

PS Form 3811, July 1982

● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered \$
 Show to whom, date, and address of delivery .. \$

2. RESTRICTED DELIVERY \$
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: ARCO OIL & GAS CO.
 BOX 2819
 DALLAS, TEXAS 75221

4. TYPE OF SERVICE: ARTICLE NUMBER
 REGISTERED INSURED
 CERTIFIED COD **49809**
 EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY: **APR 25 1985**

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

★ GPO: 1982-379-593

RETURN RECEIPT

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 Show to whom, date, and address of delivery .. \$

2. RESTRICTED DELIVERY \$
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: CITIES SERVICE CO.
 P. O. BOX 1919
 MIDLAND, TEXAS 79702

4. TYPE OF SERVICE: ARTICLE NUMBER
 REGISTERED INSURED
 CERTIFIED COD **49810**
 EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY: _____

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

★ GPO: 1982-379-593

RETURN RECEIPT

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(CONSULT POSTMASTER FOR FEES)

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 Show to whom and date delivered \$
 Show to whom, date, and address of delivery .. \$

2. RESTRICTED DELIVERY \$
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: TEXACO, INC.
 P. O. BOX 3109
 MIDLAND, TEXAS 79702

4. TYPE OF SERVICE: ARTICLE NUMBER
 REGISTERED INSURED
 CERTIFIED COD **49813**
 EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY: **APR 23 1985**

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

★ GPO: 1982-379-593

RETURN RECEIPT

CASE NO. 8597 1658 5/8/85

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 Show to whom and date delivered \$
 Show to whom, date, and address of delivery .. \$

2. RESTRICTED DELIVERY \$
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: CONOCO, INC.
 FIVE GREENWAY PLAZA EAST
 HOUSTON, TEXAS 77001

4. TYPE OF SERVICE: ARTICLE NUMBER
 REGISTERED INSURED
 CERTIFIED COD **49811**
 EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY: **APR 24 1985**

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

★ GPO: 1982-379-593

RETURN RECEIPT

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(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered \$
 Show to whom, date, and address of delivery .. \$

2. **RESTRICTED DELIVERY** \$
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:** AMOCO
P. O. BOX 68
HOBBS, NEW MEXICO 88240
ATTN: MR. JAMES ALLEN

4. **TYPE OF SERVICE:** REGISTERED INSURED COD EXPRESS MAIL
ARTICLE NUMBER: 49808
4m

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent
Jane Fair

5. **DATE OF DELIVERY:** _____ **POSTMARK** (may be on reverse side)
APR 25 1985

6. **ADDRESSEE'S ADDRESS** (Only if requested)
APR 25 1985

7. **UNABLE TO DELIVER BECAUSE:** _____ **7a. EMPLOYEE'S INITIALS**
APR 25 1985

RETURN RECEIPT

* GPO: 1982-379-693

PS Form 3811, July 1982

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered \$
 Show to whom, date, and address of delivery .. \$

2. **RESTRICTED DELIVERY** \$
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:** EXXON CO., U.S.A
P. O. BOX 2180
HOUSTON, TEXAS 77001
ATTN: MR. JACK LITTLE

4. **TYPE OF SERVICE:** REGISTERED INSURED COD EXPRESS MAIL
ARTICLE NUMBER: 49812
Q-

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent
[Signature]

5. **DATE OF DELIVERY:** _____ **POSTMARK** (may be on reverse side)
APR 25 1985

6. **ADDRESSEE'S ADDRESS** (Only if requested)
APR 25 1985

7. **UNABLE TO DELIVER BECAUSE:** _____ **7a. EMPLOYEE'S INITIALS**
APR 25 1985

RETURN RECEIPT

* GPO: 1982-379-693

