YES
P 695717110	ARCO OIL AND GAS COMPANY	YES
P 695717111	BARTON BROTHERS LAND & ROYALTY CO.	YES
P 695717112	BIG THREE LAND CO.	YES
P 695717113	CHEVRON U.S.A., INC.	YES
P 695717114	CHI ENERGY, INC.	YES
P 695717115	CHURCH OF CHRIST	YES
P 695717116	CLIMAX CHEMICAL CO.	YES
P 695717117	CONOCO, INC.	YES
P 695717118	CULP PROPERTIES	YES
	C/O LINWOOD SECURITIES TRUST	
	COMMERCE BANK, J. SNYDER TRSTE	
P 695717119	D. L. LAUGHLIN ESTATE	YES
	C/O ELSIE LAUGHLIN REEVES	
P 695717120	DELBERT D. COOPER & J. T. COOPER	YES
P 695717121	DELL BARBER, ET AL	YES

EXHIBIT "A"  
NORTH MONUMENT GRAYBURG/SAN ANDRES UNIT  
JANUARY 31, 1991 MAILING

ARTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
P 695717122	DURHAM, INC.	YES
P 695717123	EDWARD H. KLEIN ESTATE	YES
P 695717124	EL PASO NATURAL GAS CO.	YES
P 695717125	ESTATE OF J. F. DICKINSON C/O ADA MARTIN	YES
P 695717126	ESTATE OF W. H. V. LAUGHLIN C/O ELSIE L. REEVES	YES
P 695717127	EVELYN BETTS & KENNETH E. LEWIS	YES
P 695717128	GRACE PETROLEUM CORPORATION	YES
P 695717129	GRAHAM ROYALTY LTD.	YES
P 695717130	GREAT WESTERN DRILLING COMPANY	YES
P 695717131	HOBBS MUNICIPAL SCHOOLS	NO
P 695717132	JIMMIE B. COOPER & BETTY COOPER	YES
P 695717133	LEA COUNTY MANAGER	YES
P 695717134	LEAPARTNERS, L.P.	NO
P 695717135	LEWIS B. BURLESON, INC.	YES
P 695717136	M. E. LAUGHLIN ESTATE C/O ELSIE LAUGHLIN REEVES	YES
P 695717137	M. H. MCGRAIL ESTATE	YES
P 695717138	MARATHON OIL COMPANY	YES
P 695717139	MERIDIAN OIL, INC.	YES
P 695717140	MOBIL PRODUCING TEXAS AND NEW MEXICO	YES
P 695717141	MONUMENT WATER USER'S CO-OP	YES
P 695717142	MOREXCO INC.	YES
P 695717143	ORYX ENERGY COMPANY	YES
P 695717144	OXY USA, INC.	NO
P 695717145	PETER A. PANAGOPOULOS & P. V. PANAGOPOULOS	YES
P 695717146	PHILLIPS PETROLEUM CO.	YES
P 695717147	RICE ENGINEERING	NO
P 695717148	ROSIE LEE MILLER & RAY MILLER	YES
P 695717149	RUBY BOYD, ET AL C/O RUBY BOYD TRUSTEE	YES
P 695717150	S. E. PRODUCTION COMPANY	YES
P 695717151	SARAH E. PHILLIPS ESTATE C/O MATTIE F. MOORE	YES
P 695717152	SHELL WESTERN E&P, INC.	YES
P 695717153	SIRGO OPERATING, INC.	YES
P 695717154	SNYDER RANCHES LTD.	YES
P 695717155	TEXACO, INC.	YES
P 695717156	THE WISER OIL COMPANY	YES
P 695717157	TIDEWATER ASSOCIATION	NO
P 695717158	TIERRA EXPLORATION, INC.	YES

EXHIBIT "A"  
NORTH MONUMENT GRAYBURG/SAN ANDRES UNIT  
JANUARY 31, 1991 MAILING

ARTICLE NO.	OWNER NAME	SIGNED RECEIPT RETURNED
P 695717159	TOMMIE LOU COOPER, DELBERT DALE COOPER JIMMY TOM COOPER	YES
P 695717160	TRIO OIL CO.	YES
P 695717161	TWO STATES OIL COMPANY	YES
P 695717162	UNION TEXAS PETROLEUM	YES

**SENDER:** Complete items 1 and 2 when additional services are desired and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545357  
W. K. BYROM  
510 E. ALTO DR.  
HOBBS NM 88240

4. Article Number  
**P 413545357**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
8-24-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545351  
LORETTA VIRGINIA ALEXANDER  
4207 SPAN LANE  
WACO TX 76705

4. Article Number  
**P 413545351**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
8-28-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545358  
W. K. BYROM  
C/O LEACOUNTY STATE BANK  
P.O. BOX 400  
HOBBS NM 88241

4. Article Number  
**P 413545358**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
8-23-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545352  
VERNON ALEXANDER  
BOX 33  
MONUMENT NM 88265

4. Article Number  
**P 413545352**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
8-26-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545359  
KATHI SU COZBY  
C/O BILL G. TAYLOR  
1106 NORTH COUNTRY CLUB  
CARLSBAD NM 88220

4. Article Number  
**P 413545359**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
8-23-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545353  
LILA P. ALLEN  
301 N. 7TH  
LOVINGTON NM 88260

4. Article Number  
**P 413545353**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
8-23-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired and complete items 3 and 4.  
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545360  
ROBERT E. DURHAM  
BOX 176  
MONUMENT NM 88265

4. Article Number  
**P 413545360**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
8-23-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
P 413545354  
D. H. ARRINGTON  
P O BOX 2071  
MIDLAND TX 79702

4. Article Number  
**P 413545354**  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
8-26-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT



1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545373 GLYNN MARK STONE P. O. BOX 20 MONUMENT NM 88265		4. Article Number <b>413545373</b> Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X <i>G. Stone</i>			
7. Date of Delivery <b>8-26-91</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545361 FRANK D. GARDNER C/O BILL GARDNER BOX 154 MONUMENT NM 88265		4. Article Number <b>P 413545361</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X <i>Bill Gardner</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery <b>8-27-91</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: HOBBS MUNICIPAL SCHOOLS BOX 1040 HOBBS NM 88240		4. Article Number <b>P 413545374</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X <i>Beth Hunter</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery <b>8-27-91</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545366 LEONARD L. ROBINETT BOX 732 LOVINGTON NM 88260		4. Article Number <b>P 413545366</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X <i>Leonard L. Robinett</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery <b>8-26-91</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545375 KAISER FRANCIS OIL CO. P O BOX 21468 TULSA OK 74121		4. Article Number <b>P 413545375</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X <i>K. Francis</i>			
7. Date of Delivery <b>AUG 26 1991</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545367 LEONARD L. ROBINETT COUNTRY CLUB ROAD LOVINGTON NM 88260		4. Article Number <b>43545367</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X <i>Leonard L. Robinett</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery <b>8-26-91</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545376 LEAPARTNERS, L.P. FIRST CITY BANK TOWER 201 MAIN ST. FT. WORTH TX 76102		4. Article Number <b>P 413545376</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X <i>Paul Bishop</i>			
7. Date of Delivery <b>8/27/91</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545370 QUINTON SAXON C/O WALTON CONSTRUCTION CO. 214 W. MARLIN HOBBS NM 88241		4. Article Number <b>P 413545370</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X <i>Quinton Saxon</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X <i>Quinton Saxon</i>			
7. Date of Delivery <b>8-27-91</b>			

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545377 OXY USA, INC. P O BOX 50250 MIDLAND TX 79705		4. Article Number <b>P 413545377</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X <i>K. Walz</i>			

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address (Extra charge)		2. Restricted Delivery (Extra charge)	
3. Article Addressed to: P 413545371 BETTY M. SHIPLEY 1215 W. AVE. K LOVINGTON NM 88260		4. Article Number <b>P 413545371</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X <i>Betty Shipley</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717082 S  
L. C. PERKINS, JR.  
2118 N. ROJO  
HOBBS NM 88240

4. Article Number  
P 695 717 082

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X L. C. Perkins Jr.

6. Signature - Agent  
X

7. Date of Delivery  
2-12-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717078 S  
MARY LOU MCCOY  
2400 N. GRIMES, H-213  
HOBBS NM 88240

4. Article Number  
P 695 717 078

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X Aid Butler

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717083 S  
WILLIAM C. PORTER  
708 SUNSET DR.  
HOBBS NM 88240

4. Article Number  
P 695 717 083

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X W. C. Porter

6. Signature - Agent  
X

7. Date of Delivery  
2-2-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717079 S  
WILLIAM ELMER MURROW  
BOX 22  
MONUMENT NM 88265

4. Article Number  
P 695 717 079

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X W. E. Murrow

6. Signature - Agent  
X

7. Date of Delivery  
2-2-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717084 S  
R. BRUCE PRICE  
1510 GILA DR.  
HOBBS NM 88240

4. Article Number  
P 695 717 084

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X R. Bruce Price

6. Signature - Agent  
X

7. Date of Delivery  
2/2/91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717080 S  
MARY ETTA NARON  
BOX 45  
MONUMENT NM 88265

4. Article Number  
P 695 717 080

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X Mary E. Naron

6. Signature - Agent  
X

7. Date of Delivery  
2-6-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

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1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717085 S  
GARY D. REID  
BOX 26  
MONUMENT NM 88265

4. Article Number  
P 695 717 085

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X Gary D. Reid

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717081 S  
DOLORES A. WASH  
P O BOX 239  
MONUMENT NM 88265

4. Article Number  
P 695 717 081

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X Dolores A. Wash

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717094 S  
THOMAS L. SIMMONS  
11116 W. REMSING DR.  
HOBBS NM 88240

4. Article Number  
P 695 717 094

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)

5. Signature - Addressee  
X *Thomas L. Simmons*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717097 S  
DON P. ROGERS  
STAR RT. A. BOX 353  
HOBBS NM 88240

4. Article Number  
P 695 717 097

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)

5. Signature - Addressee  
X *Don P. Rogers*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717095 S  
G. P. SIMS  
BOX 1046  
BUNICE NM 88231

4. Article Number  
P 695 717 095

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)

5. Signature - Addressee  
X *G. P. Sims*

6. Signature - Agent  
X

7. Date of Delivery  
2-5-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717098 S  
ROBERT L. ROGERS  
STAR RT. A. BOX 51  
MONUMENT NM 88255

4. Article Number  
P 695 717 098

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)

5. Signature - Addressee  
X *Robert L. Rogers*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717096 S  
BOBBY J. SMITH  
BOX 158  
MONUMENT NM 88265

4. Article Number  
P 695 717 096

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)

5. Signature - Addressee  
X

6. Signature - Agent  
X *Bob Smith*

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717099 S  
ROSCOE ROGERS  
BOX 172  
MONUMENT NM 88255

4. Article Number  
P 695 717 099

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)

5. Signature - Addressee  
X *Roscoe Rogers*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717097 S  
JIM D. SMITH  
DRAWER 2  
MONUMENT NM 88256

4. Article Number  
P 695 717 097

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)

5. Signature - Addressee  
X *Jim D. Smith*

6. Signature - Agent  
X

7. Date of Delivery  
2-2-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717090 S  
PATRICIA KAY RUCKER  
3125 CIBOLA  
HOBBS NM 88240

4. Article Number  
P 695 717 090

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)

5. Signature - Addressee  
X *Patricia Kay Rucker*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717104 S  
BILLIE WHITEHEAD  
126 W. ST. ANNE PL  
HOBBS NM 88241

4. Article Number  
**P-695-717-104**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-2-91

PS Form 3811, Apr 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717100 S  
PRENTIS B. STURDIVANT  
504 N. COLEMAN  
HOBBS NM 88240

4. Article Number  
**P-695-717-100**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-2-91

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717105 S  
MARY WILSON  
BOX 214  
MONUMENT NM 88265

4. Article Number  
**P-695-717-105**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-5-91

PS Form 3811, Apr 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717101 S  
MURL D. TILLEY  
BOX 25  
MONUMENT NM 88265

4. Article Number  
**P-695-717-101**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-6-91

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717106 S  
JOE RAY WILLIAMS  
BOX 215  
MONUMENT NM 88265

4. Article Number  
**P-695-717-106**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-11-91

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717102 S  
ROBERT J. VICKERS  
116 W. STANOLIND RD. #4  
HOBBS NM 88240

4. Article Number  
**P-695-717-102**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-11-91

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717107 S  
PATRICIA ANN WILLIAMSON  
BOX 848  
WHITNEY TX 76692

4. Article Number  
**P-695-717-107**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-2-91

PS Form 3811, Apr 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717103 S  
AMOS WATSON  
BOX 19  
MONUMENT NM 88265

4. Article Number  
**P-695-717-103**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-2-91

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717112 S  
BIG THREE LAND CO.  
BOX 732  
LOVINGTON NM 88360

4. Article Number  
**P-695-717-112**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-11-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717108 S  
AMERADA HESS CORPORATION  
P O BOX D  
MONUMENT NM 88265-0052

4. Article Number  
**P-695-717-11**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *C. A. Robertson*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717113 S  
ATTN: PRODUCTION MANAGER-NEW MEXICO  
CHEVRON U.S.A. INC.  
P O BOX 1150  
MIDLAND TX 79702

4. Article Number  
**P-695-717-113**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
FEB 1 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717109 S  
AMERICAN LEGION POST #26  
319 E. DUNHAM  
ROSBY NM 88240

4. Article Number  
**P-695-717-11**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-2-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717114 S  
ATTN: PRODUCTION MANAGER  
CRI ENERGY INC.  
P O BOX 1799  
MIDLAND TX 79702

4. Article Number  
**P-695-717-114**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-1-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717110 S  
ATTN: PRODUCTION MANAGER  
ARCO OIL AND GAS COMPANY  
P O BOX 1610  
MIDLAND TX 79702

4. Article Number  
**P-695-717-11**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
FEB 1 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717115 S  
CHURCH OF CHRIST  
BOX 301  
MONUMENT NM 88265

4. Article Number  
**P-695-717-115**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

S Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717111 S  
BARTON BROTHERS LAND & ROYALTY CO.  
BOX 968  
HOBBS NM 88240

4. Article Number  
**P-695-717-11**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717120 S  
DELBERT D. COOPER & J. T. COOPER  
BOX 1  
MONUMENT NM 88265

4. Article Number  
**P-695-717-120**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Delbert D. Cooper*

6. Signature - Agent  
X

7. Date of Delivery  
3-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717116 S  
CLIMAX CHEMICAL CO.  
BOX 1595  
HOBBS NM 88240

4. Article Number  
**P-695-717-11**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Jim Williams*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717121 S  
DELL BARBER, ET AL  
BOX 1246  
COLORADO CITY TX 79512

4. Article Number  
**P-695-717-121**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X *Martha L. Barber*

7. Date of Delivery  
FEB 1 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717117 S  
ATTN: PRODUCTION MANAGER-NEW MEXICO  
CONOCO, INC.  
10 DESTA DRIVE WEST  
MIDLAND TX 79702

4. Article Number  
**P-695-717-1**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X *Chc*

7. Date of Delivery  
2-1-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717122 S  
ATTN: PRODUCTION MANAGER  
DURHAM, INC.  
P O DRAWER 273  
MIDLAND TX 79702

4. Article Number  
**P-695-717-122**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X *Ray Jones*

7. Date of Delivery  
FEB 1 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717118 S  
CULP PROPERTIES  
C/O LINWOOD SECURITIES TRUST  
COMMERCE BANK, J. SNYDER TRUST  
P O BOX 419248  
KANSAS CITY MO 64141

4. Article Number  
**P-695-717-11**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X *Larry Parsons*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717123 S  
EDWARD H. KLEIN ESTATE  
P O BOX 1503  
HOBBS NM 88241

4. Article Number  
**P-695-717-123**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Edward H. Klein*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717119 S  
D. L. LAUGHLIN ESTATE  
C/O ELSTIE LAUGHLIN REEVES  
3902 W. KEIM DR.  
PHOENIX AZ 85019

4. Article Number  
**P-695-717-119**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Elstie Reeves*

6. Signature - Agent  
X

7. Date of Delivery  
2-6-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717128 S  
ATTN: PRODUCTION MANAGER  
GRACE PETROLEUM CORPORATION  
6501 N. BROADWAY  
OKLAHOMA CITY OK 73116

4. Article Number  
**P695-717-128**

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)

5. Signature - Addressee  
X

6. Signature - Agent  
X *For. Burd*

7. Date of Delivery  
FEB 4 1991

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717124 S  
EL PASO NATURAL GAS CO.  
P O BOX 1492  
EL PASO TX 79978

4. Article Number  
**P695-717-124**

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)

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
FEB 4 1991

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717129 S  
ATTN: PRODUCTION MANAGER  
GRAHAM ROYALTY LTD.  
P O BOX 3134  
COVINGTON LA 704363134

4. Article Number  
**P695-717-129**

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)

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717125 S  
ESTATE OF J. P. DICKINSON  
C/O ADA MARTIN  
307 AUSTIN ST.  
LEWELAND TX 79336

4. Article Number  
**P695-717-125**

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)

5. Signature - Addressee  
X *Ada Martin*

6. Signature - Agent  
X

7. Date of Delivery  
FEB 5 1991

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717130 S  
ATTN: PRODUCTION MANAGER  
GREAT WESTERN DRILLING COMPANY  
P O BOX 1659  
MIDLAND TX 79702

4. Article Number  
**P695-717-130**

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)

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
FEB -5 1991

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717126 S  
ESTATE OF W. H. V. LAUGHLIN  
C/O ELLIS L. REEVES  
3502 W. KEIM DR.  
PHOENIX AZ 85019

4. Article Number  
**P695-717-126**

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)

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-5-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717132 S  
JIMMIE B. COOPER & BETTY COOPER  
RR BOX 5  
MONUMENT NM 88265

4. Article Number  
**P695-717-132**

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)

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717127 S  
BYRON BETTS & KENNETH E. LEWIS  
1613 ROSE LANE  
ROBBS NM 88240

4. Article Number  
**P695-717-127**

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)

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-5-91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT



**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717138 S  
ATTN: PRODUCTION MANAGER  
MARATHON OIL COMPANY  
P O BOX 552  
MIDLAND TX 79702

Article Number  
**P-695-717-138**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *Jimmy Luttrell*

7. Date of Delivery  
**FEB 1 1991**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717138 S  
ATTN: PRODUCTION MANAGER  
MARATHON OIL COMPANY  
P O BOX 552  
MIDLAND TX 79702

Article Number  
**P-695-717-138**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Jimmy Luttrell*

6. Signature — Agent  
X

7. Date of Delivery  
**2-4-91**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717139 S  
ATTN: PRODUCTION MANAGER  
MERIDIAN OIL, INC.  
21 DESTA DRIVE  
MIDLAND TX 79705

Article Number  
**P-695-717-139**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *W. Wells*

7. Date of Delivery  
**2/12**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717139 S  
ATTN: PRODUCTION MANAGER  
MERIDIAN OIL, INC.  
21 DESTA DRIVE  
MIDLAND TX 79705

Article Number  
**P-695-717-139**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *W. Wells*

7. Date of Delivery  
**2-4-91**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717140 S  
ATTN: PRODUCTION MANAGER  
MOBIL PRODUCING TEXAS AND NEW MEXICO  
UNITED BANK BLDG.  
500 W. ILLINOIS  
MIDLAND TX 79701

Article Number  
**P-695-717-140**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *B. Sanchez*

7. Date of Delivery  
**2-1-91**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717140 S  
ATTN: PRODUCTION MANAGER  
MOBIL PRODUCING TEXAS AND NEW MEXICO  
UNITED BANK BLDG.  
500 W. ILLINOIS  
MIDLAND TX 79701

Article Number  
**P-695-717-140**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *B. Sanchez*

6. Signature — Agent  
X

7. Date of Delivery  
**2-5-91**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717141 S  
ATTN: PRODUCTION MANAGER  
MOBIL PRODUCING TEXAS AND NEW MEXICO  
UNITED BANK BLDG.  
500 W. ILLINOIS  
MIDLAND TX 79701

Article Number  
**P-695-717-141**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Arita Jendle*

6. Signature — Agent  
X

7. Date of Delivery  
**2-2-91**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717141 S  
ATTN: PRODUCTION MANAGER  
MOBIL PRODUCING TEXAS AND NEW MEXICO  
UNITED BANK BLDG.  
500 W. ILLINOIS  
MIDLAND TX 79701

Article Number  
**P-695-717-141**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Arita Jendle*

6. Signature — Agent  
X

7. Date of Delivery  
**2-2-91**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717148 S  
ROSE LEB MILLER & RAY MILLER  
200 CAPE PLACE  
ROBBS NM 88248

4. Article Number  
P-695-717-148  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Rose Miller*  
6. Signature - Agent  
X  
7. Date of Delivery  
2-24-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717146 S  
ATTN: PRODUCTION MANAGER  
MIRECO INC.  
P O BOX 481  
ARRESTA NM 88210

4. Article Number  
P-695-717-146  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Bucky Olson*  
6. Signature - Agent  
X  
7. Date of Delivery  
2-26-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717149 S  
RUBY BOYD, ET AL  
C/O RUBY BOYD TRUSTEE  
3500 RICE CREEK ROAD  
WINSTON OR 97496

4. Article Number  
P-695-717-149  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Ruby Boyd*  
6. Signature - Agent  
X  
7. Date of Delivery  
2-1-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717143 S  
ATTN: PRODUCTION MANAGER  
PRY ENERGY COMPANY  
5555 BLACKWELL ST.  
DALLAS TX 75231

4. Article Number  
P-695-717-143  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X  
6. Signature - Agent  
X  
7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717150 S  
ATTN: PRODUCTION MANAGER  
S. B. PRODUCTION COMPANY  
P O BOX 755  
ROBBS NM 88241

4. Article Number  
P-695-717-150  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X  
6. Signature - Agent  
X *Colleen Dunaway*  
7. Date of Delivery  
2-5-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717145 S  
PETER A. PANAGOPoulos &  
P. V. PANAGOPoulos  
1515 SANCY LANE  
CARLSBAD NM 88220

4. Article Number  
P-695-717-145  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X *Peter A. Panagopoulos*  
6. Signature - Agent  
X  
7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717151 S  
SARAH E. PHILLIPS ESTATE  
C/O MATTIE P. MOORE  
1323 CENTRAL  
AMARILLO TX 79108

4. Article Number  
P-695-717-151  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X  
6. Signature - Agent  
X *Mattie P. Moore*  
7. Date of Delivery  
FEB - 4 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717146 S  
ATTN: PRODUCTION MANAGER  
PHILLIPS PETROLEUM CO.  
4001 PEMBROOK  
ODESSA TX 79762

4. Article Number  
P-695-717-146  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X  
6. Signature - Agent  
X  
7. Date of Delivery  
2-1-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717050 S  
JOHN A. DANIEL  
BOX 165  
MONUMENT NM 88265

4. Article Number  
P 695 717 050

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717043 S  
W. B. BAUM  
BOX 264  
CAPUN NM 88267

4. Article Number  
P 695 717 050

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717051 S  
L. S. DICKERSON  
C/O RODNEY B. HAPP  
BOX 8  
MONUMENT NM 88265

4. Article Number  
P 695 717 051

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717046 S  
V. A. CARNAHAN  
BOX 516  
HOBBS NM 88240

4. Article Number  
P 695 717 051

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-6-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717052 S  
DAVID MARK DUREAM  
STAR RT A, BOX 50  
MONUMENT NM 88265

4. Article Number  
P 695 717 052

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717047 S  
LAWRENCE B. COCHRAN  
425 CRESTVIEW  
TUCUMCARI NM 88401

4. Article Number  
P 695 717 047

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-2-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717054 S  
ANDREW EDMONSON, JR.  
212 E. LLAMO  
HOBBS NM 88240

4. Article Number  
P 695 717 054

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717049 S  
J. W. DANIEL  
BOX 165  
MONUMENT NM 88265

4. Article Number  
P 695 717 049

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 69571756 S  
ATTN: PRODUCTION MANAGER  
WYER OIL COMPANY  
P O BOX 192  
SISTERVILLE WV 26175

4. Article Number  
P-695-717-156

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 69571752 S  
ATTN: PRODUCTION MANAGER  
SHELL WESTERN E&P, INC.  
P O BOX 1950  
ROBBS NM 88240

4. Article Number  
P-695-717-155

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 69571758 S  
ATTN: PRODUCTION MANAGER  
TIERRA EXPLORATION, INC.  
100 W. WALL, STE. C  
MIDLAND TX 79701

4. Article Number  
P-695-717-158

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 69571753 S  
ATTN: PRODUCTION MANAGER  
SIRGO OPERATING, INC.  
P O BOX 3531  
MIDLAND TX 79702

4. Article Number  
P-695-717-153

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 69571759 S  
TOMMIE LOU COOPER, DELBERT DALE COOPER  
JIMMY TOM COOPER  
BOX 2182  
ROBBS NM 88240

4. Article Number  
P-695-717-159

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 69571754 S  
SNYDER RANCHES LTD.  
P O BOX 2158  
ROBBS NM 88240

4. Article Number  
P-695-717-154

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 695717160 S  
ATTN: PRODUCTION MANAGER  
TITO OIL CO.  
P O BOX 755  
ROBBS NM 88241

4. Article Number  
P-695-717-160

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

P 695717155 S  
ATTN: PRODUCTION MANAGER  
TEXACO, INC.  
400 W. LORRAINE  
MIDLAND TX 79701

4. Article Number  
P-695-717-155

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)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717062 S  
W. R. GOTTSHALL, SR.  
P O DRAWER B  
HOBBS NM 88240

4. Article Number  
P 695 717 062

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)

Signature - Addressee  
*Wayne Gottshall*

Signature - Agent

Date of Delivery  
2-6-91

Form 3811, Apr. 1988 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

45717055 S  
JAMIN DONALD EVANS  
BOX 235  
HEMT NM 88265

4. Article Number  
P 695 717 055

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)

Signature - Addressee  
*Jamin Donald Evans*

Signature - Agent

Date of Delivery  
2-11-91

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717063 S  
DONALD T. GRACEY  
1916 STBYEN DR.  
HOBBS NM 88240

4. Article Number  
P 695 717 063

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)

Signature - Addressee  
*Donald T. Gracey*

Signature - Agent

Date of Delivery  
2-5-91

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717057 S  
CLYDE B. PRAZIER  
400 E. ALTO DR.  
HOBBS NM 88240

4. Article Number  
P 695 717 057

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)

Signature - Addressee  
*Clyde B. Prazier*

Signature - Agent

Date of Delivery  
2-5

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717064 S  
LONA MAE HAMMER  
1722 W. PENASCO  
HOBBS NM 88240

4. Article Number  
P 695 717 064

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)

Signature - Addressee

Signature - Agent  
*Bill A. Hammer*

Date of Delivery  
2-5-91

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717059 S  
DANNY B. GIERISCHE  
BOX 881  
MASON TX 76856

4. Article Number  
P 695 717 059

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)

Signature - Addressee

Signature - Agent  
*Danny B. Gierische*

Date of Delivery  
FEB 4 1991

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717065 S  
VORA LOWE BARTLEY  
1500 BROADWAY, STE 1230  
LUBBOCK TX 79401

4. Article Number  
P 695 717 065

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)

Signature - Addressee  
*Vora Lowe Bartley*

Signature - Agent

Date of Delivery  
2-1-91

Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717060 S  
BILLY GILBERT  
20840 W. 6 DR  
PHOENIX AZ 85027

4. Article Number  
P 695 717 060

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)

Signature - Addressee

Signature - Agent  
*Billy Gilbert*

Date of Delivery  
2/5/91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717072 S  
M. R. HURST  
1813 POLO RD.  
AUSTIN TX 78703

4. Article Number  
P 695 717 072

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Robert Hurst*

6. Signature — Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717066 S  
DIXIE HARTMAN  
P.O. BOX 10436  
MIDLAND TX 79702

4. Article Number  
P 695 717 072

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *L. Rossler*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717073 S  
ORA LOVINA JACKSON  
BOX 12024  
ODessa TX 79768

4. Article Number  
P 695 717 073

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Orla Lovina Jackson*

6. Signature — Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717067 S  
AGNES KASTNER HEAD  
1210 CANNON RD.  
MIDLAND TX 79702

4. Article Number  
P 695 717 067

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Agnes K. Head*

6. Signature — Agent  
X

7. Date of Delivery  
2-2-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717074 S  
WILLIAM EDWIN JOHNSTON  
BOX 152  
MONUMENT NM 88265

4. Article Number  
P 695 717 074

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Frances M. Johnston*

6. Signature — Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717068 S  
LARRY NEAL HENRY  
511 E. SCHARBAUR  
MIDLAND TX 79702

4. Article Number  
P 695 717 068

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *Larry Neal Henry*

7. Date of Delivery  
2-5-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717077 S  
JERRY D. MATTHEWS  
718 S. GIBBS  
HOBBS NM 88240

4. Article Number  
P 695 717 077

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Chloe Matthews*

6. Signature — Agent  
X

7. Date of Delivery  
2-2-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

P 695717071 S  
MICHAEL D. HORTON  
BOX 224  
MONUMENT NM 88265

4. Article Number  
P 695 717 071

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X *Michael D. Horton*

6. Signature — Agent  
X

7. Date of Delivery  
2-4-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1 ☐ Show to whom delivered, date and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717161 S  
ATTN: PRODUCTION MANAGER  
TWO STATES OIL COMPANY  
4925 GREENVILLE AVE.  
DALLAS TX 75206

4. Article Number  
**P-695-717-161**  
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)

5. Signature - Addressee  
X *A. K. Olson*  
6. Signature - Agent  
X  
7. Date of Delivery  
**2-4-91**

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1 ☐ Show to whom delivered, date and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

P 695717162 S  
ATTN: PRODUCTION MANAGER  
UNION TEXAS PETROLEUM  
1330 POST OAK BLVD.  
HOUSTON TX 77056

4. Article Number  
**P-695-717-162**  
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)

5. Signature - Addressee  
X  
6. Signature - Agent  
X *Myth Dubler*  
7. Date of Delivery  
**2/1/91**

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT