rm 3811, July 1983 447-845

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 fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Southwestern, Inc.
P. O. Box 1116
Lovington, New Mexico 88260

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P176135282

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X
7. Date of Delivery
8. Addressee's Address *(ONLY if requested and fee paid)*

DOMESTIC RETURN RECEIPT

Chaveroo 11/21/85

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rm 3811, July 1983 447-845

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 fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Mac Jones
Room 401
4001 Penbrook
Odessa, Texas 79762

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P176135279

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X Wendell Rushing
7. Date of Delivery
11-[illegible]
8. Addressee's Address *(ONLY if requested and fee paid)*
4001 Penbrook
[illegible]

DOMESTIC RETURN RECEIPT

Chaveroo 11/21/85

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Apollo Energy, Inc.
P. O. Box 5315
Hobbs, New Mexico 88241

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P176135281

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Jan Brooks
6. Signature – Agent
X [illegible]
7. Date of Delivery
11-12-85
8. Addressee's Address *(ONLY if requested and fee paid)*
Main Office

DOMESTIC RETURN RECEIPT

Chaveroo 11/21/85

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
L.B. Goodheart, Div. Manager
Rice Engineering Corporation
122 W. Taylor
Hobbs, New Mexico 88240

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P176135280

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X
7. Date of Delivery
11-[illegible]
8. Addressee's Address *(ONLY if requested and fee paid)*

DOMESTIC RETURN RECEIPT

Chaveroo 11/21/85

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
Chaveroo EXHIBIT NO. 16
CASE NO. 8761

Chaveroo 11/21/85

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 fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. [X] Show to whom, date and address of delivery.

2. [ ] Restricted Delivery.

3. Article Addressed to:

G. M. Geyer
Cities Service Petroleum Co.
P. O. Box 69
Hobbs, New Mexico 88240

4. Type of Service:

[ ] Registered [ ] Insured
[X] Certified [ ] COD
[ ] Express Mail

Article Number

P176135283

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X [signature]

6. Signature – Agent

X

7. Date of Delivery

11-12-85

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

Kellahin & Kellahin
P.O. BOX 2265
EL PATIO - 117 N. GUADALUPE
SANTA FE, NEW MEXICO 87504-2265

Texas Pacific Oil Company
P. O. Box 1069
Hobbs, New Mexico 88240

1st Notice
2nd Notice
Return

CLAIM CHECK NO. 6488669

☐ HOLD

DATE

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849—A Oct. 1980

Chaveroo 11/21/85

SENDER: Complete items 1, 2, 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 fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Texas Pacific Oil Company
P. O. Box 1069
Hobbs, New Mexico 88240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P176135277

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Ray Graham, Director	
Street and No. NM State Land OFFice	
P. O. Box 1148	
P.O., State and ZIP Code Santa Fe, NM 87504	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982

★ U.S.G.P.O. 1984-446-014