

HI ENERGY, INC.
 P.O. BOX 1799
 LAND, TX 79702-1799

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

CERTIFIED

P 101 783 970

MIDLAND/ODESSA TX 797 03/05/98 20:57

MAIL

NAME _____
 Post Notice 325
 End Notice _____
 Return _____

Frank P. Atha
 16612 Paqueno Pl.
 Pacific Palisades, CA 90272

RETURNED TO SENDER
Refused

*NL 31
 RT 31 7/1/98*

P 101 783 970

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

Sent to FRANK P. ATHA	
Street & Number 16612 PAQUENO PL.	
Post Office, State, & ZIP Code PACIFIC PALISADES, CA	
Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	1.67
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?	SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: FRANK P. ATHA 16612 PEQUENO PL. PACIFIC PALISADES, CA 90272	4a. Article Number P 101 783 970 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X		

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

NEW MEXICO
 OIL CONSERVATION DIVISION

EXHIBIT 3

CASE NO. _____

Thank you for using Return Receipt Service.

PS Form 3800, April 1995