#### KELLAHIN, KELLAHIN AND AUBREY

ATTORNEYS AT LAW

W. THOMAS KELLAHIN KAREN AUBREY

EL PATIO BUILDING HT NORTH GUADALUPE POST OFFICE BOX 2265

TELEPHONE (505) 982-4285 TELEFAX (505) 982-2047

CANDACE HAMANN CALLAHAN

JASON KELLAHIN OF COUNSEL

SANTA FE, NEW MEXICO 87504-2265

September 10, 1990

RECEIVED

SFP 11 1990

OIL CONSERVATION DIVISION

#### HAND DELIVERED

Mr. Michael Stogner Oil Conservation Division Post Office Box 2088 Santa Fe, New Mexico 87504

OXY USA, Inc.

NMOCD Case No. 10062: Statutory Unitization NMOCD Case No. 10063: Waterflood Approval NMOCD Case No. 10064:

Pool Extension

Dear Mr. Stogner:

At the conclusion of the hearing of the referenced cases held before you on September 5, 1990, I failed to submit verification of the notifications for hearing.

Please find enclosed an original and one copy of separate certificates of mailing and supporting verifications for each of the referenced cases.

Very truly yours,

W. Thomas Kellahin

WTK/tic Enclosures

cc: Ernest L. Padilla, Esq.

#### STATE OF NEW MEXICO

# ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF OXY USA, INC. FOR POOL CONTRACTION AND EXTENSION, LEA COUNTY, NEW MEXICO

CASE NO. 10064

#### CERTIFICATE OF MAILING

#### AND

#### COMPLIANCE WITH ORDER R-8054

In Accordance with Division Rule 1207 (Order R-8054), I hereby certify that on August 1, 1990 I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the Application for the above referenced case along with the cover letter, at least twenty days prior to the hearing which was continued to September 5, 1990, to the parties shown in the Application as evidenced by the attached copies of return receipt cards.

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 31 day

August, 1990.

Notary Public

My Commission Expires:

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PS Form 3811, Mar. 1988

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Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEIPT
Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEIPT
Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEIPT
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Dildings St 78942 Oxy Pool Ex WTK	Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
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Kalkeen C. Robbins	P438 026 109
11172 Harcourt an	Type of Service:
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Garden Grove CA 926	Certified COD Return Receipt
A 4.6	for Merchandise
Open Pool Ex WTK	Always obtain signature of addressee or agent and DATE DELIVERED.
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X To Thoon C. Rad Den	requested and fee paid)
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x	
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PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEIP
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Ken McGee Corp	P 438 026 105
	Type of Service:
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AL BOSC LOTA	Always obtain signature of addressee
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Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	2-885 DOMESTIC RETURN RECEIPT
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D Schelts	P438 026 106
Dary of the	Type of Service:
3904 Crest Kedge	Begistered Insured
- 10 1 Dx 79703	Certified L COD Return Receipt
- macon or 11105	for Merchandise
Man Pool SN WTV	Always obtain signature of addressee
Signatura - Address	or agent and DATE DELIVERED.
. Sîgngy/re Address	8. Addressee's Address (ONLY if requested and fee paid)
. Signature Agent //	-
Signature — Agent	
. Date of Delivery	-
8-6-98	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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martha w. west	Type of Service:
montha w. West P.O. Box 286	Registered Insured
Cloudcroft, Dm 88217	Certified COD  Express Mail Receipt for Merchandise
DKY POD EX WIK GROFT,	Always obtain signature of addressee
	B. Addressee's Address (ONLY if
5. Signature Address AUG	requested and fee paid)
6. Signature – Agent	(3)
X 1990	
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8(10) 701	-865 DOMESTIC RETURN RECEIPT
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-	-882 DOWESTIC RETOWN VEGET
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Cf Smenen Operating Part	P438026 102
The state of	Type of Service:
500 W. Illinos Ste 500	Registered Insured
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meating of 1110)	Express Mail Return Receipt for Merchandise
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2010 00-000	Type of Service:
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Ony root by with	Always obtain signature of addressee or agent and DATE DELIVERED.
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X STA LA	requested and fee paid)
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PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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	P 4138 025 136	
Subin Royalty Trust		
% Texas Wattonal Bank	Type of Service:	
2 + H 22007	Registered Insured	
Dept. # 00887	Cortified COD Return Receipt	
Dailas, TX 25284-0887	Express Mail for Merchandise	
1	Always obtain signature of addressee	
OXY POOL CX WITH 8/19	or agent and DATE DELIVERED.	
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X /	requested and fee paid)	
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AUG U 8 1984	٩	
0044 1000 110 0 0 0	12-865 DOMESTIC RETURN RECEIPT	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-009 DOMESTIC RETORIS RECEIF	
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SAnta Fe Exploration Co	7 930 303 730	
	Type of Service:	
1.0 Box 1134	Registered Insured	
PRINCH NIM. & SOOI	Certified COD	
1805Well, N.M. 88201	Certified COD  Express Mail Return Receipt for Merchandise	
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Proswell, N.M. 88201 Dxy Pool EX WTK	Express Mail Return Receipt for Merchandise	
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7. Date of Delivery
PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DO

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3. Article Addressed to:	4. Article Number U3802S147
Conoco Inc.	
10 Desta Drive	Type of Service:
MIDAND, TX 79705	Certified COD
-	Express Mail Return Receipt for Merchandise
Oxy Pool Ex WTIC	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent / + 1	
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PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	2-865 DOMESTIC RETURN RECEI
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5847 SAN Felipe ST.	Type of Service: ☐ Registered ☐ Insured
3400	Certified COD
Houston TX. 77057	Express Mail Return Receipt for Merchandise
OXY PORL EX WIK	Always obtain signature of addressee
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lexaco Inc	F 778 092 141
Box 3109	Type of Service:
1501. 5.0 1	Registered Insured
midland, DX 79702-	Express Mail Receipt for Merchandise
111	Always obtain signature of addressee
WU DOOL EX LITTLE ILLON	or agent and DATE_DELIVERED.
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X	8. Addressee's Address (ONLY if requested and fee paid)
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6. Signature – Agent	
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DAILAS, TX 75383 - 2039  Oxy Gol Ex UTK  5. Signature - Address  8. Addresseo's Address (ONLY if requested and fee paid)  7. Date of Delivery  AUG 1 1990  PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212-885  DOMESTIC RETURN RECEIPT and define a services are desired, and complete items and the services are desired, and complete items and the services and complete items and the services are desired, and complete items and the services and complete items and the services and the services are desired, and complete items and the services are desired. The services are desired a		1 —
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Addresse or agent and DATE DELIVERED.  5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional services are available. Consult postmaster for fees and check boxies for additional services (s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Registered  2. Registered  3. Article Addressed to:  COR. Sufform Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  5. Signature — Address  8. Addressee's Addresse (ONLY if requested and fee paid)	Okichoma City, OK 73100	Fynrese Mail Return Receipt
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  S Form 3811, Mar. 1988 * U.S.G.P.O. 1988—242—865 DOMESTIC RETURN RECEIPT  S ENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional services (s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery  (Extra charge)  3. Article Addressed to:  4. Article Addressed to:  COR. Sufform CHUX  Mays obtain signature of addressee  or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  8. Addressee's Address (ONLY if requested and fee paid)		
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PS Form 3811 Mar 1988 + II C.O.D.O. 1089-010-085 DOMECTIC DETUDAL DECEM-	* Lea R Stiller	B. Addressee's Address (ONLY if
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(Extra charge)  3. Article Addressed to:	(Extra charge) 4. Article Number
Bureau of Land Managen	
P.O. Box 12789	Type of Service:
P.O. BOX 17789 CARLS DAD, N.M. 88220	☐ Registered ☐ Insured ☐ COD
	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address	8. Addressee's Address (ONLY if
X	requested and fee polid)
6. Signature – Agent	6
7. Date of Delivery	<b>-</b>   \ \ 1990 / /
	UE
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	2-865 DOMESTIC RETURN RECEIPT
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DAllas mc Casland	Type of Service:
B0× 206	Registered Insured
	Certifled COD Express Mail Return Receipt
Eunice, N.m. 88231	Always obtain signature of addressee
	or agent and <u>DATE DELIVERED</u> .
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
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X ALOU LAIRIV	
7. Date of Delivery	-
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIPT
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50/ma E. Andrews Trust c/o. Texas NATL Bank	17438025127
f.o. Box 852029	Type of Service:
PAllAS, TX 75283-2029	Certified COD
13283-808)	Express Mail Return Receipt for Merchandise
OXY POOL EX WTK	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if
K /	requested and fee paid)
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7. Date of Delivery AUG U 4 1990	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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Kerr-mcbee Corp	P 438 025 125
Nett income soil	Type of Service:
LArry Schultz	Registered Insured
3904 Crest Riage	Certified COD
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Return Receipt
misland, Tx 75703	13 1 TOT WEIGHT CHANGES
	Always obtain signature of addressee
5. Signature — Address	or agent and DATE DELIVERED.
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X	requesteu ana jee pata)
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Housen to hak	1
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	P 438 02 5 124
Siete Oil + GAS Corp.	
Joseph Ole : 412 - 411	Type of Service:
Box 2523	Registered Linsured
1 1708 2225	
	Certified COD Return Receipt
	Express Mail Return Receipt for Merchandise
Roswell, N.m. 88201	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
Roswell, N.m. 88201	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee  at agent and DATE DELIVERED.
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ROSWELL, N.M. 88201  OXY POOL EX. WTK WELL,  5. Signature - Address  AUG	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee  at agent and DATE DELIVERED.
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A-6510, NM 88210	Express Mail Return Receipt for Merchandise
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Morbol Energy Corp Box 304 arteri, NM 88210	Type of Service:
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arteri NM 88210	Certified COD  Express Mail Return Receipt
	Always obtain signature of addressee
apy Pool Ex WTK	or agent and DATE DELIVERED.
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Earl J. Walters 1209 W. Wal	Type of Service:
1209 W. Chat	Begistered Insured
Corlstad NM 88220	Express Mail Return Receipt for Merchandise
Asa Paller WIV	Always obtain signature of addressee
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0. 000	P 438 025 061
2 (170)	Type of Service:
1004 4 m 88210	Begistered Insured Contified COD
Box 470 Dm 88210	Express Mail Return Receipt for Merchandise
Opy Pool Ex WIK	Always obtain signature of addressee or agent and DATE DELIVERED.
S. Signature —Address	8. Addressee's Address (ONLY if requested and fee paid)
S. Signature - Agent	· equesies was jee puis
(	
7. Date of Delivery	
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PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when addition 3 and 4.  Put your address in the "RETURN TO" Space on the card from being returned to you. The court receipt for	
Put your address in the "RETURN TO" Space on the	
t Cata Italia pelita fetalmen to volt. The feture receipt for	reverse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee to and the date of delivery. For additional fees the folio for fees and check box(es) for additional service(s) results of the service of the ser	owing services are available. Consult postmaster
1. Show to whom delivered, date, and addressee (Extra charge)	s address. Z. Li nestricted Delivery
3. Article Addressed to:	(Extra charge) 4. Article Number
Dr Roger Moore.	P438025063
8504 Diamer Dres	Type of Service:
3507 7 Maring 10013	Registered Insured
toutworth, at 7611	Certified COD Return Receipt for Merchandise
61 00051 1000	Always obtain signature of addressee
Off Port WIL	or agent and DATE DELIVERED.
5. Signature - Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Asent	
X X	
7. Date of Delivery	
8/4	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-	212-865 DOMESTIC RETURN RECEIPT
the second secon	m managaran managaran menganan menganan menganan menganan menganan menganan menganan menganan menganan mengana
SENDER: Complete items 1 and 2 when addition	al services are desired, and complete items
3 and 4	·
Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the followed for fees and check box(es) for additional service(s) required.	ill provide you the name of the person delivered
for fees and check box(es) for additional service(s) requ	rested.
1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. A Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
Pale M. Sanders	P438025066
Part III	Type of Service:
120x 83	Registered Insured
Las cruces NM 6000	Express Mail Return Receipt for Merchandise
PLACE WITH	Always obtain signature of addressee
Box 83 for cruces NM 88004 Offy Pool Ex WTK	or agent and DATE DELIVERED.
5. Signature Address	8. Addressee's Address (ONLY if requested and fee paid)
1000	<b>=</b>
6. Signature Agent	
6. Signatura Agent	
1. 3//	_
x 33	
x 33	12-865 DOMESTIC RETURN RECEIPT
7. Date of Delivery	12-865 DOMESTIC RETURN RECEIPT
7. Date of Delivery	DOMESTIC RETURN RECEIPT
7. Date of Delivery PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	
7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete Items 1 and 2 when additional 3 and 4	services are desired, and complete items
7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  But your address in the "RETURN TO" Space on the raye	services are desired, and complete items
7. Date of Delivery  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques	services are desired, and complete items se side. Failure to do this will prevent this royide you the name of the person delivered services are available. Consult postmaster
7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will be also delivery. For additional fees the following.	services are desired, and complete items se side. Failure to do this will prevent this royide you the name of the person delivered services are available. Consult postmaster
7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1.   Show to whom delivered, date, and addressee's acceptable (Extra charge)  3. Article Addressed to:	services are desired, and complete items rese side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the service of the ser	services are desired, and complete items research to do this will prevent this rovide you the name of the person delivered persons are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)  4. Article Number PU38025132
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will to and the date of delivery. For additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the delivery of the date of delivery. Some additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the delivery of the delivery.  3. Article Addressed to:  3. Article Addressed to:  4. And 4.	services are desired, and complete items researched. Failure to do this will prevent this rovide you the name of the person delivered persons are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)  4. Article Number PUBBOOF SIBDOOF Service:
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will to and the date of delivery. For additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the delivery of the date of delivery. Some additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the delivery of the delivery.  3. Article Addressed to:  3. Article Addressed to:  4. And 4.	services are desired, and complete items research to do this will prevent this rovide you the name of the person delivered persons are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)  4. Article Number PU38025132
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the service of the ser	services are desired, and complete items as side. Failure to do this will prevent this royide you the name of the person delivered is services are available. Consult postmaster ted.  Idress. 2.   Restricted Delivery (Extra charge)  4. Article Number Puß 025132  Type of Service:  Registered Insured
To Date of Delivery  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverence of from being returned to you. The return receipt fee will be to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the service of the	services are desired, and complete items researched. Failure to do this will prevent this rovide you the name of the person delivered is services are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)  4. Article Number Public Number Num
T. Date of Delivery  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will be to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the complete	services are desired, and complete items rese side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted. dress. 2.   Restricted Delivery (Extra charge)  4. Article Number PU38025132  Type of Service:  Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the service of the serv	services are desired, and complete items royide you the name of the person delivered person services are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)  4. Article Number Public Service: Registered Insured Consult postmaster ted.  Insured Registered Consult postmaster ted.  Insured Registered Insured Consult postmaster ted.  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
To Date of Delivery  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete Items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will be to and the date of delivery. For additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the service of the serv	services are desired, and complete items rese side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted. dress. 2.   Restricted Delivery (Extra charge)  4. Article Number PU38025132  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete Items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional service(s) request 1. Show to whom delivered, date, and addressee's ac (Extra charge)  3. Article Addressed to:  Wilbur L. Shurell INIA S. DAL PASO Hobbs, N.m. 88840  Oxy Pool Ex WTK  5. Signature – Address X World Market Signature – Address X Market Market Signature – Address X Market Market Signature – Agent	services are desired, and complete items royide you the name of the person delivered person services are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)  4. Article Number Public Service: Registered Insured Consult postmaster ted.  Insured Registered Consult postmaster ted.  Insured Registered Insured Consult postmaster ted.  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
To Date of Delivery  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete Items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will be to and the date of delivery. For additional service(s) request 1. Show to whom delivered, date, and addressee's acceptable of the service of the serv	services are desired, and complete items royide you the name of the person delivered persons are available. Consult postmaster ted.  Idress. 2. Restricted Delivery (Extra charge)  4. Article Number Public Service: Registered Insured Certified CoD Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if

7. Date of Delivery

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PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete Items 1 and 2 when additional and 4	Onal services con de l	
SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Feilure to do this will prevent this to and the date of delivery. For additional face the will provide you the name of the page of th		
TOT TOOK and Abasil Transport and the state of the policy		
1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery		
3. Article Addressed to:	4. Article Number	
meridian Oil Inc	P.438 025146	
21 Desta Drive	Type of Service:	
M:01AmD, TX 79705	Registered Insured	
1 - 19105	Express Mail Return Passing	
DXY POOL EX. WTK	Always obtain signature of addresses	
5. Signature — Address	or agent and DATE DELIVERED.	
X	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature Agent		
7. Date of Deliyery	_	
7990		
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1088-0		
* U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEIPT	
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items	
for fees and check box/cs. for additional fees the following	ng services ere available. Consult noetmaste	
1. Show to whom delivered, date, and addressee's a (Extra charge)	inestricted Delivery	
3. Article Addressed to:	(Extra charge) 4. Article Number	
Maurice Mordka	1438 025 064	
1800 n. Grady	Type of Service:	
1 1 An DOCTIC	Registered Insured Cop	
Jucson, MZ 03/13	Fypress Meil Return Receipt	
ORY Pool EX WIK	TOT WISICITATIONS	
5. Signature — Address	or agent and DATE DELIVERED.	
x	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent	1	
7. Date of Deliyery		
7. Date of Delivery 196	]	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212		
* U.S.G.P.O. 1988 -212	-865 DOMESTIC RETURN RECEIPT	
SENDER: Complete items 1 and 2 when additional s 3 and 4.	,	
Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will pr	ovide you the name of the person delivered	
card from being returned to you. The return receipt fee will pr to end the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request	ed.	
(Extra charge) (Extra charge)		
3. Article Addressed to:	4. Article Number	
Corney, Inc	Type of Service:	
PO BAX 1718	Registered Insured	
Carlobad, NM 88220	Certified COD	
Carlotte,	Express Mail Return Receipt for Merchandise	
Open Pool Ex WTK	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address	8. Addressee's Address (ONLY if	
X	requested and fee paid)	
6. Signature – Agent	(20)	
7. Date of Delivery	(/0661)	
: r. water of montages		

SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the revi	erse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reque	provide you the name of the person delivered
for fees and check box(es) for additional service(s) reque	sted.
1.  Show to whom delivered, date, and addressee's a (Extra charge)	ddress. 2. A Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
,	
DAISY I. Corbin	P 438025130
GOL W. Richardson AVR	Type of Service:
25 25 25	Registered Insured Cortified COD
Artesia, N.M. 88210	Return Receipt
•	Express Mail Grandise
Oxy Pool Ex	Always obtain signature of addressee
WIR	or agent and DATE DELIVERED.
5. Signature, - Address	8. Addressee's Address (ONLY if
x Doesy & corbin	requested and fee paid)
6. Signature - Agent	
X	
<u> </u>	-
7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	2-865 DOMESTIC RETURN RECEIPT
in the second se	, where the same of the same o
SENDER: Complete items 1 and 2 when additions	I services are desired and complete items
3 and 4.	
Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee will	erse side. Failure to do this will prevent this
to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reque	ng services are available. Consult postmaster
for fees and check box(es) for additional service(s) reque 1.  Show to whom delivered, date, and addressee's a	ested.
(Extra charge)	(Extra charge)
3 Amielo Addressed to:	4. Article Number
of Allender Co. O. O. L	P 438 025 067
V. Randolf Deck	
1 0001100	i Type of Service:
POPON LLII	Begistered Insured
V. Randolf Delk POBOX 221107	Registered Insured
El Paro DX 79913	Begistered Insured
El Paro 24 79913	Registered Insured Certified COD Return Receipt
El Paro DK 19913 Ofy Pool Ex WTK	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise
El Paro DY 19913  Ofy Pool by WTK  5. Signature - Address	Begistered Insured Cortified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
of Pool by WTK  5. Signature - Address	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
of Pool by WTK  5. Signature - Address  X	Begistered Insured Cortified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
of Pool by WTK  5. Signature - Address	Begistered Insured Cortified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
of Pool by WTK  5. Signature - Address  X	Begistered Insured Cortified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
5. Signature - Address  X 6. Signature - Agent  X 7. Date of Delivery	Begistered Insured Cortified COD Express Meil Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
5. Signature - Address  X  6. Signature - Agent  X  Andrésile Delk	Begistered Insured Cortified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
5. Signature – Address  X 6. Signature – Agent  X 7. Date of Delivery  AUG 3 1990	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)
5. Signature – Address  X  6. Signature – Agent  X  7. Date of Delivery  AUG 3 1990	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)
5. Signature – Address X 6. Signature – Agent X 7. Date of Delivery AUG 3 1990	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)
5. Signature – Address  X 6. Signature – Agent  X 7. Date of Delivery  AUG 3 1990	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)
5. Signature — Address X 6. Signature — Agent X 7. Date of Delivery AUG 3 1990 PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  2-865 DOMESTIC RETURN RECEIPT
5. Signature – Address  X 6. Signature – Agent  X 7. Date of Delivery  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988–21	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  2-865 DOMESTIC RETURN RECEIPT
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	Begistered Insured Certified COD Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  2-885 DOMESTIC RETURN RECEIPT
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  2-885 DOMESTIC RETURN RECEIPT  I services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered
5. Signature — Address  X 6. Signature — Agent X 7. Date of Delivery AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  2-885 DOMESTIC RETURN RECEIPT  I services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the rev	Begistered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  2-865 DOMESTIC RETURN RECEIPT  I services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered agg services are available. Consult postmaster isted.
5. Signature — Address  X  6. Signature — Agent  X  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the reverser from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reque	Begistered
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) requeints of the power of the p	Begistered
5. Signature — Address  X 6. Signature — Agent X 7. Date of Delivery AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) requesting the service of the	Begistered
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) requesting the service of t	Begistered
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21   SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) requesting the service of the service o	Begistered
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5. Signature — Address  X 6. Signature — Agent X 7. Date of Delivery AUG 3 1990  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21  SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) requesting the service of the	Begistered
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(Extra charge)	(Extra charge)
Dale M. Sonders	4. Article Number 026 103
The state of the s	Type of Service:
Box 87	Registered Insured
Box 83 Las Cruces NM 88004	Express Mail Return Receipt for Merchandise
Ony Port Ex WTK	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature / Address /	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent	-
7. Date of Delivery	-
7. Jan 67.	·
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	2-865 DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 when additional 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reve	rse side. Failure to do this will prevent this
card from being returned to you. The return religible fee will to and the date of delivery. For additional fees the following	provide you the name of the person delivered g services are available. Consult postmaster
for fees and check box(es) for additional service(s) reques  1.  Show to whom delivered, date, and addressee's a	ited.
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number 025 059
Jack S. Ference	Type of Service:
PD BUX 110598	Registered Insured
D- AK 99511	Certified COD
Go Box 110578 anchorage, AK 99511	Express Mail Return Receipt for Merchandise
Oly Pool ax WTK	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address	8. Addresse's Address (ONLY if
X 6. Signature – Agent	requested and fee paid)
x Carolin, Kitchen	
7. Date of Delivery	
878-20	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 when additional 3 and 4.	services are desired and complete in-
I PUL VOUL address in the "DETLIDAL TOULD	· · · · · · · · · · · · · · · · · · ·
card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following	provide you the name of the person delivered
Tor tees and check hoves for additional and and and	a convices are available. Consult postmaster
1. Show to whom delivered, date, and addressee's an (Extra charge)	The stricted Dalivary
3. Article Addressed to:	(Extra charge) 4. Article Number
De lobert Kini	P 438 025 068
1 612 1112 36110	Type of Service:
716 NW 27th	Registered Insured
Oklahona City OK	Certified COD
B. D. D.C. 8 75318	Always obtain signature of addressee
ory rook by WTK	or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	,
x	
7. Date of Delivery	<del> </del>
8/4/90	
PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-212-	-865 DOMESTIC PETUDA
	-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional 3 and 4.	%\footnote{\chi_0}
Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques	rouide you the name of the namen delivered. I
I. LI DROW to Whom delivered, data, and addressee's ac	idress. 2. 🗀 Hestricted Delivery
(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
Homer R. Denius, et ux	P-438 025 137 Type of Service:
Grace Denius 1400 Surno Rd Ste	Registered Insured
1400 SULNO KO. SK	Cortified COD
melbourne, FL 32935	Express Mail Return Receipt for Merchandise
10-1-8 4Th 8-1-90	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
8. Signeture Agent	
x Though	
7. Date of Delivery / 1 - 9 o	<b>1</b>
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additions 3 and 4.	
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for fees and check box(es) for additional service(s) requi	ested.
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
n 15sorde	P438 025 116
Namy July	Type of Service:
1505 Crystal Dr	Registered Insured
4 1124	Certified
THE 1/4 22202	Express Mail Return Receipt for Merchandise
and Done with	Always obtain signature of addressee
5. Signature - Address	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature → Agent	-
x Sc Huss	
7. Date of Delivery A2	
1 7-7-90 The second sec	
70 5 3911 14 1000 110 0 0 0 1000 0	A AAR DOMESTIA DESIGNATION DESCRIPTION DES
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	2-865 DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items
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to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request	sted.
<ol> <li>Show to whom delivered, date, and addressee's a (Extra charge)</li> </ol>	ddress. 2.   Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
Rufus WallingforD	P5438075134
1301 mckinney ST.	Type of Service:
	Registered Insured
Houston, TX 77010	Express Mail Return Receipt for Merchandise
Oxy fool Ex WTK	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if
<b>X</b>	requested and fee paid)
6. Signature – Agent	†
X 7. Date of Delivery	_

PS Form 3811, Mar. 1988 

\* U.S.G.P.O. 1988-212-865 

DOMESTIC RETURN RECEIPT

SENDER: Complete Items 1 and 2 when additional a	services are desired, and complete items
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Put your address in the "RETURN TO" Space on the revert card from being returned to you. The return receipt fee will properly to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1.   Show to whom delivered, date, and addressee's additional service(s) request 1.   (Extra charge)	services are available. Consult postmaster ad. dress. 2.   Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
J.S. WARD	P 438025143
	Type of Service:
101 South 4th Street	Registered Insured
Artesia, Nm. 88201	Certified COD  Express Mail Return Receipt for Merchandise
OXY POOL EX WTK	Always obtain signature of addresses or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signature – Agent  X Levylla 1 4	
7. Date of Delivery	1
8-3-97	
PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-212-	-865 DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will put and the deta of deliver. For additional fees the silenger.	rse side. Fallure to do this will prevent this
card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1.   Show to whom delivered, date, and addressee's ac (Extra charge)	services are evaliable. Consult postmaster ited. idress. 2.   Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
Amer Bankland	P 438 025 050
Amer Barrett 100	Type of Service:
209 Wildwood Pl allan, Dy 75002	Registered L'Insured COD.
Allen Du 75002	Express Mail Return Resolut
OXY Paul Sy WTK	Always obtain signature of addressee
B. Signature/Address	or agent and DATE DELIVERED.  8. Addresses's Address (ONLY if
x) g//	requested and fee paid)
6. Signature — Agent	1 1
x	1
7. Date of Delivery	
L 8-6-90	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 when additional 3 and 4.	services are desired, and complete items
Dut your address in the "PETITAN TO" Space on the rever	rse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee will p to end the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques	services are available. Consult postmaster
I i. U Show to whom delivered, date, and addresses a ad	idress. 2. Li nestricted Delivery
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number P 438 0 25 - 131
Higgins Trust Inc.	
p. o. Box 2421	Registered Insured
p. o. Box 2421	Certified COD  Express Mail Return Receipt
GAINESVIlle, GA. 30503	101 Well-challes
OXY POOL EX WTK	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signatura Agent	]
* Lathleen Chwarls	
7. Date of Delivery	]
0-1-10	<u> </u>

SENDER: Complete items 1 and 2 when addition	al services are desired, and complete items
2 and 4	
Put your address in the "RETURN TO" Space on the re card from being returned to you. The return receipt fee w	
to and the date of delivery. For additional fees the follow	uested.
1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. Restricted Delivery (Extra charge)
(Extra charge)  3. Article Addressed to:	4. Article Number
	D 438 005 142
Kirby D. Suhnech	Type of Service:
Box 1985	Registered Insured
Lovington, NM 88260	☑ Certified ☐ COD
Louis in the same	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee
DYN DOOL EN WITH 8-1-90	or agent and DATE DELIVERED.
5. Signeture - Address	8. Addressee's Address (ONLY if
X / land land	requested and fee paid)
6. Signature — Agent	
x X	
7. Date of Delivery	
1. Date of Delivery 4-3-90	/
0 0 7	212-865 DOMESTIC RETURN RECEI
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-	212-865 DOMESTIONETONIC NECOLI
and the second s	
SENDER: Complete items 1 and 2 when additions	al services are desired, and complete items
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card from being returned to you. The return receipt fee will	provide you the name of the person delivered
to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required.	
1.   Show to whom delivered, date, and addressee's	address. 2.   Restricted Delivery
(Extra charge)	(Extra charge)
3. Article Addressed to:	P 438 026 120
John F. Joyce II	
Box 35%	Type of Service:
1.0 L I NM 88220	☐ Begistered ☐ Insured ☐ COD
Carlobad NM 00 EL	Fyrross Mail Return Receipt
0.00	Tor Merchandise
One Pool W WIK	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address	8. Addressee's Address (ONLY if
X	requested and fee paid)
	<del></del>
6. Signature Agent	
x Pellelle	<del>_</del>
7. Date of Delivery	
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items
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ut your address in the "RETURN TO" Space on the reve ard from being returned to you. The return receipt fee will re	provide you the name of the person delivered
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. U Show to whom delivered, date, and addressee's a	ddress. 2. 🗆 Restricted Delivery
(Extra charge)	(Extra charge)
. Article Addressed to:	4. Article Number 9 438 025 053
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James Boyarth	
	Type of Service:
PO Box 2383	Type of Service:
	Type of Service:    Begistered   Insured
PO Box 2383	Type of Service:  Begistered Insured Contified COD Express Mail Return Receipt for Merchandise
PO Box 2383	Type of Service:  Begistered Insured Contified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
PO Box 2383 Roswell, mm 88201 Re: Oxy Pool Ex	Type of Service:  Begistered Insured COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
PO Box 2383 Rosevell, mm 88201 Re: Oxy Pool Ex	Type of Service:    Begistered
PO Box 2383 Roswell, mm 88201 Re: Oxy Pool Ex  5. Signature - Address  Chilly Mills	Type of Service:  Begistered Insured COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
PO Boy 2383 Roswell, mm 88201 Re: Oxy Pool Ex  Signature - Address Signature - Agent	Type of Service:    Begistered
Po Bon 2383 Roswell, mm 88201 Re: Ong Pool Ex  Signature - Address Signature - Agent	Type of Service:    Begistered
PO Box 2383 Roswell, mm 88201 Re: Oxy Pool Ex  5. Signature - Address  Chill Mills	Type of Service:    Begistered

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
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O Aminio Addressed to:	4. Article Number 76 / 08
Pardue Farms	P 470001
Pardie Tar	Type of Service:
PO BOX 2018 60220	Certified COD
a colad UM 80000	Express Mail Return Receipt for Merchandise
Calstad UM 88220 atten Bruse Pardue	Always obtain signature of addressee
ONE POR EN WIK	or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
x	requested and fee pands
6. Signature — Agent / )	
x Jan Fore	1
7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	2-865 DOMESTIC RETURN RECEIPT
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	
SENDER: Complete Items 1 and 2 when additional a 3 and 4.	· · · · · · · · · · · · · · · · · · ·
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to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request	services are available. Consult postmaster
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(Extra charge) 3. Article Addressed to:	(Extra charge)
1/5 (1-1.	7 438025 114
D. C. Jacks Co	Type of Service:
PO BAL 1933	Registered Insured
Rowell NM 88202	Sertified COD Return Receipt
الأماناه	for Merchandise
Of Pool Ex GATE	Always obtain signature of addressee
	or gent and DATE DELIVERED.
5. Signature – Address AIIG	B. Addressee's Address (ONLY if
5. Signature – Address X	
X 8. Signature — Agent	B. Addressee's Address (ONLY if
X 8 Sighature - Agent X 1990	B. Addressee's Address (ONLY if
X 6. Signature — Agent	B. Addressee's Address (ONLY if
X 8. Signature — Agent X 7. Date of Delivery	Addressee's Address (ONLY if equested and fee paid)
X 8. Signature - Agent X 1990	Addressee's Address (ONLY if equested and fee paid)
X 8. Signature — Agent X 7. Date of Delivery	Addressee's Address (ONLY if equested and fee paid)
X 6. Signature — Agent X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212-	Addressee's Address (ONLY if aquested and fee paid)  B. Addressee's Address (ONLY if aquested and fee paid)  Compared to the paid of the p
X 8. Signature — Agent X 7. Date of Delivery  PS Form 3811, Mar. 1988   * U.S.Q.P.O. 1988-212-  SENDER: Complete Items 1 and 2 when additional s 3 and 4.	Addressee's Address (ONLY if equested and fee paid)  -865 DOMESTIC RETURN RECEIPT  ervices are desired, and complete items
X 8. Signature — Agent X 7. Date of Delivery  PS Form 3811, Mar. 1988   * U.S.Q.P.O. 1988-212-  SENDER: Complete Items 1 and 2 when additional s 3 and 4.	Addressee's Address (ONLY if equested and fee paid)  -865 DOMESTIC RETURN RECEIPT  ervices are desired, and complete items
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	X 7. Date of Delivery  S-3-90  PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-2  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required to the service of the service	requested and fee paid)  212-865 DOMESTIC RETURN RECEI  213 services are desired, and complete items 215 yerse side. Failure to do this will prevent this i provide you the name of the person delivered ng services are available. Consult postmaster ested.  216 address. 217 Restricted Delivery (Extra charge)  218 8025148  Type of Service:  219 Registered Insured  219 Certified COD  220 Express Mail Return Receipt for Merchandise 221 Always obtain signature of addressee 232 agent and DATE DELIVERED.
. Date of Delivery	X 7. Date of Delivery  S-3-90  PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-2  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required to the same of the following fees and check box(es) for additional service(s) required fees and check box(es) for additional fees the following for fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees and check box(es) for additional fees the following fees the fe	requested and fee paid)  212-865 DOMESTIC RETURN RECEI  213 services are desired, and complete items 215 yerse side. Failure to do this will prevent this i provide you the name of the person delivered ng services are available. Consult postmaster ested.  216 address. 217 Restricted Delivery (Extra charge)  218 8025148  Type of Service:  219 Registered Insured  219 Certified COD  220 Express Mail Return Receipt for Merchandise 221 Always obtain signature of addressee 232 agent and DATE DELIVERED.
	X 7. Date of Delivery  S-3-90  SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follows for fees and check box(es) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  HANW AHLS CO. Heyco  P. O. Box 1933  ROSWELL, N. M. 88202  Dxy fool Ex  Signature - Address  AUG  3. Signature - Address  AUG  3. Signature - Agent	requested and fee paid)  212-865 DOMESTIC RETURN RECEI  213 services are desired, and complete items 215 yerse side. Failure to do this will prevent this i provide you the name of the person delivered ng services are available. Consult postmaster ested.  216 address. 217 Restricted Delivery (Extra charge)  218 8025148  Type of Service:  219 Registered Insured  219 Certified COD  220 Express Mail Return Receipt for Merchandise 221 Always obtain signature of addressee 232 agent and DATE DELIVERED.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items		
Put your address in the "RETURN TO" Space on the reverse side. Estima to do this will proceed this		
card from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) rec	wing services are available. Consult postmaster	
1. 🗀 Show to whom delivered, date, and addressee:	s address. 2. LI Restricted Delivery	
(Extra charge) 3. Article Addressed to:	(Extra charge)	
Dillard Schnech Estate	PUSS ODE IIIO	
Clo Liberty National Bank	Type of Service:	
	Registered Insured	
1150x 1427	Certified COD Return Receipt	
Lovington, um 88240	for Merchandise	
DXY POOL EX 1. TH 8-1-90	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address	8. Addressee's Address (ONLY if	
x faut level of	requested and fee paid)	
6. Signature — Agent		
7. Date of Delivery		
//0.2 SA		
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1986-2	212-865 DOMESTIC RETURN RECEIPT	
~ U.S.G.P.U. 1800~	DOWESTIC RETURN KECEIPT	
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are decired	
card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following	rovide you the name of the person delivered	
to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request. Show to whom delivered, date, and addressee's add	ted.	
(Extra charge)  3. Article Addressed to:	dress. 2.  Restricted Delivery (Extra charge)	
RE: OXY fol	4. Article Number	
I lerland Inc. SEX	P438 025122	
P.O. BON SUR WITH	Type of Service:	
OTTN' MATERIA	Certified COD	
attn. Mary Frances Merchant	Express Mail Return Receipt for Merchandise	
CARISDAD N.M. 88220	Always obtain signature of addressee	
5. Signature - Address	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY If	
X Francis 211 Prouse	requested and fee paid)	
6. Signature - Agent		
Z Date of Dall		
7. Date of Delivery	ł	
2044		
* U.S.G.P.O. 1988-212-	865 DOMESTIC RETURN RECEIPT	
SENDER: Complete items 1 and 2 when additional : 3 and 4.	services are desired, and complete items	
Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will pi	se side. Fallure to do this will prevent this	
to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request	services are available. Consult postmaster	
<ol> <li>Show to whom delivered, date, and addressee's ad</li> </ol>	dress. 2. Li Restricted Delivery	
(Extra charge)  3. Article Addressed to:	(Extra charge) 4. Article Number	
man all the the	P 438 026 124	
nell arnold Handley R& 6, BOX 87	Type of Service:	
R\$6, BOX81	Registered Insured	
Hamilton, AL 35570	Certified COD Express Mail Receipt	
A D D C	Always obtain signature of addressee	
Opy Pool Ex WIR	or agent and DATE DELIVERED.	
5. Signature Address	8. Addressee's Address (ONLY if	
x Linea Fekes	requested and fee paid)	
C Cindatura Anna		
6. Signature - Agent		
X 7. Date of Delivery		

PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

#### P 436 025 119

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

. U.S.G.P.O. 1989-234-55	Mayes Story C	goence	2
0. 1989	StreBand No. 2744		
S.G.P.	P. Palm Spring	o CA 9	220
J.	Postage	\$ 65	
	Certified Fee	85	
	Special Delivery Fee		
	Restricted Delivery Fee		
ro C	Return Receipt showing to whom and Date Delivered	90	
, June 1985	Return Receipt showing to whom. Date, and Address of Delivery		
	TOTAL Postage and Fees	2.40	
Form 3800	Postmark or Date	,	
Form	1000 -4	/	
P <sub>S</sub>	WAK 8/4	120	

#### P 438 025 117

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

Street and No.	meron.
P O State and ZIP Code	CG2-1
Roswell NM Postage	\$ 65
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom. Date, and Address of Delivery	
TOTAL Postage and Fees	2.40
Postmark or Date Post E	4

#### P 438 025 139

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

ıo	(See Heverse)	
: U.S.G.P.O. 1989-234-555	Sent to Bone tu	at
. 1989-	StreetJand No. ACASIEU T	>r
S.G.P.0	RO., State and ZIP Code 13	1086
'n	Postage	s (05
	Certified Fee	<b>4</b> 5
	Special Delivery Fee	
	Restricted Delivery Fee	
2	Return Receipt showing to whom and Date Delivered	90
e 198	Return Receipt showing to whom, Date, and Address of Delivery	
Form 3800, June 1985	TOTAL Postage and Fees	240
3800	Postmark or Date	
Form		
Sd.	WTH 81-90 /OXY F	2001 EX

### P 438 025 121

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

2	(See Reverse)		
U.S.G.P.O. 1989-234-555	Sem (	Tena	
1989.	Street ap No. 2740	4	
S.G.P.C	PO Palm Spring	p CA 97	26
	Postage / C	\$65	
	Certified Fee	85	
	Special Delivery Fee		
	Restricted Delivery Fee		
2	Return Receipt showing to whom and Date Delivered	90	
e 198	Return Receipt showing to whom, Date, and Address of Delivery		
PS Form 3800, June 1985	TOTAL Postage and Fees	2.40	
3800	Postmark or Date Pool E		
Form			
PS	WTK 8/	31/90	

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

. U.S.G.P.O. 1989-234-555	Trances Bu	rkker	
. 1989-	Street and No. 1809 adam	es.	
S.G.P.O	Po State and ZIP Code	2× 752	48
. U.	Postage	\$ 65	
	Certified Fee	85	
	Special Delivery Fee		
	Restricted Delivery Fee		
1985	Return Receipt showing to whom and Date Delivered	90	
	Return Receipt showing to whom, Date, and Address of Delivery		
, Jun	TOTAL Postage and Fees	2.40	
Form 3800, June 1985	Postmark or Date Oxy Poel E	×	
PS Fo	WTK 8/1	190	

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

رم در	(See Reverse)	61
234-55	etal um	. ceoras
1989-2	Street and No. Loventre	ne Ce
⊹U.S.G.P.O. 1989-234-55	P.O., State and ZIP Gode	9535
% U.S	Postage	\$ 65
	Certified Fee	85
Ī	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	90
1985	Return Receipt showing to whom, Date, and Address of Delivery	
June	TOTAL Postage and Fees	5 2 to
S Form 3800, June 1985	Postmark or Date Pool	Ex
S For	WTK 81	1/90

### 6 439 05P 770

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See Heverse)		
234-33	Stephonie a	Edeme	
- 1303	Street at No Serves	<b></b>	
0.3.4.333	P.O State and ZV Code	CA 92.	803
5	Postage	\$ 65	
	Certified Fee	85	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt showing to whom and Date Delivered	90	
	Return Receipt showing to whom, Date, and Address of Delivery	•	
	TOTAL Postage and Fees	2.40	
	Postmark or Date	5.1	
	Opy 100	7	
	8/1/90 U	STV	

#### P 438 026 107

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

ις.	13001,010,00	
234-55	Dames B. E.	bank
. U.S.G.P.O. 1989-234-555	Sheetand No. 7 Jany	lax
S.G.P.O	Political ZIP Ste 7	5703
)	Postage	\$ 65
	Certified Fee	85
	Special Delivery Fee	
	Restricted Delivery Fee	
ro	Return Receipt showing to whom and Date Delivered	90
rm 3800, June 1985	Return Receipt showing to whom. Date, and Address of Delivery	2
Jun,	TOTAL Postage and Fees	\$2.40
3800	Postmark or Date	· litt
٤	ON POR EX	e will

#### P 438 026 113

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	O + (See Reverge)	
1989-234-555	stratucu of	THE WORK
	Street and No. 7/5+ Street 5/2 5.7/5+	ret
.U.S.G.P.O.	Pa. State and ZIP Code	2/19209
. U.S	Postage	\$ 65
	Certified Fee	85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	70
e 198	Return Receipt showing to whom, Date, and Address of Delivery	
, Jun	TOTAL Postage and Fees	2.40
PS Form 3800, June 1985	Postmark or Date Open Posl Ex  W+K 8/1	190
		· ·

#### P 438 026 111

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555	Sent Ronald Rol	lins.
. 1989.	Streets & Spenks	Rd
G.P.O	P O State and ZIF Code	CA 959
. U.S	Postage	\$ 65
	Certified Fee	85
	Special Delivery Fee	
	Restricted Delivery Fee	
10	Return Receipt showing to whom and Date Delivered	90
198	Return Receipt showing to whom. Date, and Address of Delivery	
June	TOTAL Postage and Fees	2.40
Form 3800, June 1985	Postmark or Date Pool	Ex
Foi	8/1/90 4	TR

### P 438 026 117

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

22	Tocc ricverser	
-234-5	Sent to Kugler B	ros
U.S.G.P.O. 1989-234-555	Strey and No. 5. Bell	acie
S.G.P.(	P.C. State and ZIP Code	0 80111
<u>:</u>	Postage	\$65
	Certified Fee	85
	Special Delivery Fee	
	Restricted Delivery Fee	
2	Return Receipt showing to whom and Date Delivered	90
June 1985	Return Receipt showing to whom, Date, and Address of Delivery	
_^	TOTAL Postage and Fees	2.40
PS Form 3800	Postmark or Date Off Pool E  WTK 81	1/90

#### P 438 026 115

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

10	(See Reverse)	-
234-55	Ferne Stan	gen
. 1989-	Street and No. Bruce Pa	rdu
.U.S.G.P.O. 1989-234-555	Poster Ad 2Poster	m 882
ň	Postage	\$ 65
	Certified Fee	85
	Special Delivery Fee	
	Restricted Delivery Fee	
2	Return Receipt showing to whom and Date Delivered	90
e 198	Return Receipt showing to whom, Date, and Address of Delivery	
Jun'	TOTAL Postage and Fees	2.40
PS Form 3800, June 1985	Postmark or Date Pool	2/
PS F	WTK 8/1/	90

#### P 438 05P 757

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

PB. State and ZIP Code	AL 3
Postage	5 45
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	70
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.4
Postmark or Date	

RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

234-55	Sent to one M. W	infield
. U.S.G.P.O. 1989-234-55	Street and No. 5. 7/5+ 5	Street
S.G.P.(	P.O. State and ZIP Code	AL 352
: U.	Postage	\$ 65
	Certified Fee	95
	Special Delivery Fee	
Form 3800, June 1985	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	90
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	2.45
rm 3800	Postmark or Date Pool	Ex
S Fo	8/1/10 WT	1

P 438 026 123

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

(See neverse)						
34-555	Sololet Hand	lley				
1989-2	Street and No. 446	U				
U.S.G.P.O. 1989-234-555	P.O. State and ZIP Coden	59821				
3800, June 1985	Postage	s 65				
	Certified Fee	85				
	Special Delivery Fee					
	Restricted Delivery Fee					
	Return Receipt showing to whom and Date Delivered	90				
	Return Receipt showing to whom, Date, and Address of Delivery					
	TOTAL Postage and Fees	2.40				
3800,	Postmark or Date	EN				

#### STATE OF NEW MEXICO



## ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

#### OIL CONSERVATION DIVISION

GARREY CARRUTHERS
GOVERNOR

September 20, 1990

POST OFFICE BOX 2088 STATE LAND OFFICE BUILDING SANTA FE, NEW MEXICO 87504 ISOSI 827-5800

	beptember 20,	1990	SANTA FE, NEW (505) 87
Mr. Thomas Kellahin Kellahin, Kellahin & Attorneys at Law Post Office Box 2265 Santa Fe, New Mexico	Aubrey	Re:	CASE NO. 10064 ORDER NO. R-9287 Applicant: OXY USA, Inc.
Dear Sir:			
Enclosed herewith are Division order recen			
Sincerely, Florene Cla	vidsin		
FLORENE DAVIDSON OC Staff Specialist			
Copy of order also se	ent to:		
Hobbs OCD x Artesia OCD x Aztec OCD			
Other Ernest L. Pad	illa		