P 326 9[illegible] 4

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to
THE TRAVELERS INDEMNITY CO.
Street and No.
PO BOX 1201
Post Office, State, & ZIP Code
FARMINGTON, CT 06034

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form 3800

Fold at line over top of envelope to the right of the return address

P 326 137 118

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to
SALKAR INC.
Street and No.
PO BOX 2488
Post Office, State, & ZIP Code
ROSWELL, NM 88201

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

Fold at line over top of envelope to the right of the return address

ENERGY and MINERALS DEPARTMENT

Fold at line over top of envelope to the right of the return address

CERTIFIED

Oil Conservation Division
811 S. First St.
Artesia, NM 88210

Z 212 312 932

MAIL

RETURN RECEIPT REQUESTED

REFUSED
UNCLAIMED
NO SUCH STREET
NO SUCH NUMBER
INSUFFICIENT ADDRESS
ATTEMPTED NOT KNOWN
FORWARDING ORDER EXPIRED
NO FORWARDING ADDRESS

Name
1st Notice 1-30
2nd Notice
Return

Salkar Inc.
P.O. Box 1151
Artesia, NM 88210

returned

3a

Carl —

This was a goof on the part of OCS "NM" should have been "CT"

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THE TRAVELERS INDEMNITY CO.
PO BOX 1201
FARMINGTON, CT. 06034

4a. Article Number
P 326 937 114

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 2/21/96

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X [signature]

PS Form **3811**, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Travelers' letter goes in this case file. This is case with letter sent to wrong state.

P 326 937 113

US Postal Service
Receipt for Certified Mail
Insurance Coverage Provided
Do not use for International Mail (See reverse)

Sent to
SALKAR INC.
Street & Number
~~PO BOX 1151~~
Post Office, State, & ZIP Code
~~ARTESIA, NM 88210~~

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address.

P 326 937 114

US Postal Service
Receipt for Certified Mail
Insurance Coverage Provided
Do not use for International Mail (See reverse)

Sent to
THE TRAVELERS INDEMNITY CO.
PO BOX 1201
FARMINGTON, CT. 06034

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form 3800, April 1995

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1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
SALKAR INC.
PO BOX 2488
ROSWELL, NM 88201

4a. Article Number
P 326 937 118

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
3-20-96

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Rod —

This was a goof on the part of OCD "NM" should have been "CT"

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, 4a, and 4b.
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PO BOX 1201
FARMINGTON, CT. 06034

4a. Article Number
P 326 937 114

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 2/21/96

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X [illegible]

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Travelers' letter goes in this case file. This is case with letter sent to wrong state.

P 326 937 113

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to **SALKAR INC.**	
Street & Number **PO BOX 1151**	
Post Office, State, & ZIP Code **ARTESIA, NM 88210**	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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P 326 937 114

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Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

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Street & Number **PO BOX 1201**	
Post Office, State, & ZIP Code **FARMINGTON, CT. 06034**	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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- Print your name and address on the reverse of this form so that we can return this card to you.
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PS Form **3811**, December 1994 Domestic Return Receipt

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