PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● 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 $ .60

3. ARTICLE ADDRESSED TO:
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, New Mexico 87504

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

(Always obtain signature of addressee or agent)

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

5. DATE OF DELIVERY: 10-1-84

POSTMARK: SANTA FE OCT 1 1984 NEW MEXICO

6. ADDRESSEE'S ADDRESS (Only if requested)
P.O. Box 1148
Santa Fe, N.M.

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

PS Form 3811, Dec. 1980

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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 $ .60

3. ARTICLE ADDRESSED TO: (Energy + Minerals Dept.)
State of New Mexico
P.O. Box 1980
Hobbs, New Mexico 88240

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

(Always obtain signature of addressee or agent)

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

5. DATE OF DELIVERY: 10-2-84

POSTMARK: OCT 2 1984 NEW MEXICO

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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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 $ .60

3. ARTICLE ADDRESSED TO:
Wilson Oil + Gas Company
905 Oil + Gas Building
Wichita Falls, Texas 76301

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

(Always obtain signature of addressee or agent)

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

5. DATE OF DELIVERY: 10-1-84

POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)
905 Oil + Gas Building
Wichita Falls, Texas 76301

7. UNABLE TO DELIVER BECAUSE:
P.O. Box

7a. EMPLOYEE'S INITIALS

Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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 $.60

3. ARTICLE ADDRESSED TO:
Stringer Oil & Gas
Box 3037
San Angelo, Texas 76902

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

(Always obtain signature of addressee or agent)

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

5. DATE OF DELIVERY
10-1-84

POSTMARK
OCT 1 1984

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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 $.60

3. ARTICLE ADDRESSED TO:
Marathon Oil Co.
P.O. Box 2409
Hobbs, New Mexico 88240

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER

(Always obtain signature of addressee or agent)

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

5. DATE OF DELIVERY

POSTMARK
HOBBS, N.M.
OCT 1 1984

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

P 314 046 534

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Getty Oil Co.
STREET AND NO.
Box 3600
P.O. STATE AND ZIP CODE
Tulsa, Ok. 74102

POSTAGE	$ .54
CERTIFIED FEE	.75 ¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE	¢
	.11 ¢
	¢
	¢
TOTAL POSTAGE AND FEES	$ 1.19
POSTMARK OR DATE	

CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES

PS Form 3800, Apr. 1976