## BURLINGTON RESOURCES



SAN JUAN DIVISION

May 15, 1997

OPERATORS IN THE CENTRAL AND NORTHERN NEW MEXICO COUNTIES

RE:

NMOCD RULE #1105.C
PROPOSED AMENDMENT TO
CONFIDENTIALITY PROVISIONS

Dear Sirs:

New Mexico Oil Conservation Division (NMOCD) Rule #1105.C currently provides that an operator of a well can request that Form C-105 and accompanying attachments (i.e., electric logs and other down hole evaluations) be kept confidential by the NMOCD for a period of 90 days from the completion date of the well. As you are probably aware, the deep gas potential of the San Juan Basin is currently being investigated by several basin operators including Burlington Resources Oil & Gas Company. This exploration effort carries with it a high degree of economic risk, substantial capital dollar expenditures, state of the art geological/geophysical investigation and considerable time and money expenditures relating to consolidation of land positions sufficient to justify exploratory projects of this magnitude.

Burlington Resources Oil & Gas Company is considering asking the NMOCD to amend Rule #1105.C to allow an operator in Central and Northern New Mexico Counties the opportunity to request that information covered by this rule be kept confidential for up to three (3) additional 90 day periods of time. The maximum time period that such information could be kept confidential would therefore be 360 days or approximately one year. We believe that request for additional 90 day extensions could be handled administratively between the operator and the NMOCD. A request would be accompanied by the reasons or fact situation that prompted the request for extended confidentiality. We also believe that such a request could be made without notice to third parties (operators or owners of exploratory rights) due to the time, complexity and uncertainty of determining to whom the proper notifications would be sent. The right to request an extension of confidentiality should extend to any well having characteristics similar to those noted above (or other pertinent characteristics) and should not be limited to exploratory efforts currently aimed at the deep potential of the San Juan Basin. We are proposing that wells drilled in Lea, Chaves, Eddy and Roosevelt Counties not be included in the amendment at this time.

We are hereby requesting that you consider our proposal to amend Rule #1105.C and offer any opinions, modifications of our proposal or concerns you may have, concerning the management and dissemination of confidential well information, prior to our proposed application for amendment of the current rule. We will appreciate your timely consideration of our request in as much as we are planning to file an application in late June or early July 1997. Please contact the undersigned at 505-326-9757 if you have any questions about our proposal.

Very truly yours,

Alan Alexander
Senior Land Advisor

AA:mt rule1105.doc

## **OPERATORS**

AMOCO PRODUCTION CO

**BASIN MINERALS INC** 

**BEARTOOTH OIL & GAS CO** 

BHP PETROLEUM (AMERICAS) INC

BLACKWOOD & NICHOLS LTD PTR

**BLEDSOE PETRO CORP** 

BUREAU OF LAND MANAGEMENT

CAULKINS OIL CO

**CENTRAL RESOURCES INC** 

CINCO GENERAL PARTNERSHIP

CONOCO INC

**CURTIS J LITTLE** 

**D J SIMMONS CO** 

**DEVON ENERGY CORPORATION** 

**DUGAN PRODUCTION CORP** 

**ELLIOTT OIL CO** 

**ENRE CORP** 

FOUR STAR OIL & GAS CO

**FULLER PETROLEUM INC** 

**GREAT LAKES CHEMICAL CORP** 

GREAT WESTERN DRILLING CO

HALLWOOD PETROLEUM INC

**JICARILLA ENERGY CO** 

JOHN E SCHALK

KIMBARK OIL & GAS CO

KOCH EXPLORATION CO

LOUIS DREYFUS NATURAL GAS CORP.

M & G DRLG CO INC

MALLON OIL CO

MARATHON OIL CO

**MERRION OIL & GAS CORP** 

**MW PET CORP** 

N M & O OPERATING CO

**NAVAJO NATION** 

**NEW MEXICO OIL CONSERVATION DIVISION** 

NM COMMISSIONER OF PUBLIC LANDS

NORTHWEST PIPELINE COMPANY

**OMIMEX PETROLEUM INC** 

P & M PETROLEUM MANAGEMENT

P-R-O MANAGEMENT INC

PHILLIPS PETROLEUM CO NW

RC RESOURCES CORP

SCHALK DEVELOPMENT CO

**SNYDER OIL CORP** 

SOUTHERN UTE INDIAN TRIBE

UNION OIL CO OF CALIFORNIA

**UTE MOUNTAIN UTE TRIBE** 

**VASTAR RESOURCES INC** 

W M GALLAWAY

**WESTERN OIL & MINERALS LTD** 

WILLIAMS PRODUCTION COMPANY

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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	a does not  1.  Addressee's Address \ a number.  2.  Restricted Delivery
3. Article Addressed to:  BLEDSOE-PETRO CORP 1717 MAIN ST., STE. 5800 DALLAS TX 75201	4a Article Number  4b. Service Type  Registered  Express Mail Return Receipt for Merchandise  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  105.C	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt
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 card to you.  "Attach this form to the front of the mailpiece, or on the back if appermit.  "Write "Return Receipt Requested" on the mailpiece below the art.  The Return Receipt will show to whom the article was delivered delivered.	pace dose not  1. Addressee's Address
3. Article Addressed to:  BUREAU ()F LAND MANAGEMENT 1235 LA PLATA HWY FARMINGTON NM 87499  5. Received By: (Print Name)	4a. Article Number  4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise  COD  7. Date of Delivery  5-19-97
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt
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 the card to you.  Attach this form to the front of the mailpiece, or on the back if permit.  Write 'Return Receipt Requested' on the mailpiece below the amount of the reverse of this form so the card to you.  The Return Receipt will show to whom the article was delivered delivered.	space does not  1.  Addressee's Addressed article number. and the date  2.  Restricted Delivery Consult postmaster for fee.
Print your name and address on the reverse of this form so the card to you.  Attach this form to the front of the mailpiece, or on the back if permit.  Write "Return Receipt Requested" on the mailpiece below the attach this form Receipt Requested on the mailpiece below the attach was delivered.  3. Article Addressed to:  CAULKINS OIL CO P. O. BOX 340 BLOOMFIELD NM 87413  5. Received By: (Print Name)  S. M. Few me	4a. Afficie Number  4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise  COD
2	7. Date of Delivery

			_
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 the	net we can set thi	I also wish to receive the , following services (for an	- •
card to you.		extra fee):	
= Attach this form to the front of the mailpiece, or on the back if permit.		1. Addressee's Address	١
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the</li> <li>The Return Receipt will show to whom the article was delivered</li> </ul>		2. Restricted Delivery	•
delivered.	I do Arion N	Consult postmaster for fee.	<b>-</b>
3. Article Addressed to:  CENTRAL RESOURCES INC SOMEWEST TEXAS 4430	4a. Articla N	250(25(QI)	1
CENTRAL RESOURCES INC	4b. Service	Tyme	-
SOMEWEST TEXAS # 430	☐ Register	<i>"</i>	1
MIDLAND TX 79701	☐ Express	<del></del>	_
	☐ Return Re	ceipt for Merchandise	
	7. Date of D	S- 20-97	٠.
5. Received By: (Print Name)	8. Addresse	e's Address (Only if requested	
6. Signature: (Addressee or Agent)	and lee is	paid)	Ī
1. Barner			
PS Form <b>3811</b> , December 1994 105 .	C	Domestic Return Receip	ŧ 
SENDER:  Complete items 1 and/or 2 for additional services.		I also wish to receive the	-
<ul><li>■Complete items 3, 4a, and 4b.</li><li>■Print your name and address on the reverse of this form so the</li></ul>	at we can return this	following services (for an extra fee):	
card to you.  *Attach this form to the front of the mailpiece, or on the back if		1. Addressee's Address	1
permit.  Write "Return Receipt Requested" on the mailpiece below the		2.   Restricted Delivery	
The Return Receipt will show to whom the article was delivered delivered.		Consult postmaster for fee.	3
3. Article Addressed to:	4a./Article N	<u> </u>	- 3
	12	55 650 691	•
CINCO GUNERAL PARTNERSHIP	4b. Service	Гуре	- }
P. O. BOX 451	☐ Registere	ed	Ì
ALBUQUE RQUE NM 87103	☐ Express	<del>-</del>	į
		ceipt for Merchandise	_ :
245	7. Date of De	elivery	
5. Received By: (Print Name) DAUID J. HAINY		e's Address (Only if requested paid)	- '- - '- - '-
6. Signature: (Addressee or Agent)	\$ 20		F
PS Form 3811, December 1994		Domestic Return Receip	ī
1 3 1 Olli Od 11, Dataliber 1994 (110)			-
SENDER:			_
■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b.		I also wish to receive the	
Print your name and address on the reverse of this form so the card to you.	at we can return this	following services (for an , extra fee):	
Aftach this form to the front of the mailpiece, or on the back if permit.	space does not	1. Addressee's Address	
"Write "Return Receipt Requested" on the mailnings below the	article number.	2.   Restricted Delivery	
The Return Receipt will show to whom the article was delivered.	ed and the date	Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Ni		- ह
CONOCO INC	ーナさ	5000 66	à
10 DESTA DR. STE. 100W	4b. Service T	ype	
MIDLAND TX 79705	☐ Registere		ď
	☐ Express A		į
		eipt for Merchandise	. ž
	7. Date of De	livery	Thank you for using Beturn Bessies Section
5. Regei ed By: (Print Name)		's Address (Only if requested	ķ
11 4 M	and fee is !		har
6. Sight Address or Agent Onza	tes		_
X Ø			
70 - 2044 -	. 1		

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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Deliviry Consult postmaster for fee.	elpt Service.
3. Article Addressed to: CURTIS J LITTLE P. O. BOX 1258 FARMINGTON NM 87499	4b. Service Register Express Return Re 7. Date of D	Type ed Certified Mail Insured celpt for Merchandise COD	Thank you for using Return Receipt Service
5. Received By: (Print Name)  6. Signature: Addressee or Agent)  PS Form 3811, December 1994	8. Addresse and fee	e's Address (Only if requested s paid)  Domestic Return Receipt	
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 card to you.  Attach this form to the front of the mailpiece, or on the back if sparpernit.  Write 'Return Receipt Requested' on the mailpiece below the article will show to whom the article was delivered at delivered.	ce does not de number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery  Consult postmaster for fee.	slpt Service.
Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spanermit.  Write "Return Receipt Requested" on the mailpiece below the article by the Addressed to:  The Return Receipt will show to whom the article was delivered at delivered.  3. Article Addressed to:  D J SIMMONS CO P. O. BOX 1469  FARMINGTON NM 87499  5. Received By: (Print Name)	4b. Service  Registere Express Return Re 7. Date of D	IRS INCH IN INCH	Thank you for using Return Rec
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form/3811, December 1994	8. Addresse and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank y
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s. and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write 'Return Receipt Requested' on the mailpiece below the article below the article was delivered a delivered.  3. Article Addressed to:  DEVON ENERGY CORPORATION  1500 MID AMERICAN TOWER  20 N. BROADWAY  OKLAHOMA CITY OK 73102	ce does not		urn Receipt Service.
20 N. BROADWAY OKLAHOMA CITY OK 73102  5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	Register Express Return Re 7. Date of D	Mail Insured Coppetition of Coppetit	Thank you for using Return Receipt Service.

<ul><li>■Complete items 3, 4a, and 4b.</li><li>■Print your name and address on the reverse of this form so that</li></ul>	I also wish to receive the following services (for a extra fee):	
card to you.  Attach this form to the front of the mailpiece, or on the back if sp	ì '	ddress
permit.  Write "Return Receipt Requested" on the mailpiece below the ar	<b>!</b>	•
The Return Receipt will show to whom the article was delivered delivered.	and the date  Consult postmaster for	•
3. Article Addressed to:	4a Article Number	7
DATE AND DESCRIPTION CORD	1 2300 600 61	6
DUGAN PRODUCTION CORP	4b. Service Type	
P. O. BOX 420 FARMINGTON NM 87499	Registered Express Maji KARMING	ertified
PARIMINGTON NW 87433	Express Majir	rsured
	☐ Return Receipt for Merchanges 17	QD
	7. Date of De ver	
5. Received By: (Print Name)	8. Addressee's North (Opt) if equi	ested
LAIM STEEC		
6. Signature: Addressee of Agent)	Ì	
X June See	Domestic Batter S	
PS Form <b>3811</b> , December 1994 1105 . C	Domestic Return R	eceir
SENDER:		
■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b.	l also wish to receive the following services (for a	
Print your name and address on the reverse of this form so that card to you.	we can return this extra fee):	
Attach this form to the front of the mailpiece, or on the back if sp permit.	ace does not 1. Addressee's Ad	daress
"Write "Return Receipt Requested" on the mailpiece below the ar		very
The Return Receipt will show to whom the article was delivered delivered.	and the date Consuit postmaster for	-
3. Article Addressed to:	Ma Article Number	7-
70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	73/13/160/16	7/
ELLIOTT DIL CO	44 Service Type	/
P. O. BOX 1355	1 101	ertified
ROSWELI NM 88201 (29)	D Express Mail □ Ir	rsured
	Man Make Consisted to Manches day Co.	
1100	Fetum Receipt for Merchandise C	OD
USF		OD
5. Received By: (Print Name)	· a · /	
5. Received By: (Print Name)	7. Date of Delivery  8. Addressee's Address (Only if reque	
	7. Date of Delivery  8. Addressee's Address (Only if reque	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if reque and fee is paid)	ested
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if reque and fee is paid)	ested
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X / J / J / J / J / J / J / J / J / J /	8. Addressee's Address (Only if request and fee is paid)  Domestic Return R  I also wish to receive following services (for	eceip
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X / J / J / J / J / J / J / J / J / J /	8. Addressee's Address (Only if request and fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):	eceip
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  space does not  1.  Addressee's	eceip the an
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (following services (following services):  1.	eceip the an
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (following services (following services):  1.	eceip the an, Addies
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  space does not article number.  2.  Restricted Description	eceip the an .
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's article number. and the date  4a. Article Number  4a. Article Number	eceip the an .
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's extra fee):  1. Addressee's extra fee):  2. Restricted Deconsuit postmaster for extra fee extra	eceip the an Address elivery or fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (following services (following services (following services):  1. Addressee's Address (Only if requerand fee):  at we can return this space does not extra fee):  1. Addressee's Address (Only if requerand fee):  1. Addressee's Address (Only if requerand fee):  2. Restricted Description of the date	eceip the an Address elivery or fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's extra fee):  1. Addressee's extra fee):  1. Addressee's extra fee):  1. Restricted Deconsuit postmaster for extra fee extra fe	eceip the an Address or fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's (for extra fee):  2. Restricted Description (Consult postmaster fee):  4a. Article Number (Consult postmaster fee):  4b. Service Type  Registered  Express Mail	eceip the an Address or fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's extra fee):  1. Addressee's extra fee):  1. Addressee's extra fee):  1. Restricted Deconsuit postmaster for extra fee extra fe	eceip the an Address or fee.
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's (for extra fee):  2. Restricted Description of the date of t	eceip the an
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	B. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's article number. 2. Restricted Deconsult postmaster for the date of Delivery (1.5)  4b. Service Type Registered Return Receipt for Merchandise	eceip the an
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's Addresse's 2. Restricted Deconsuit postmaster for the company of t	eceip the an Addless blivery or fee. Certifi Insure COD
SENDER:  "Complete items 1 and/or 2 for additional services.  "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 the card to you.  "Attach this form to the front of the mailpiece, or on the back if permit.  "Write Return Receipt Requested" on the mailpiece below the "The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  ENRE CORP  P O BOX 6027  SAN ANTONIO TX 78209	8. Addressee's Address (Only if requerand fee is paid)  Domestic Return R  I also wish to receive following services (for extra fee):  1. Addressee's Addresse's 2. Restricted Deconsuit postmaster for the company of t	eceip the an Addressivery or fee.

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	I also wish to receive the
Complete items 3, 4s, and 4b.      Print your name and address on the reverse of this form so that	following services (for an
🚆 card to you.	dana ibo).
*Attach this form to the front of the mailpiece, or on the back if spermit.	= /100,000,007,00,000
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the ar</li> <li>The Return Receipt will show to whom the article was delivered</li> </ul>	and the date
delivered.	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number / 25 / 99
FOUR STAR OIL & GAS CO	P 30 6 6 1 1
3300 N. BUTLER	4b. Service Type  Registered Certified
FARMINGTON NM 87401	☐ Express Mail ☐ Insured
	☐ Return Receipt for Merchandise ☐ COD
	7. Date of Delivery
NI	5.28 97 Myartine
5Recoved By: (Pfile Name)	8. Addressee's Address (Only if requested
	and fee is paid)
6. Signature: (Addréssee of Agent)	
Š X	
PS Form <b>3811</b> , December 1994 1105.C	Domestic Return Receipt
SENDER:	
□ ■Complete items 1 and/or 2 for additional services.	I also wish to receive the
#Complete items 3, 4s, and 4b.  #Print your name and address on the reverse of this form so that	we can return this extra fee):
card to you.  **Attach this form to the front of the mailplecs, or on the back if sp permit.  **Write "Return Receipt Requested" on the mailplece below the ar	sace does not 1. Addressee's Address
permit.  **Write 'Return Receipt Requested' on the mailpiece below the ar	ticle number. 2.   Restricted Delivery
The Return Receipt will show to whom the article was delivered	and the date  Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
HIII I ED DETROI EUR (D.)	P354 635 700
FULLER PETROLEUM INC P.O. BOX 11327	4b. Service Type
8 -10. DOX (132)	C Paristand Continue
MIDLANI TX 79702	☐ Registered
MIDLANI TX 79702	☐ Express Mail ☐ Insured
MIDLANI TX 79702	Express Mail Insured Return Receipt for Magnification D
MIDLANI TX 79702	☐ Express Mail ☐ Insured
GOOD TO SEE STANDARD SEE STANDA	Express Mail Return Receipt for Mentante DCD  7. Date of Delivery
MIDLANI TX 79702  SERVICE OF THE PROPERTY OF T	☐ Express Mail ☐ Insured ☐ Return Receipt for Megative D □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	Express Mail Insured Return Receipt for Megative D CQD  7. Date of Delivery  8. Addressee's Address (AM) Argungst
S. Flooring By. (Final Halls)	Express Mail Insured Return Receipt for Megative D CQD  7. Date of Delivery  8. Addressee's Address (AM) Argungst
6. Signature: (Alidressee of Agent)	Express Mail Insured Return Receipt for Megastate DCOD  7. Date of Delivery  8. Addressee's Address (CAS prefuses); and fee is paid)
S. Closeved by: (Finite reality)	Express Mail Insured Return Receipt for Megative D CQD  7. Date of Delivery  8. Addressee's Address (AM) Argungst
6. Signature: (Abdressee of Agent) PS Form 3811, December 1994	Return Receipt for Meaning D COD  7. Date of Delivery  8. Addressee's Address (AM Trequestry and fee is paid)  Domestic Return Receipt
6. Signature: (A)dressee of Agent) PS Form 3811, December 1994  SENDER: Complete items 1 and/or 2 for additional services.	Express Mail   Insured   Return Receipt for Measure   D CQD
6. Signature: (A)dressee of Agent)  PS Form 3811, December 1994  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 the service of the servic	Express Mail   Insured   Return Receipt for Mental   COD
6. Signature: (A)dressee of Agent)  PS Form 3811, December 1994  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 the service of the servic	Express Mail   Insured   Return Receipt for Measure   D CQD
6. Signature: (Abdressee of Agent)  PS Form 3811, December 1994  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 a card to you.  Attach this form to the front of the mailpiece, or on the back if spiperrait.	Domestic Return Receipt    Laiso wish to receive the following services (for an extra fee):   Addressee's Address (244) Propulsion
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  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 a card to you.  Attach this form to the front of the mailpiece, or on the back if spi permit.  Write 'Return Receipt Requested' on the mailpiece below the artist.  The Return Receipt Requested' on the mailpiece was delivered at the spin and the spin an	Domestic Return Receipt    Laiso wish to receive the following services (for an extra fee):   Addressee's Address (244) Propulsion
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  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 a card to you.  Attach this form to the front of the mailpiece, or on the back if spin permit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered addivered.	Express Mail
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  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 a card to you.  Attach this form to the front of the mailpiece, or on the back if spin permit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered addivered.	Return Receipt for Mean Control of Paturn Receipt for Mean Control of Paturn Receipt for Mean Control of Paturn Receipt Return Receipt
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  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 a card to you.  Attach this form to the front of the mailpiece, or on the back if spin permit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered addivered.	Return Receipt for Mental COD  7. Date of Delivery  8. Addressee's Address (Addresset and fee is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1. Addressee's Address extra fee):  1. Addressee's Address extra fee):  2. Restricted Delivery Consult postmaster for fee.  4a. Artiele Number  4b. Service Type
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name 3, 4a, and 4b.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP  P. O. BOX 2200	Domestic Return Receipt    Section Receipt for Measure   Copyright
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name 3, 4a, and 4b.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP  P. O. BOX 2200	Domestic Return Receipt    Section Receipt for Measure   Copyright
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name 3, 4a, and 4b.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP  P. O. BOX 2200	Domestic Return Receipt    Section Receipt for Measure   Copyright
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name 3, 4a, and 4b.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP  P. O. BOX 2200	Domestic Return Receipt    Section Receipt for Measure   Copyright
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name 3, 4a, and 4b.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP  P. O. BOX 2200	Domestic Return Receipt    Section Receipt for Measure   Copyright
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spin permit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered addivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP  P. O. BOX 2200  WEST LAFAYETTE LA 47906	Domestic Return Receipt    Section Receipt for Measure   Copyright
6. Signature: (Aldressee of Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name 3, 4a, and 4b.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP  P. O. BOX 2200	Express Mail
6. Signature: (Alidressee of Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spin permit. The Return Receipt Requested* on the mailpiece below the article was delivered additivered.  3. Article Addressed to:  GREAT LAKES CHEMICAL CORP P. O. BOX 2200 WEST LAFAYETTE LA 47906	Domestic Return Receipt    Section Receipt for Measure   Copyright

.

PS Form 3811, December

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 card to you.	that we can return this	l also wish to receive the following services (for an extra fee):
Attach this form to the front of the mailpiece, or on the back permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delive.	e article number.	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  umber  Type  In Consult postmaster for fee.  Umber  Consult postmaster for fee.  Consult postmaster for fee.  Consult postmaster for fee.  Umber  Consult postmaster for fee.  Consult
delivered.		Consult postmaster for fee.
3. Article Addressed to:  KIMBARK OIL & GAS CO	4a. Article N	58 635 706
1660 LINCOLN ST. SU 2700	4b. Service	Гуре
DENVER (CO 80264	☐ Registere	d Certified
	☐ Express (	Mail 🔲 Insured .
		ceipt for Merchandise COD
	7. Date of De	HAY 1 9 1997
5. Received By: (Print Name)	8. Addressee and fee is	o's Address (Only if requested paid)
6. Sign  X  PS Fon	ml ·	ceipt
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: card to you.  "Attach this form to the front of the mailpiece, or on the bapermit.  "Writs"Return Receipt Requested" on the mailpiece below	ack if space does not	I also wish to receive the following services (for an extra fee):  1.   Addressee's Addresse 2.   Restricted Delivery
The Return Receipt will show to whom the article was de delivered.	livered and the date	Consult postmaster for fee.
3. Article Addressed to:	4a. Article	Number / 25 -105
JOHN E SCHALK	1	300 WD 105
JOHN E SCHALK P. O. BOX 25825 ALBUQUEDOUE NIM 87125	4b. Servic	/
ALBUQUERQUE NM 87125	Regist	
ALDOQUERQUE IVIVI 67125	☐ Expres	<del>-</del>
	7. Date of	Receipt for Merchandise COD
	7. 5	70197
5. Received By: (Print Name)		see's Address (Only if requested is paid)
6. Signature: (Addressee or Agent)		, ,
PS Form <b>3811</b> , December 1994		Domestic Return Receip
100	· <u>C</u>	
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 card to you.  Attach this form to the front of the mailpiece, or on the back permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  KOCH EXPLORATION CO P. O. BOX 2256  WICHITA KS 67201	if space does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Addresse.  2.  Restricted Delivery
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.</li> </ul>	ered and the date	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  umber 35 70 7  Type ad 2 Certified Mail Insured ceipt for Merchandise COD elivery MAY 2 0 1397  e's Address (Only if requested paid)
3. Article Addressed to:	4a. Article N	EN 625 707
KOCH EXPLORATION CO	P 3	101 000 101
P. O. BOX 2256	4b. Service	ype 2 Certified
WICHITA KS 67201	☐ Registere ☐ Express	Mail Insured
. <u></u>	,— .	ceipt for Merchandise
	7. Date of D	<del></del>
5. Received By: (Print Name)	8. Addresse	e's Address (Only if requested paid)
6. Signature: (ddraege of Agent)	2.0 100 10	,
x of the stowe		Daniel Datus Daniel
PS Form <b>3811</b> , December 1994 11 75	.6 ,	Domestic Return Receipt

ENDER: Complete items 1 and/or 2 for additional services.		
	1	I who will be a minute out.
	ì	also wish to receive the
Complete items 3, 4a, and 4b.		following services (for an ,
Print your name and address on the reverse of this form so that we	e can return this i	extra fee):
card to you.  Attach this form to the front of the mailpiece, or on the back if space.	se does not	1 C Addresses Address .
permit.		1. Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the artic	le number.	2. Restricted Delivery
The Return Receipt will show to whom the article was delivered ar		· · ·
delivered.	1	Consult postmaster for fee.
. Article Addressed to:	Agenticia No	mber
. Afficie Addressed to:	42 Tricle N	
M & C DD( C CO D) C	1 7 22	$\times$ $(800)$
M & G DRLG CO INC	4h Soprice T	ime
%KM PRCD CO	4b. Service T	••
	☐ Registere	d Z Certified <sup>4</sup>
P.O. BOX 2406	☐ Express N	Aail : UM   Insured .
FARMINGTON NM 87499		
	☐ Return Réc	Sign to Merchandise COD
	7. Date of	Knox \3\
	7. 50.0 49	All I
		1/3
. Received By: (Print Name)	8. Address	Address Ofly if requested
. Hoselfod by. (* fill fillatio)	and fee	30.000.00
1	2 K 100 K	3
. Signature: (Afidressee of Agent)	1	
	ļ .	
A PON MI TON and		
2 - 1-12 day (d 1-4 day 1 day 1 day 1 day 1		Domestic Return Receipt
S Farm 3847, Gecommen 1894211 A105 C	<u>-</u>	Pomeano Dermii Decempt
CENDER.		<del></del>
SENDER:		I also wish to receive the \
Complete items 1 and/or 2 for additional services.		
<ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that</li> </ul>	we can ration thi	following services (for an
card to you.	ma con recent us	extra fee):
Attach this form to the front of the mailpiece, or on the back if sp	sace does not	1. Addressee's Address
permit.		•
"Write "Return Receipt Requested" on the mailpiece below the ar		2. Restricted Delivery
The Return Receipt will show to whom the article was delivered	and the date	1
delivered		Consult postmaster for fee.
3. Article Addressed to:	4a. Article	Number / 1: 1
	ートファ	スログ ノスロ フカグ
LOUIS DREYFUS NATURAL GAS		
	4b. Service	Type
CORP.	1	· · · · /
140 <del>00</del> QUAIL SPRINGS PARK	☐ Registe	red Certified
14000 QUALL SI IQII GO I AIQI	☐ Express	Mail Insured
OKZAHOMA CITY OK 73134		
CAMPAGE CELL OR 19194	1= - : -	
CALINIONIA CITTOR 13134	☐ Return R	eceipt for Merchandise  COD
ORDINIONE CITE OR 75154		
ORDINIONE CITE OR 73134	Return R	
ORDINIONE CITE OR 73134		
	7. Date of I	Delivery 5-19
5. Received By: (Print Name)	7. Date of 0	Delivery 5-19 ee's Address (Only if requested
	7. Date of I	Delivery 5-19 ee's Address (Only if requested
5. Received By: (Print Name)	7. Date of 0	Delivery 5-19 ee's Address (Only if requested
	7. Date of 0	Delivery 5-19 ee's Address (Only if requested
5. Received By: (Print Name)	7. Date of 0	Delivery 5-19 ee's Address (Only if requested
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of 0	Delivery 5-19 se's Address (Only if requested s paid)
5. Received By: (Print Name)	7. Date of 0	Delivery 5-19 ee's Address (Only if requested
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of 0	Delivery 5-19 se's Address (Only if requested s paid)
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of 0	Delivery 5-19 se's Address (Only if requested s paid)
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	7. Date of 0	Delivery 5-19 se's Address (Only if requested s paid)
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	7. Date of 0	Delivery  5-19 Be's Address (Only if requested s paid)  Domestic Return Receipt
5. Received By: (Print Name) 6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.	7. Date of 0	Delivery  5-19  ee's Address (Only if requested is paid)  Domestic Return Receipt
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.	7. Date of 0	Delivery  5-19  ee's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  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	7. Date of 0	Delivery  5-19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.	7. Date of 0  8. Address and fee i	Delivery  5-19  ee's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.	7. Date of 0 8. Address and fee i	Delivery  5-19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.   Addressee's Address
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the an	7. Date of 0  8. Address and fee in  we can return this sace does not ticle number.	Delivery  5-19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the art  The Return Receipt will show to whom the article was delivered	7. Date of 0  8. Address and fee in  we can return this sace does not ticle number.	Delivery  5 - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the an	7. Date of 0  8. Address and fee in  we can return this sace does not ticle number.	Delivery  5-19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.   Addressee's Address
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the art  The Return Receipt will show to whom the article was delivered	7. Date of 0  8. Address and fee in  we can return this sace does not ticle number.	Delivery  5 - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the art of the Return Receipt will show to whom the article was delivered delivered.	7. Date of 0  8. Address and fee i  we can return this ace does not ticle number. and the date	Delivery  5 - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that card to you.  Print from to the front of the mailpiece, or on the back if spermit.  Write Return Receipt Requested* on the mailpiece below the and the Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:	7. Date of 0  8. Address and fee i  we can return this ace does not ticle number. and the date	Delivery  5 - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the arm of the Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO	7. Date of 0  8. Address and fee i  we can return this ace does not ticle number. and the date	Delivery  5-19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that card to you.  Print from to the front of the mailpiece, or on the back if spermit.  Write Return Receipt Requested* on the mailpiece below the and the Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:	7. Date of 0  8. Address and fee in  we can return this lace does not ticle number, and the date  49. Article fig. 37  40. Service	Delivery  5 - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the art The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST	7. Date of 0  8. Address and fee in the case does not ticle number, and the date	Delivery  5 - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the are The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700	7. Date of 0  8. Address and fee in  we can return this lace does not ticle number, and the date  49. Article fig. 37  40. Service	Delivery  S - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the art The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST	we can return this sace does not ticle number. and the date  4a Article f  4b. Service  Registel  Express	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the are The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700	we can return this sace does not ticle number. and the date  4a Article f  4b. Service  Registel  Express	Delivery  S - 19  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the are The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700	7. Date of 0  8. Address and fee in  we can return this lace does not licide number. and the date  49. Article for the date in	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Mail   Insured postpic for Merchandise   COD
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the are The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700	we can return this sace does not ticle number. and the date  4a Article f  4b. Service  Registel  Express	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Mail   Insured postpic for Merchandise   COD
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the are The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700	7. Date of 0  8. Address and fee in  we can return this lace does not licide number. and the date  49. Article for the date in	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Mail   Insured postpic for Merchandise   COD
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the and the Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO 999 18TH ST STE 1700 DENVER CO 80202	we can return this ace does not dice number. and the date  4a Article f 4b. Service Register Return Ref. 7. Date of D	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery'  Consult postmaster for fee.  Number 35 7 16  Type  Type
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write 'Return Receipt Requested' on the mailpiece below the are The Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700	we can return this ace does not dice number. and the date  4a Article f 4b. Service Register Return Ref. 7. Date of D  8. Addresse	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Address (Only if requested delivery)  De's Address (Only if requested
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the and the Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO 999 18TH ST STE 1700 DENVER CO 80202	we can return this ace does not dice number. and the date  4a Article f 4b. Service Register Return Ref. 7. Date of D	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Address (Only if requested delivery)  De's Address (Only if requested
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the and delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700  DENVER CO 80202  5. Received By: (Print Name)	we can return this ace does not dice number. and the date  4a Article f 4b. Service Register Return Ref. 7. Date of D  8. Addresse	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Address (Only if requested delivery)  De's Address (Only if requested
5. Received By: (Print Name)  6. Signatule: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the and the Return Receipt will show to whom the article was delivered delivered.  3. Article Addressed to:  MALLON OIL CO 999 18TH ST STE 1700 DENVER CO 80202	we can return this ace does not dice number. and the date  4a Article f 4b. Service Register Return Ref. 7. Date of D  8. Addresse	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Address (Only if requested delivery)  De's Address (Only if requested
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the and delivered.  3. Article Addressed to:  MALLON OIL CO  999 18TH ST  STE 1700  DENVER CO 80202  5. Received By: (Print Name)	we can return this ace does not dice number. and the date  4a Article f 4b. Service Register Return Ref. 7. Date of D  8. Addresse	Delivery  S - / 9  Be's Address (Only if requested is paid)  Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery'  Consult postmaster for fee.  Number  Type  Type  Type  Address (Only if requested delivery)  De's Address (Only if requested

SENDER: Complete items 1 and/or 2 for additional services.	l also wish to receive the
Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so the	following services (for an extra fee):
card to you.  Attach this form to the front of the mailpiece, or on the back if	f space does not 1. Addressee's Address
permit.  Write "Return Receipt Requested" on the mailpiece below the	article number. 2.   Restricted Delivery
<ul> <li>The Return Receipt will show to whom the article was deliver delivered.</li> </ul>	1. Addressee's Address article number. red and the date  2. Restricted Delivery Consult postmaster for fee.  4a. Addressee's Address 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)
3. Article Addressed to:	4a. Article Number
A CAS CORR	P358 635 712
MERRION OIL & GAS CORP	4b. Service Type
610 REILLY AVE	☐ Registered ☐ Certified <sup>4</sup>
FARMINGTON NM 87401	☐ Express Mail ☐ Insured .
	☐ Return Receipt for Merchandise ☐ COD
	7. Date of Delivery
5. Received By: (Print Name)	8. Addressee's Address (Only if requested
	and fee is paid)
6. Signature: (Apdressee of Agent)	<del></del>
X the J. day a Esther J. (	
PS Form 3811, December 494 1105	Domestic Return Receipt
SENDER:	
Complete items 1 and/or 2 for additional services.	I also wish to receive the
■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so t	following services (for an extra fee):
card to you.  *Attach this form to the front of the mailpiece, or on the back it	
permit.  Write "Return Receipt Requested" on the mailpiece below the	1. La radiosso s radios
The Return Receipt will show to whom the article was deliver delivered.	
3. Article Addressed to:	Consult postmaster for fee.
	14. 200 Number (25 711
MARATHON OIL CO	4b. Service Type
P. O. BOX 552	Registered Certified
MIDLAND TX 79702	☐ Express Mail ☐ Insured
	☐ Return Receipt for Merchandise ☐ COD
	7 Date of Delivery and
	7 Date of Delivery
5. Received Bv: (Print Name)	MAY 1 997 19 1997
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee of Agent)	8. Addressee's Address (Only if requested
6. Signature: (Addressee or Agent)  X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
6. Signature: (Addressee or Agent)  X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994	
PS Form 3811, December 1994 105 (	
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.	Domestic Return Receipt  I also wish to receive the following services (for an
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  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 to card to you.	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  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 to card to you.  © Attach this form to the front of the mailpiece, or on the back in permit.	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so to card to you.  Print your name and address on the reverse of this form so to card to you.  Write Yellow Receipt Requested* on the mailpiece below the The Return Receipt will show to whom the article was delivered.	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so to card to you.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so to card to you.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  MW PET CORP	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD  STE 100	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD  STE 100	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD  STE 100  HOUSTON TX 77056	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the "The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD  STE 100	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so to card to you.  Print your name and address on the reverse of this form so to card to you.  Write 'Return Receipt Requested" on the mailpiece, or on the back in permit.  Write 'Return Receipt Requested" on the mailpiece below the "The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD  STE 100  HOUSTON TX 77056	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):  1. Addressee's Address erical and the date  2. Restricted Delivery Consult postmaster for fee.  4a. Article Number  4b. Service Type  Registered  Return Receipt for Merchandise  COD  7. Date of Delivery  5-20-97
SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4s, and 4b.  "Print your name and address on the reverse of this form so to card to you.  "Write 'Return Receipt Requested" on the mailpiece, or on the back in permit.  "Write 'Return Receipt Requested" on the mailpiece below the delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD  STE 100  HOUSTON TX 77056  5. Received By: (Print Name)	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):
SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4s, and 4b.  "Print your name and address on the reverse of this form so to card to you.  "Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  MW PET CORP  2000 P. O.ST OAK BLVD  STE 100  HOUSTON TX 77056	Domestic Return Receipt  I also wish to receive the following services (for an extra fee):

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	wa aan	l also wish to receive the following services (for an
card to you.  Attach this form to the front of the mailpiece, or on the back if sp		extra fee):
permit.		1. Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the an The Return Receipt will show to whom the article was delivered	icle number. and the date	2. Restricted Delivery
delivered.  3. Article Addressed to:	T4. A M-4.	Consult postmaster for fee.
	4a. Article	125714
N M & G-OPERATING CO	4b. Service	וו לכססכי
23 WEST 4TH STE 900	□ Register	~
TULSA OK 74103	☐ Express	
10LSA:0K 74103		oceipt for Merchandise  COD
	7. Date of D	
		9-97
5. Received By: (Print Na/ne)	8. Addresse	e's Address (Only if requested
Teler monac	and fee is	s paid)
& Cinneture: /Addresses or Anent)	ł	
_		
٠	ı	Domestic Return Receip
		restanta
ENDER:		I also wish to receive the
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.		following services (for an
Print your name and address on the reverse of this form so that w card to you.		extra fee):
Attach this form to the front of the milibiace, or on the back if spar permit. $\mathcal{O}_{\Sigma} <$ .	ce does not	1. Addressee's Address
"Write <i>"Return Receipt Requested"</i> on the m <u>ail</u> plece below the artic The Return Receipt will show to whom the article was delivered ar		2. Restricted Delivery
delivered.		Consult postmaster for fee.
3. Article Addressed to:	4a. Alticle N	10 7 25 TIE
NAVAJO NATION	T JU	
C/O ENERGY DIRECTOR	4b. Service T	ype
TO THE TANK OF THE	I □ Docietore	d D Codifical
PO BOX 3/18	☐ Registere	
C/O ENERGY DIRECTOR PO BOX 3')8 WINDOW ROCK AL 365 PS	☐ Express M	
WINDOW POCK AZ 365 15 20 10 10 10 10 10 10 10 10 10 10 10 10 10	☐ Express M	Aail Insured ept for Merchandise COD
WINDOW POEK AZ 365 PS	☐ Express M☐ Return Red 7. Date of De	Mail Insured seipt for Merchandise COD
The silvery of the si	☐ Express M☐ Return Red 7. Date of De	Asil Insured eight for Merchandise COD collivery
o. Received by: (Print Name)	Express A Return Rec 7. Date of De	Asil Insured eight for Merchandise COD collivery
o. Neceived by: (Print Name)	Express A Return Rec 7. Date of De	Asil Insured eight for Merchandise COD collivery
6. Signature: (Addressee or Agent)	Express A Return Rec 7. Date of De	Asil Insured eight for Merchandise COD collivery
6. Signature: (Addressee or Agent)  X	Express A Return Rec 7. Date of De	Asil Insured eight for Merchandise COD eight for Merchandise Eight for Merchandise COD eight for Merchandise Eig
6. Signature: (Addressee or Agent)  X PS Form 3811, December 1994	Express A Return Rec 7. Date of De	Asil Insured selpt for Merchandise COD silvery  's Address (Only if requested paid)  Domestic Return Receipt
6. Signature: (Addressee or Agent)  X PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.	Express A Return Rec 7. Date of De	Asil Insured seipt for Merchandise COD slivery  's Address (Only if requested paid)  Domestic Return Receipt
S. Signature: (Addressee or Agent)  X  S Form 3811, December 1994  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 v	☐ Express M☐ Return Red 7. Date of De 8. Addressee and fee is	Asil Insured selpt for Merchandise COD silvery  's Address (Only if requested paid)  Domestic Return Receipt
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 v card to you.  Attach this form to the front of the mailpiece, or on the back if spa	Express in Return Rec. 7. Date of De. 8. Addresses and fee is	Aail Insured seipt for Merchandise COD slivery  's Address (Only if requested paid)  Domestic Return Receipt  I also wish to receive the following services (for an a
S. Signature: (Addressee or Agent)  X S Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write **Patum Receipt Requested** on the mailpiece below the article.	Return Red 7. Date of De 8. Addressee and fee is re can return this toe does not be number.	Asil Insured seipt for Merchandise COD slivery  's Address (Only if requested paid)  Domestic Return Receipt  I also wish to receive the following services (for an a extra fee):
S. Signature: (Addressee or Agent)  X S Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write 'Return Receipt Requested' on the mailpiece below the artic	Return Red 7. Date of De 8. Addressee and fee is re can return this toe does not be number.	Asil
S. Signature: (Addressee or Agent)  X  S Form 3811, December 1994  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 v card to you.  Affach this form to the front of the mailpiece, or on the back if spa permit.  Write 'Return Receipt Requested' on the mailpiece below the artis.  The Return Receipt will show to whom the article was delivered a delivered.	Return Red 7. Date of De 8. Addressee and fee is re can return this toe does not be number.	Asii
S. Signature: (Addressee or Agent)  X  S. Form 3811, December 1994  S. Form 3811, December 1994  S. S. Form 3811, December 1994  S. S	Return Red 7. Date of De 8. Addresses and fee is ve can return this lice does not cle number. Indi the date	Asii
SENDER:  Complete items 1 and/or 2 for additional services.  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 v card to you.  Attach this form to the front of the mailpiece, or on the back if spa permit.  Write "Return Receipt Requested" on the mailpiece below the artis.  The Return Receipt will show to whom the article was delivered a delivered.  3. Article Addressed to:  NEW MEXICO OIL CONSERVATION	Return Red 7. Date of De 8. Addressee and fee is we can return this los does not be number. Indicate the date 4a. Article N 4b. Service	Asil
S. Signature: (Addressee or Agent)  X  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 very card to you.  Attach this form to the front of the mailpiece, or on the back if spanemit.  Write "Return Receipt Requested" on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  NEW MEXICO OIL CONSERVATION  DIVISION	B. Addressee and fee is  To can return this lice does not the date  4a. Article N  4b. Service	Asil
S. Signature: (Addressee or Agent)  X S Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Print your name and address on the reverse of this form so that varied to you. Affact this form to the front of the mailpiece, or on the back if spanemit. Write "Return Receipt Requested" on the mailpiece below the article was delivered adelivered. Article Addressed to:  NEW MEXICO OIL CONSERVATION DIVISION 10000 RIO BRAZOS RD	B. Addressee and fee is  8. Addressee and fee is  re can return this are does not the date  4a. Article N  4b. Service  Register  Express	Asil
S. Signature: (Addressee or Agent)  X  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 v card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write "Return Receipt Requested" on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  NEW MEXICO OIL CONSERVATION  DIVISION	B. Addressee and fee is  8. Addressee and fee is  re can return this toe does not cle number. Indithe date  4a. Article N  4b. Service  Register  Express  Return Re	Asil
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 varied to you.  Attach this form to the front of the mailpiece, or on the back if sparsemist.  Write "Return Receipt Requested" on the mailpiece below the article was delivered addivered.  Article Addressed to:  NEW MEXICO OIL CONSERVATION  DIVISION  10000 RIO BRAZOS RD	B. Addressee and fee is  8. Addressee and fee is  re can return this are does not the date  4a. Article N  4b. Service  Register  Express	Asil
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 vecard to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write "Return Receipt Requested" on the mailpiece below the article was delivered a delivered.  Article Addressed to:  NEW MEXICO OIL CONSERVATION DIVISION  10000 RIO BRAZOS RD  AZTEC NM 87410	Return Rec 7. Date of De 8. Addressee and fee is  re can return this to does not cle number. Indicate 4a. Article N 4b. Service Register Express Return Re 7. Date of D	Asil
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  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 v card to you.  Attach this form to the front of the mailpiece, or on the back if spa permit.  Write 'Return Receipt Requested' on the mailpiece below the artist the Return Receipt will show to whom the article was delivered a delivered.  3. Article Addressed to:  NEW MEXICO OIL CONSERVATION  DIVISION  10000 RIO BRAZOS RD  AZTEC NM 87410  5. Received By: (Print Name)	Return Rec 7. Date of De 8. Addressee and fee is  re can return this to does not cle number. Indicate 4a. Article N 4b. Service Register Express Return Re 7. Date of D	Asil
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  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 v card to you.  Attach this form to the front of the mailpiece, or on the back if spa permit.  Write 'Return Receipt Requested' on the mailpiece below the article was delivered a delivered.  3. Article Addressed to:  NEW MEXICO OIL CONSERVATION  DIVISION  10000 RIO BRAZOS RD  AZTEC NM 87410  5. Received By: (Print Name)	Return Rec 7. Date of De 8. Addressee and fee is we can return this ice does not cle number. Indithe date 4a. Article N 4b. Service Register Return Re 7. Date of De 8. Addressee Return Re 7. Date of De 8. Addressee Return Re	Asil
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  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 v card to you.  Attach this form to the front of the mailpiece, or on the back if spa permit.  Write 'Return Receipt Requested' on the mailpiece below the artist the Return Receipt will show to whom the article was delivered a delivered.  3. Article Addressed to:  NEW MEXICO OIL CONSERVATION  DIVISION  10000 RIO BRAZOS RD  AZTEC NM 87410  5. Received By: (Print Name)	Return Rec 7. Date of De 8. Addressee and fee is we can return this ice does not cle number. Indithe date 4a. Article N 4b. Service Register Return Re 7. Date of De 8. Addressee Return Re 7. Date of De 8. Addressee Return Re	Asil

l also wish to receive the following services (for an extra fee):
Addressee's Add     Restricted Delive
Consult postmaster for fe
Number (25 71
Type
red 🖸 Cer
Mail Ins
eceipt for Merchandise   CO
Delivery TAFE VA
ee's Address (Only if reques
I MAY TO "
100
Domestic Reven Re
I also wish to receive the
following services (for an extra fee):
1. Addressee's Addressee
2. Restricted Deliver
Consult postmaster for fee
umber / 25 710
DX 117
Type
ed Certi
Mail Insu ceipt for Merchandise I COD
elivery
1-97
e's Address (Only if requeste paid)
•
Domestic Return Rec
Polliegiic Deluin Dec
I also wish to receive the
following services (for an
extra fee):  1.  Addressee's Addre
2. Restricted Delivery
Consuit postmaster for fee.
umper/ 2 - 120
18 600 7d0
уре
d Certi
Mail Insur
ceipt for Merchandise  COD
olivery 0007
olivery 9 1957 Year 9 1957 's Address (Only if requeste
ilivery 9 997
olivery 9 1957 Year 9 1957 's Address (Only if requeste

	ER: te items 1 and/or 2 for a te items 3, 4a, and 4b. ur name and address o		orm so that we ca	n return this	l also wish to r following servi extra fee):	eceive the ces (for an
	you. his form to the front of t	the mailpiece, or on th	e back if space do	es not	•	ssee's Address.
= WILL 9 JUNE =	etum Receipt Requeste					cted Delivery
■Write*Re ■The Reti	um Receipt will show to d.:	o whom the article was	s delivered and th	e date	Consult postm	aster for fee.
3. Article	Addressed to:		4a	. Article Nu		Certified Insured ise COD
P-R-	O MA NAGEME	ENT INC	Ĺ	43!	<u> </u>	101
вох	(158 GLEN LA		i	. Service T	7 F -	
DAL	LAS 7X 75231			Registere		☐ Certified <sup>9</sup>
			1	Express M		☐ Insured €
					eipt for Merchand	ise COD
			/'	Date of De	livery /	
5. Recei	ved By: (Print Nam	nei	8	Addressee	's Address (Onl	hy if requested
		,		and fee is p		y ii roquested
3. Article P-R- BOX DAL  5. Recei	ture: /Addressee o	r Agent)				<b>-</b>
<b>X</b>	Pyppin -	Xouth	5			
PS Form	3811, Decembe	r 1994   17	5.0		Domestic Re	eturn Receipt
SEND	ER:				I also wish to	receive the
<b>-</b>	1 200/00 2 100	r additional services.	an about 1445 At	an return this	following serv extra fee):	CG2 (101 m)
	ete items 3, 4a, and 4b our name and address	on the reverse of this	torm so that we ca	ione nat	1 Addr	essee's Address
Card to	you. . this form to the front o	if the mailpiece, or on t	the back it space t	1000 1101	,	ncted Delivery
e permit.			halow the smitself	ILE I IU-O		master for fee.
<b>≤</b> ■The H	GIRL HOCKIN MIN 2 C.	I to Muotu nie stoce			1	Tidator To Too
S Activ	de Addressed to:			ta. Afticle N	12	7 122
5 DI	ILLIPS PETRO	LEUM CO NW	· L	<u> </u>		<u>/                                    </u>
e PH	25 HWY. 64, N	BU 3004	L L	4b. Service		Certified
E 33.	RMINGTON N	M 87401		☐ Registe☐ Express		☐ Insured
. <b>29</b>	Hamiore			☐ Behim B	leceipt for Mercha	ndise 🗆 COD
			}	7. Date of	Delivery	
3. Ario						
Z	Sur (Print )	Vame)		B. Address	ee's Address (C	Only if requested
5. He	eceived By: (Print N	<i>(221.10)</i>		and fee	is paid)	
	1/	of Agent)		1		
6 84	matre: Addess	יייטערועקע		ł		
6. 54	onaptie: Address	Agenty			Domostic	Return Receip
ž X	1/1/1/10		<del>5.</del> C		Domestic	: Return Receip
PSF	form 3811, Decem		5·C			
PS F	Form 3811, Decemend 1 and/o	mber 1994 ) D			I also wis	sh to receive the
PS F	FORM 3811, December 1 and/o	mber 1994 ) D	ices.	we can return	I also wis	sh to receive the
PS F	FORM 3811, December 1 and/o complete items 1 and/o complete items 3, 4a, a print your name and advant to your	mber 1994 ) D. or 2 for additional serving 4b. diress on the reverse of	ices. of this form so that		I also wis following extra fee	sh to receive the
reverse side?	ENDER: Complete items 1 and/o Complete items 3, 4a, a Print your name and ad- aird to you. Attach this form to the fi sermit. Withe Betturn Recoint B	or 2 for additional services of the mailpiece. Coront of the mailpiece.	ices.  of this form so that  or on the back if so	nace does not ticle number.	I also wis following extra fee	sh to receive the services (for an
si September and September 2 S	FORM 3811, December items 1 and/o complete items 1 and/o complete items 3, 4a, a rink your name and advard to you.  Ittach this form to the filemit.  Write "Return Receipt Rink Return Receipt Rink Return Receipt will	or 2 for additional services of the mailpiece. Coront of the mailpiece.	ices.  of this form so that  or on the back if so	nace does not ticle number.	I also wis following extra fee	sh to receive the services (for an ): Addressee's Addre
si September and September 2 S	FORM 3811, December 1, December 1, December 1, December 1, A.	mber 1994 ) D. or 2 for additional service of the reverse of the mailpiece, of the mailpiece, of the mailpiece, show to whom the artists of the mails.	ices.  of this form so that  or on the back if so	ticle number, and the date	I also wis following extra fee	sh to receive the services (for an ): Addressee's Addre Restricted Delivery
S S S S S S S S S S S S S S S S S S S	FORM 3811, December 1, Decembe	mber 1994 ) D. or 2 for additional service and 4b. Idress on the reverse of the mailpiece. of the mailpiece of the mailpiece of the mailpiece of the mailpiece of the training	ices.  of this form so that  or on the back if so	ticle number, and the date	I also wis following extra fee  1.	sh to receive the services (for an ): Addressee's Addre Restricted Delivery
S S S S S S S S S S S S S S S S S S S	FORM 3811, December items 1 and/o complete items 1 and/o complete items 3, 4a, a rink your name and adard to you.  In trach this form to the finermit.  Write "Return Receipt Rink Return Receipt will lelivered.  Article Addressed  C RESOURCES	mber 1994 ) On 2 for additional service and 4b. Idress on the reverse or ront of the mailpiece, of lequested" on the mailpiece of show to whom the artistic:	ices.  of this form so that  or on the back if so	ticle number. and the date	I also wis following extra fee  1.	sh to receive the services (for an ): Addressee's Addr
S S S S S S S S S S S S S S S S S S S	FORM 3811, December 3	mber 1994 ) On 2 for additional service and 4b. Idress on the reverse or ront of the mailpiece, of lequested" on the mailpiece of show to whom the artistic:	ices.  of this form so that  or on the back if so	ticle number. and the date	I also wis following extra fee  1.	sh to receive the services (for an ): Addressee's Addre Restricted Delivery
si September and September 2 S	Form 3811, Decemendation of the second state o	mber 1994 ID. or 2 for additional service and 4b. Idress on the reverse of rorst of the mailpiece. It is a shown to whom the artistic: SCORP	ices.  of this form so that or on the back if so	da. Article number.  4a. Article Ab. Sen	I also wis following extra fee  1.	sh to receive the services (for an i): Addressee's Addresser's Add
si September and September 2 S	FORM 3811, December 3	mber 1994 ID. or 2 for additional service and 4b. Idress on the reverse of rorst of the mailpiece. It is a shown to whom the artistic: SCORP	ices.  of this form so that or on the back if so	da. Article number.  4a. Article Ab. Sen	I also wis following extra fee  1.	sh to receive the services (for an i): Addressee's Addresser's Add
si September and September 2 S	Form 3811, Decemendation of the second state o	mber 1994 ID. or 2 for additional service and 4b. Idress on the reverse of rorst of the mailpiece. It is a shown to whom the artistic: SCORP	ices.  of this form so that or on the back if so	ticle number. and the date  4a. Article 4b. Sen  Reg  Retu	I also wis following extra fee  1.	sh to receive the services (for an i): Addressee's Addresser's Add
si September and September 2 S	Form 3811, Decemendation of the Policy of th	mber 1994 ID. or 2 for additional service and 4b. Idress on the reverse of rorst of the mailpiece. of the quested on the mails show to whom the artistic: S CORP RD.	ices.  of this form so that or on the back if so	4a. Article number. and the date  4b. Sen  Reg  Retu  7. Date	I also wis following extra fee  1.	sh to receive the services (for an in):  Addressee's A
si Series estever ett ett ett ett ett ett ett ett ett e	Form 3811, Decemendation of the second state o	mber 1994 ID. or 2 for additional service and 4b. Idress on the reverse of rorst of the mailpiece. of the quested on the mails show to whom the artistic: S CORP RD.	ices.  of this form so that or on the back if so	4a. Article Reg	I also wis following extra fee  1.	sh to receive the services (for an i): Addressee's Addresser's Add
SETURN ADDRESS completed on the reverse side?  S. S	Form 3811, Decemendation of the complete items 1 and/or complete items 3, 4a, a refirit your name and adard to you.  Write "Return Receipt Richer Return Receipt will letivered.  Article Addressed  C RESOURCES 340 MEADOW  STE 230 DALLAS TX 75  Received By: (Print)	mber 1994 ) D. or 2 for additional service and 4b. Idress on the reverse of ront of the mailpiece. ORP TRD.	ices.  of this form so that or on the back if so	4a. Article Reg	I also wis following extra fee 1.	sh to receive the services (for an in):  Addressee's A
RETURN ADDRESS completed on the reverse side?  2. S.	Form 3811, Decemendation of the Policy of th	mber 1994 ) D. or 2 for additional service and 4b. Idress on the reverse of ront of the mailpiece. ORP TRD.	ices.  of this form so that or on the back if so	4a. Article Reg	I also wis following extra fee 1.	sh to receive the services (for an in):  Addressee's A

SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3 do and the			
e Demt		l also wish to	receive the
Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the mailpiece, or on the back if sp. permit.	we can return this	following servextra fee):	ices (for an .
permit.	200 doos	Oxua 100).	
Write Return Receipt Requested on the mailpiece below the article     The Return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will show to whom the article was a state of the return Receipt will be a stat			ssee's Address
The Return Receipt will show to whom the article was delivered.	icle number. and the date	2. 🗆 Restri	cted Delivery
3. Article Addressed to:		Consult postm	
o. Andre Addressed to:	49 Article N	Imper	43.61 101 166.
SCHALK DEVELOPMENT CO	コンスト	ププスロ	フンノ
P. O. BOX 25825	db Seed	s are	104
AI BLIOUR DOX	4b. Service T		
ALBUQUERQUE NM 87125	Registere		Certified
<b>Q</b>	☐ Express M		☐ Insured
	☐ Return Reco	eipt for Merchandis	Se IT COD
	/. Date of De	ivery	
5. ABCeived By: (Print Marge)	4	21/91	
s.a localved by: (Print Name)	8. Addressee	s Address (Only	
- Cite Icha	and fee is p	aid)	ii requested
Write 'Return Receipt Requested' on the mailpiece below the article of the neutral Receipt will show to whom the article was delivered a delivered.  3. Article Addressed to:  SCHALK I)EVELOPMENT CO P. O. BOX 25825 ALBUQUE RQUE NM 87125  5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  6. Signature: (Addressee of Agent)		•	Insured Se COD
X	1		
PS Form 3811, December 1994			
1105.		Omestic Ret	um Receipt
	-		
SENDER:		<del></del>	
Complete items 1 and/or 2 for additional services.	1	I also wish to re	
	re can return this i	following service extra fee): :	es (for an /
card to you.	j		
Attach this form to the front of the mailpiece, or on the back if spa- permit.	ce does not	1. L. Addres	see's Addrets
Write 'Return Receipt Requested' on the mailpiece below the article		2. Restric	ted Delivery
The Return Receipt will show to whom the article was delivered at delivered.	nd the date	Consult postma	aster for fee.
ō	Ido Asiala M	mbor =	
3. Article Addressed to:	142 779	8 635	クログ
SNYDER OIL CORP	$\psi \mathcal{I}_{\mathcal{I}}$	<u> </u>	<u>wy</u>
SNYDER OIL CORP  P. O. BOX 2038 S8UZ Hwy, 64  FARMINGTON NM 87499	4b. Service T	уре	
G FAD MICEOUS COLOR	1		
T PARMINGTON NM 87499 '	☐ Registere	d	☑ Certified
	II _ ` .		
	II _ ` .		
	☐ Express N	Mail NA 87	
TARVINGTON NW 87423	II _ ` .	Aail NA 8) eign or More rand	
TARVINGTON NW 87423	Express N Return Rec 7. Date of De	Aail NM 82 eightor Monthanei	Insured COD
5. Received By: (Print Name)	☐ Express A☐ Return Rec 7. Date of De	Agil NA 87 eighter Morchanes	Insured COD
5. Received By: (Print Name)	Express N Return Rec 7. Date of De	Agil NA 87 eighter Morchanes	Insured COD
5. Received By: (Print Name)	☐ Express A☐ Return Rec 7. Date of De	Agil NA 87 eighter Morchanes	Insured COD
5. Received By: (Print Name)  Chester Liber	☐ Express A☐ Return Rec 7. Date of De	Agil NA 87 eighter Morchanes	Insured COD
5. Received By: (Print Name)  Chester L. Den  6. Signature: (Addressee or Agent)  X (Livity, L.	☐ Express A☐ Return Rec 7. Date of De	Agil M 8) eighter Merchane life M 100 political managements (Only)	Insured COD COD
5. Received By: (Print Name)	☐ Express A☐ Return Rec 7. Date of De	Agil M 8) eighter Merchane life M 100 political managements (Only)	Insured COD
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	☐ Express A☐ Return Rec 7. Date of De	Peigr for Merchanes  Journess (On one one one one one one one one one on	Insured COD COD
5. Received By: (Print Nama)  Che Ster L. Den  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  "Complete items 1 and/or 2 for additional services.	☐ Express A☐ Return Rec 7. Date of De	Domestic Re	Insured COD COD
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	☐ Express A ☐ Return Rec 7. Date of De 8. Addressee and fee is	Domestic Re	Insured COD COD insured code steel code code code code code code code code
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Express A Return Rec T. Date of De  8. Addressee and fee is	Domestic Relations of the policy of the poli	insured COD
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Express A Return Rec T. Date of De  8. Addressee and fee is	Domestic Relations of the policy of the poli	Insured COD COD insured code steel code code code code code code code code
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not de number.	Domestic Relations of the policy of the poli	insured COD COD cod insured cod cod cod cod cod cod cod cod cod co
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not de number.	Domestic Restrictions of the control	eturn Receipt esceive the esse (for an essee's Address ted Delivery
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is and fee is ce can return this ce does not de number. Indithe date	Domestic Re  I also wish to re following service extra fee):  1.   Address Consult postma	eturn Receipt esceive the esse (for an essee's Address ted Delivery
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not de number.	Domestic Re  I also wish to re following service extra fee):  1.   Address Consult postma	eturn Receipt esceive the esse (for an essee's Address ted Delivery
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not the date 4a Article Nu	Domestic Re  I also wish to re following service extra fee):  1. Address Consult postma	eturn Receipt esceive the esse (for an essee's Address ted Delivery
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is and fee is ce can return this ce does not de number. Indithe date	Domestic Re  I also wish to re following service extra fee):  1. Address Consult postma	Insured COD  ith duested  eturn Receipt eceive the res (for an assee's Address ated Delivery aster for fee.
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not the date 4a Article Nu	Domestic Report of the consult postma fee):  1 also wish to refollowing service extra fee):  1. Address 2. Restrict Consult postma fee):	eturn Receipt esceive the esse (for an essee's Address ted Delivery
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not de number, nd the date 4a. Article Nu 4b. Service T  Registered	Domestic Report of the consult postma fee):  1. Address 2. Restrict Consult postma fee):  7. Address 7. Address 7. Address 7. Address 8. Address 8. Address 9. Addres	eturn Receipt esse's Address ted Delivery ester for fee. Certified
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not the number. Indithe date 4a. Article Number. Registerec Express M	Domestic Report of the consult postnar of the	eturn Receipt esse's Address ted Delivery ester for fee. Certified Insured
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is and fee is 4. Article Nu 4b. Service T Registered Express M Return Rec	Domestic Report of the consult postnation of	eturn Receipt esse's Address ted Delivery ester for fee. Certified Insured
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is e can return this ce does not the number. Indithe date 4a. Article Number. Registerec Express M	Domestic Report of the consult postnation of	eturn Receipt esse's Address ted Delivery ester for fee. Certified Insured
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Rec 7. Date of De 8. Addressee and fee is and fee is 4. Article Nu 4b. Service T Registered Express M Return Rec	Domestic Report of the consult postnation of	eturn Receipt esse's Address ted Delivery ester for fee. Certified Insured
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Reconstruction of the date  4a, Anticle Number, and the date  4b. Service To Registered Express More Return Reconstruction of the date  7. Date of Delivery Return Reconstruction of Delivery Return Reconstruction of the date	Domestic Report of the consult postnation of	eturn Receipt eceive the ese (for an esee's Address ted Delivery ester for fee. Certified Insured ee COD
5. Received By: (Print Name)  Chester L. Deal  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.  **Complete items 3, 4a, and 4b.	Return Reconstruction of the date  4a, Anticle Number, and the date  4b. Service To Registered Express More Return Reconstruction of the date  7. Date of Delivery Return Reconstruction of Delivery Return Reconstruction of the date	Domestic Re  I also wish to re following service extra fee):  1. Address Consult postma  The part of t	eturn Receipt eceive the ese (for an esee's Address ted Delivery ester for fee. Certified Insured ee COD
5. Received By: (Print Name)  Chester L. Lea  6. Signature: (Addressee or Agent)  X Chester L.  PS Form 3811, December 1994  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 card to you.  Attach this form to the front of the mailpiece, or on the back if spanermit.  "Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered at delivered.  3. Article Addressed to:  SOUTHERN UTE INDIAN TRIBE  PO BOX 737  IGNACIO CO \$1137	Return Record.  Return Record.  Return Record.  Return Record.  Record Record.  Record Record.  Record Record.	Domestic Re  I also wish to re following service extra fee):  1. Address Consult postma  The part of t	eturn Receipt eceive the ese (for an esee's Address ted Delivery ester for fee. Certified Insured ee COD

ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.		i e
Andrea company and a second control of the control		l also wish to receive the following services (for an
Print your name and address on the reverse of this form so the card to you.		extra fee):
Attach this form to the front of the mailpiece, or on the back if permit.	f space does not	1. Addressee's Address
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.		2. Restricted Delivery
delivered.	ed and the date	Consult postmaster for fee.
3. Article Addressed to:	4a. Africle N	umper, 7 - 40 1
UNION OIL CO OF CALIFORNIA	143	18621/21
P. O. BOX 850	4b. Service	Гуре
BLOOMFIELD NM 87413	☐ Registere	ed Certified
5500.21025 1.02	☐ Express	Mail Insured
	☐ Return Red	ceipt for Merchandise
	7. Date of De	
		dd -47
5. Received By: (Print Name)		s Address (Only if requested
Melissi Myrico	and fee is	раи)
i. Signature: (Addressee or Agent)		
X/ lisar Jon		
S Form 3811, December 1994	1105	Domestic Return Receipt
SENDER:  Complete items 1 and/or 2 for additional services.		I also wish to receive the
■Complete items 3, 4a, and 4b.		following services (for an
Print your name and address on the reverse of this form so card to you.		extra fee):
Attach this form to the front of the mailpiece, or on the back permit.	if space does not	1. Addressee's Address
"Write "Return Receipt Requested" on the mailpiece below th		2. A Restricted Delivery
The Return Receipt will show to whom the article was delive delivered.	ared and the date	Consuit postmaster for fee.
3. Article Addressed to:	4a. Article I	<del></del>
	1020	37,25 729
UTE MOUNTAIN UTE TRIBE	4b. Service	JULYX / ICAO
PO BOX 42		
TOWAOC CO 81334	☐ Register	
	☐ Express	
	7. Date of C	eceipt for Merchandise COD
	1/ Data Of L	elivery
	7. 54.0 0. 5	·
5. Received By: (Print Name)		wish Mirrings (Add Framunstad
5. Received By: (Print Name)		sid Nicipes (dal) requested
	8. Addresse	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	8. Addresse	
6. Signature (Addressee or Agent)  X  M  Look	8. Addresse and fee is	ह हेबेरी)
6. Signature (Addressee or Agent)	8. Addresse	
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  SENDER:	8. Addresse and fee is	Domestic Return Receip
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  SENDER:  **Complete items 1 and/or 2 for additional services.**	8. Addresse and fee is	Domestic Return Receip
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 the services."	8. Addresse and fee is	Domestic Return Receip
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back is	8. Addresse and fee is	Domestic Return Receipt I also wish to receive the following services (for an
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so to card to you.	8. Addresse and fee is	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address
6. Signature: Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.	8. Addresse and fee is 1000 cm. that we can return this if space does not a article number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write 'Heturn Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.	8. Addresse and fee is and fee is that we can return this if space does not a article number. red and the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back if permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.	8. Addresse and fee is 1000 cm. that we can return this if space does not a article number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.	8. Addresse and fee is and fee is that we can return this if space does not a article number. red and the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back is permit.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC	8. Addresse and fee is and fee is that we can return this if space does not a article number, red and the date  48. Addicts No. Service	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 the card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write **Heturn Receipt Requested** on the mailpiece below the "The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE	8. Addresse and fee is and fee is that we can return this if space does not a article number. red and the date  48. Article N  49. Service	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back is permit.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC	8. Addresse and fee is and fee is that we can return this if space does not a article number. red and the date  4a. Acticle N  4b. Service  Registers	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 the card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write **Heturn Receipt Requested** on the mailpiece below the "The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE	8. Addresse and fee is a constant when the date article number. The article number article number. The date article number article number. The date article number article number. The article number article number article number. The article number art	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Consult postmaster for fee.  Imperity Consult postmaster for fee.  Imperity Consult postmaster for fee.  Imperity Consult postmaster for fee.  Insured Ceipt for Merchandise   COD
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 the card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write **Heturn Receipt Requested** on the mailpiece below the "The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE	8. Addresse and fee is and fee is that we can return this if space does not a article number. red and the date  4a. Acticle N  4b. Service  Registers	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Consult postmaster for fee.  Imperity Consult postmaster for fee.  Imperity Consult postmaster for fee.  Imperity Consult postmaster for fee.  Insured Ceipt for Merchandise   COD
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write *Return Receipt Requested* on the mailpiece below the "The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE  HOUSTON TX 77069	8. Addresse and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Consult postmaster for fee.    Consult postmaster for fee.   Consult po
6. Signature Addressee or Agent)  X PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write **Heturn Receipt Requested** on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE  HOUSTON TX 77069	8. Addresse and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Consult Certified Mail Insured Ceipt for Merchandise COD Collivery Cod
6. Signature Addressee or Agent)  X PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE  HOUSTON TX 77069	8. Addresse and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Consult Certified Mail Insured Ceipt for Merchandise COD Collivery Cod
6. Signature: Addressee or Agent)  X PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back is permit.  Write Return Receipt Requested on the mailpiece below the The Return Receipt Will show to whom the article was delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE  HOUSTON TX 77069  5. Received By: (Print Name)	8. Addresse and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Consult Certified Mail Insured Ceipt for Merchandise COD Collivery Cod
6. Signature Addressee or Agent)  X PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE  HOUSTON TX 77069	8. Addresse and fee is	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Certified Mail Insured Ceipt for Merchandise COD Collivery  St Address (Only if requested paid)
6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994  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 to card to you.  Attach this form to the front of the mailpiece, or on the back is permit.  Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.  3. Article Addressed to:  VASTAR RESOURCES INC  15375 MEMORIAL DRIVE  HOUSTON TX 77069  5. Received By: (Print Name)	8. Addresse and fee is	Domestic Return Receipt I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Property Consult Certified Mail Insured Ceipt for Merchandise COD Collivery Cod

e can return this extra fee):  1. Addressee's Addresse and the date  2. Restricted Delivery Consult postmaster for fee.  4a. Article Number  4b. Service Type Registered Express Mail Return Receipt for Merchandise  7. Date of Delivery
2. Restricted Delivery Consult postmaster for fee.  4a Article Number 35 130  4b. Service Type Registered Repress Mail Insure COD  7. Date of Delivery 97
4a. Article Number  350 35 130  4b. Service Type  Registered Express Mail Insure Return Receipt for Merchandise COD  7. Date of Delivery
4b. Service Type  Registered  Express Mail Return Receipt for Merchandise  7. Date of Delivery
Registered Certification   Repress Mail   Insure   Return Receipt for Merchandise   COD   7. Date of Delivery   97
☐ Express Mail ☐ Insure☐ Return Receipt for Merchandise ☐ COD  7. Date of Delivery ☐ 97
Return Receipt for Merchandise COD  7. Date of Delivery  97
7. Date of Delivery
5 19 97
3 17 77
8. Addressee's Address (Only if requested and fee is paid)
,
Domestic Return Rece
100 C Bomostio Fictari Ficos
I also wish to receive the following services (for an extra fee):
ce does not 1. Addressee's Addre
te number. 2. 🗆 Restricted Delivery
nd the date  Consult postmaster for fee.
4a. Article Number (25 72)
P 338633 131
4b. Service Type
☐ Registered
Express Mail
Return Receipt for Marchandes COOD
7. Date of Delivery
8. Addressee's Address (Onthibracions
and fee is paid
Domostic Patrice Page
05.C Domestic Return Reco
Laboration to making the
I also wish to receive the following services (for an
e can return this extra fee):
5
nd the date
4a. Article Number
1358635 732
4b. Service Type
☐ Registered ☐ Certif
☐ Express Mail ☐ Insur
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery MAY   9  997
8. Addressee's Address (Only if requested and fee is paid)
aru iee o paruj
1

Print your name and address on the reverse of this form so that we can return this extra fee):	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.		t also wish to receive the, following services (for an	
Addressee's Address  Programment of the manipleco. or on the back if space does not perform the performance of the control of the manipleco. In the article number of the date	Print your name and address on the reverse of this form so that we can return			
Express Mail	*Attach this form to the front of the mailpiece, or on the back if space does not		1. Addressee's Address	2
Express Mail	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			olpt Se
Express Mail   Insured   Return Receipt for Merchandse   COD	3. Article Addressed to:	4a. Artigle Nu	imber / 25 0.0	Jece
Express Mail   Insured   Return Receipt for Merchandse   COD	BASIN MINERALS INC	1 2	58600 419	E
Express Mail   Insured   Return Receipt for Merchandse   COD		· I	/	1
SENDER:  SENDER:  **Complete ferms 1 and/or 2 for additional services.  **Complete ferms 3, 4a, and 4b.  **PIRE PRINT Receipt Addressee or Agent)  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form Receipt Requested* on the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece or the state of the		1= -	<b>→</b>	8
SENDER:  SENDER:  **Complete ferms 1 and/or 2 for additional services.  **Complete ferms 3, 4a, and 4b.  **PIRE ALTER AGGRESSEE OF Agent)  **Alter This form the front of the malipieca, or on the back if space does not selected to you.  **Alter This form Receipt Requested** on the malipieca below the article number.  **SENDER:  **Alter This form Receipt Requested** on the malipieca below the article number.  **The Return Receipt Requested** on the malipieca below the article number.  **The Return Receipt Registered   Reg		1 -	<del>-</del>	튵
SENDER:  SENDER:  **Complete ferms 1 and/or 2 for additional services.  **Complete ferms 3, 4a, and 4b.  **PIRE PRINT Receipt Addressee or Agent)  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form Receipt Requested* on the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece or the state of the				5
SENDER:  SENDER:  **Complete ferms 1 and/or 2 for additional services.  **Complete ferms and addressed to the maipiece, or on the back if space does not addressed to:  **SENDER:  **Complete ferms 1 and/or 2 for additional services.  **Complete ferms 2, 4a, and 4b.  **Pint your mane and addressed to the maipiece, or on the back if space does not addressed to you.  **Attach this form to the front of the maipiece, or on the back if space does not addressed to:  **The Return Receipt Requested' on the maipiece below the article number.  **The Return Receipt Requested to:  **BEARTOOTH OIL & GAS CO  P. O. BOX 2564  **BILLINGS MT 59103  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  **BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  **BEARTOOTH OIL & GAS CO  P. O. BOX 2504  BILLINGS MT 59103  BACK 1504  BAC		7. Date 01 06	3/19/97	3
SENDER:  SENDER:  **Complete ferms 1 and/or 2 for additional services.  **Complete ferms 3, 4a, and 4b.  **PIRE PRINT Receipt Addressee or Agent)  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form Receipt Requested* on the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece or the state of the	5. Received By: (Print Name)	8. Addressée	's Address (Only if requested	ķ
SENDER:  SENDER:  **Complete ferms 1 and/or 2 for additional services.  **Complete ferms 3, 4a, and 4b.  **PIRE PRINT Receipt Addressee or Agent)  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form to the front of the mailpiece, or on the back if space does not aware feel to you.  **Alter this form Receipt Requested* on the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece below the article number.  **The Return Receipt Requested* or the mailpiece or the state of the	Fuel allaland			Ē
SENDER:  **Complete firms 1 and/or 2 for additional services.  **Complete firms 3 4.a. and 40.  **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 malipieca below the article number.  **BEARTOOTH OIL & GAS CO P. O. BOX 2564  **BILLINGS MT 59103**  **SENDER:  **SEND	3. Signature: (Addressee or Agent)	7		_
SENDER:  ### Complete items 1 and/or 2 for additional services.  #### Complete items 3 and 40.  #### Complete items 4 and 40.  #### Complete items 4 and 40.  #### Complete items 5 and 40.  #### Complete items 6 and 40.  ##### Complete items 6 and 40.  ###################################	X Towler Ward			
## Complete ferms 1 and/or 2 for additional services. ## Complete ferms 3, 4a, and 4b. ## Prirty your name and address on the reverse of this form so that we can return this card to you. ## Prirty your name and address on the maispices or on the back if space does not permit. ## The Return Receipt will show to whom the article was delivered and the date delivered.  ## The Return Receipt will show to whom the article was delivered and the date delivered.  ## The Receipt will show to whom the article was delivered and the date delivered.  ## The Receipt will show to whom the article was delivered and the date delivered.  ## The Receipt Will show to whom the article was delivered and the date delivered.  ## The Receipt Will show to whom the article was delivered and the date delivered.  ## The Receipt Receipt Receipt Requested to:  ## The Receipt Receipt Requested on the maispices below the article number.  ## The Receipt Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Requested on the maispices below the article number.  ## The Receipt Receipt Requested on the maispices below the article number.  ## The Receipt Receipt Requested on the maispices below the article number.  ## The Receipt Receipt Receipt Requested on the maispices below the article number.  ## The Receipt Rec	S Form 3811, December 1994 105.C		Domestic Return Receipt	
e-Complete series 3, 4a, and 4b.  e-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.  # The Return Receipt Requested' on the mailpiece below the article number.  ## The Return Receipt will show to whom the article was delivered and the date.  ### Attach the form to the front of the mailpiece below the article number.  ### The Return Receipt will show to whom the article was delivered and the date.  ### Attach Receipt will show to whom the article was delivered and the date.  ### Attach Receipt will show to whom the article was delivered and the date.  ### Attach Receipt will show to whom the article was delivered and fee is paid.  ### The Attach Receipt will show to whom the article was delivered.  #### Attach Receipt will show to whom the article was delivered.  #### Attach Receipt will show to whom the article was delivered and the date.  ##### Attach Receipt will show to whom the article was delivered and the date.  ###################################	SENDER:			-
**Attach this form to the front of the malipiece, or on the back if space does not permit.  **Write***Pleasure Receipt Requested** on the malipiece below the article number.  **The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  **BEARTOOTH OIL & GAS CO**  P. O. BOX 2564  BILLINGS MT 59103  **BELLINGS MT 59103  **BELLINGS MT 59103  **Addressee's Addressee or Agent)  **SENDER:**  **Complete farms 1 and/or 2 for additional services.**  **Complete farms 3, 4a, and 4b.**  **Print your name and addresse on the newerse of this form so that we can return this come to the front of the malipiece, or on the back if space does not permit. **Write**Pleasure Receipt Mills Write**  **SENDER:**  **Complete farms 3, 4a, and 4b.**  **Print your name and addresse on the malipiece below the article number. and the date delivered.  **3. Article Addressee's Address*  **Addressee's Address*  **SENDER:**  **Complete farms 1 and/or 2 for additional services.**  **Complete farms 3, 4a, and 4b.**  **Print your name and address on the reverse of this form so that we can return this write into the front of the malipiece, or on the back if space does not permit. **Write**Pleasure Receipt will show to whom the article was delivered and the date delivery.  **3. Article Addressed to:**  BHP PETR OLEUM (AMERICAS) INC 1360 POST OAK BEVD STE. 500  HOUSTON TX 77056  **4. Article Number.**  **5. Service Type  **Registered  **1.   Addressee's Address of Consult postmaster for fee.  **4. Article Number.**  **5. Service Type  **Registered  **1.   Addressee's Address of Critified of Return Receipt of Merchandse   Consult postmaster for fee.  **5. Service Type  **Registered   Certified   Certified   Return Receipt of Merchandse   Consult postmaster for fee.  **5. Received By: (Print Name)  **5. Received By: (Print Name)  **5. Received By: (Print Name	<ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so the</li> </ul>	at we can return this	following services (for an	
BILLINGS MT 59103    Registered   Express Mail   Return Receipt   Insured   Insured   Return Receipt   Insured   Return Receipt   Insured   Return Receipt   Insured   Insured   Return Receipt   Insured   In	Attach this form to the front of the mailpiece, or on the back if s	space does not	1. Addressee's Address	
BILLINGS MT 59103    Registered   Express Mail   Return Receipt   Insured   Insured   Return Receipt   Insured   Return Receipt   Insured   Return Receipt   Insured   Insured   Return Receipt   Insured   In	"Write Return Receipt Requested" on the mailpiece below the a	rticle number.	2. Restricted Delivery	
BILLINGS MT 59103    Registered   Express Mail   Return Receipt   Insured   Insur		d and the date	Consult postmaster for fee.	
BILLINGS MT 59103    Registered   Express Mail   Return Receipt   Insured   Insur	3. Article Addressed to:	4a. Article I	Number / 25 000	-
BILLINGS MT 59103    Registered   Express Mail   Return Receipt   Insured   Insured   Return Receipt   Insured   Return Receipt   Insured   Return Receipt   Insured   Insured   Return Receipt   Insured   In	BEARTOOTH OIL & GAS CO	1	100 100 100 100 100 100 100 100 100 100	, ' -
BILLINGS MT 59103    Return Receipted Profession of Profes	P. O. BOX 2564	4b. Service	••	
6. Signature: (Addressee or Agent)  X  Domestic Return Receipt  Domestic Return Receipt    Sender:		☐ Register		1 1
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 'fletum Receipt Requested' on the mailpiece below the article number.  **BHP PETR OLEUM (AMERICAS) ENC  1360 POST OAK BLVD STE. 500  HOUSTON TX 77056  **HOUSTON TX 77056  **June of Delivery  5. Received By: (Print Name)  8. Addressee's Addresse (Only if requested and fee is paid)  8. Addressee's Addresse (Only if requested and fee is paid)	5.5.5.5	1— .		
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 'fletum Receipt Requested' on the mailpiece below the article number.  **BHP PETR OLEUM (AMERICAS) ENC  1360 POST OAK BLVD STE. 500  HOUSTON TX 77056  **HOUSTON TX 77056  **June of Delivery  5. Received By: (Print Name)  8. Addressee's Addresse (Only if requested and fee is paid)  8. Addressee's Addresse (Only if requested and fee is paid)		Hetum Re		_
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 **Peturn Receipt Requested** on the mailpiece below the article number.  **BTHE Receipt Receipt Requested** on the mailpiece below the article number.  **BTHE Receipt Receipt will show to whom the article was delivered and the date delivered.  **Totale Addressed to:  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500 POST** OAK BLVD STE. 500 POST** OAK BLVD STE. 500 P		7. Date of L		•
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 **Peturn Receipt Requested** on the mailpiece below the article number.  **BTHE Receipt Receipt Requested** on the mailpiece below the article number.  **BTHE Receipt Receipt will show to whom the article was delivered and the date delivered.  **Totale Addressed to:  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **HOUSTON TX 77056**  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500  **BHP PETF OLEUM (AMERICAS) ENC 1360 POST** OAK BLVD STE. 500 POST** OAK BLVD STE. 500 POST** OAK BLVD STE. 500 P	5. Received By: (Print Name)		e's Allows (Unity) requested	-
PS Form 3811, December 1994    Domestic Return Receipt	6 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		s para)	i
PS Forth 3811, December 1994    Domestic Return Receipt   Domestic Return Receipt		ĺ		
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.  © Print your name and address on the reverse of this form so that we can return this card to you.  © Print your name and address on the reverse of this form so that we can return this card to you.  © Print your name and address on the reverse of this form so that we can return this card to you.  © Print your name and address on the reverse of this form so that we can return this following services (for an extra fee):  1. □ Addressee's Address on the reverse of this form so that we can return this following services (for an extra fee):  1. □ Addressee's Address on Addressee on Addressee on the reverse of this form so that we can return this following services (for an extra fee):  1. □ Addressee's Addres			Domestic Return Receip	Ŧ
#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.  #Write *Return Receipt will show to whom the article was delivered and the date delivered.  ### Addressee's Address of the card fee is paid.  ###################################	105	<u> </u>	Domosto Hotali Hotolp	_
#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***Heturn Receipt Requested** on the mailpiece below the article number.  #The Return Receipt will show to whom the article was delivered and the date delivered.  ### Addressee's Addresse's Addresse's Addresse's Addresse (Consult postmaster for fee.  #### Addressee's Addressee's Addresse's Addresse's Addresse's Addresse's Addresse's Addresse's Addressee's Addresse's Addresse's Addresse's Addresse's Addresse's Addressee's Addresse's Addressee's Add			I also wish to receive the	-
card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  BY 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.  3. Article Addressed to:  BHP PETFOLEUM (AMERICAS) INC  1360 POST OAK BLVD STE. 500  HOUSTON TX 77056  BRegistered  Registered  Registered  Registered  Registered  Receipt for Merchandise  Consult postmaster for fee.  4a. Article Number  Service Type  Registered  Registered  Registered  Receipt for Merchandise  Consult postmaster for fee.  4b. Service Type  Registered  Registered  Registered  Return Receipt for Merchandise  Consult postmaster for fee.  4b. Service Type  Registered  Registered  Registered  Responsible of Delivery  Service Type  Registered  Responsible of Delivery	■Complete items 3, 4a, and 4b.	we can return this	1	
6. Signature (Addressee or Agent)	card to you.		100/.	3
6. Signature (Addressee or Agent)	permit.			
6. Signature (Addressee or Agent)	The Return Receipt will show to whom the article was delivered		1	1
6. Signature (Addressee or Agent)		do America		- {
6. Signature (Addressee or Agent)	2 Article Addressed to:	1 1 1 N	53635921	á
6. Signature (Addressee or Agent)			シリゲー・エス	
6. Signature (Addressee or Agent)	BHP PETFOLEUM (AMERICAS) INC	4b. Service	Type	٠,
6. Signature (Addressee or Agent)	BHP PETFOLEUM (AMERICAS) INC 1360 POST OAK BLVD STE, 500		··	
6. Signature (Addressee or Agent)	BHP PETFOLEUM (AMERICAS) INC 1360 POST OAK BLVD STE, 500	☐ Register	ed Certified	ing Bet
6. Signature (Addressee or Agent)	BHP PETFOLEUM (AMERICAS) INC 1360 POST OAK BLVD STE, 500	☐ Register	ed Certified Mail Insured	Intell Action ?
6. Signature (Addressee or Agent)	BHP PETFOLEUM (AMERICAS) INC 1360 POST OAK BLVD STE, 500	☐ Registers ☐ Express ☐ Return Re	ed	the Definition of the
6. Signature (Addressee or Agent)	BHP PETFOLEUM (AMERICAS) INC 1360 POST OAK BLVD STE, 500	☐ Registers ☐ Express ☐ Return Re	ed	vol for nation Date
= M / N	BHP PETFOLEUM (AMERICAS) INC 1360 POST OAK BLVD STE. 500 HOUSTON TX 77056	☐ Registers ☐ Express ☐ Return Re 7. Date of Do	Mail Insured ceipt for Merchandise COD elivery	and a solution and the solution
	BHP PETFOLEUM (AMERICAS) INC 1360 POST OAK BLVD STE. 500 HOUSTON TX 77056  5. Received By: (Print Name)	☐ Registers ☐ Express ☐ Return Re 7. Date of Do	Mail Insured ceipt for Merchandise COD elivery	Thank you for naine Bank

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 vecard to you.  Attach this form to the front of the mailpiece, or on the back if spepermit.  Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered a delivered.	1. Addressee's Address icle number. 2. Restricted Delivery
3. Article Addressed to:  BLACKWOOD & NICHOLS LTD PTR 1500 MID AMERICAN TOWER 20 N BROADWAY OKLAHOMA CITY OK 73102	4a. Article Number 358 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addresses or Agent)	8. Addressee's Address (Only if requested and fee is paid)