

R. C. Anderson Division Manager Production Department Hobbs Division BEFORE OF THE RECARD MACH

February 8, 1990

CASE NO. \_ 18059-61

WORKING INTEREST OWNERS' MEETING: EUNICE MONUMENT SOUTH UNIT AND PROPOSED EUNICE MONUMENT SOUTH UNIT EXPANSION LEA COUNTY, NEW MEXICO

WORKING INTEREST OWNERS
Eunice Monument South Unit
Proposed Eunice Monument South Unit Expansion

Gentlemen:

A meeting of the Working Interest Owners will be held on:

Tuesday, February 27, 1990 9:00 A.M. (MST) Chevron U.S.A. Inc. Office 1923 N. Dal Paso Hobbs, New Mexico

The meeting agenda and a "Notice of Proposed Expansion" are attached.

Since unitization, a major effort has been expended to develop the Eunice Monument South Unit area as an efficient secondary recovery project. The primary focus of this meeting will be to review the unit's performance, significant activities to date, and present our efforts to optimize the waterflood's performance. Additionally, a proposal to expand the existing Eunice Monument South Unit to include an additional 3000 acres to the north of the EMSU will be discussed in detail.

This meeting will provide an overview of the current performance and operation of the Unit and provide the EMSU Working Interest Owners with a basis for considering the proposed expansion. If you have any questions regarding the Unit, proposed expansion or meeting, please contact J. D. Dolan at 505-393-4121.

Yours very truly,

R. C. ANDERSON

### NOTICE OF

### WORKING INTEREST OWNERS MEETING

### EUNICE MONUMENT SOUTH UNIT OPERATIONS

AND

### NOTICE OF

### PROPOSED EUNICE MONUMENT SOUTH UNIT EXPANSION

LEA COUNTY, NEW MEXICO

DATE:

FEBRUARY 27, 1990

TIME:

9:00 A.M. (MST)

LOCATION:

CHEVRON U.S.A. INC.

1923 NORTH DAL PASO HOBBS, NEW MEXICO

AGENDA

INTRODUCTION

### EMSU STATUS REPORT

- ° OVERVIEW
- ° GEOLOGY
- " WATERFLOOD OVERVIEW
- \* SIMULATION WORK
- ° PROJECT ACTIVITIES & AFE STATUS

### EMSU EXPANSION

- PROPOSED EMSU EXPANSION OVERVIEW
- INVESTMENT ADJUSTMENT/CAPITAL EXPENDITURES
- OPERATING EXPENSE SHARING
- ° CLOSING
- ° INFORMAL DISCUSSION

### NOTICE OF PROPOSED EXPANSION

The working interest owners of the proposed Eunice Monument West Unit Study Area have applied to Chevron, as operator of the Eunice Monument South Unit, for expansion of the Eunice Monument South Unit (EMSU) to include the Eunice Monument West Unit (EMWU) Study Area.

The proposed expansion area is shown on the attached plat as Exhibit "A", and titled Expice Monument South Unit Expansion Area B, and encompasses the following lands:

### Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico

Section 10: E/2E/2

Section 11: W/2, W/2NE/4, SE/4

Section 13: W/2, S/2SE/4

Section 14: All

Section 15: NE/4NE/4

Section 23: All

Section 24: N/2, SW/4, W/2SE/4

The expansion area encompasses 3,000 acres, more or less, and it is proposed that until such time as the working interest owners agree to consolidate facilities and operations under the terms of the unit and unit operating agreement (and receive the consent of the Authorized Officer, Land Commissioner, and Oil Conservation Commission), the original Unit Area (Area A) and the above unit expansion Area (Area B) will be operated as separate entities under a common unit and unit operating agreement.

If approved, the proposed expansion will be completed under the terms of Section 4 (unit expansion) and Section 32 (Nonjoinder and Subsequent Joinder) of the Unit Agreement and in compliance of the Statutory Unitization Act of the State of New Mexico (Section 70-7-9 NMSA, 1978).

Chevron proposes that the EMSU working interest owners consider the expansion to include the Eunice Monument West Unit Study Area, based upon the following:

### BASIS OF ADMISSION

### 1) Common Injection System -

The working interest owners in the proposed expansion area B (EMWU) will pay to the owners of the existing unit Area A (EMSU) an agreed upon investment adjustment for acquisition of an interest in the existing

Eunice Monument South Unit's (1) water injection plant (2) a portion of a main injection trunk line, (3) the water supply wells, (4) the water disposal well and (5) the related equipment and facilities previously constructed for the injection system to serve the existing and expansion unit areas. The basis for the investment adjustment was derived from actual costs associated with purchasing and installing the equipment. The resultant actual cost is \$6,580,005. The investment adjustment, which will be based upon the date of first water delivery to the Expansion area (EMWU) will be calculated using the units of production method where:

- A = EMSU Depreciation 01-01-1987 thru 12-31-1989 = \$2,393,583.62
- B = Additional depreciation from 01-01-1990 to initial EMWU water delivery = Calculated DD&A/BOEG \* BOEG (EMSU) to initial EMWU water delivery where BOEG = Bbls. of oil equivalent gas where 6 mcf gas = 1 Bbl. oil
- C = Gross EMSU Project Capital Expenditures prior to initial EMWU water delivery

Depreciation Factor for Water Injection System Base Cost = 1 - [(A + B)/C]

The injection system value was proportioned between the existing unit (EMSU) and expansion area (EMWU) based upon a 82.76% EMSU and 17.24% EMWU prorata share. Utilizing the above depreciation factor and 17.24% prorated share for the expansion area (EMWU), yields the following Investment Adjustment acquisition equation for the expansion area (EMWU) buy-in:

EMWU Investment Adjustment = \$6,580,005 \* Depreciation Factor \* .1724

An example of the above Investment Adjustment Calculation is as follows:

- \* Assume First EMWU water delivery is on 1-1-91
- \* 1987-1989 Depreciation Expense = \$2,393,583.62
- \* 1990 production = 487200 BO & 1938317 mcfq; BOEG = 810252.8
- \* 1990 DD&A/BOEG = \$1.05/BOEG
- \* 1990 Depreciation Expense = \$850,765.48
- \* Cumulative Gross Project Expenditures thru 12-31-90 = \$50,000,000
- \* Depreciation Factor = 1 [(2,393,583.62 + 850,765.48)/50,000,000] = .93511
- \* Depreciated EMSU Injection System Value as of 1-1-91
  - = \$6,580,005 \* .93511 = \$6,153,048.33
- \* EMWU Prorata Share = 17.24%
- \* EMWU Investment Adjustment = 6,153,048.33 \* .1724

= \$1,060,785.53

### 2) Capital Costs -

All direct capital costs necessary to implement the secondary recovery operations for the expansion area B (EMWU) will be borne by working interest owners of the expansion area at no cost to the existing unit.

### 3) Common Investment -

Future capital expenditures on the common injection system, as set forth in number 1 above, will be proportionally shared with 17.24% allocated to the expansion area (EMWU) and 82.76% allocated to the EMSU; with the following exception:

capital expenditures which benefit only one area (either EMSU of EMWU) will be borne solely (100%) by the area (either EMSU of EMWU) which initiated the expenditure.

### 4) Expenses & Operating Costs -

All expense and operating costs for the expansion area (EMWU) that are not related to the common injection system will be maintained separately from the costs and expenses of the existing unit area. All expenses and operating costs for the common injection system set forth in number 1 above, will be shared proportionally between the existing unit area and the expansion area based on the percentage of monthly injection and monthly water supplied to the existing unit area and expansion area. Monthly operating expenses on the common injection system will be proportioned based on the following direct measurement approach:

Injection Facility Monthly Expenses \* Monthly Water Injection to an Area Total Monthly Injection to both areas

+ Water Supply Well Monthly Expenses \* Monthly Water Supply to an Area

Total Monthly Water Supplied to both areas

### 5) <u>Development</u> -

Plans of development, AFE's, budgets, and actual development costs for secondary and tertiary recovery operations in the expansion area (EMWU) shall be maintained separate from the existing unit area.

### 6) Production & Proceeds -

All production from the expansion area (EMWU) shall be held separate from the existing unit area and will be accounted for, sold, and allocated back to the tracts within the expansion area based upon the tract participation established for the expansion area.

### PARTICIPATION TO BE ASSIGNED WITHIN THE ENLARGED AREA

Unless changed by agreement and vote of the working interest owners and approval of the Authorized officer, Land Commissioner, and Oil Conservation Commission prior to commencing tertiary operations, participation within the expansion area (EMWU) and existing area (EMWU) will be held separate, and each such area will be treated as a separate entity. The tract participation shall remain unchanged for the existing unit area, and production and costs allocations will continue to be made to the owners of the existing area on the same basis as they were before expansion.

Unless modified as stated above, participation in the expansion area (EMWU) will be separately determined based upon the existing EMSU participation formula. By treating these as separate entities, each area's tract participation will total 100%. Ownership interests in the existing unit and in the expansion area is shown on attachment A.

### REQUIREMENTS FOR EXPANSION

Ballots approving unit expansion will be presented at the working interest owners meeting. If sufficient approval is received for expansion, Chevron will begin expansion procedures on behalf of EMSU and EMWU working interest owners.

### ATTACHMENT A

### INTEREST OF PARTIES BY AREA

### UNIT AREA A

### EXISTING AREA (EMSU) - 14,189.84 acres

46200
26600
04000
59400
97500
71800
81500
94692
38319
11120
33700
40800
90800
80000
64900
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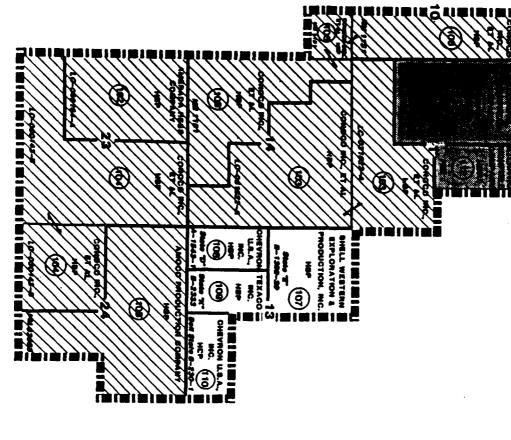
### EXPANSION AREA (EMWU) - 3,000 acres

UNIT AREA B

AMOCO PRODUCTION CO.	.305419332
ARCO OIL & GAS CO.	.293999073
CHEVRON U.S.A. INC.	.193976604
CONOCO INC.	.138312840
SHELL WESTERN E&P INC	.044693929
AMERADA HESS CORP.	.017168789
TEXACO PRODUCING INC.	.006429433

TOTAL 1.000000000

TOTAL 1.000000000



T 20

## MINITOUTLINE STATE LANDS FEDERAL LANDS PATENTED LANDS SCALE N MALES ACREAGE 2280 3000 TRACT NUMBER PERCENTAGE 100.00 13.33 76.00 10.67

## **EXHIBIT "A"**

NOTE: UNLESS OTHERWISE NOICATED, THE WARDUS SECTIONS ON THIS PLAT CONTAIN 640.00 ACKES

# EUNICE MONUMENT SOUTH UNIT EXPANSION AREA "B"

UNIT EFFECTIVE 2-1-85 LEA CO., NEW MEXICO EXPANDED/REV. 9-1-90

**CHEVRON U.S.A. INC.** HOUSTON, TEXAS

1-17-80

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	Springdale, Arkansas 72764	Certified COD  Express Mail Return Receipt
	72764	Always obtain signature of addressee
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	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238	-815 DOMESTIC RETURN RECEIPT
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	SENDER: Complete items 1 and 2 when addition	nal services are desired, and complete items
	3 and 4.  Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following ser	vide you the name of the person delivered to and
	and check box(es) for additional service(s) requested  1. Show to whom delivered, date, and addressee'  (Extra charge)	_
	3. Article Addressed to:	4. Article Number 748
	on EM 27205	Type of Service:  . Registered
	Richard VA 232bl	COD  Express Mail  COD  Return Receipt for Merchandise
<del>-</del>	litta: Mastha lination.	Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
	6 Signature Africt	
•	7 Date of Declary	
	FEB 1 3 1990	: 
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the date of delivery. For additional fees the following service and check boxies) for additional service(s) requested.  1.  Show to whom delivered, date, and addressee's a	ces are available. Consult postmaster for fee
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3. Article Addressed to.	4. Article Number
ohn L. altor	1 / 117 384 739
Shomas B. (atron H.	Type of Service:
attent to the state of the stat	Registered Insured
alron author sau a	Certified COD
On Box 180	Express Mail Return Receipt for Merchandise
Janta Ser 11711 81504	Always obtain signature of addressee
sunce -	or agent and DATE DELIVERED
5. Signature - Addressie	8. Addressee Address 10 NA V
tasset ffmet	requested and fee paid 2/
6/Signature - Agent'	4 87
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7. Date of Delivery	AA FE
S Form <b>3811</b> , Apr. 1989 + u.S.G.P.O. 1989-238-6	DOMESTIC RETURN RECE
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the date of delivery. For additional fees the following ser	vices are available. Consult postmaster for
and check box(es) for additional service(s) requested.  1.  Show to whom delivered, date, and addressee	's address. 2. 🗆 Restricted Delivery
(Even charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
Thomas B. latton H. sulle	~   <i>P   '  384</i> 73,2
D D . 100	Type of Service:
1 VO Kell 788 anno	Registered Insured
	☐ Medisteled ☐ Illiadied
1 1 1 1 nym 8/1501	☐ COD
Larta Fe 11911 8/1501	
3. Article Addressed to: Shomas B. Catron III, Juste P.O. Ber 788 Lanta Le nym 87501	COD Return Receip
Lanta Les MM 8/1501	Certified COD Express Mail Return Receip for Merchance  Always obtain signature of address or agent and DATE DELIVERED.
Lanta Fe nym 8/150 5. Signature - Addressed	Certified COD Express Mail Return Receip for Merchance Always obtain signature of address or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
77	Certified COD Express Mail Return Receip for Merchance  Always obtain signature of address or agent and DATE DELIVERED.
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5. Signature — Addressee  X	Certified COD Express Mail Return Receip for Merchand  Always obtain signature of address or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paids)
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5. Signature — Addressed  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-2	Always obtain signature of address or agent and DAJE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paids)  NN 33  238-815  DOMESTIC RETURN RE
5. Signature — Addressed  X.  6. Signature — Agent  X.  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-7  3 and 4.  Put your address in the "RETURN TO" Space on the reverse	Always obtain signature of address or agent and DAJE DELIVERED.  8. Addressee's Address (ONLY if requested and see paid)  NN  DOMESTIC RETURN Receip for Merchance  238-815  DOMESTIC RETURN Receip for Merchance  DELIVERED.  8. Addressee's Address (ONLY if requested and see paid)  Page 198-815  DOMESTIC RETURN Receip for Merchance  24. Addressee's Address (ONLY if requested and see paid)
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-7  SENDER: Complete items 1 and 2 when addition 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will prove the date of delivery. For additional fees the following servence of the	Certified COD Express Mail Return Receip for Merchand Always obtain signature of address or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paids)  P238-815 DOMESTIC RETURN RE
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5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-2  •U.S.G.P.O. 1989-2  •U.S.G	Certified COD Express Mail Return Receip for Merchand Always obtain signature of address or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paids)  NN 3  DOMESTIC RETURN Receip for the person delivered to a vices are available. Consult postmaster for fee address.  2. Restricted Delivery (Extra charge)
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5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-2  *U.S.G	Always obtain signature of address or agent and DAJE DELIVERED.  8. Addressee's Address (ONLY if requerted and fee paids)  238-815  DOMESTIC RETURN Research and complete items are side. Failure to do this will prevent this concess are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  Type of Service:
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-2  *U.S.G	Always obtain signature of address or agent and DAJE DELIVERED.  8. Addressee's Address (ONLY if requerted and fee paids)  238-815  DOMESTIC RETURN Research and complete items are side. Failure to do this will prevent this complete are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  Type of Service:  Registered Insured
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-2  •U.S.G.P.O. 1989-2  •U.S.G	Always obtain signature of address or agent and DAJE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  238-815  DOMESTIC RETURN RE  238-815  DOMESTIC RETURN RE  238-815  Addressee's Address (ONLY if requested and fee paid)  24. Article Number (Extra charge)  4. Article Number Registered Cortified COD Registered Code  25. Registered Code Return Receipt Return Return Receipt Return Receipt Return Receipt Return Return Return Return Receipt Return Re
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-2  *U.S.G	Always obtain signature of address or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  238-815  DOMESTIC RETURN RE  238-815  DOMESTIC RETURN RE  238-815  Address are desired, and complete ite rese side. Failure to do this will prevent this concess are available. Consult postmaster for fee address.  2. Restricted Delivery (Extra charge)  4. Article Number (Extra charge)  Type of Service:  Registered COD  Return Receipt for Merchandis
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X 6. Signature – Agent X	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
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PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-	815 DOMESTIC RETURN REC
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SENDER: Complete items 1 and 2 when additional s	Services are upsited, and complete from
3 and 4.  "A your address in the "RETURN TO" Space on the reverse strom being returned to you. The return receipt fee will provide to you. The return receipt fee will provide the following services.	you the name of the person delivered to and
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Article Addressed to:	10119 204 743
rirgy modución (	Type of Service:
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of the trail rupidsmay	A Certified COD
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millas 24 15231	Always obtain signature of addressee
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5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
х	requested that jee paids
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413/90	15 DOMESTIC RETURN REC
S Form 38/11, Apr. 1989 *U.S.G.P.O. 1989-238-8	15 DOWESTIC RETURN NESS
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and check box(es) for additional service(s) requested.	<u></u>
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3. Article Addressed to:	4. Article Number
9/1/09	1 P 117 384 7.76
1 1 1 Roll 1700	Type of Service:
1 19702	Registered Insured
1. Boy 1700 Midland, 24 19702	Certified, COD Return Receip
	Express Mail for Merchandi
att : Arran Such lind	Always obtain signature of addressee
5 Supertury - Addresses	or agent and DATE DELIVERED.
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	SENDER: Complete items 1 and 2 w	then additional se	ervices are desired, and complete items
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	the date of delivery. For additional fees the for and check box(es) for additional service(s) re  1.  Show to whom delivered, date, and (Extra charge)	ollowing services	are available. Consuit postmaster for fees
	3. Article Addressed to:	2, ,	4. Article Number
	millian & Arany	lust	Type of Service:
	105 North Maix Nichita, Kansas 6	7212.	Registere
	Michita, Kansus	1200	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
	E Signature Address		or agent and DATE DELIVERED.
	5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
	6. Signiture — Bent	M	
	7. Date of Delivery 12 1990		· · · · · · · · · · · · · · · · · · ·
	PS Form <b>3811</b> , Apr. 1989 *u.s.	G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
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	and check box(es) for additional service(s) r  1. Show to whom delivered, date, and	requested	dress. 12. 🗆 Restricted Delivery
	3. Article Addressed to://	10011	4) Article Number
	Jul States Limited	170 /	Type of Service:
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	1975 Dumaille au	· ·	Express Mail Return Receipt for Merchandise
	Illus Sq 15 act		Always obtain signature of addressee or agent and DATE DELIVERED.
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	6. Signature – Agent	<del></del>	FEB Z
	×) Silli	. <u> </u>	8 72 0
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	PS Form 3811, Apr. 1989 +u.s	S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT
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	The Ell Except Stilled	1	Type of Service:
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	5. Signature & Addressee		or agent and RED.  8. Address
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*rom being returned to you. The retu	rn receipt fee will provide ees the following service vice(s) requested.	side. Failure to do this will prevent this car- you the name of the person delivered to an- s are available. Consult postmaster for fee- dress. 2.   Restricted Delivery
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P.O. DON 2256 Arienita Janes	S 67201	Type of Service:  Registered Insured  Certified COD
	1	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
Ita Oin Ahus	raid!	or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	. 0	
7. Date of Deggry FEB 12	2 1990	
PS Form 3811, Apr. 1989	+ U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIP
SENDER: Complete items 1 a 3 and 4.	and 2 when additional s	ervices are desired, and complete items
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A Proceedings of the	bou.	Type of Service:
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776 JB11/1pr. 1989	+ U.S.G.P.O. 1989-233-815	DOMESTIC RETURN RECEIPT
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