

BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

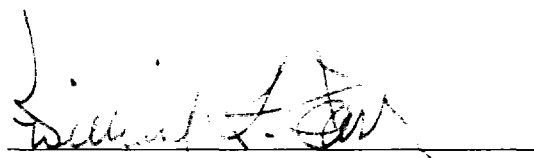
IN THE MATTER OF THE APPLICATION
OF ENRON OIL & GAS COMPANY FOR
COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 11598

AFFIDAVIT

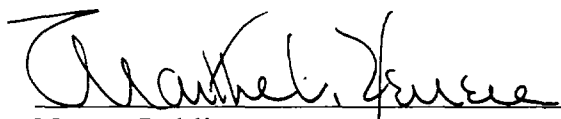
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Enron Oil & Gas Company, the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before me this 22nd day of August, 1996.



Notary Public

My Commission Expires:

August 19, 1999

EXHIBIT A

Bass Enterprises Production Co.
201 Main Street, Suite 2900
Ft. Worth, TX 76102-3131
Attn: Wayne Bailey

Kaiser-Francis Oil Company
6733 South Yale
Tulsa, OK 74136
Attn: Wayne Fields

Mr. and Mrs. Robert F. Landreth
505 N. Big Spring, Suite 507
Midland, TX 79701

Southland Royalty Company
c/o Meridian
Post Office Box 51810
Midland, TX 79710-1810
Attn: Ms Leslyn Swierc

John J. Klise, Jr., (deceased) and
wife, Eva L. Klise
c/o John Klise
3129 Gloria Place
Lafayette, CA 94549

Mary Bell Klise
Post Office Box 148
Wooster, OH 44691

Dan Brannin, Jr.
c/o Mary Elizabeth McBee
5942 Averill Way
Dallas, TX 75225

Margaret Ann Weber
4906 Joyce Way
Dallas, TX 75225

Aline Sims
Post Office Box 1046
Eunice, NM 88231

Aline Sims, Personal Rep. of the
Estate of G. P. Sims
Post Office Box 1046
Eunice, NM 88231

Leo V. Sims
119 N. Dalmont
Hobbs, NM 88240

Winnie Sims Kennann
Post Office Box 186
Eunice, NM 88231-0186

Norwest Bank New Mexico, P.A.
Personal Rep. of the Est. of
Bertha Elizabeth Sims Daugherty
Post Office Box 1977
Roswell, NM 88202

Mary Elizabeth McBee
5942 Averill Way
Dallas, TX 75225

Added since 3/96

**CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS**

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN

MICHAEL H. FELDEWERT
TANYA M. TRUJILLO
PAUL R. OWEN

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

August 1, 1996

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

**TO ALL AFFECTED PARTIES IN THE E/2 OF SECTION 7, TOWNSHIP 24
SOUTH, RANGE 34 EAST, N.M.P.M., LEA COUNTY, NEW MEXICO**

Re: Application of Enron Oil & Gas Company for Compulsory Pooling, Lea
County, New Mexico

Gentlemen:

This letter is to advise you that Enron Oil & Gas Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of certain mineral interests in all formations developed on 320-acre spacing, in and under the E/2 of Section 7, Township 24 South, Range 34 East, N.M.P.M., Lea County, New Mexico. Enron Oil & Gas Company proposes to dedicate the referenced pooled unit to its Bell Lake Unit 7 Well No. 1 to be drilled at a standard location in the E/2 of Section 7.

This application has been set for hearing before a Division Examiner on August 22, 1996. You are not required to attend this hearing, but as an owner of an interest that may be subject to pooling, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

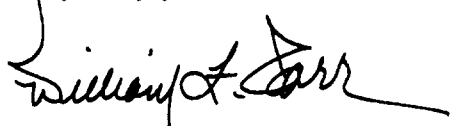
**TO ALL AFFECTED PARTIES IN THE E/2 OF SECTION 7, TOWNSHIP 24
SOUTH, RANGE 34 EAST, N.M.P.M., LEA COUNTY, NEW MEXICO**

August 1, 1996

Page 2

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

A handwritten signature in black ink, appearing to read "William F. Carr", with a long horizontal flourish extending to the right.

WILLIAM F. CARR
ATTORNEY FOR ENRON OIL & GAS COMPANY

WFC:mlh

Enc.

cc: Patrick J. Tower

SENDER:

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

2. ☐ **Restricted Delivery**
Consult postmaster for fee.

4a. Article Number

Basic Enterprises Production Co.

201 Main Street, Suite 2900

Fl. Worth, TX 76102-3131

Attn: Wayne Bailey

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Receipt for Certified Mail

No Insurance Coverage Provided

Bass Enterprises Production Co.

201 Main Street, Suite 2900

Ft. Worth, TX 76102-3131

Attn: Wayne Bailey

[illegible]

PS Forni **3800**, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?


SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Kaiser-Francis Oil Company 6733 South Yale Tulsa, OK 74136 Attn: Wayne Fields		4a. Article Number 011 333 513	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) X <i>Michael</i>		7. Date of Delivery	
6. Signature (Addressee or Agent) X <i>Michael</i>		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.

P 111 333 513

 **Receipt for Certified Mail**
 No Insurance Coverage Provided

Kaiser-Francis Oil Company
 6733 South Yale
 Tulsa, OK 74136
 Attn: Wayne Fields

	\$
	\$
AUG - 1 1996	

PS Form 3811, June 1994

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:

Mr. and Mrs. Robert F. Landreth
505 N. Big Spring, Suite 507
Midland, TX 79701

4a. Article Number

P 111 333 514

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

8-5-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 111 333 514



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mr. and Mrs. Robert F. Landreth
505 N. Big Spring, Suite 507
Midland, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date AUG - 1 1996	

PS Form 3800, June 1991

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:

Southland Royalty Company
c/o Meridian
Post Office Box 51810
Midland, TX 79710-1810
Attn: Ms Leslyn Swierc

4a. Article Number

P 111 333 515

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

AUG - 6 1996

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

P 111 333 515



Receipt for Certified Mail

No Insurance Coverage Provided

Southland Royalty Company
c/o Meridian
Post Office Box 51810
Midland, TX 79710-1810
Attn: Ms Leslyn Swierc

Postage	\$
Insurance	
Registered Mail Fee	
Express Mail Fee	
Return Receipt Showing to Whom	
Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date AUG - 1 1996	

PS Form 3800, June 1991

Thank you for using Return Receipt Service.

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:

John J. Klise, Jr., (deceased) and
wife, Eva L. Klise
c/o John Klise
3129 Gloria Place
Lafayette, CA 94549

4a. Article Number

0111333516

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8-6-96

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 111 333 516



Receipt for Certified Mail

No Insurance Coverage Provided

John J. Klise, Jr., (deceased) and
wife, Eva L. Klise
c/o John Klise
3129 Gloria Place
Lafayette, CA 94549

Postage	\$
Registration Fee	
Postage and Delivery Fee	
Return Receipt Showing to Addressee & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date AUG - 1 1996	

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 mailpieces 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:

Mary Bell Klise
Post Office Box 148
Wooster, OH 44691

4a. Article Number

P 111 333 517

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

8-5-96

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

P 111 333 517



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mary Bell Klise
Post Office Box 148
Wooster, OH 44691

Postage	\$
Contract	
Special Services	
Restrictions	
Estimated weight (lb. oz.)	
Actual weight (lb. oz.)	
Return Receipt fee (if requested)	
Postmaster's fee (if requested)	
Postage and fee	\$
Postmark Date	AUG - 1 1996

PS Form 3800, June 1994

Thank you for using Return Receipt Service.

No Insurance Coverage Provided

Dan Brannin, Jr.
c/o Mary Elizabeth McBee
5942 Averill Way
Dallas, TX 75225

Participating	\$
Participating	
Participating	
Participating	
Participating	
Participating	
Participating	\$
Participating	

AUG - 1 1996

PS Form 3800, June 1991

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 malpractice, or on the back if space does not permit.
- Write "*Returum Receipt Requested*" on the malpractice 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:

Dan Brannin, Jr.
c/o Mary Elizabeth McBee
5942 Averill Way
Dallas, TX 75225

5. Received By: (Print Name)

6. Signature: Addressee or Agent

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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:

Margaret Ann Weber
4906 Joyce Way
Dallas, TX 75225

4a. Article Number

P 111 333 519

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Margaret Ann Weber*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 111 333 519



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Margaret Ann Weber
4906 Joyce Way
Dallas, TX 75225

Postage	\$
Registration fee	
Express Mail fee	
Return Receipt fee	
Restricted Delivery fee	
Insurance fee	
Signature fee	
Postage and fees	\$
<p>AUG - 1 1996</p>	

PS Form 3800, June 1991

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:

Aline Sims
Post Office Box 1046
Eunice, NM 88231

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 111 333 520



Receipt for Certified Mail

No Insurance Coverage Provided

Aline Sims
Post Office Box 1046
Eunice, NM 88231

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date AUG - 1 1996	

PS Form 3800, June 1991

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:

Aline Sims, Personal Rep. of the
Estate of G. P. Sims
Post Office Box 1046
Eunice, NM 88231

4a. Article Number

P 111 333 521

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

8-6-96

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 111 333 521



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Aline Sims, Personal Rep. of the
Estate of G. P. Sims
Post Office Box 1046
Eunice, NM 88231

Postage	\$
Postage Insurance	
Postage Insurance Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
TOTAL Postage & Fees	\$
Postmark or Date AUG - 1 1996	

1691 June 1994 PS Form 3800, 388C

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:

Leo V. Sims
119 N. Dalmont
Hobbs, NM 88240

4a. Article Number

P 111 333 522

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

8-3-96

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X Michael D. Cook

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 111 333 522



Receipt for Certified Mail

No Insurance Coverage Provided

Leo V. Sims
119 N. Dalmont
Hobbs, NM 88240

Article	\$
Postage	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
Postage & Fees	\$
Postmark or Date	

AUG - 1 1996

Thank you for using Return Receipt Service.

P 111 333 523



Receipt for Certified Mail

No Insurance Coverage Provided

Winnie Sims Kennann
Post Office Box 186
Eunice, NM 88231-0186

Postage	\$
Covered by _____	
Sales Tax _____	
Purchase Tax _____	
Postage & Freight _____ to _____	
Postage & Freight _____ to _____	
Total Postage & Freight	\$
Postmarked Date:	

AUG - 1 1996

PS Form 3800, June 1991



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Norwest Bank New Mexico, P.A.
Personal Rep. of the Est. of
Bertha Elizabeth Sims Daugherty
Post Office Box 1977
Roswell, NM 88202

Postage	\$
Insurance	
Registration Fee	
Postmaster's Receipt Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Signature Confirmation Fee	
Telemail Fee	
Postage in Advance	\$
Postmark: AUG - 1 1996	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: <ul style="list-style-type: none">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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Norwest Bank New Mexico, P.A. Personal Rep. of the Est. of Bertha Elizabeth Sims Daugherty Post Office Box 1977 Roswell, NM 88202		4. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) Bertha Elizabeth Sims Daugherty		6. Addressee's Address (Only if requested and fee is paid) 88202 Roswell, NM	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery AUG - 1 1996	
PS Form 3811, December 1984			

Domestic Return Receipt

Thank you for using Return Receipt Service.

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:

Mary Elizabeth McBee
5942 Averill Way
Dallas, TX 75225

4a. Article Number
P111 333 525

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery
Aug 1 1996

5. Received By: (Print Name)

Signature: *Mary Elizabeth McBee*

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.

P 111 333 525



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mary Elizabeth McBee
5942 Averill Way
Dallas, TX 75225

Postage	\$
Insurance	
Registration Fee	
Express Mail Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Signature Required Fee	
Other Fees	\$
<p>AUG - 1 1996</p>	

PS Form 3811, December 1994