

● **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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to:  Mr. James A. Davidson P. O. Box 494 Midland, Texas 79702		4. Article Number P-484 057 511	
5. Signature - Addressee X		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	
6. Signature Agent X <i>James A. Davidson</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery DEC 28 1987		8. Addressee's Address (ONLY if requested and fee paid) FEE NOT PAID	

PS Form 3811, Feb. 1986 Marathon 1/20/88

DOMESTIC RETURN RECEIPT

BEFORE EXAMINER CATANACH  
 OIL CONSERVATION DIVISION  
 Marathon EXHIBIT NO. 5  
 CASE NO. 9146