

APPLICATION OF TEXACO, INC.
FOR SPECIAL POOL RULES AND
SPECIAL GAS-OIL RATIO LIMITATION
LEA COUNTY, NEW MEXICO
CASE NO. 9311

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)
)

BRAD BURKS, an employee and authorized representative of
TEXACO, INC., the Applicant herein, being first duly sworn, upon
oath, states that the notice provisions of Rule 1207 of the New
Mexico Oil Conservation Division have been complied with, that
Applicant has caused to be conducted a good faith diligent effort
to find the correct addresses of all interested persons entitled to
receive notice, as shown by Exhibit "A" attached hereto, and that
pursuant to Rule 1207, notice has been given at the correct
addresses provided by such rule.

Brad Burks
BRAD BURKS

SUBSCRIBED AND SWORN to before me this 16th day of
February, 1988.

My Commission Expires:

11-14-91



OFFICIAL SEAL
SANDRA JOY THOMAS
NOTARY PUBLIC - STATE OF NEW MEXICO
Notary Bond Filed with Secretary of State
My Commission Expires _____

Sandra Joy Thomas

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION
TEXACO EXHIBIT NO. 9
CASE NO. 9311

CAMPBELL & BLACK, P.A.

LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
J. SCOTT HALL
PETER N. IVES
JOHN H. BEMIS
MARTE D. LIGHTSTONE

GUADALUPE PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

January 27, 1988

Interest Owners in the Monument-Abo Pool

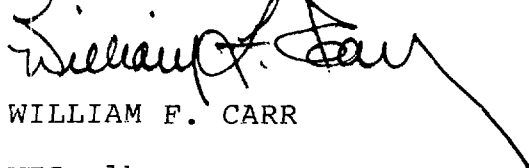
Re: Application of Texaco Inc., for Special Pool Rules,
Monument-Abo Pool, Lea County, New Mexico

Dear Interest Owner:

This letter is to advise you that Texaco Inc., has filed an application with the New Mexico Oil Conservation Division seeking the promulgation of Special Pool Rules for the Monument-Abo Pool, Lea County, New Mexico, including a limiting gas-oil ratio of 10,000 to 1. This case has been set for hearing before the Oil Conservation Division on February 17, 1988.

You are not required to attend this hearing, but as an operator in the area you may appear and present testimony if you desire. Failure to appear at that time or otherwise become a party of record in this case will preclude you from challenging this matter at a later date.

Very truly yours,



WILLIAM F. CARR

WFC:mlh

BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS,
AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF
TEXACO INC., FOR PROMULGATION OF THE
SPECIAL POOL RULES AND REGULATIONS FOR
THE MONUMENT-ABO POOL, INCLUDING A
SPECIAL GAS OIL RATIO OF 10,000 to 1,
LEA COUNTY, NEW MEXICO.

CASE NO. _____

APPLICATION

COMES NOW TEXACO INC., by and through its undersigned attorneys, hereby makes application to the New Mexico Oil Conservation Division for the promulgation of the Special Pool Rules and Regulations for the Monument-Abo Pool, Lea County, New Mexico, including a provision for a special gas oil ratio of 10,000 to 1, and in support thereof would show:

1. That the Applicant, Texaco Inc., is the owner of certain producing properties located in portions of Township 19 South, Range 36 East; Township 19 South, Range 37 East; Township 20 South, Range 36 East; and Township 20 South, Range 37 East, N.M.P.M., Lea County, New Mexico, in the Monument-Abo Pool.

2. That on January 1, 1950, the Oil Conservation Commission entered Order No. R-850 (subsequently amended by Order R-6657, on May 1, 1981) creating the Monument-Abo Pool.

3. That the Monument-Abo Pool is operated under statewide rules which provide for a limiting gas-oil ratio of 2,000 cubic feet of gas for each barrel of oil produced.

4. That the reservoir characteristics of the subject pool justify the establishment of a limiting gas-oil ratio of 10,000 cubic feet of gas per barrel of oil.

5. That Special Pool Rules for the Monument-Abo Pool should be promulgated providing for a limiting gas-oil ratio of 10,000 to 1.

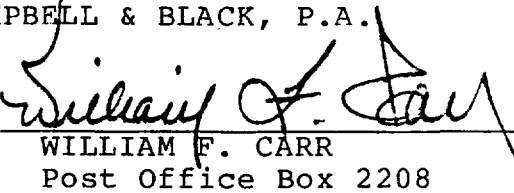
6. That granting this application will be in the best interest of conservation and the protection of correlative rights.

WHEREFORE, Applicant prays that this application be set for hearing before a duly appointed examiner of the Oil Conservation Division on February 17, 1988, and that after notice and hearing as required by law, the Division enter its order promulgating Special Rules and Regulations for the Monument-Abo Pool to provide a limiting gas-oil ratio of 10,000 to 1 and granting such other and further relief as the Division deems proper in the premises.

Respectfully submitted,

CAMPBELL & BLACK, P.A.

By


WILLIAM F. CARR
Post Office Box 2208
Santa Fe, New Mexico 87504
(505) 988-4421

ATTORNEYS FOR TEXACO INC.

P 112 385 308

U.S. AIR MAIL

U.S. AIR MAIL

U.S. AIR MAIL

Amerada Hess Corp.

Post Office Box 840

Seminole, Texas 79360

\$ 1.22

.75

.70

\$ 1.67

1-27-88

Date of Delivery
1-29-88

Signature - Agent
Norma Hare

Amerada Hess Corp.
Post Office Box 840
Seminole, Texas 79360

Article Addressed to:

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 when your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the item from being returned to you. The return receipt fee will provide you the name of the person to whom the item is delivered and the date of delivery. For additional fees the following services are available. Consult the master for fees and check box(es) for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

4. Article Number

P 112 385 308

Type of Service:

☒ Registered
☒ Certified
☐ Express Mail

☐ Insured
COD

Always obtain signature of addressee agent and DATE DELIVERED.

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

DOMESTIC RETURN REC

Arco Oil & Gas Company
Post Office Box 1710
Hobbs, New Mexico 88240

22
75

1.70
1.67

1-27-88

1. Address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the item from being returned to you. The return receipt we will provide you the name of the person sent to and the date of delivery. For additional fees the following services are available. Contact aster for fees and check box(es) for additional service(s) requested.

Show to whom delivered, date, and ~~address~~ address.

2. ☐ Restricted Delivery.

Article Addressed to:

Oil & Gas Company
 Office Box 1710
 Los Angeles, New Mexico 88240

Signature — Addressee
 Signature — Agent

Date of Delivery

4. Article Number
 P 112 385 302

Type of Service:

☒ Registered
☐ Certified
☐ Express Mail

☐ Insured
☐ COD

Always obtain signature of addressee agent and DATE DELIVERED.

8. ~~Signature of addressee~~ ONLY if requested (office paid)

1988

DOMESTIC RETURN RECEIPT

P 112 385 307

FOR REGISTERED MAIL

INTERNATIONAL MAIL

See Reverse

Chevron, U.S.A., Inc.	
Post Office Box 670	
Hobbs, New Mexico 88240	
Postage	\$.22
Registration Fee	.75
Insurance Fee	
Signature Fee	
Delivery Fee	
Postage and Insurance	1.70
Registration Fee	1.67

1-27-88

SENDER: Complete items 1 and 2 when additional services are desired (and complete items 3 and 4 when return receipt is desired). Failure to provide you the name of the person to whom the return receipt is to be sent will prevent the receipt from being returned to you. The return receipt fee will provide you the following services are available. Consignee to and the date of delivery. For additional fees the following services are requested. Consignee master for fees and check box (es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.

2. ☐ Restricted Delivery.

3. Article Addressed to: P 112 385 307

4. Article Number P 112 385 307

Type of Service: ☒ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Always obtain signature of addressee agent and DATE DELIVERED.

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

Signature - Addressee

Signature Agent

Date of Delivery 2-1-88

DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

1-27-88

P 112 385 304

REGISTERED MAIL

POST OFFICE BOX 460
HOBBS, NM 88240

Conoco, Inc.

Conoco, Inc.

Post Office Box 460

Hobbs, NM 88240

.22

.75

.70

1.67

1-27-88

Domestic Return Receipt

Domestic Return Receipt

Date of Delivery

1-29-88

Signature - Addressee

W. J. Hall

Signature - Agent

Always obtain signature of addressee or agent and DATE DELIVERED.

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

Not Paid

Article Addressed to:

Conoco, Inc.
Post Office Box 460
Hobbs, New Mexico 88240

4. Article Number

P 112 385 304

Type of Service:

☒ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 when your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the item 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 the postage meter for fees and check box(es) for additional service(s) requested.

2. ☐ Restricted Delivery.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 through 4 when additional services are desired. Failure to do this will prevent the item from being returned to you. The return receipt fee will provide you the name of the person to whom the item was delivered and the date of delivery. For additional fees the following services are available. Consult the postmaster for fees and check box(es) for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

Article Addressed to:

Durham, Inc.
Post Office Drawer 273
Midland, Texas 79702

4. Article Number

P 112 385 299

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee agent and **DATE DELIVERED.**

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

Signature - Addressee

Signature - Agent

Date of Delivery

Feb. 29, 1986

DOMESTIC RETURN RECEIPT

P 112 385 299

Durham Inc.
Post Office Drawer 273
Midland, Texas 79702

.22

.75

.70

1.67

1-27-88

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Failure to do this will prevent the return of your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the return of your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the return of your address in the "RETURN TO" space on the reverse side.

☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

Article Addressed to: **Graham Royalty Ltd.**
1675 Larimer Suite 400
Denver, Colorado 80202

4. Article Number
P 112 385 297

Type of Service:
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
1675 LARIMER SUITE 400
DENVER, CO. 80202

Signature - Agent
[Signature]

Date of Delivery
1-29

Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

Graham Royalty Ltd.
 1675 Larimer, Suite 400
 Denver, Colorado 80202

1.22
 1.75

1.70
 1.67

P 112 385 297

1-22-88

P 112 385 293

Great Western Drilling Co.
Post Office Box 1659
Midland, Texas 79702

22
75

70
167

1-21-88

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the item 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 the master for fees and check box(es) for additional service(s) requested.	
<input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.	
Article Addressed to:	
Great Western Drilling Co. Post Office Box 1659 Midland, Texas 79702	
Signature - Addressee	
<i>George Mason</i>	
Signature - Agent	
Date of Delivery	
JAN 29 1988	
Domestic Return Receipt	
4. Article Number	
P 112 385 293	
Type of Service:	
<input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)	

P 112 385 292

Doyle Hartman

Post Office Box 10426

Midland, Texas 79701

122
175

170
167

88-21-88

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 when return is desired.	
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the item from being returned to you. The return receipt fee will provide you the name of the person to whom the item was delivered, the date of delivery, and the following services are available. Complete item 5 for fees and check box(es) for additional service(s) requested.	
<input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.	
Article Addressed to:	
Doyle Hartman Post Office Box 10426 Midland, Texas 79701	
Signature — Addressee	
<i>[Signature]</i>	
Signature of Agent	
<i>[Signature]</i>	
Date of Delivery	
JAN 29 1986	
m 3811, Feb. 1986	
DOMESTIC RETURN RECEIPT	
4. Article Number P 112 385 292	
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid) <i>[Signature]</i> <i>[Signature]</i>	

P 112 385 296

John H. Hendrix Corp.
525 Midland Tower
223 W. Wall Bldg.
Midland, Texas 79701

1.22

1.75

1.70

1.67

1-27-88

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 when your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the return of your article from being returned to you. The return receipt fee will provide you the name of the person to whom the article is delivered and the date of delivery. For additional fees the following services are available. Consult the Master for fees and check box(es) for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

Article Addressed to:

John H. Hendrix Corp.
223 W. Wall
525 Midland Tower Building
Midland, Texas 79701

4. Article Number
P 112 385 296

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)
Am to request

Signature - Agent
[Signature]

Date of Delivery
1/27/88

Domestic Return Receipt
Jan 31, Feb. 1986

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Item 3 is for use by the carrier. Item 4 is for use by the addressee. Failure to do this will prevent the return of your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the return of your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the return of your address in the "RETURN TO" space on the reverse side.

1. Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

Article Addressed to:

4. Article Number
P 112 385 291

Type of Service:
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee agent and DATE DELIVERED.

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

Signature - Addressee

Signature - Agent

Date of Delivery

Feb. 1986

DOMESTIC RETURN REC

P 112 385 291

MKA Oil Properties
500 W. Texas, Suite 1230
Midland, Texas 79701

122
175
70
167

1-27-88

P 112 385 305

Marathon Oil Company
Post Office Box 552
Midland, Texas 79702

\$.22
.75

.70
1.67

1-27-88

3811, Feb. 1986

DOMESTIC RETURN REC

ENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the item from being returned to you. The return receipt fee will provide you the name of the person to whom the item is delivered and the date of delivery. For additional fees the following services are available. Complete items 5 through 8 for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Number
P 112 385 305

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

5. Always obtain signature of addressee agent and DATE DELIVERED.

6. Addressee's Address (ONLY if requested and fee paid)
Box 552
Midland TX
79702

7. Signature - Agent
James Edwards
Date of Delivery 2-1-88

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 the article 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 the master for fees and check box(es) for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

Article Addressed to:

4. Article Number

P 112 385 301

Type of Service:

☒ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail

Always obtain signature of addressee agent and DATE DELIVERED.

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

Mobil Producing Texas
 and New Mexico
 Nine Greenway Plaza
 Suite 2700
 Houston, Texas 77046

Signature - Addressee

Signature - Agent

Date of Delivery

Feb. 1986

DOMESTIC RETURN RECEIPT

P 112 385 301

FOR CERTIFIED MAIL

Mobil Producing Texas
 and New Mexico
 Suite 2700
 Nine Greenway Plaza
 Houston, Texas 77046

Postage	\$.22
Insurance	.75
Registration	
Certification	
Express Mail	
Registered	
COD	
Signature of Addressee	
Signature of Agent	
Date of Delivery	
Postage and Insurance	\$.70
Registration and Certification	1.67

1-27-88

P 112 385 303

Shell Western
Exploration & Production Inc.
Post Office Box 1950
Hobbs, New Mexico 88240

.22
.75

.70
1.67

1-21-88

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 through 4 when you want the return receipt. Failure to do this will prevent the return of the item to you. The return receipt fee will provide you the name of the person to whom the item was delivered and the date of delivery. For additional fees the following services are available. Complete items 5 through 8 for additional services requested.	
<input checked="" type="checkbox"/> Show to whom delivered, date, and address. <input type="checkbox"/> Restricted Delivery.	
Article Addressed to:	
Shell Western Exploration and Production Inc. Post Office Box 1950 Hobbs, New Mexico 88240	
Signature - Addressee	
Signature - Agent <i>Steve Shellman</i>	
Date of Delivery <i>2-1-88</i>	
DOMESTIC RETURN RECEIPT	
4. Article Number P 112 385 303	
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 through 8 when additional services are desired, and complete items 9 through 12 when additional services are desired.

1. Your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the return of the article to you. The return receipt fee will provide you the name of the person to whom the article is delivered, and the date of delivery. For additional fees the following services are available. Contact your postmaster for fees and check box(es) for additional service(s) requested.

☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

Article Addressed to: **Sun Exploration and Production Company, Post Office Box 1861, Midland, Texas 79702**

Signature - Addressee: *[Signature]*

Signature - Agent: *[Signature]*

Date of Delivery: **1-29-88**

4. Article Number: **P 112 385 306**

Type of Service: ☒ Registered, ☐ Certified, ☐ Insured, ☐ COD, ☐ Express Mail

Always obtain signature of address agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid): **64186**

Domestic Return Receipt: **1-27-88**

P 112 385 306

FOR CERTIFIED MAIL

TRADE MARK: SURFACE MAIL

(See Reverse)

Sun Exploration & Production Company

Post Office Box 1861

Midland, Texas 79702

22

75

70

1.67

1-27-88

P 112 385 298

Two States Oil Co.
Thanksgiving Tower
1601 Elm Street
Dallas, Texas 75201

22
75

70
91

88-1-1

UNDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 when address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this item from being returned to you. The return receipt fee will provide you the name of the person to whom the item was delivered, the date of delivery, and the date of return. For additional fees the following services are available. Consult the back of this receipt for fees and check box(es) for additional services requested.

Show to whom delivered, date, and addressee's address.

2. ☐ Restricted Delivery.

4. Article Number
P 112 385 298

Type of Service:
☒ Registered
☐ Certified
☐ Insured
☐ Express Mail
☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if registered and fee paid)
States Oil Co.
Thanksgiving Tower
1601 Elm Street
Dallas, Texas 75201

Signature of Agent
J. L. Allen

Postmark: OK 10 29 1988

Postage and Fee Paid
WD 10 29 1988

DOMESTIC RETURN RECEIPT

P 112 385 300

Union Texas Petroleum
Suite 500
400 North Big Spring
Midland, Texas 79705

.22
.75

.70
1.67

1-27-88

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 when return is desired. Failure to do this will prevent the return of the article from being returned to you. The return receipt fee will provide you the name of the person to whom the article is returned to and the date of delivery. For additional fees the following services are available. Consult the back of the form for fees and check box(es) for additional service(s) requested.	
1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Union Texas Petroleum 400 North Big Spring Suite 500 Midland, Texas 79705	
4. Article Number 112 385 300	
5. Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> COD	
6. Always obtain signature of addressee and DATE DELIVERED.	
7. Addressee's Address (ONLY if requested and fee paid)	
Signature - Addressee <i>[Signature]</i>	Signature - Agent <i>[Signature]</i>
Date of Delivery 2-1-88	Form 3811, Feb. 1986
DOMESTIC RETURN RECEIPT	

P 112 385 295

Wiser Oil Company
915 Oil & Gas Building
Wichita Falls, Texas 76301

22
75

2
1

1-21-88

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this item 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 the master for fees and check boxes for additional services requested.	
<input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.	
Article Addressed to:	
Wiser Oil Company 5 Oil & Gas Building Wichita Falls, Texas 76301	
Signature - Addressee	
<i>Wiser Oil Company</i>	
Date of Delivery	
1/29/88	
Form 3811, Feb. 1986	
DOMESTIC RETURN REC	
4. Article Number P 112 385 295	
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)	
FEE NOT PAID	