ENDER: Complete items 1 and 2 when additional	the card	9 3 am 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the provided the	de you the name of the person delivered to and
and 4. our address in the "RETURN TO" Space on the reverse peing returned to you. The return receipt fee will provide	e you the name of the person delivered to and	i she date of deinery. For additional less the following servi	ces are available. Consult postmaster for fees
peing returned to you. The return receipt re a will provide ate of delivery. For additional fees the folk wing service neck boxies) for additional services; requisited. Show to whom delivered, date, and at dressee's at	33 die avangolo: Compani pre-	and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's Extra charge:	address. 2. = Restricted Delivery -Extra charger
(Extra charge)	4. Article Number	3. Article Addressed to:	4. Article Number
rticle Addressed to:	P451 210 230	Cathy Cone Auvenshine	P 451 210 260
ABO Petroleum 105 S. 4th St.	Type of Service:	P.O. Box 658	Registered insured
Artesia, NM 88210	Registered Insured Certified COD Syroges Mail Return Receipt	Dripping Springs, TX 78620	Certified = COD Return Receipt
	Express Mail Return Receipt for Merchandise		Always obtain signature of addressee
	Always obtain signature of addressee or agent and DATE_DELIVERED.		or agent and DATE DELIVERED.
ignature - Addressee	8. Addressee's Address IONLY If	5. Signature - Addressee	8. Addressee's Address (ONLY it requested and fee paid)
ngriature National	requested and fee paid;	X	
Abaside - Valle /		6. Signature — Agent	
Ville Durch	-	7. Deteror Delivery 0 07 1990	
Date of Delivery		DEC 2. 1990	
1989 +U.S.G.I.O. 1989-238-4	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238	HB15 POMESTIC RETURN RECEIF
3 ar .	al services are desired, and complete items	SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the review.	onal services are desired, and complete item
The return receipt se will provi	se side. Failure to do this will prevent this card ide you the name of the person delivered to and	from being returned to you. The return receipt fee will pro	ovide you the name of the person delivered to an
g eli dditional fees the following servi	ices are available. Consult postmaster for fees	and check poxies; for additional service(s) requested 1 Show to whom delivered, date, and addresses	
; w. om delivered, date, and i ddressee's (Extra charge)	address. 2 Restricted Delivery (Extra charge)	(Extra charge)	Estra charges
Addressed to:	4. Article Number P 451 210 238	3. Article Addressed to:	4. Article Number
AMOCO Production Co.	Type of Service:	Baber Well Service	Type o Service:
Box 4072	Registered Insured	P.O. Box 1772	Registered Insured
Odessa, TX 79760	Certified = COD Return Receipt	Hobbs, NM 88240	Certified — COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee		Always obtain signature of addresses
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signaduri Andres dee	8. Addressee's Address (ONLY if requested and fee paid)
- A-A-	requested was tee pala;	6 Signature - Agent	
Signature - Agent		x	
		7.0	
Date of Palipery		7. Date of Delivery	1
Dere of polyery 26-95		12-24-90	
Ones of Delivery orm 3811, Apr. 1969 SENDER: Complete items 1 and 2 when additing 3 and 4. If your address in the "RETURN TO" Space on the recombeing returned to you. The return receip fee will prive date of delivery. For additional fees the 13 liowing the date of delivery.	onal services are desired, and complete items	PS Form 3811, Apr. 1989 *U.S.Q.R.O. 1989-2: SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reform being returned to you. The return receipt fee will br	ional services are desired, and complete ite verse side. Failure to do this will prevent this co ovide you the name of the person delivered to a
SENDER: Complete items 1 and 2 when addrting and 4. Ut your address in the "RETURN TO" Space on the recombeing returned to you. The return receip fee will produce the to you address the 19 liowing send check box(es) for additional fees the 19 liowing send check box(es) for additional service(s) in quested. Show to whom delivered, date, and addressed (Estra charge)	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and trivices are available. Consult postmaster for fees it's address. 2. — Restricted Delivery (Extra charge)	PS Form 3811, Apr. 1989 *U.S.Q.R.O. 19892 SENDER: Complete Items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the re-	ional services are desired, and complete ite verse side. Failure to do this will prevent this co ovide you the name of the person delivered to a ervices are available. Consuit postmaster for fe
3 and 4. 3 and 4. 3 and 4. 4 your address in the "RETURN TO" Spac on the recombeng returned to you. The return receip fee will produce the date of delivery. For additional fees the 1 sllowing send check boxies! for additional services! in quested. Show to whom delivered, date, and addressee	verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and trivices are available. Consult postmaster for fees it's address. 2. Restricted Delivery Estira charge; 4. Article Number	PS Form 3811, Apr. 1989 SENDER: Complete Items 1 and 2 when additional and 4. And 4. Put your address in the "RETURN TO" Space on the reform being returned to you. The return receipt fee will price dayer of delivery. For additional fees the following saind check poxies; for additional service(s) requested. Show to whom delivered, date, and addresses.	verse side. Failure to do this will prevent this cookie you the name of the person delivered to a sincles are available. Consult postmaster for fee's address. 2. Restricted Delivery IEstra charge: 4. Carticle Number
SENDER Complete items 1 and 2 when eddition 3 and 4, ut your address in the "RETURN TO" Space on the recombining natured to you. The return receip fee will prive date of delivery. For additional service(s) riquested Show to whom delivered, date, and addressed Article Addressed to: Anadarko Petroleum Corp.	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees it's address. 2. Restricted Delivery Extra charge; 4. Article Number D 45 B10 214 Type of Service:	PS Form 3811, Apr. 1989 SENDER: Complete Items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will pr the dasent delivery. For additional fees the following se and chack boxies! for additional services! requested. Show to whom delivered, date, and addressee (Extra charge)	verse side. Failure to do this will prevent this co- ovide you the name of the person delivered to a prices are available. Consuit postmaster for re o's address. 2. Restricted Delivery (Extra charge) 4. (Article Number
SENDER Complete items 1 and 2 when address and 4, ut your address in the "RETURN TO" Spac : on the recombining returned to you. The return receip few date of delivery. For additional lees the 1 silowing send check boxies for additional services in a quested. Show to whom delivered, date, and addressee (Eura charge) Article Addressed to: Anadarko Petroleum Corp. Box 1330	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and trivices are available. Consult postmaster for fees it's address. 2. Restricted Delivery **Estra charge** 4. Article Number PHSP PIP PIP Type of Service: Resistered Insured	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additing 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will price dayer of delivery. For additional fees the following spand check poxies; for additional service(s) requested. Thou to whom delivered, date, and addressed (Extra charge) Article Addressed to: Chama Petroleum Co. Box 31405	verse side. Failure to do this will prevent this covide you the name of the person delivered to a revices are available. Consult postmaster for fee's address. 2. Restricted Delivery (Extra charge) 4. CArticle Number Type of Service: Registered Insured
SENDER Complete items 1 and 2 when eddition 3 and 4, ut your address in the "RETURN TO" Space on the recombining natured to you. The return receip fee will prive date of delivery. For additional service(s) riquested Show to whom delivered, date, and addressed Article Addressed to: Anadarko Petroleum Corp.	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and rivides are available. Consult postmaster for fees it's address. 2. Restricted Delivery (Extra charge) 4. Article Number D 45 010 014 Type of Service:	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the dayen delivery. For additional fees the following saind check poxies; for additional service(s) requested. Thow to whom delivered, date, and addressed (Extra charge) Article Addressed to: Chama Petroleum Co.	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a revices are available. Consult postmaster for fe o's address. 2. Restricted Delivery (Extra charge) 4. (Article Number Public of Services and Public of Services) Type of Service: Registered Insured Cotyline Restum Receipt
SENDER Complete items 1 and 2 when address and 4, ut your address in the "RETURN TO" Spac : on the recombining returned to you. The return receip few date of delivery. For additional lees the 1 silowing send check boxies for additional services in a quested. Show to whom delivered, date, and addressee (Eura charge) Article Addressed to: Anadarko Petroleum Corp. Box 1330	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery Estra charge: 4. Article Number Cype of Service: Registered insured Certified COD Return Receipt tyress Mail for Merchandise Always obtain signature of addressee	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additing 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will price dayer of delivery. For additional fees the following spand check poxies; for additional service(s) requested. Thou to whom delivered, date, and addressed (Extra charge) Article Addressed to: Chama Petroleum Co. Box 31405	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a revices are available. Consult postmaster for fe o's address. 2. Restricted Delivery (Extra charge) 4. (Article Number Public of Services and Public of Services) Type of Service: Registered Insured Cotyline Restum Receipt
SENDER **Complete items 1 and 2 when eddition 3 and 4. ut your address in the **RETURN TO** Space is on the recombing returned to you. The return receip fee will prive date of delinery. For additional levises in question deheck backets for additional services in question. Show to whom delivered, date, and addressee (Earna charge) Article Addressed to: Anadarko Petroleum Corp, Box 1330 Houston, TX 77251-1330	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery "Extra charge" 4. Article Number Cype of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide and check poxies; for additional sest the following saind check poxies; for additional service(s) requested. Show to whom delivered, date, and addressed (Extra charge) Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231	verse side. Failure to do this will prevent this covide you the name of the person delivered to a services are available. Consuit postmaster for fe s's address. 2. Restricted Delivery (Extra charge) 4. (Article Number Type of Service: Registered COD Return Receipt for Merchandise Code Code
SENDER Complete items 1 and 2 when address 3 and 4. It your address in the "RETURN TO" Space on the re- om being returned to you. The return receip fee will pri- ed ate of delinery. For additional less the 1 silowing se- ord check backes for additional services in question Check backes for additional services in question Show to whom delivered, date, and addressee (Earn charge) Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery Estra charge: 4. Article Number Cype of Service: Registered insured Certified COD Return Receipt tyress Mail for Merchandise Always obtain signature of addressee	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will price dayer delivery. For additional fees the following saind check poxies; for additional service(s) requested. Thow to whom delivered, date, and addressee (Extra charge) Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee	verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consuit postmaster for fee's address. 2. Restricted Delivery (Extra charge) 4. (Article Number Type of Service: Registered Certified CoD Express Mail for Merchangist
SENDER Complete items 1 and 2 when additional and 4. It your sodress in the "RETURN TO" Spac to not the river being returned to you. The return receip fee will private of delivery. For additional services in a quested of the complete of the services of the complete of the services of	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery "Extra charge" 4. Article Number Cype of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide and check poxies; for additional sest the following saind check poxies; for additional service(s) requested. Show to whom delivered, date, and addressed (Extra charge) Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe s's address. 2. Restricted Delivery (Extra charge) 4. (Article Number Return Consult postmaster) Type of Service: Registered 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
SENDER Complete items 1 and 2 when addition 3 and 4. It your address in the "RETURN TO" Space to on the recombing returned to you. The return receip fee will prive date of delivery. For additional service(s) in quested. Show to whom delivered, date, and addressed (Earm charge) Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery "Extra charge" 4. Article Number Cype of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reform being returned to you. The return receipt fee will by the dayen delivery. For additional ses the following seand check boxies; for additional service(s) requested. Show to whom delivered, date, and addressee (Estra charge) Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a revices are available. Consult postmaster for fe s's address. 2. Restricted Delivery (Extra charge) 4. (Article Number Failure Consult postmaster for fe state of the charge) Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandist Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER Complete items 1 and 2 when address 3 and 4. at your address in the "RETURN TO" Space on the recomb being returned to you. The return racein fee will prie date of delivery. For additional services in question of the recomb deliversed of the services of a question of the return charge? Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee Signature — Addressee	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery "Extra charge" 4. Article Number Cype of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	PS Form 3811. Apr. 1989 SENDER: Complete items 1 and 2 when additional and 4. Signature of the service of the	werse side. Failure to do this will prevent this covide you the name of the person delivered to a revices are available. Consult postmaster for fearings and the services are available. Consult postmaster for fearings and the services are available. Consult postmaster for fearings and the services are available. Consult postmaster for fearings and the services are services. Type of Service: Registered Insured Consultation Return Receipt for Merchandist Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
SENDER Complete items 1 and 2 v hen address 3 and 4. It your address in the "RETURN TO" Space on the recombined resulted to you. The return receip fee will price date of delivery, for additional fees the 13 lilowing sed of check boxies! for additional services! it quested Show to whom delivered, date, and addressed Show to whom delivered, date, and addressed. Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee Signature — Addressee Signature — Addressee Date of Delivery — DEC 2 6 1990	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it is address. 2. Restricted Delivery Extra charge: 4. Article Number Cype of Service: Registered insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent of DATE DELIVERED. 8. Addressee's Address (ONLY if registered and fee paud)	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will price date of delivery. For additional ses the following sand check boxies: for additional servicets; requested. Show to whom delivered, date, and addressee iEtira charge. Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery 2. 24.	werse side. Failure to do this will prevent this covide you the name of the person delivered to envices are available. Consult postmaster for fine services are available. Consult postmaster for fine services are available. Consult postmaster for fine services. 2. Restricted Delivery (Extra charge) 4. (Article Number Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchanois. Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
SENDER Complete items 1 and 2 v hen address 3 and 4. It your address in the "RETURN TO" Space on the recombining the second of the return receip fee will price date of delivery. For additional services in question 5 show to whom delivered, date, and addressed Show to whom delivered, date, and addressed Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature – Addressee Signature – Addressee Signature – Addressee Date of Delivery — DEC 2 6 1990	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery Extra charge; 4. Article Number Pupe of Service: Registered insured Controlled Controlled Return Receipt for Merchandise Always obtain signature of addressee or seenth of DATE DELIVERED. 8. Addressee's Address (ONLY if registed and fee paud)	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will price dayen delivery. For additional fees the following saind check poxies; for additional service(s) requested. Thow to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 *US.QRO. 1886-26	conel services are desired, and complete its covide you the name of the person delivered to covide you the name of the person delivered to civides are available. Consult postmaster for f o's address. 2. Restricted Delivery (Estra charge) 4. Carticle Number Type of Service: Registered Insured Cotnitied COD Express Mail Return Receipt for Marchanois Always obtain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
SENDER Complete items 1 and 2 when address and 4. It your address in the "RETURN TO" Space on the recombining returned to you. The return receip fee will price date of delivery. For additional less the 1 silowing send Check backers for additional services in question Show to whom delivered, date, and addressed Show to whom delivered, date, and addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature – Addressee	verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it is address. 2. Restricted Delivery Extra charge: 4. Article Number Cype of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent by DATE DELIVERED. 8. Addressee's Address (ONLY if register and fee paud)	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional and 4. Signature — Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231	ional services are desired, and complete its covide you the name of the person delivered to a revices are available. Consult postmaster for features are available. Consult postmaster for features. 2. Restricted Delivery (Extra charge) 4. (Article Number Larra charge) Type of Service: Insured Insured COD Express Mail Return Receipt for Merchanoist Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN REC
SENDER Complete items 1 and 2 when eddition 3 and 4. ut your address in the "RETURN TO" Space in the recombing returned to you. The return receip fee will prive date of delinery. For additional services in question delicated basics for additional services in question 5 show to whom delivered, date, and addressed (Extra charge) Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee	onal services are desired, and complete items been side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery (Extra charge) 4. Article Number Cype of Service: Registered insured Cortified COD Return Receipt for Merchandise Always obtain signature of addressee or agent of DATE DELIVERED. 8. Addressee's Address (ONLY if registed and fee paud)	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional and 4. Signature — Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231 Signature — Addressee X Chama Petroleum Co. Box 31405 Dallus, TX 75231	ional services are desired, and complete its covide you the name of the person delivered to a revices are available. Consult postmaster for features are available. Consult postmaster for features. 2. Restricted Delivery (Extra charge) 4. (Article Number Larra charge) Type of Service: Insured Insured COD Express Mail Return Receipt for Merchanoist Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN REC
SENDER Complete items 1 and 2 when eddition 3 and 4. It your address in the "RETURN TO" Space in the recombing returned to you. The return receip fee will prive date of delinery. For additional services in question of check basies for additional services in question. Show to whom delivered, date, and addressed (Earna charge) Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee	onal services are desired, and complete items been side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery (Extra charge) 4. Article Number Cype of Service: Registered insured Cortified COD Return Receipt for Merchandise Always obtain signature of addressee or agent of DATE DELIVERED. 8. Addressee's Address (ONLY if registed and fee paud)	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will prive dayer of elivery. For additional sees the following saind check poxies; for additional service(s) requested. Thow to whom delivered, date, and addressed (Eura charge) 3. Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 *us.Q.Ro. 1886-2 Put your address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will prove address in the "RETURN TO" Space on the refrom the proventional fees the following the proventional fees the provention the provention the provention the provention the provention t	consistences are desired, and complete its verse side. Failure to do this will prevent this covide you the name of the person delivered to prices are available. Consult postmaster for fine's address. 2. Restricted Delivery (Estra charge) 4. Carticle Number Type of Service: Registered Insured Cotnitied COD Express Mail Return Receipt for Merchanois Always obtain signature of addresse or agent and DATE DELIVERED. 8. Addresse's Address (ONLY if requested and fee paid) 2. Consultational services are desired, and complete it severae side. Failure to do this will prevent this provide you the name of the person delivered to services are available. Consult postmaster for
SENDER Complete items 1 and 2 when additional 3 and 4. It your address in the "RETURN TO" Space on the recombining returned to you. The return receip fee will prive date of delivery. For additional services in quested. Show to whom delivered, date, and addressee (Earna charge) Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee Signature — Addressee in the silvery out The greturn receip fee will promote on geturned to you. The greturn receip fee will promote on geturned to you. The greturn receip fee will promote on geturned to you. The greturn receip fee will promote on geturned to you. The greturn receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you. The greture receip fee will promote on geturned to you.	ponal services are desired, and complete items ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery (Extra charge) 4. Article Number 7. Yes of Service: 1. Registered insured 1. COD 1. Express Mail Return Receipt 1. Addresse or agent and DATE DELIVERED. 8. Addresse's Address (ONLY if register and fee paud) 1. Pomestic Return Receipt 1. Registered insured 2. Cod 2. Restricted Delivery 2. Registered insured 3. Cod 4. Article Number 4. Article Number 6. Registered of Cod 6. Return Receipt 7. Addresses or agent and part of addresses or agent and part of addresses or agent and part of the paud) 8. Addresse's Address (ONLY if register and fee paud) 1. Receipt 2. Restricted Delivered to and complete items of the person delivered to and provices are available. Consult postmaster for fees	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will price dayen delivery. For additional fees the following saind check poxies; for additional service(s) requested. Thow to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 *US.QRO. 1886-26	werse side. Failure to do this will prevent this covide you trie name of the person delivered to a revices are available. Consult postmaster for fine services are available. Consult postmaster for fine services are available. Consult postmaster for services are available. Consult postmaster for services are available. Consult postmaster for services are available. Consult prevent for the consult of the consu
SENDER Complete items 1 and 2 when address and 4. It your address in the "RETURN TO" Space on the reproduced by the space of the space	ponal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery **Extra charge** 4. Article Number Cype of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent by DATE DELIVERED. 8. Addressee's Address (ONLY if register and fee paud) DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT Particle Number DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT Restricted Delivered to and services are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge)	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional and the control of the c	verse side. Failure to do this will prevent this covide you the name of the person delivered to it privides are available. Consult postmaster for file's address. 2. Restricted Delivery (Extra charge) 4. (Article Number Pagisters) Type of Service: Insured COD Return Receipt Fagisters Insured Cortified COD Return Receipt Fagisters Mail For Merchanis: Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECEIPT
SENDER Complete items 1 and 2 when additional services in the result of the complete items 1 and 2 when addressed to a service of the complete items of th	ponal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and privices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery Extra charge; 4. Article Number Cype of Service: Registered insured Cond Return Receipt for Merchandise Always obtain signature of addresses or agent of DATE DELIVERED. 8. Addresse's Address (ONLY if registered and fee paid) DOMESTIC RETURN RECEIPT Ponal Size of Service: Consult postmaster for fees services are available. Consult postmaster for fees services are available. Consult postmaster for fees ser sediess. 2. Restricted Delivery Extra charge.	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional sets the following saint deck posters of the following saint check posters of the following and check posters of the following saint check posters of the following and check posters of the following a	sonal services are desired, and complete its verse side. Failure to do this will prevent this covide you the name of the person delivered to be services are available. Consult postmaster for fee's address. 2. Restricted Delivery (Extra charge) 4. Carticle Number Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandis. Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECEIPTIONAL SERVICES are available. Consult postmaster for services are several services are desired, and complete material services are several services are desired.
SENDER Complete items 1 and 2 when address 3 and 4. It your address in the "RETURN TO" Space on the remove the property of th	ponal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery Extra charge; 4. Article Number Cype of Service: Registered Insured Confilled Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent of DATE DELIVERED. 8. Addresse a Address (ONLY if registered and fee pand) DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT Aprices are available. Consult postmaster for fees are available. Consult postmaster for fees e's address. 2. Restricted Delivery Extra charge; 4. Article Number Type of Service:	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional service following strumed to you. The return receipt fee will price dayen delivery. For additional service(s) requested. The strument of the strument	ional services are desired, and complete its verse side. Failure to do this will prevent this covide you trie name of the person delivered to a prices are available. Consult postmaster for feet's address. 2. Restricted Delivery (Extra charge) 4. Carticle Number
SENDER Complete items 1 and 2 when address 3 and 4. It your address in the "RETURN TO" Space on the remove the property of th	ponal services are desired, and complete items ovide. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it's address. 2. Restricted Delivery (Extra charge) 4. Article Number Cype of Service: Registered Insured Con Express Mail COD Return Receipt for Merchandise Always obtain signature of addressee or agent of DATE DELIVERED. 8. Addressee's Address (ONLY if registed and fee paid) DOMESTIC RETURN RECEIPT Consultation of the person delivered to and ovide you the name of the person delivered to and you the name of the person delivered to and you the name of the person delivered to and you the n	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional service is requested. Sender: Complete items 1 and 2 when additional service is requested. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will prine dayer of delivery. For additional service is requested. Show to whom delivered. date, and addressed (Extra charge) Article Addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 *us.a.ro. 1882 Put your address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will the date of general for additional fees the following and check boxies] for additional services following and check boxies] for additional services requested. 3. Article Addressed to: Champlin Exploration 201 N. Grand, STE 700	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe size and a complete ite verse side. Failure to do this will prevent for the person delivered to a complete ite verse side. Failure to do this will prevent this provide you the name of the person delivered ite verse side. Failure to do this will prevent this provide you the name of the person delivered you the name of the person delivered to services are available. Consult postmaster for services are available.
SENDER Complete items 1 and 2 when address 3 and 4. It your address in the "RETURN TO" Space on the remove the property of th	ponal services are desired, and complete items between the person delivered to and pound you the name of the person delivered to and privices are available. Consult postmaster for fees it is address. 2. Restricted Delivery 2. Extra charge; 4. Article Number COD Regular Receipt Regulared COD Return Receipt Express Mail DOMESTIC RETURN RECEIPT 1. Ponal Service: Regulared and fee paid; 1. Ponal Service: Regulared of the person delivered to and privices are available. Consult postmaster for fees et address. 2. Restricted Delivery Corts Box- Failure to do this will prevent this card poincy you the name of the person delivered to and privices are available. Consult postmaster for fees et address. 2. Restricted Delivery Extra charge; 4. Article Number COD Return Receipt Type of Service: Registered COD Return Receipt Type of Service: Registered COD Return Receipt For Merchandise	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional service following strumed to you. The return receipt fee will price dayen delivery. For additional service(s) requested. The strument of the strument	ional services are desired, and complete its verse side. Failure to do this will prevent this covide you tre name of the person delivered to a prices are available. Consult postmaster for fire services are available. Consult postmaster for fire services are available. Consult postmaster for fire services. 4. CArticle Number Type of Service: Always obtain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud) Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECUltional services are available. Consult postmaster for services are available. Consult postmaster for services are available. Consult postmaster for fire and services are available. Consult postmaster for fire and services are available. Consult postmaster for services are available. Consult postmaster for fire and services are available. Consult postmaster for services are available. Consult postmaster for fire and services are available. Consult postmaster for fire and services are available. Consult postmaster for fire fire fire and fire fire fire fire fire fire fire fire
SENDER Complete items 1 and 2 when address and 4. at your address in the "RETURN TO" Space on the recombining returned to you. The return receip fee will price date of delivery. For additional services in question and Check backes for additional services in question and Check backes for addressed Chema charge. Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee Signature — TEC 2 6 1990 Form 3811, Apr. 1999 SENDER Complete Items 1 and 2 when additional and the complete items of the following and the contract of the following and the chartes of the following and the chartes of the following and the chartes of the following and check boxies for additional servicus in equation of the following and check boxies for additional servicus in equation of the following and check boxies for addresses (Earn charge) Morris R. Antweil 101 Park Avc.	ponal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery **Extra charge** 4. Article Number Cype of Service: Registered insured Confished COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent by DATE DELIVERED. 8. Addressee's Address (ONLY if register and fee paud) DOMESTIC RETURN RECEIPT Prediction and fee paud) DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT Type of Service: Registered insured COD Return Receipt for fees Registered Insured Cod Return Receipt for fees Registered Insured COD Return Receipt for fees Registered Insured COD Return Receipt for Merchandise Always obtain signature of addressee	SENDER: Complete items 1 and 2 when additional service is promoted to you. The return receipt fee will promote and check poxies; for additional service following sand check poxies; for additional service; requested. Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delipery PS Form 3811, Apr. 1989 **us.q.Ro. 188-3 **EXECUTE TO Succe on the reform being returned to you. The return receipt fee will promote and addresses in the "RETURN TO" Space on the reform being-returned to you. The return receipt fee will into date of general fees the following and check boxies] for additional service(s) requested. 3. Article Addressed to: Champlin Exploration 201 N. Grand, STE 700 One Grand Center, Drawer 3488	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe size and a complete ite verse side. Failure to do this will prevent for the person delivered to a complete ite verse side. Failure to do this will prevent this provide you the name of the person delivered ite verse side. Failure to do this will prevent this provide you the name of the person delivered you the name of the person delivered to services are available. Consult postmaster for services are available.
SENDER: Complete items 1 and 2 when additional services on the recombined previous for additional less the 1 silowing serices beginning to the services of the	ponal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery Extra charge; 4. Article Number Cot filled Express Mail Always obtain signature of addressee or agent of DATE DELIVERED. 8. Addressee's Address (ONLY if regulated and fee paud) DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT Properties are available. Consult postmaster for fees are available. Consult postmaster for fees e's address. 2. E Restricted Delivery Extra charge; 4. Article Number Cot Regulatered Insured Contined Return Receipt fees and consult postmaster for fees e's address. Regulatered Insured Cot Regulatered Insured Cot Regulatered Insured Contined Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional and the complete of th	ional services are desired, and complete its verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe size and the consult postmaster for fe size and the consult postmaster for fe size and the consult postmaster for fe size and consult postmaster for fe size and consult postmaster for fermined. 4. Carticle Number Type of Service: Allows obtain signature of addresse or agent and DATE DELIVERED 8. Addresse's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECUrional services are desired, and complete it reverse side. Failure to do this will prevent this provide you the name of the person delivered to services are available. Consult postmaster for services are available. Consult postmaster for ee's address. 4. Article Number Type of Service: Regentered Consult postmaster for dedivery lexing charge: 4. Article Number Type of Service: Regentered Consult postmaster for dedivery lexing charge: Article Number Article Number Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional and 4. If your address in the "RETURN TO" Space is not the free of the complete items of the complete item	ponal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and invices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery **Extra charge** 4. Article Number Cype of Service: Registered insured Confished COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent by DATE DELIVERED. 8. Addressee's Address (ONLY if register and fee paud) DOMESTIC RETURN RECEIPT Prediction and fee paud) DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT Type of Service: Registered insured COD Return Receipt for fees Registered Insured Cod Return Receipt for fees Registered Insured COD Return Receipt for fees Registered Insured COD Return Receipt for Merchandise Always obtain signature of addressee	SENDER: Complete items 1 and 2 when additional service is promoted to you. The return receipt fee will promote and check poxies; for additional service following sand check poxies; for additional service; requested. Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delipery PS Form 3811, Apr. 1989 **us.q.Ro. 188-3 **EXECUTE TO Succe on the reform being returned to you. The return receipt fee will promote and addresses in the "RETURN TO" Space on the reform being-returned to you. The return receipt fee will into date of general fees the following and check boxies] for additional service(s) requested. 3. Article Addressed to: Champlin Exploration 201 N. Grand, STE 700 One Grand Center, Drawer 3488	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe strices are available. Consult postmaster for fe strices are available. Consult postmaster for fe strices. 2. Restricted Delivery Extra charge
SENDER: Complete items 1 and 2 when addressed to: 3 and 4. ut your address in the "RETURN TO" Space to in the recomb date of delivery. For addressed test the 1 silowing send check basies for eadles on the send check basies for delivered. date, and addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressed Signature — Addressed Signature — Addressed Sender: Complete items 1 and 2 when additional services on the recombined and the complete items 1 and 2 when additional services on the recombined and the complete items 1 and 2 when additional services in questional case the following send to you. The return receip fee will promise for grant timed to you. The return secep on the recombined check boxtest for additional services in questional case the following send to whom delivered, date, and addressed to: Morris R. Antweil 101 Park Ave. New York, NY 10178 5 Signature — Addressee X	ponal services are desired, and complete items by the services are available. Consult postmaster for fees of the person delivered to and privices are available. Consult postmaster for fees of seddress. 2. Restricted Delivery Extra charge; 4. Article Number County C	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional and the complete of th	ional services are desired, and complete its verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe size and the consult postmaster for fe size and the consult postmaster for fe size and the consult postmaster for fe size and consult postmaster for fe size and consult postmaster for fermined. 4. Carticle Number Type of Service: Allows obtain signature of addresse or agent and DATE DELIVERED 8. Addresse's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECUrional services are desired, and complete it reverse side. Failure to do this will prevent this provide you the name of the person delivered to services are available. Consult postmaster for services are available. Consult postmaster for ee's address. 4. Article Number Type of Service: Regentered Consult postmaster for dedivery lexing charge: 4. Article Number Type of Service: Regentered Consult postmaster for dedivery lexing charge: Article Number Article Number Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional and 4. It your address in the "RETURN TO" Space in on the recombing returned to you. The return receip fee will price date of delevery. For additional severels in question of check box less the 1 silowing serial check box less the serial charge? Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee Signature — Addressee Signature — Addressee Signature — Addressee Sender: Complete items 1 and 2 when additional severels in question on the recombing returned to you. The return receip fee will price date of delivery, for additional severels in questional check box less the selection of check box	ponal services are desired, and complete items by the services are available. Consult postmaster for fees of the person delivered to and privices are available. Consult postmaster for fees of seddress. 2. Restricted Delivery Extra charge; 4. Article Number County C	SENDER: Complete items 1 and 2 when additional service its promoted to you. The return receipt fee will promote and check poxies; for additional service following sand for additional service for additional service sand address and sand 4: SENDER: Complete items 1 and 2 when additional poxies for additional service(s) requested. SENDER: Complete items 1 and 2 when additional service(s) requested. SENDER: Complete items 1 and 2 when additional service(s) requested. SENDER: Complete items 1 and 2 when additional service(s) requested. Champlineck boxies] for additional service(s) requested. Champlin Exploration 201 N. Grand, STE 700 One Grand Center, Drawer 3488 Enid, OK 73702 5. Signature — Addressee X 6. Signature — Addressee	ional services are desired, and complete its verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe size and the consult postmaster for fe size and the consult postmaster for fe size and the consult postmaster for fe size and consult postmaster for fe size and consult postmaster for fermined. 4. Carticle Number Type of Service: Allows obtain signature of addresse or agent and DATE DELIVERED 8. Addresse's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECUrional services are desired, and complete it reverse side. Failure to do this will prevent this provide you the name of the person delivered to services are available. Consult postmaster for services are available. Consult postmaster for ee's address. 4. Article Number Type of Service: Regentered Consult postmaster for dedivery lexing charge: 4. Article Number Type of Service: Regentered Consult postmaster for dedivery lexing charge: Article Number Article Number Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when address and 4. a your address in the "RETURN TO" Space in the recombining returned to you. The return receip fee will price date of delivery. For additional services in quested. Show to whom delivered, date, and addressee. Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature - Addressee Article Address in the "RETURN TO" Space on the recombing returned to you. The great man fee will price date of delivery. For additional fees the following seed the services of the seed of delivery. For additional fees the following seed the services of the seed of delivery. For additional fees the following seed the services of the seed of the services of the seed of the services of the services of the seed of the services of the servi	ponal services are desired, and complete items by the services are available. Consult postmaster for fees of the person delivered to and privices are available. Consult postmaster for fees of seddress. 2. Restricted Delivery Extra charge; 4. Article Number County C	PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when additional sets the following sand 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the drawer of delivery. For additional sets the following sand check poxies; for additional service(s) requested. Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 *us.QRO. 1889-2 Land Complete items 1 and 2 when edditional service(s) requested. 1. Show to whom delivered, date, and addressed to: Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 *us.QRO. 1889-2 Land Complete items 1 and 2 when edditional fees the following and check box(es) for additional fees the following and check box(es) for additional fees the following and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed for the complete delivered date, and addressed for Champlin Exploration 201 N. Grand, STE 700 One Grand Center, Drawer 3488 Enid, OK 73702 5. Signature — Addressee X 6. Signature — Addressee	ional services are desired, and complete ite verse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for fe s's address. 2. Restricted Delivery ** **Extra charge** 4. **Carticle Number** Type of Service: Registered Insured COD Return Receipt for Merchandiss Always obtain signature of addressee or agent and DATE DELIVERED 8. **Addressee's Address **(ONLY if requested and fee paid)** **DOMESTIC RETURN RECIptional Services are available. Consult postmaster for Services are desired. And Services are available. Consult postmaster for Services are desired. And Consult postmaster for Services are available. Consult postmaster for Services are available. Services are desired and services are desired and services are desired and servi
SENDER: Complete items 1 and 2 when additional and 4. It your address in the "RETURN TO" Space in on the recombing returned to you. The return receip fee will price date of delevery. For additional severels in question of check box less the 1 silowing serial check box less the serial charge? Article Addressed to: Anadarko Petroleum Corp. Box 1330 Houston, TX 77251-1330 Signature — Addressee Signature — Addressee Signature — Addressee Signature — Addressee Sender: Complete items 1 and 2 when additional severels in question on the recombing returned to you. The return receip fee will price date of delivery, for additional severels in questional check box less the selection of check box	ponal services are desired, and complete items brease side. Failure to do this will prevent this card ovide you the name of the person delivered to and privices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery Extra charge; 4. Article Number County County County Registered insured County Receipt for Merchandise Always obtain signature of addresses or agent and DATE DELIVERED. 8. Addresses and destricted County if required and fee paid) DOMESTIC RETURN RECEIPT DOMESTIC RETURN RECEIPT Provides you the name of the person delivered to and sorvices are available. Consult postmaster for fees are sediess. 2. Restricted Delivery Extra charge; 4. Article Number County General County Co	PS Form 3811, Apr. 1989 SENDER: Complete Items 1 and 2 when additional service is promoted to you. The return receipt fee will promoted to you address in the "RETURN TO" Soace on the refrom being returned to you. The return receipt fee will promoted the date of delivery. For additional service is requested. Chama Petroleum Co. Box 31405 Dallus, TX 75231 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 SENDER: Complete Items 1 and 2 when additional service is requested. Put your address in the "RETURN TO" Space on the refrom being-returned to you. The return receipt fee will the date of delivery, for additional service is requested. Champlin Exploration 201 N. Grand, STE 700 One Grand Center, Drawer 3488 Enid, OK 73702 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery	werse side. Failure to do this will prevent this covide you the name of the person delivered to a prices are available. Consult postmaster for foreign services are available. Consult postmaster for foreign services. 2. Restricted Delivery (Extra charge) 4. (Article Number

BEFORE EXAMINER
OIL CONSERVATION DIVISION

____EXHIBIT NO. 2.2

CASE NO. ___!022.1

Submitted by ___Conoco Inc.Hearing Date __2/7/91

	ces are available. Consult postmaster for fees	the date of delivery. For additional fees the following se	rvices are available. Consult postmaster for fees
Indicheck box(es) for additional service(s) requested. Show to whom delivered, date, and addressee s (Extra charge)		and check box(es) for additional service(s) requested. 1. Show to whom delivered, date and addressed.	
Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Chevron U.S.A.	19451 210 214 Type of Service:	Kenneth G. Cone	Type of Service.
Box 1150 Midland, TX 79702	Registered Insured	P.O. Box 11310	Registered Insured
Modald, 170 19102	Certified: COD Express Mail Return Receipt for Merchandise	Midland, TX 79702	Certified 7. COD Express Mail Cop for Merchandise
	Always obtainsignature of addressee	·	Always obtain signature of addresses
Signature - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5 Simon Address (fr	8. Addressee's Address (ONLY if
<u></u>	requested and fee paid)	5. Signeture - Addressee () X Kernth . (one	requested and fee paid
Signature	7	6. Signature - Agent	
Date of Delivery	 	7 Date of Delivery	
DEC 2 () 1990			
Form 3811, Apr. 1989 + 13 G.P.(. 1989-238-4	DOMECTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-2	38-815 DOMESTIC RETURN PECEIP
SENDER: Complete items 1 and 2 when additional			
3 and 4 at your address in the "RETURN TO" Space on the revers	e side. Failure to do this will prevent this card.	SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the RETURN TO' Space on the rev	
e date of delivery. For additional fees the foliolying service	e you the name of the person delivered to and	from being returned to you. The return receipt fee will prome date of delivery for additional fees the following set	vide you the name of the person delivered to and
a check boxies; for additional service(s) requested Show to whom delivered, date, and addressee s a Extra charge;	address. 2. Restricted Delivery Extra charge:	show to whom delivered, date, and addressee	s address 2 . Restricted Delivery
Article Addressed to:	4. Article Number	Eura charge: 3 Article Addressed to:	£Mra churrei
Clifford Cone	[인원 등 20 등 2구]	7-20 0	<u> </u>
P.O. Box 6010	Type of Service: Registerednsured	Tom R. Conc P.O. Box 778	Type of Service:
Lubbock, TX 79493	Certified COD Return Receipt	Jay, OK 74346	Certified COD
	Always obtain signature of addressee		Express Mail Return Receipt for Merchandise Always obtain signature of addressee
Santa Patricia	or agent and DATE DELIVERED		or agent and DATE DELIVERED.
Signature Addressee	8 Addressee's Address (ONLY if requested and tee paid)	5. Signatup Addresse	8. Addressee's Address (ONLY if requested and fee paid)
Signature - sent	- 	6. Signature - Agent	
7 Date of Delivery	_	X	→ ,
12-28-90		7. Date of Delivery	
			
SENDER: Complete Items 1 and 2 whi maddition. 3 and 4. Put your address in the "BETURN TO" Space on the revertrom being returned to you. The return receipt 1-e will provide gate of delivery. For additional fees the following serving	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person perivent to an	SENDER: Complete items 1 and 2 when additing 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will by the date of delivery. For additional fees the following st	onal services are desired, and complete items verse side. Failure to do this will prevent this card with a name of the person delivered to and
SENDER: Complete Items 1 and 2 whit maddition. 3 and 4. Put your address in the "ETURN TO" Space in the revertion being returned to you. The return receipt 1 e will provide gate of delivery, For additional fees the following serviand check boxies if or additional service(s) requested. Show to whom delivered, date, and a idressee a learn charge; Article Addressed to:	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person gelivered to and ces are available. Consuit postmaster for fees address. 2. Restricted Delivery Ettra charges 4. Article Number Type of Service:	SENDER: Complete items 1 and 2 when additional 3 and 4.	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and arvices are available. Consult postmaster for fees b's address. 2. — Restricted Delivery (Extra charge) 4. Article Number Type of Service:
SENDER: Comblete items 1 and 2 whit m addition. 3 and 4. Put your address in the "EFURN TO! Space on the revertiron being returned to you. The return recept the will provide date of delivery, for additional fees the following serviand phack boxies for additional services) requested. Show to whom delivered, date, and a idressee a (Extra charge) Article Addressed to: Douglas Conc P.O. Box 64244	al services are desired, and complete items see side. Failure to do this will prevent this card de you the name of the person gelivered to and ces are available. Consuit postmaster for fees address. 2. Restricted Delivery **Ectra charges** 4. Article Number Type of Service: Registered insured	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will prine date of delivery. For additional fees the following signal check boxies! for additional services! requested. 1. Show to whom delivered, date, and addressed iExtra charge! 3. Article Addressed to: Couton Potroloum Corp. P.O. Box 94440	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and struces are available. Consult postmaster for fees e's address. 2. — Restricted Delivery Extra charge) 4. Article Number Type of Service. Registrated.
SENDER: Combine items 1 and 2 whi maddition. 3 and 4. Put your address in the "EFTURN TO! Space on the revertion being returned to you. The return receipt the will provide address between the distributions of the combine greaters. For additional fees the following service and check between additional fees the following service and check between additional service is required setted. Show to whom delivered, date, and a idressee a (Extra charge). Article Addressed to: Douglas Conc.	al services are desired, and complete items sees de Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service:	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will be the date of delivery. For additional fees the following sand check boxiest for additional service(s) requested. Show to whom delivered, date, and addresses iExtra charge! 3. Article Addressed to: Custon Petroleum Corp.	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and arvices are available. Consult postmaster for fees b's address. 2. — Restricted Delivery (Extra charge) 4. Article Number Type of Service:
SENDER: Comblete items 1 and 2 whit m addition. 3 and 4. Put your address in the "EFURN TO! Space on the revertiron being returned to you. The return recept the will provide date of delivery, for additional fees the following serviand phack boxies for additional services) requested. Show to whom delivered, date, and a idressee a (Extra charge) Article Addressed to: Douglas Conc P.O. Box 64244	al services are desired, and complete items sees de Failure to do this will prevent this card de you tre name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Cognified COD Expanse Mail Ferum Receipt for Merchandise Always obtain signature of addressee	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will prine date of delivery. For additional fees the following signal check boxies! for additional services! requested. 1. Show to whom delivered, date, and addressed iExtra charge! 3. Article Addressed to: Couton Potroloum Corp. P.O. Box 94440	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and struces are available. Consult postmaster for fees p's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registed Insured Certified COD Express Mail ror Merchandise Always obtain signature of addressee
SENDER: Comblete items 1 and 2 wit m addition. 3 and 4. Put your address in the "EFTURN TO! Space on the rever from being returned to you. The return receipt the will provide date of delivery. For additional fees the following serviand check boxies for additional services is requested. 3 Show to whom delivered, date, and a idressee a fetting the combination of the comb	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery ***/**/**/**/**/**/**/**/**/**/**/**/**	SENDER: Complete items 1 and 2 when addit 3 and 4. Pur your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will be no date of delivery. For additional less the following and check boxies for additional services is requested. 1 Show to whom delivered, date, and addressed i Show to whom delivered, date, and addressed i Cuton ?etroleum Corp. P.O. Box 94440 Tulsa, OK 74194	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and arvices are available. Consult postmaster for fees b's address. 2. — Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Contribution Control
SENDER: Comblete Items 1 and 2 whi m addition. 3 and 4. Put your address in the "EETURN TO" Space on the rever from being returned to you. The return receipt the will provide again of delivery. For additional fees the following serviand check boxies for additional service(s) requested. Show to whom delivered, date, and a idressee is (Extra charge) Article Addressed to: Douglas Conc. P.O. Box 64244 Lubbock, TX 79464	al services are desired, and complete items sees de Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery 'Extra charge! 4. Article Number Type of Service: Registered Insured Cauffied COD Extress Mail Return Receipt for Merchandise Alway obtain signature of addressee or agent and DATE DELIVERED.	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will prine date of delivery. For additional services is requested. 1. Show to whom delivered, date, and addressed in the services of the services o	onal services are desired, and complete items verse side. Failure to do this will prevent this card oude you the name of the person delivered to and strices are available. Consult postmaster for fees p's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registed Insured Certified COD Express Mail Tor Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Comblete items 1 and 2 whi m addition. 3 and 4. Put your address in the "EETURN TO" Space on the rever from being returned to you. The return receipt the will provide again of delivery. For additional fees the following serviand check boxies for additional service(s) requested. 3 Show to whom delivered, date, and a idressee be (Extra charge) Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464	at services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery ***/**/**/**/**/**/**/**/**/**/**/**/**	SENDER: Complete items 1 and 2 when addit 3 and 4. Pur your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will be no date of delivery. For additional services is requested. 1 Show to whom delivered, date, and addressed. 3. Article Addressed to: Cuton Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and arvices are available. Consult postmaster for fees b's address. 2. — Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Contribution Control
SENDER: Comblete items 1 and 2 wit m addition. 3 and 4. Put your address in the "EFTURN TO! Space on the rever from being returned to you. The return receipt the will provide date of delivery. For additional fees the following serviand check boxies for additional services is requested. 3 Show to whom delivered, date, and a idressee a fetting the combination of the comb	at services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery ***/**/**/**/**/**/**/**/**/**/**/**/**	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will prine date of delivery. For additional services is requested. 1. Show to whom delivered, date, and addressed in the services of the services o	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and arvices are available. Consult postmaster for fees b's address. 2. — Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Contribution Control
SENDER: Comblete items 1 and 2 whit madditions and 4. Put your address in the "EFTURN TO! Space (n the revertion being returned to you. The return receipt is will provide gate of delivery. For additional serviceis red ested. Show to whom delivered, date, and a idressee is (Eura charze) Article Addressed to: Douglas Cone P.O. Box 64244 Lubbock, TX 79464	al services are desired, and complete items se side. Failute to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address. 2. Restricted Delivery 'Extra charge' 4. Article Number Type of Service: Registered COD Extress Mail Return Receipt for Merchandise Always Obtain signature of addressee or agest and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will prine date of delivery. For additional services is requested. Show to whom delivered, date, and addressed. Cutton Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Agent DEC 27 10	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and strices are available. Consult postmaster for fees e's address. 2. — Restricted Delivery 'Extra charge! 4. Article Number Type of Service: — Registed — Insured — COD — Express Mail — Return Raceipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud)
SENDER: Comblete items 1 and 2 whi m addition. 3 and 4. Put your address in the "EETURN TO" Space on the rever from being returned to you. The return receipt the will provide again of delivery. For additional fees the following serviand check boxies for additional service(s) requested. 3 Show to whom delivered, date, and a idressee be (Extra charge) Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address. 2. Restricted Delivery 'Extra charge' 4. Article Number Type of Service: Registered Insured Courtied COD Extress Mail Return Receipt for Merchandise Always obtain signature of addressee or again and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will by the date of delivery. For additional services is requested. 1. Show to whom delivered, date, and addressed. 3. Article Addressed to: Chiton Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Agent X Defc 27 10	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and strices are available. Consult postmaster for fees e's address. 2. — Restricted Delivery 'Extra charge! 4. Article Number Type of Service: — Registed — Insured — 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 paud)
SENDER: Complete items 1 and 2 whit madditions and 4. Put your address in the "BETURN TO" Space in the revertion being returned to you. The return receipt it will provide date of delivery, For additional service(s) requested. Show to whom delivered, date, and a lidressee's (Etira charge) Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Signatura — Addressee X Signatura — Addressee X Service Addresses at and 2 whith additional service and a lidressee's (Etira charge) SENDER: Complete items 1 and 2 whith additional service and a lidressee and	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address. 2. Restricted Delivery "Extra charge! 4. Article Number Type of Service: Registered COD Extra charge! Always botain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will prine date of delivery. For additional services is requested. Show to whom delivered, date, and addressed. Cutton Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Agent DEC 27 10	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and arvices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registed 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) DOMESTIC RETURN RECEIP feets on the services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees
SENDER: Complete items 1 and 2 whit madditions and 4. Put your address in the "BETURN TO" Space in the revertion being returned to you. The return receipt it will provide date of delivery, For additional service(s) requested. Show to whom delivered, date, and a lidressee's (Etira charge) Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Signatura — Addressee X Signatura — Addressee X Service Addresses at and 2 whith additional service and a lidressee's (Etira charge) SENDER: Complete items 1 and 2 whith additional service and a lidressee and	al services are desired, and complete items se side. Failute to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery 'Extra charger' 4. Article Number Type of Service: Registered COD Extra sa Mail Return Receipt for Merchandise Always botain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT all services are desired, and complete items wide. Failure to do this will prevent this can de you the name of the person delivered to and designed are available. Consult postmaster for fees address. 2. Restricted Delivery (Extra charger) 4. Article Number	SENDER: Complete items 1 and 2 when additing a service of Delivery. SENDER: Complete items 1 and 2 when additing a sender of delivery. For additional fees the following sender of delivery. For additional services is requested. 1. Show to whom delivered, date, and addressed in the sender of delivery. 3. Article Addressed to: Cuton Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery DFC 27 10 PS Form 3811, Apr. 1989 *us.q.ro. 1989 *us.q.ro. 1989 *us.q.ro. 1989 *us.q.ro. 1989 and check boxies! for additional fees the following send check boxies! for additional services! services and check boxies! for additional services! and addressed and check boxies! for additional services! and addressed and check boxies! for additional services! and addressed addressed and addressed add	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and struces are available. Consult postmaster for fees of saddress. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registed Insured Certified COD Express Mail Return Receipt for Merchandise or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECEIP in the part of this card ovide you the name of the person delivered to and privices are available. Consult postmaster for fees of address.
SENDER: Comblete items 1 and 2 whit madditions and 4. Put your address in the "BETURN TO" Space on the revertion being returned to you. The return recept 1 e will provide gate of delivery, for additional fees the following serviand pheck boxies for addressed receives requested. Show to whom delivered, date, and a idressee be (Extra charge) Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Signature — Addressee X Service address in the "RETURN TO" Space in the revention being returned to you. The return receipt fee mell provided and check boxies for additional services is requested. Show to whom delivered, the return receipt fee mell provided and check boxies for additional services is requested. Estate of Kathleen Conc Estate of Kathleen Conc	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Copyright Copyrigh	SENDER: Complete items 1 and 2 when addit 3 and 4. Pur your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will by the date of delivery. For additional services is requested. 1 Show to whom delivered, date, and addressed in the state of the	onal services are desired, and complete items verse side. Failure to do this will prevent this card oude you the name of the person delivered to and rivices are available. Consult postmaster for fees of seadness. 2. Restricted Delivery 'Extra charge' 4. Article Number Type of Service: Registed Insured CoD Return Receipt Express Mail for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP conal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees its address. 2. Restricted Delivery 'Extra charge'
SENDER: Complete items 1 and 2 whit madditions 3 and 4. Put your address in the "EFURN TO" Space on the revertion being returned to you. The return receipt it is will provide date of delivery, for additional serviceis requested. Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Signature — Addressee X Signature — Addressee X Service Addresses and a delivered concerns and a delivery of the date of Delivery of the delivery of the date of Delivery of the date of Delivery of the date of delivery, for being returned to you additional serviceis and check boxies for additional serviceis and concerns and check boxies for additional serviceis and check boxies for additional serviceis requested and check boxies for additional serviceis requested. Show to whom delivered, date, and additional serviceis requested. Estate of Kathleen Cone P.O. Drawer 1509	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person oelivered to and ces are available. Consult postmaster for fees address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered COD Return Receipt for Merchandise Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if registed and fee paid) DOMESTIC RETURN RECEIPT all services are desired, and complete items wide. Failure to do this will prevent this card de you the name of the person delivered to and seas are available. Consult postmaster for fees address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured	SENDER: Complete items 1 and 2 when addit 3 and 4. Pur your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will be ine date of delivery. For additional services is requested. 1. Show to whom delivered, date, and addressed. 2. Article Addressed to: Cuton Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Agent DEC 27 10 PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fellowing stand check boxies! for additional services! requested. 3. Article Addressed to: Davis Oil	onal services are desired, and complete items verse side. Failure to do this will prevent this card oude you the name of the person delivered to and strices are available. Consult postmaster for fees of seadness. 2. Restricted Delivery 'Extra charge' 4. Article Number Type of Service: Registered Insured CoD Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECEIP consult provides are available. Consult prevent this card ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees of services. 4. Article Number Type of Service. Registered Insured
SENDER: Comblete items 1 and 2 whit madditions 3 and 4. Put your address in the "BETURN TO" Space on the revertion being returned to you. The return recept 1 e will provide gate of delivery, for additional fees the following servi and phack boxies for additional services) requested. Show to whom delivered, date, and a idressee a least of the comblete state. Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Signatura — Addressee X Service address of the comblete states 1 and 2 whith additions 3 and 4. Put your address in the "RETURN TO" Space in the revention being returned to you. The return recept tes sell provided the date of delivery. For additional services) requested. Estate of Kathleen Cone Estate of Kathleen Cone	al services are desired, and complete items se side. Failute to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery 'Etera charge! 4. Article Number Type of Service: Registered Insured COD Extra sa Mail Return Receipt for Merchandise Always botain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and jee paid) DOMESTIC RETURN RECEIPT all services are desired, and complete items will be a serviced to address and sees are available. Consult postmaster for fees address. 2. Restricted Delivery (Etera charge) 4. Article Number Type of Service: Registered Insured COD Certified COD Type of Service: Registered Insured COD Certified COD Type of Service: Registered Insured COD Type of Service: Registered Insured COD Type of Service: Registered COD Type of Service: Registered Insured COD Type of Service: Registered COD Type of Service: Registered Insured COD Type of Service: Registered COD Type of Service: Registered COD Type of Service:	SENDER: Complete items 1 and 2 when addit 3 and 4. Pur your address in the "RETURN TO" Space on the retrom being returned to you. The return receipt fee will by the date of delivery. For additional services is requested. 1 Show to whom delivered, date, and addressed in the state of the	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and arvices are available. Consult postmaster for fees of saddress. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registed 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) DOMESTIC RETURN RECEIP Type of Service. Restricted Delivery (Extra charge) Aways obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
SENDER: Complete items 1 and 2 whit madditions 3 and 4. Put your address in the "EFURN TO" Space on the revertion being returned to you. The return receipt it is will provide date of delivery, for additional serviceis requested. Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Signature — Addressee X Signature — Addressee X Service Addresses and a delivered concerns and a delivery of the date of Delivery of the delivery of the date of Delivery of the date of Delivery of the date of delivery, for being returned to you additional serviceis and check boxies for additional serviceis and concerns and check boxies for additional serviceis and check boxies for additional serviceis requested and check boxies for additional serviceis requested. Show to whom delivered, date, and additional serviceis requested. Estate of Kathleen Cone P.O. Drawer 1509	al services are desired, and complete items se side. Failute to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery 'Etera charger' 4. Article Number Type of Service: Registered Insured COD Extress Mail Return Receipt for Merchandise Always botain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) But services are desired, and complete items will be serviced and see are available. Consult postmaster for fees address. 2. Restricted Delivery (Etera charger) 4. Article Number Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee Always obtain signature of addressee	SENDER: Complete items 1 and 2 when addit 3 and 4. Pur your address in the "RETURN TO" Space on the re from being returned to you. The return receipt fee will be ine date of delivery. For additional services is requested. 3. Article Addressed to: Couldon Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Agent X DEC 27 10 PS Form 3811, Apr. 1989 **us.q.Ro. 1989 **us.q.Ro. 1989 **us.q.Ro. 1980 SENDER: Complete items 1 and 2 when addit and direct box in the "RETURN TO" Space on the refrom being returned to you. The return receipt fellowing is and gheck boxies! for additional services is requested. 3. Article Addressed to: Davis OII 410 17th St. 1610	Onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and struces are available. Consult postmaster for fees e's address. 2. Restricted Delivery 'Extra charge! 4. Article Number Type of Service: Registed Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address (ONLY if requested and fee paud) DOMESTIC RETURN RECEIP requested and fee paud) DOMESTIC RETURN RECEIP CON The part of the person delivered to and privices are available. Consult postmaster for fees it is address. 2. Restricted Delivery 'Extra charge! 4. Article Number Type of Service. Registered Insured Certified COD Express Mail prevent this card or the person delivered to and privices are available. Consult postmaster for fees it is address. 2. Restricted Delivery 'Extra charge! 4. Article Number Type of Service. Registered Insured Certified COD Express Mail prevent Receipt to the person delivery (Express Mail prevent
SENDER: Complete items 1 and 2 whit madditions and 4. Put your address in the "EFURN TO" Space on the revertion being returned to you. The return receipt it is will provide date of delivery, for additional serviceis requested. Show to whom delivered, date, and a idressee's (Extra charge) Article Addressed to: Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Signatura — Addressee X Signatura — Addressee X Sender Complete items 1 and 2 whin additions and a serviceis and addresses and check box(es) for additional serviceis and addresses and check box(es) for additional serviceis and addresses and addressed to: Estate of Kathleen Cone P.O. Drawer 1509	al services are desired, and complete items se side Failute to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address. 2. Restricted Delivery 'Extra charge' 4. Article Number Type of Service: Registered COD Extress Mail Return Receipt for Merchandise Always bottain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) Type of Service: Registered CoD Extress Mail Return Receipt for Merchandise Always bottain signature of addressee or agent and DATE DELIVERED. 1. Services are desired, and complete items are available. Consult postmaster for fees and you the name of the person delivered to and less are available. Consult postmaster for fees address. 2. Restricted Delivery 'Extra charge' 4. Article Number Type of Service: Registered Insured Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less are available. Consult postmaster for fees and the person delivered to and less and the person delivered to and less and the person d	SENDER: Complete items 1 and 2 when addressed to the sense of Delivery Signature — Addressee X 6. Signature — Agent X Andressee X 6. Signature — Agent X Andressee X 6. Signature — Agent Andressee X Andressee Andresse	onal services are desired, and complete items verse side. Failure to do this will prevent this card oxide you the name of the person delivered to and strices are available. Consult postmaster for fees it saddress. 2. Restricted Delivery 'Extra charge' 4. Article Number Type of Service: Registable Insured Contribed 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) DOMESTIC RETURN RECEIP DOMESTIC RETURN RECEIP DOMESTIC RETURN RECEIP DOMESTIC RETURN RECEIP Type of Service. Restricted Delivery 'Extra charge! 4. Article Number Type of Service. Registered CoD Return Receipt ONLY if requested insured Contined CoD Return Receipt Registered CoD Return Receipt ONLY if requested COD Return Receipt ONLY if return Receipt ONLY if requested COD Return Receipt ONLY if return
SENDER: Complete items 1 and 2 whit madditions and 4. Put your address in the "BETURN TO" Space on the revertion being returned to you. The return receipt 1 e will provide gate of delivery. For additional fees the following servi and check boxies if or additional service(s) requested. Show to whom delivered, date, and a idressee a learn charge. Article Addressed to: Douglas Conc. P.O. Box 64244 Lubbock, TX 79464 Sender - Addressee X Sender - Addressee Sender: Complete seems 1 and 2 whin additions a service and check boxies in the "RETURN TO" Space in the reveal and check boxies in the "RETURN TO" Space in the reveal and check boxies in the "RETURN TO" Space in the reveal and check boxies in the additional service(s) requested in the service of delivery, For additional service(s) requested in the service of the	al services are desired, and complete items se side. Failute to do this will prevent this card de you the name of the person delivered to and ces are available. Consult bostmaster for fees address. 2. Restricted Delivery 'Etera charger' 4. Article Number Type of Service: Registered Insured COD Extress Mail Return Receipt for Merchandise Always botain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) But services are desired, and complete items will be serviced and see are available. Consult postmaster for fees address. 2. Restricted Delivery (Etera charger) 4. Article Number Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee Always obtain signature of addressee	SENDER: Complete items 1 and 2 when addit 3 and 4. Pur your address in the "RETURN TO" Space on the re from being returned to you. The return receipt fee will be ine date of delivery. For additional services is requested. 3. Article Addressed to: Couldon Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Agent X DEC 27 10 PS Form 3811, Apr. 1989 **us.q.Ro. 1989 **us.q.Ro. 1989 **us.q.Ro. 1980 SENDER: Complete items 1 and 2 when addit and direct box in the "RETURN TO" Space on the refrom being returned to you. The return receipt fellowing is and gheck boxies! for additional services is requested. 3. Article Addressed to: Davis OII 410 17th St. 1610	onal services are desired, and complete items verse side. Failure to do this will prevent this card ovide you the name of the person delivered to and struces are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registed 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 paud) DOMESTIC RETURN RECEIP requested and fee paud) DOMESTIC RETURN RECEIP requested and fee paud (Fig. 1) and (Fig. 1
SENDER: Complete items 1 and 2 whit madditions and 4. Put your address in the "ETURN TO" Space on the revertion being returned to you. The return receipt 1 e will provide date of delivery, For additional service(a) requires seed. Show to whom delivered, date, and a loressee's Estate of Kathleen 1 and 2 whin additional service(a) requires seed. Douglas Cone P.O. Box 64244 Lubbock, TX 79464 Signature — Addressee X Sender: Complete seems 1 and 2 whin additional service(a) requires and addressed to: Sender: Complete seems 1 and 2 whin additional service(a) requires and the service(a) requires seems 1. Show to whom delivered, date, and a ddigasee 3. Article Addressed to: Sender: Complete seems 1 and 2 whin additional service(a) requires seems 1. Show to whom delivered, date, and addigasee 3. Article Addressed to: Estate of Kathleen Cone P.O. Drawer 1509 Lovington, NM 88260	al services are desired, and complete items see side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address. 2. Restricted Delivery *** **Extra charge** 4. Article Number Type of Service: Registered COD Edites 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) DOMESTIC RETURN RECEIPT **Production of the person delivered to and sees are available. Consult postmaster for fees address. 2. Restricted Delivery **(Extra charge**) 4. Article Number Type of Service: Registered 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 the manual of the person delivery (Extra charge**) Type of Service: Registered 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 the manual of the person delivered to addressee or agent and DATE DELIVERED.	SENDER: Complete items 1 and 2 when additional fees the following stand check boxies for additional services is requested. 1. Show to whom delivered, date, and addressed to: Cuton Petroleum Corp. P.O. Box 94440 Tulsa, OK 74194 5. Signature — Addressee X 6. Signature — Agent 7. Date of Delivery BENDER: Complete items 1 and 2 when additional services in the requested of the complete items 1 and 2 when additional services in the requested of the complete items 1 and 2 when additional services and check boxies for additional services is requested. Sender: Complete items 1 and 2 when additional services is requested. Signature — Agent work of the complete items 1 and 2 when additional services is requested. Signature — Agent is and check boxies for additional services is requested. Show to whom delivered, date, and addressed is and check boxies for additional services is requested. Article Addressed to: Davis OII 410 17th St. 1610 Denver, CO 80202 5 Signature — Addressee X 6. Signature — Addressee X 6. Signature — Addressee	onal services are desired, and complete items verse side. Failure to do this will prevent this card oude you the name of the person delivered to and strices are available. Consult postmaster for fees of seadcess. 2. Restricted Delivery **Extra charge** 4. Article Number Type of Service: Registered Insured Contried Contried Return Receipt for Merchandise. Always obtain signature of addressee or agent and DATE DELIVERED. DOMESTIC RETURN RECEIP DOMESTIC RETURN RECEIP Type of Service: Registered and fee paid; DOMESTIC RETURN RECEIP Type of Service: Registered Contried Contried Contried Services are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available.
SENDER: Complete items 1 and 2 whit madditions and 4. Put your address in the "ETURN TO" Space on the revertion being returned to you. The return receipt 1 e will provide gate of delivery. For additional fees the following serviand pheck boxiess for additional service(s) requested. Show to whom delivered, date, and a idressee a feath of the service steed. Douglas Conc P.O. Box 64244 Lubbock, TX 79464 Sender - Addressee X Bate of Deliver Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 3 and 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Complete seems 1 and 2 whith additions 4. Sender: Com	al services are desired, and complete items see side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address. 2. Restricted Delivery *** **Extra charge** 4. Article Number Type of Service: Registered COD Edites 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) DOMESTIC RETURN RECEIPT **Production of the person delivered to and sees are available. Consult postmaster for fees address. 2. Restricted Delivery **(Extra charge**) 4. Article Number Type of Service: Registered 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 the manual of the person delivery (Extra charge**) 4. Article Number Type of Service: Registered 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 the person delivers of the perso	SENDER: Complete items 1 and 2 when additional fees the following stand check boxies for additional services requested. Signature — Addressee X 6. Signature — Addressee 1. Show to whom delivered, date, and addressee 1. Show to whom delivered, date, and addressee 1. Davis OII 410 17th St. 1610 Denver, CO 80202	onal services are desired, and complete items verse side. Failure to do this will prevent this card oude you the name of the person delivered to and strices are available. Consult postmaster for fees of seadcess. 2. Restricted Delivery **Extra charge** 4. Article Number Type of Service: Registered Insured Contried Contried Return Receipt for Merchandise. Always obtain signature of addressee or agent and DATE DELIVERED. DOMESTIC RETURN RECEIP DOMESTIC RETURN RECEIP Type of Service: Registered and fee paid; DOMESTIC RETURN RECEIP Type of Service: Registered Contried Contried Contried Services are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available. Consult postmaster for fees ovide you the name of the person delivered to and rivices are available.

· •	·		
SENDER: Complete items 1 and 2 when addition 3 and 4.	ì	3 and 4	tional services are desired, and complete items
continuous address in the "RETURN TO" Space on the review of being returned to you. The return receipt fee will pro-	ovide you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the interminent from being returned to you. The return receipt fee will the date of delivery. For additional fees the following	arounds you the name of the berson delivered to and
ne date of delivery. For additional fees the following sei		the date of delivery. For additional fees the following and check boxiesi for additional seguests requested. 1 Show to whom delivered, date, and address	services are available. Consuit postmaster for rees
Show to whom delivered, date, and addressee (Extra charge)	s address. Z> = Restricted Delivery (Extra charge)	(Extra charge)	(Extra charge)
, Article Addiessed to:	4. Article Number P 451 210 249	3. Article Addressed to:	P451 210 237
DeKabb Energy Co.	Type of Sergice:	David E. Fasken	Type of Service:
1625 Broadway	Registered Insured	608 1st Nat. Bank Bldg.	Registered Insured
Denver, CO 80202	Certified COD	Midland, TX 79701	Certified COD Express Mail Tor Marchandise
Attn: Production Dept.	Express Mail for Merchandise Always obtain signature of addressee	T T	Always obtain signature of addressee
	or agent-and DATE DELIVERED.		or agent and DATE DELIVERED.
Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)
Signature - Agent		6. Signature - Agent / -	
(M.		x / toplus	
Date of Delivery		7. Date of Delivery	
12-28-10		12-26-96	13-238-815 DOMESTIC RETURN RECTIFY
Form 3811, Apr 1989 .us(+0 1989-2	DOMESTIC RETURN HE SEPT	PS Form 3811, Apr. 1989 + U.S.G.P.O. 198	19-238-815 DOMESTIC RETENANCE.
SENDER: Complete Itame I and 2 w len abuilti	one services are custied and compare very		
3 and 4 ut your address in the "RETURN TO" Space on the rev		3 and 4.	ditional services are desired, and complete items
combeing returned to you. The return receipt fee win prince date of delivery. For additional fees the following se	ovide you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will	arough you the name of the nerson delivered to and
ad check boxies) for additional services: re uested a check boxies for additional services: re uested a Show to whom delivered, date, and addressee		and check boxies; for additional service(s) requested	services are available. Consult postmaster for rees
(Extra charge)	(Extra charge)	1 _ Show to whom delivered, date, and address (Estra charge)	(Extra charge)
Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Enron Oil & Gas 1400 Smith	Type of Service:		Type of Service:
Box 1188	Registered Insured	Great Western Drilling Co.	Registered Insured
Houston, TX 77251-1188	Certified COD Express Mail Gr. Macches des	P.O. Box 1659	Certified COD
	Always obtain signature of addressee	Midland, TX 79702	Always obtain signature of addressee
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee	Addressee's Address (ONLY if requested and fee paid)
Signatur/ Agent	-	6. Siggarure - Agenty)	
Gles Garris		x Fares (/see	7
Date of Delivery DEC 2 4 19	90	7. Date of Delivering 2 6	
		/ DED 20 (000)	
Form 3811, Apr. 1989 + u.s.G P.O. 1989-	238-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +us.g.eo. 19	10-230-015 DOMESTIC RETURN RECEIPT
· * (**			
SEMPER. Complete interest and 3		SENDER: Complete items 1 and 2 when as	iditional services are desired, and complete items
SENDER: Complete rums 1 and 2 when addition 3 and 4.	tional services are desired, and complete items	3 and 4.	iditional services are desired, and complete items e reverse side. Failure to do this will prevent this card
SENDER: Complete risma 1 and 2 when adding 3 and 4. July your address in the "RETURN TO" Space on the right promiseing returned to you. The return receipt less with	everse side. Failure to do this will prevent this card	9 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with the date of delivery. For additional fees the following the date of delivery.	e reverse side. Failure to do this will prevent this card if provide you the name of the person delivered to and g services are available. Consult postmaster for fees
SENDER: Complete resma 1 and 2 when adding 3 and 4. July your address in the "RETURN TO" Space on the regrow being returned to you. The return receipt tee will the date of delivery. For additional fees the finite wind indicates to box less for additional services is reuseled.	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees	Of and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with edge of delivery. For additional fees the following and check boxies! for additional service!s! requeste 1.— Show to whom delivered, date, and address.	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consuit postmaster for fees d. saee's address. 2. — Restricted Delivery
SENDER: Complete resma 1 and 2 when adding 3 and 4, 3 and	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. The services are supported to the services and services. 2. Restricted Delivery Extra charge	3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies for additional services: requeste 1 Show to whom delivered, date, and addre (Etira charge)	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees
SENDER: Complete resma 1 and 2 when adding 3 and 4, 3 and	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees see's address. 2. Restricted Delivery IEstra charges 4. Article Number	Of and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with edge of delivery. For additional fees the following and check boxies! for additional service!s! requeste 1.— Show to whom delivered, date, and address.	e reverse side. Failure to do this will prevent this Card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. see's address. 2. Restricted Delivery (Extra charge)
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return receipt tee will predate of delivery. For additional fees the filliowing sind check box(es) for additional services is reussted in Show to whom delivered, date, and addresse (Exam charge) 3. Article Addressed to: Estoril Producing Co.	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees sets address. 2. Restricted Delivery lExtra charge: 4. Article Number	Of and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1.— Show to whom delivered, date, and addressed to: Article Addressed to: Hanson McBride Pet, Corp.	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. 3. Restricted Delivery (Extra charge) 4. Article Number Type of Service:
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will pre date of delivery, for additional fees the finitioning indicheck boxies if or additional services is reussted: Show to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 16(0)	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees the saddress. 2. Restricted Delivery lExtra charge: 4. Article Number Type of Service: Registered Insures	Or address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with edute of delivery. For additional fees the following and check boxies! for additional services! requested to the following and check boxies! for additional services! requested to the following services of the following the following services and address to the following services of	e reverse side. Failure to do this will prevent this Card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. ssee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return receipt tee will predate of delivery. For additional fees the filliowing sind check box(es) for additional services is reussted in Show to whom delivered, date, and addresse (Exam charge) 3. Article Addressed to: Estoril Producing Co.	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. Consult postmaster for fees re's address. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured Cod	Of and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1.— Show to whom delivered, date, and addressed to: Article Addressed to: Hanson McBride Pet, Corp.	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. 3. Restricted Delivery (Extra charge) 4. Article Number Type of Service:
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will pre date of delivery, for additional fees the finitioning indicheck boxies if or additional services is reussted: Show to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 16(0)	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees set address. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insures Certified COD Express Mail for Merchanoise	Or address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with edute of delivery. For additional fees the following and check boxies! for additional services! requested to the following and check boxies! for additional services! requested to the following services of the following the following services and address to the following services of	a reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. Sasee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Regulstered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will prove date of delivery, for additional services is reussted: Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. Consult postmaster for fees re's address. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured Cod	9 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1.— Show to whom delivered, date, and addressed to: Hanson McBride Pet, Corp. P.O. Box 1515 Roswell, NM 88202	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. Sasee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Certhed COD Express Mail Return Receipt for Macchandise Always obtain signature of addressee
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will pre date of delivery, for additional fees the finitioning indicheck boxies if or additional services is reussted: Show to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 16(0)	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees see's address. 2. Restricted Delivery iExtra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Ways obtain signature of addressee yoursegent and DATE DELIVERED. 8. Addressee's Address (ONLY If	9 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1. — Show to whom delivered, date, and addressed to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202	e reverse side. Failure to do this will prevent this card ill provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. Sasee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Regulstered Insured Cortified COD Express Mail Return Receipt for Marchandise Always obtain signature of addressee object and DATE DELIVERED.
SENDER: Complete resma 1 and 2 when adding 3 and 4. 4 to your address in the "RETURN TO" Space on the retrom being returned to you. The retrum receipt tee will prove the date of delivery. For additional services is reussted in delect box(es) for additional services is reussted in the services of the services is reussted in the services of the services is reussted in the services of the services	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. Consult postmaster for fees services. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Go Merchandise Tays obtain signature of addressee Torrigent and DATE DELIVERED.	9 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1. — Show to whom delivered, date, and addressed to: Hanson McBride Pet, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X	a reverse side. Failure to do this will prevent this card ill provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. See's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Regulstered Insured Cortified COD Express Mail Return Receipt for Marchandise Always obtain signature of addressee Always obtain signature of addressee Always obtain signature of addressee Regular and fee paid)
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will prove date of delivery, for additional services is reussted: Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees see's address. 2. Restricted Delivery iExtra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Ways obtain signature of addressee yoursegent and DATE DELIVERED. 8. Addressee's Address (ONLY If	9 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1. — Show to whom delivered, date, and addressed to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X	e reverse side. Failure to do this will prevent this card ill provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. Sasee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Regulstered Insured Cortified COD Express Mail Return Receipt for Marchandise Always obtain signature of addressee object and DATE DELIVERED.
SENDER: Complete resma 1 and 2 when adding 3 and 4. 4 to your address in the "RETURN TO" Space on the retrom being returned to you. The retrum receipt tee will prove the date of delivery. For additional services is reussted in delect box(es) for additional services is reussted in the services of the services is reussted in the services of the services is reussted in the services of the services	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees see's address. 2. Restricted Delivery iExtra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Ways obtain signature of addressee yoursegent and DATE DELIVERED. 8. Addressee's Address (ONLY If	9 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1. — Show to whom delivered, date, and addressed to: Hanson McBride Pet, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X	a reverse side. Failure to do this will prevent this card ill provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. See's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Regulstered Insured Cortified COD Express Mail Return Receipt for Marchandise Always obtain signature of addressee Always obtain signature of addressee Always obtain signature of addressee Regular and fee paid)
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return your address in the "RETURN TO" Space on the return being returned to you. The return receipt lee will predefend date of delivery. For additional services is reussted in defect boxies for additional services is reussted. Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee X Signature — Addressee	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees see's address. 2. Restricted Delivery iExtra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Ways obtain signature of addressee yoursegent and DATE DELIVERED. 8. Addressee's Address (ONLY If	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested to: Show to whom delivered, date, and addres (Estra charge) Article Addressed to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return your address in the "RETURN TO" Space on the return being returned to you. The return receipt lee will predefend date of delivery. For additional services is reussted in defect boxies for additional services is reussted. Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee X Signature — Addressee	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. Consult postmaster for fees re's address. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured Con Return Receipt Merchanoise 4. Avay obtain signature of addressee ror begent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)	9 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional serviceis! requeste 1. — Show to whom delivered, date, and addressed to: Hanson McBride Pet, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return you have been greatmed to you. The return receipt fee will pre date of delivery. For additional fees the finiowing sind check boxies if or additional services is reussted: Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee X Date of Delivery. Signature — Addressee X Date of Delivery.	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postimaster for fees the saddress. 2. Restricted Delivery liktra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Ways obtain signature of addressee yourseart and DATE DELIVERED. 8. Addressee's Address IONLY if requested and fee paid)	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional service!s! requeste 1. — Show to whom delivered, date, and addres it. — Show to whom delivered, date, and addres it. — Corp. Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 *us.a.Po. 1989	e reverse side. Failure to do this will prevent this card ill provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. Sese's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Country (Country (Country Country (Country Country Country (Country Country Country (Country Country Country (Country Country (Country Country (Country Country (Country Country (Country (Cou
SENDER: Complete resma 1 and 2 when adding 3 and 4. 2ut your address in the "RETURN TO" Space on the return your address in the "RETURN TO" Space on the return being returned to you. The return receipt lee will predate of delivery. For additional services is reussted in delect boxies for additional services is reussted. Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 16(x) Midland, TX 79701 Signature — Addressee X Signature — Addressee X Signature — Addressee Serm 3811, Asr. 1989 1554 1 and 2 when addresse 3 and 4.	everse side. Failure to go this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. Consult postmaster for fees services. 4. Article Number Type of Service: Registered Insures Certified COD Express Mail for Merchanoise Avays obtain signature of addressee for ingent and DATE DELIVERED. 8. Addressee's Address IONLY if requested and fee paid.	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Ettra charge) 3. Article Addressed to: Hanson McBride Pct, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 • US.Q.P.O. 1	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return vote being returned to you. The return receipt fee will predate of delivery. For additional fees the frilowing some deliver boxies for additional services is reussted. Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. Consult postmaster for fees is address. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured Con Return Receipt Merchanoise Express Mail For Merchanoise Type of Service: Registered Insured Con Return Receipt Merchanoise Type of Service: Registered Insured Con Return Receipt Merchanoise Type of Service: Registered Insured Con Merchanoise Type of Service: Registered Insured Con Return Receipt Merchanoise Type of Service: Registered Insured Con Merchanoise Return Receipt Merchanoise Type of Service: Registered Insured Con Merchanoise Return Receipt Merchanoise Return Receipt Merchanoise Type of Service: Registered Insured Return Receipt Merchanoise Return Receip	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Ettra charge) 3. Article Addressed to: Hanson McBride Pct, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 • US.Q.P.O. 1	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the ream being returned to you. The return receipt lee will pre date of delivery. For additional services is reussted. Show to whom delivered, date, and addresse (Extra charge) Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees the saddress. 2. Restricted Delivery liktra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Ways obtain signature of addressee transpent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) dittonal services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and serviced you the name of the person delivered to and serviced you the name of the person delivered to and services are available. Consult postmaster for fees	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional service!s! requeste 1. — Show to whom delivered, date, and addres (Estra charge) 3. Article Addressed to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, N.M. 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 • UB.Q.P.O. 1989	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and go services are available. Consult postmastier for fees d. Sasee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee regent and DATE DELIVERED. 8. Addresse's Address (ONLY if Transfer) and fee paid) DOMESTIC RETURN RECEIPMENT OF THE PROPERTY
SENDER: Complete resma 1 and 2 when adding 3 and 4. 4. 4. 4. 4. 5 Form 3811, Agr. 1989 \$ 5. 6 Form 3811, Agr. 1980 \$ 5. 6 Form 3811, Agr. 1980 \$ 5. 6 Form 3811	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees service are available. Consult postmaster for fees service are available. Consult postmaster for fees services. 2. Restricted Delivery Extra charger 4. Article Number Type of Service: Registered Insured Con Return Receipt for Merchandise Express Mail For Merchandise 4. Article Number Type of Service: Registered Insured Con Return Receipt for Merchandise Express Mail For Merchandise 4. Addressee Addressee To registed and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and Jee paid) DOMESTIC RETURN RECEIPT ditional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and 3 services are available. Consult postmaster for fees 1. Restricted Delivery (Extra charger)	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Ettra charge) 3. Article Addressed to: Hanson McBride Pct, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 • US.Q.P.O. 1	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and go services are available. Consult postmastier for fees d. Sasee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee regent and DATE DELIVERED. 8. Addresse's Address (ONLY if Transfer) and fee paid) DOMESTIC RETURN RECEIPMENT OF THE PROPERTY
SENDER: Complete resma 1 and 2 when adding 3 and 4. 2ut your address in the "RETURN TO" Space on the read your your address in the "RETURN TO" Space on the read to be used to you. The return receipt lee will predefend the provided the pro	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees is address. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured CoD Express Mail For Merchandise For Merchandise Avay obtain signature of addressee for agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) ditional services are desired, and complete items in everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees items and complete. 4. Article Number	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested to: Show to whom delivered, date, and addressed to: Hanson McBride Pet, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 •us.a.po. 1 Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! and addressed to whom delivered, date, and addressed.	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. 4. Article Number 4. Article Number 4. Article Number 1
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return receipt lee will pre date of delivery. For additional services is rejusted in delect boxies if or additional services is rejusted in delect boxies for additional services is rejusted in the date of delivery. Signature — Addressee Addressee Addressee Signature — Addressee Addressee Addressee Signature — Addressee Addressee Addressee Addressee Signature — Addressee Addressee Addressee Addressee Addressee Addressee Signature — Addressee Addresse	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees services are available. Consult postmaster for fees is address. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured Con Return Receipt Merchanoise Type of Service: Registered OCD Express Mail Receipt Merchanoise Type of Service: Registered OCD Express Mail Receipt Merchanoise Type of Service: Registered OCD Return Receipt Merchanoise Type of Service: Registered OCD Return Receipt Merchanoise Type of Service: Registered OCD Return Receipt Merchanoise Type of Service: Responsible of Merchanoise Type of Service: Responsible of Merchanoise Type of Service: Responsible of Merchanoise DOMESTIC RETURN RECEIPT ditional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and a services are available. Consult postmaster for fees in the person delivered to and a services are available. Consult postmaster for fees in the person delivered to and the person de	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Ettra charge) 3. Article Addressed to: Hanson McBride Pct, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 • us.a.Po. 1989 • us.a.Po. 1989 • us.a.Po. 1989 - SENDER: Complete items 1 and 2 when ac 3 and 4. The return receipt fee with the date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Latra charke) 3. Article Addressed to:	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and go services are available. Consult postmastier for fees d. 4. Article Number 4. Article Number Type of Service: Registered Cortified Express Mail Always obtain signature of Machandise Always obtain signature for Machandise Always obtain signature of Addressee DOMESTIC RETURN RECEIF Inditional services are desired, and complete items en enverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. Services are available. Consult postmaster for fees d. Services are available. Consult postmaster for fees d. Article Number 4. Article Number
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will predate of delivery. For additional services is reussted in deliver. Both to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 16(x) Midland, TX 79701 Signature — Addressee X	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees the saddress. 2. Restricted Delivery liktra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Ways obtain signature of addressee vorsegent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) Tomestic Return Receipt for Merchandise DOMESTIC RETURN RECEIPT dittional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees see's address. 2. Restricted Delivery (Etra charge) 4. Article Number Type of Service: Registered Insured	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requeste 1.— Show to whom delivered, date, and addressed to: Hanson McBride Pet, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 •ua.Q.P.O. 1989	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and go services are available. Consult postmaster for fees d. A. Article Number (Estra charge) 4. Article Number (COD Return Receipt Express Mail On Merchandise Always obtain signature of addressee agent and DATE DELIVERED. 8. Addressee's Address (ONLY if Tournament of Addressee (COD Return Receipt Always obtain signature of addressee agent and DATE DELIVERED. 8. Addressee's Address (ONLY if Tournament of Addressee (COD Return Receipt Addressee) (COD Return Receipt Addressee) (COD Return Receipt Addressee) (COD Return Receipt Addressee) (COD Return Receipt (COD Return
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return receipt lee will pre date of delivery. For additional services is rejusted in delect boxies if or additional services is rejusted in delect boxies for additional services is rejusted in the date of delivery. Signature — Addressee Addressee Addressee Signature — Addressee Addressee Addressee Signature — Addressee Addressee Addressee Addressee Signature — Addressee Addressee Addressee Addressee Addressee Addressee Signature — Addressee Addresse	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees the saddress. 2. Restricted Delivery liktra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchanoise Ways obtain signature of addressee rangement and DATE DELIVERED. 8. Addressee's Address (UNLY if requested and fee paid) ditional services are desired, and complete items reverse side. Failure to do this will prevent this card is services are available. Consult postmaster for fees is see's address. 2. Restricted Delivery liktra charge: 4. Article Number 1. Lype of Service: Registered Insured Contified COD	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Ettra charge) 3. Article Addressed to: Hanson McBride Pct, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 • us.a.Po. 1989 • us.a.Po. 1989 • us.a.Po. 1989 - SENDER: Complete items 1 and 2 when ac 3 and 4. The return receipt fee with the date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Latra charke) 3. Article Addressed to:	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and go services are available. Consult postmastier for fees d. A Article Number 4. Article Number Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee regent and DATE DELIVERED. 8. Addresse's Address (ONLY if Transport and fee paid) DOMESTIC RETURN RECEIF Inditional services are desired, and complete items e reverse side. Failure to dithing prevent this card il provide you the name to the person delivered to and g services are available. Consult postmaster for fees disease's address. 2. Restricted Delivery [Extra charge] 4. Article Number Type of Service: Registered Insured COD
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will predate of delivery. For additional services is reussted in deliver. Both to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 16(x) Midland, TX 79701 Signature — Addressee X	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees the saddress. 2. Restricted Delivery IExtra charge: 4. Article Number Type of Service: Registered Insured Con Return Receipt: For Merchanoise 4. Article Number Type of Service: Registered Insured Con Return Receipt: For Merchanoise For Merchanoise DOMESTIC RETURN RECEIPT dittional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and a services are available. Consult postmaster for fees a services are available. Consult postmaster for fees a service and services. 4. Article Number 1. Article Number 1. Article Number 1. Con Return Receipt insured Certified Con Return Receipt for Merchandise	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with edute of delivery. For additional fees the following and check boxies! for additional services! requeste 1.— Show to whom delivered, date, and addressed to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 •us.a.po. 1 •us.a.po. 1 •us.a.po. 1 •us.a.po. 1 -us.a.po.	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. A Article Number (Estra charge) 4. Article Number (COD) Express Mail Insured Insured Cod) Express Mail Return Receipt for Machanise and fee paid) DOMESTIC RETURN RECEIP (Insured Cod) Reservices are desired, and complete items or everse side. Failure to do this will prevent this card il provide you the name of the person delivery (Estra charge) 4. Article Number (Insured Cod) Reservices are available. Consult postmaster for fees d. Side of Services are available. Consult postmaster for fees d. Article Number (Insured Cod) Registered Insured Cod Cod Cod Cod Cod Cod Cod Cod Cod Co
SENDER: Complete resma 1 and 2 when adding 3 and 4. 4 to your address in the "RETURN TO" Space on the resonance of the lowing space of the lowing and space of the lowing and check boxies for additional service(s) requested the lowing space of the lowing and check boxies for additional service(s) requested the lowing space of the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check documents of the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service). Explorers Petroleum Corp. P.O. Box 1933 Roswell, NM 88202	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees the saddress. 2. Restricted Delivery liktra charge: 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchanoise Ways obtain signature of addressee rangement and DATE DELIVERED. 8. Addressee's Address (UNLY if requested and fee paid) ditional services are desired, and complete items reverse side. Failure to do this will prevent this card is services are available. Consult postmaster for fees is see's address. 2. Restricted Delivery liktra charge: 4. Article Number 1. Lype of Service: Registered Insured Contified COD	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 **ULQ.P.D.** SENDER: Complete items 1 and 2 when acc 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addressed to: L. C. Harris New Mexico Oil Corp. Box 1714	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and go services are available. Consult postmaster for fees do sace's address. 2. Restricted Delivery (Extra charge) 4. Article Number COD COD Consult postmaster for fees do sace's address Consult postmaster for fees do cartified CoD Certified CoD Consult postmaster CoD Consult postmaster CoD Consult postmaster CoD C
SENDER: Complete resma 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the return being returned to you. The return receipt fee will predate of delivery. For additional services is reussted in deliver. Both to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 16(x) Midland, TX 79701 Signature — Addressee X	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees is address. 2. Restricted Delivery Extra charge 4. Article Number	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 • UB.Q.P.O.	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. G. Sasee's address. 2. Restricted Delivery (Extra charge) 4. Article Number COD COD COD COD Consult postmaster for fees d. Cortified COD Co
SENDER: Complete resma 1 and 2 when address and 4. 2 of your address in the "RETURN TO" Space on the ream to being returned to you. The return receipt lee will pre date of delivery. For additional fees the fri lowing is and check boxies! for additional services is reussted. Show to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee X Date of Delivery. Sender: Complete items 1 and 2 when addressed as and 4. Put your address in the "REFURN TO" Space on the from being returned to you. The return receipt fee will the date of delivery. For additional service(s) requested 1. Show to whom delivered, date, and address delivery. Explorers Petroleum Corp. P.O. Box 1933 Roswell, NM 88202	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees it is address. 2. Restricted Delivery l'Extra charge! 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt: for Merchandise 4. Addressee's Address l'ONLY if requested and fee paid! 8. Addressee's Address l'ONLY if requested and fee paid! aveves exide. Failure to do this will prevent this card provide you the name of the person delivered to and previde you the name of the person delivered for fees is easier address. 4. Article Number 4. Article Number 4. Article Number 7. Pestricted Delivery l'Extra charge: Registered Insured Certified Service: Registered Insured Certified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. Sisse's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Cortified COD Express Mail COD Express Mail Insured Cortified COD Express Mail Goldressee Require and DATE DELIVERED. 8. Addressee's Address (ONLY if reverse side. Failure to do this will prevent this card ill provide you the name of the person delivered to and g services are available. Consult postmaster for fees d. 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt fees available. Consult postmaster for fees d. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Merchandise. Always obtain signature of addressee or adjet and DATE DELIVERED.
SENDER: Complete resma 1 and 2 when adding 3 and 4. 4 to your address in the "RETURN TO" Space on the resonance of the lowing space of the lowing and space of the lowing and check boxies for additional service(s) requested the lowing space of the lowing and check boxies for additional service(s) requested the lowing space of the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check documents of the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service(s) requested the lowing and check boxies for additional service). Explorers Petroleum Corp. P.O. Box 1933 Roswell, NM 88202	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees is address. 2. Restricted Delivery Extra charge 4. Article Number	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addres (Ettra charre) 3. Article Addressed to: Hanson McBride Pet, Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 •us.a.Ro. 1989	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and getrices are available. Consult postmaster for fees dissee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Cortified COD Express Mail COD Express Mail God Return Receipt for Marchandise Always obtain signature of addressee espect and DATE DELIVERED. 8. Addressee's Address (ONLY if results) and fee paid) DOMESTIC RETURN RECEIPMINES are desired to and green available. Consult postmaster for fees d. g services are available. Consult postmaster for fees d. 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of addressee or adjet and DATE DELIVERED. 8. Addressee's Address (ONLY if fuested and fee paid)
SENDER: Complete resma 1 and 2 when address and 4. 2 of your address in the "RETURN TO" Space on the ream to being returned to you. The return receipt lee will pre date of delivery. For additional fees the fri lowing is and check boxies! for additional services is reussted. Show to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee X Date of Delivery. Sender: Complete items 1 and 2 when addressed as and 4. Put your address in the "REFURN TO" Space on the from being returned to you. The return receipt fee will the date of delivery. For additional service(s) requested 1. Show to whom delivered, date, and address delivery. Explorers Petroleum Corp. P.O. Box 1933 Roswell, NM 88202	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees is address. 2. Restricted Delivery Extra charge 4. Article Number	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell. NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and getrices are available. Consult postmaster for fees dissee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Cortified COD Express Mail COD Express Mail God Return Receipt for Marchandise Always obtain signature of addressee espect and DATE DELIVERED. 8. Addressee's Address (ONLY if results) and fee paid) DOMESTIC RETURN RECEIPMINES are desired to and green available. Consult postmaster for fees d. g services are available. Consult postmaster for fees d. 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of addressee or adjet and DATE DELIVERED. 8. Addressee's Address (ONLY if fuested and fee paid)
SENDER: Complete remains 1 and 2 when adding 3 and 4. 5 bact on the "RETURN TO" Space on the remon being returned to you. The return receipt lee will pre date of delivery. For additional servicets ir existed in the remonestic conditional servicets in existed in the remonestic conditional servicets in existed in the remonestic conditional servicets in existed in the remonestic conditional servicets. 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature — Addressee X Signature — Addressee X Signature — Addresse tiems 1 and 2 when address of delivery. For additional fees the ollowing and check boxies for additional fees the ollowing and check boxies for additional fees the ollowing and check boxies for additional fees the ollowing and check date and address (Eara charge) 3. Article Addressed to: Explorers Petroleum Corp. P.O. Box 1933 Roswell, NM 88202	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees is address. 2. Restricted Delivery Extra charge 4. Article Number	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and getrices are available. Consult postmaster for fees dissee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Cortified COD Express Mail COD Express Mail God Return Receipt for Marchandise Always obtain signature of addressee espect and DATE DELIVERED. 8. Addressee's Address (ONLY if results) and fee paid) DOMESTIC RETURN RECEIPMINES are desired to and green available. Consult postmaster for fees d. g services are available. Consult postmaster for fees d. 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of addressee or adjet and DATE DELIVERED. 8. Addressee's Address (ONLY if fuested and fee paid)
SENDER: Complete resma 1 and 2 when adding 3 and 4. 2ut your address in the "RETURN TO" Space on the return receipt lee will pre date of delivery. For additional fees the frilowing some date of delivery. For additional fees the frilowing some date boxies for additional services is rejusted. Show to whom delivered, date, and addresse (Extra charge) 3. Article Addressed to: Estoril Producing Co. 400 W. Illinois, STE 1600 Midland, TX 79701 Signature - Addressee X Date of Delivery. SENDER: Complete items 1 and 2 viben addressed to: SENDER: Complete items 1 and 2 viben addressed to: SENDER: Complete items 1 and 2 viben addressed to: SENDER: Complete items 1 and 2 viben addressed to: SENDER: Complete items 1 and 2 viben addressed to: SENDER: Complete items 1 and 2 viben addressed to: SENDER: Complete items 1 and 2 viben addressed to: SENDER: Complete items 1 and 2 viben addressed to: Explorers possible of additional fees the following and check boxies) for additional fees the following and check boxies) for additional serviceis; rejusted to: Explorers Petroleum Corp. P.O. Box 1933 Roswell, NM 88202	everse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees it is address. 2. Restricted Delivery l'Extra charge! 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchanoise Ways obtain signature of addressee transpent and DATE DELIVERED. 8. Addressee's Address l'ONLY if requested and fee paid! DOMESTIC RETURN RECEIPT ditional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and a services are available. Consult postmaster for fees see's address. 2. Restricted Delivery l'Extra charge: 4. Article Number Certified CoD Express Mail Return Receipt for Merchanoise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (UNLY if requested and fee paid)	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional sees the following and check boxies! for additional services! requested to: Hanson McBride Pet. Corp. P.O. Box 1515 Roswell, N.M. 88202 5. Signature — Addressee X. The form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when as 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee withe date of delivery. For additional fees the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addressed to: L. C. Harris New Mexico Oil Corp. Box 1714 Roswell, N.M. 88202 5. Signature — Addressee X. The following fees the following and check boxies! for additional services! requested to the following and check boxies! for additional services! requested to the following and check boxies! for additional services! requested 1. — Show to whom delivered, date, and addressed to: L. C. Harris New Mexico Oil Corp. Box 1714 Roswell, N.M. 88202	e reverse side. Failure to do this will prevent this card il provide you the name of the person delivered to and getrices are available. Consult postmaster for fees dissee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Cortified COD Express Mail COD Express Mail God Return Receipt for Marchandise Always obtain signature of addressee espect and DATE DELIVERED. 8. Addressee's Address (ONLY if results) and fee paid) DOMESTIC RETURN RECEIPMINES are desired to and green available. Consult postmaster for fees d. g services are available. Consult postmaster for fees d. 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of delivery (Extra charge) 4. Article Number Type of Service: Registered Insured Certified COD Return Receipt for Marchandise. Always obtain signature of addressee or adjet and DATE DELIVERED. 8. Addressee's Address (ONLY if fuested and fee paid)

vering recurred to you, The return receipt fee A	e reverse side. Failure to go this will prevent this card	from being returned to you. The return receipt fee will b	verse side. Failure to do this will prevent this card rovide you the name of the person delivered to and
e date of delivery for additional fees the following check boxies! for additional service(s) requesti	g services are available. Consult postmaster for fees	the date of delivery. For additional fees the following s	ervices are available. Consult postmaster for fees
Show to wnom delivered, date, and addre	ssee's address. 2. Restricted Delivery	1 Show to whom delivered date and addresse	e s address. 2 Restricted Delivery 'Extra charge!
Article Addressed to:	4. Article Number	3. Article Addressed to:	4 Article Number
carvard Exploration	0 -51 210 221	Marathon Oil	Type of Service:
Box 936	Type of Service Registered Insured	P.O. Box 552	Registered Insured
Roswell, NM 88202	Certified COD	Midland, TX 79702	Certified COD Express Mail Return Receipt
	for Merchandise	Attn: Joint Int. Manager	Express Mail for Merchangise Always obtain signature of addressee
	Always obtain signature of addressee or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
Signature - Addressee	8 Addressee's Address (ONL) v	5. Signature - Addressee	8. Addressee's Address (ONLY) if requested and fee paid)
	requested and tee paids	6. Signature - Agent \ / (2)	
Agent		x Albut Duris	i
Cate of Delivery		Date of Delivery	
12-24-90		DEC 2 6 1990	
30 1 1, 1, 1, 19 + 10 10 FC	Non- 10 315 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr 1989	208-815 DOMESTIC RETURN RECT
SENDER: Complete stems 1 and 2 when a	dditional services are desired, and complete items	SENDER: Complete items 1 and 2 when addition	tional services are desired and complete items
3 and 4.	he reverse side. Failure to do this will prevent this card.	Put your address in the "RETURN TO" Space on the re	everse side. Failure to do this will prevent this card
 Deing returned to you. The return receipt fee your date of delivery. For additional fees the following. 	nd services are available. Consult postmaster for fees	the date of delivery For additional fees the following s	fovide you the name of the person delivered to ann
1 check baxies) for additional service(s) reques (Show to whom delivered, date, and add a	ed ::ssee s address: 2 = Restricted Delivery	and check boxfest for additional service(s) requested. 1 Show to whom delivered, date, and addresse	
Estra charge	(Extra charge) 4. Article Number	3. Article Addressed to.	4. Article Number
	2 45 21 C 255		<u> </u>
Hondo Oil & Gas Company Box 2208	Type of Service.	Mewbourne Oil	Type of Service:
Roswell, NM 88201	Registered Insured	500 W. Texas Suite 1020	Registered Insured Certified COD Return Recent
	Certified COD Express Mail Receipt for Merchandise	Midland, TX 79701	Return Receipt for Merchandise
	Always obtain signature of addressee		Always obtain signature of addressee or agent and OATE DELIVERED.
Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature — Addressee	8. Addressee's Address (ONLY if
	requested and fee paids	x	requested and fee paid)
Signature - Agent		6 Signature - Agent	
Date of Delivery		7. Date of Delivery	
2-24 -90		12-24	
Form 3811, Apr. 1989 *US.G.P.C.	1989-238-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 #US.G.P.O. 1989	238-816 DOMESTIC RETURN RECEIPT
d Check box(es) for additional service(s) request Show to whom delivered, date, and addite (Extra charee) Article Addressed to:	ng services are available. Consuit postmaster for fees ed essee's address. 2. Restricted Delivery Extra charge:	and check boxles) for additional service(s) requested. 1. Show to whom delivered, date, and addresse Extra charge:	
Ferr-McGee Corp.	4 Article Number Type of Service: Begistereainsurec	3. Article Addressed to: Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(4)	4. Article Number Type of Service: Registered Insured
	4 Article Number Type of Service: Begistereo insurec Certified COD	Mobil Explor. & Prod. U.S.A.	4. Article Number Type of Service: Registered Insured Certified Return Receipt
Box 25861	4 Article Number Type of Service: Begistered insured Certified COD Express Mail for Merchangise	Mobil Explor, & Prod. U.S.A. Nine Greenway Plaza, STE 27(t)	4. Article Number Type of Service: Registered Con
Eox 25961 Walanoma City, OF 33113	4 Article Number Type of Service: Begistered COD Express Mail GOV Merchangise Alvays obtain signature of addressee grigent and DATE DELIVERED	Mobil Explor, & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046	4. Article Number Type of Service: Registered Insured Certified COD Express Mail To Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
Box 25861	4 Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Alliavs obtain signature of addressee of agent and DATE DELIVERED Addressee's Address (DNLY)	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046 5. Signature - Addressee	4. Article Number Type of Service: Registered Insured Certified COD Express Mail To Merchandise Always obtain signature of addressee
Box 25961 Pklanoma City, OF 33113	4 Article Number Type of Service: Begistered COD Express Mail GOV Merchangise Alvays obtain signature of addressee grigent and DATE DELIVERED	Mobil Explor, & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt Ior Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY If
hox 25961 Walanoma City, Ob 33113	4 Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Alliavs obtain signature of addressee of agent and DATE DELIVERED Addressee's Address (DNLY)	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046 5. Signature - Addressee X 6. Signature Agent X	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt Ior Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY If
hox 25961 Walanoma City, OH 33113	4 Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Alliavs obtain signature of addressee of agent and DATE DELIVERED Addressee's Address (DNLY)	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046 5. Signature - Addressee X 6. Signature Agent X 7. Date of Delivery	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt Ior Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY If
Signature — Addressee Signature — Addressee	Type of Service: Registered	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046 5. Signature — Addressee X 6. Signature Agent X 7. Date of Delivery 2.2.90	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERS. 8. Addressee's Address (ONLY if requested and fee paid)
Signature — Addressee Signature — Agent Oate of Delivery	4 Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Alliavs obtain signature of addressee of agent and DATE DELIVERED Addressee's Address (DNLY)	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046 5. Signature - Addressee X 6. Signature Agent X 7. Date of Delivery	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERS. 8. Addressee's Address (ONLY if requested and fee paid)
Signature — Addressee Signature — Addressee Signature — Agent Oate of Delivery Form 3811, Apr. 1999 — *U.S.G.P.)	Type of Service: Registered	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery 2-2-90 PS Form 3811, Apr. 1989 - us.G.RO. 1881	4. Article Number 4. Article Number 7. Type of Service: Registered Insured Certified Return Receipt For Merchandise or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
Signature — Addressee Senoter: Complete Items 1 and 2 which a shad 4. Put your address in the "RETURN TO" Space on om being returned to you. The return receipt 1 e red date of delivery. For additional fees the following check boxiesi for additional service(is) requesting the shad and a shad and shad you to whom delivered, date, and a shall shad and a shad a s	Type of Service: Registered	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77()46 5. Signature – Addressee X 6. Signature – Adgressee X 7. Date of Delivery / 2-2 - 9 PS Form 3811, Apr. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 the Date of Delivery for additional fees the following and cheek poxyless for additional fees the following and cheek poxyless for additional services; requested.	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt Ior Merchandise Aiways obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP itional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postimater for fees ee's address. 2 Restricted Delivery
Signature — Addressee	Type of Service: Registered Insured COD	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery / 2 - 2 - 70 PS Form 3811, Apr. 1989 *us.Q.PO. 1881 SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the order of delivery. For additional fees the following and check boxies for additional servicets requested. Show to whom delivered, date, and address. **Extra courrer**	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt Ior Merchandise Aiways obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address IONLY if requested and fee paid) DOMESTIC RETURN RECEIP Intronal services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees ee's address. Restricted Delivery iExtra charger
Signature — Addressee Signature — Addressee Signature — Addressee Signature — Addressee Signature — Agent Oate of Oslivery Form 3811, Apr. 199 SENDER: Complete Items 1 and 2 whin a land 4. Out your address on the "RETURN TO" Space on combeing returned to you. The return receipt 1 energet are of delivery. For additional less the following the combet on the combet of the	Type of Service: Begistered Insured COD	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery PS Form 3811, Apr. 1989 *us.g.po. 1989 *us.g.po. 1989 *us.g.po. 1989 *us.g.po. 1980 SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. Ine return receipt fee will the bate of delivery. For additional Service(s) requested. 1 — Show to whom delivered, gate and address in Show to whom delivered, gate and address	4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt Ior Merchandise Aiways obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP itional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postimater for fees ee's address. 2 Restricted Delivery
Signature — Addressee **U.8.G.P.) **U.8.G.P.) **U.8.G.P.) **U.8.G.P.) SENDER: Complete items 1 and 2 whrin and 3 and 4. **Out our address in the "RETURN TO" Space on 10 and 1	Type of Service: Registereo	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery /2-2-90 PS Form 3811, Apr. 1989 • us.Q.P.O. 1989	## Article Number 4. Article Number
Signature — Addressee **U.S.G.P.* **U.S.G.P	Type of Service: Registered Insured Cordinate Receipt	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery /2-2-90 PS Form 3811, Apr. 1989 • us.a.po. 1981 SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with the bullet of delivery. For additional services is requested. 1 = Show to whom delivered, date, and address before the following and check boxies for additional services is requested. 2. Show to whom delivered, date, and address and address and address to following and check boxies for additional services and address 2. Show to Myco Industries 207 S. Fourth	A Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Aiways obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee s Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP frequested and fee paid) Intonal services are desired, and complete items for the person delivered to and services are available. Consult postmatter for fees ee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Public of Service Registered Insured
Signature — Addressee Signature — Addressee Signature — Addressee Signature — Agent Oate of Delivery Form 3811, Apr. 199 SENDER: Complete Items 1 and 2 which 3 and 4. Out your address on the "RETURN TO" Space on om being returned to you. The return receipt fere to the first of delivery for additional sees the following complete the complete of the complete	Type of Service: Registered	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery /2-2-90 PS Form 3811, Apr. 1989 • us.Q.P.O. 1989	A Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Aiways obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Intional services are desired, and complete items for the person delivered to and services are available. Consult postmaster for fees ee's address. 2. Restricted Delivery (Litra charge) 4. Article Number Published Restricted COD Resture Receipt
Signature — Addressee ***Cate of Delivery ***Cate of Complete Items 1 and 2 which a land 4. which a land 4. which a land 4. which a land 4. which a land 5. which addresses of the interest of the land 5. Show to whom delivered, date, and 3. of (Extra charger) Article Addressed to: W.J. LeMay P.O. Box 2088	Type of Service: Registered Insured Cordinate Receipt	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery /2-2-90 PS Form 3811, Apr. 1989 • us.a.po. 1981 SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with the bullet of delivery. For additional services is requested. 1 = Show to whom delivered, date, and address before the following and check boxies for additional services is requested. 2. Show to whom delivered, date, and address and address and address to following and check boxies for additional services and address 2. Show to Myco Industries 207 S. Fourth	## Article Number A Article Number
Signature - Addressee Signature - Addressee Signature - Agent Oate of Delivery Form 3811, Apr. 1999 SENDER: Complete Items 1 and 2 when 3 and 4. Put your address on the "RETURN TO" Space on ombeing returned to you. The return receipt 6 are date of delivery, For additional lees the folious of check boxies) for additional service(s) received. Show to whom delivered, date, and a side (Extra charee) Article Addressed to: W.J. LeMay P.O. Box 2088 Santa Fe, NM 87504	Type of Service: Registereo	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery 2.2 - 9 PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the date of delivery. For additional fees the following and check boxies for additional services; requested. Show to whom delivered, date, and address how to whom delivered, date, and address that a charge. 3. Article Addressed to MYCO Industries 207 S. Fourth Artesia, NM 88210	## Article Number 1
Signature — Addressee Signature — Addressee Signature — Addressee Signature — Agent Out our address on the "RETURN TO" Space on one being returned to you. The return receipt fere address on the "Return to a land a land eneck boxies) for addressed to the control of the con	Type of Service: Registered	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery 2.2-9 PS Form 3811, Apr. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 1. SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the dite of delivery. For additional services requested 1 — Show to whom delivered, date, and address the following and check boxies for additional services: requested 1 — Show to whom delivered, date, and address 207 S. Fourth Artesia, NM 88210	## Article Number A Article Number
Signature - Addressee Signature - Addressee Signature - Agent Oate of Delivery Form 3811, Apr. 1999 SENDER: Complete Items 1 and 2 when 3 and 4. Put your address on the "RETURN TO" Space on ombeing returned to you. The return receipt 6 are date of delivery, For additional lees the folious of check boxies) for additional service(s) received. Show to whom delivered, date, and a side (Extra charee) Article Addressed to: W.J. LeMay P.O. Box 2088 Santa Fe, NM 87504	Type of Service: Registered GOD	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery 2.2 - 9 PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the date of delivery. For additional fees the following and check boxies for additional services; requested. Show to whom delivered, date, and address how to whom delivered, date, and address that a charge. 3. Article Addressed to MYCO Industries 207 S. Fourth Artesia, NM 88210	### Article Number A Article Number
Signature — Addressee Signature — Addressee Signature — Addressee Signature — Agent Oate of Delivery Form 3811, Apr. 199 SENDER: Complete Items 1 and 2 which and 3 and 4. The date of delivery for additional service is real and check boxies! for additional service is real and so that the check boxies is real and so that the check box is a service in the check box i	Type of Service: Registered GOD	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery 2.2-9 PS Form 3811, Apr. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 1. SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the dite of delivery. For additional services requested 1 — Show to whom delivered, date, and address the following and check boxies for additional services: requested 1 — Show to whom delivered, date, and address 207 S. Fourth Artesia, NM 88210	### Article Number A Article Number
Signature — Addressee Sender: Complete Items 1 and 2 when a land 4. Put your address on the "RETURN TO" Space on room being returned to you. The return receipt 1 e register of delivery, for additional service(s) request Show to whom delivered, date, and a lot (Extra charee) Article Addressed to: W.J. LeMay P.O. Box 2088 Santa Fc. NM 87504	Type of Service: Registered	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(1) Houston, TX 77046 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery 2.2-9 PS Form 3811, Apr. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 • us.a.Ro. 1989 1. SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the dite of delivery. For additional services requested 1 — Show to whom delivered, date, and address the following and check boxies for additional services: requested 1 — Show to whom delivered, date, and address 207 S. Fourth Artesia, NM 88210	### Article Number A Article Number
Signature — Addressee Senore : Addressee : Add	Type of Service: Registered GOD	Mobil Explor. & Prod. U.S.A. Nine Greenway Plaza, STE 27(4) Houston, TX 77046 5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery 2.2 — 70 PS Form 3811, Apr. 1989 *us.g.Ro. 1881 Apr. 1989 *us.g.Ro. 1881 Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the ball of delivery. For additional services's reductised. 1 — Show to whom delivered, date, and address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the ball of delivery. For additional services's reductised. 1 — Show to whom delivered, date, and address 207 S. Fourth Artesia, NM 88210 5. Signature — Addressee X 6. Signature — Addressee X	## Article Number A Article Number

·		SENDER: Complete items 1 and 2 willen additional	services are desired, and complete items
SENDER: Complete items 1 and 2 when addit	11		
"it vouseddress in the "RETURN TO" Space on the re	provide you the name of the person delivered to and	3 and 4. Put your address in the "RETURN D" Space on the sverse from being returned to you. The return receipt less will provide the date of delivery. For additional fels the delivery as ervice and check boxies for additional services and check boxies for additional services.	side Failure to de-thanking privent the care
ne date of delivery. For additional fees the following s	services are available. Consuit postmaster for fees	the date of delivery. For additional fees man plowing service	s an expliquie. Constit postmaster to fees
Show to whom delivered, date, and as dresse	ee s address. 2. Restricted Delivery	1. Show to whom delivered, date, and addressee's ad	dress 2 Restrictes De Cerv
Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
	F 451 210 261		IP 45 2.0 354
Charles E. Nearburg	Type of Service:	Robert B. Payne	Type of Service:
P.O. Box 823085	Begistehåd Insured Certified COD	3700 Renaissance TWR	Registered Insured
Dallas, TX 75382	Express Mail Return Receipt for Merchandise	1201 Elm Street	Certified COD Express Mail Return Receipt
	Always obtain signature of addressee	Dallas, TX 75270	Alyaya obtain signature of addressee
	or agent and DATE DELIVERED.	\sim	or agent and DATE DELIVERED.
Signature - Addressee	8 Address ee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if
·	requested and fee paid)	x 1/1/	requested and tee paid
Signature - Agent	A	6. Signature - Agent	7
- CAROLICA - 180 1 100		X	
Sets of Delivery		7 Date of Delivery	
75: 3811. Apr 1989 .u.s G.F O 1985	9-238-815 OMESTIC RETURN RECEIPT	2011	
nger : 3811 , April 1989 - Luis G.F.O. 1985	P23P-815	PS Form 3811 A.T. 1990 25 S.G.PO. 1989-238-8:	5 DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 wher addit	ional services are desired, and complete items	SENDER. Complete items 1 and 2 when additional 3 and 4:	services are desired, and complete items
3 and 4. Your address in the "RETURN TO" Space or the re-	everse side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide	e side. Failure to do this will prevent this card
m being returned to you. The return receipt fei will p gate of gelivery. For additional fees the folio ving \$	ervices are available. Consult postmaster for fees	the gate of delivery. For additional fees the following service and check boxies) for additional service(s) requested:	es are available. Consuit postmaster for fees
2 Check boxies) for additional servicets, requisited Show to whom delivered, date, and ad fresse	e s address. 2. Restricted Delivery	 Show to whom delivered, date, and addressee's a 	
(Extra charge)	Extra charge	Extra charge:	4 Article Number
Article Addressed to:	4. Article Number	This is a consisted to.	P == = = 10 241
Nearburg Petroleum	12 451 210 323	Santa Fe Energy	Type of Service.
Box 31495	Type of Service:	1616 South Voss, STE 1000	Registered Insured
Dallas, TX 75231	Certified COD	Houston, TX 77057-2698	⊆ Certified
	Express Mail Return Receipt for Merchandise		for Merchandise
	Always obtain signature of addressee		Always obtain signature of addressee
<u></u>	or agent and DATE DELIVERED	5. Signature – Addressee	or agent and DATE DELIVERED. 7 Addressee's Address (ONLY if
Signature - Addresses	8. Addressee's Address (ONLY if requested and fee paul)	X X XIII - XXXIII - X	requested and fee paid)
CAA- House A		6 6 2 3 12 12 12 12 12 12 12 12 12 12 12 12 12	∄ , /
			三
Dette of Delivery		7. Date of Delivery	7 /5/
Date of Delivery			
Form 3811, Apr. 1989 *U.S.Q.P.) 1989 SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the	ditional services are desired, and complete items	7. Date of Delivery PS Form 3811, Apr. 1989 **u.s.g.Ro. 1987254 **SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reverse.	nal services are desired, and complete item
Form 3811, Apr. 1989 *U.S.Q.R.), 1989 SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the trom being returned to you. The return receipt 198 will the date of delivery. For additional fees the following and check boxies for additional severice(s) requested	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees	7. Date of Delivery PS Form 3811, Apr. 1989 **U.S.G.P.O. 19872354 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will provibe date of gelivery. For additional fees the following sen and check boxies for additional services; requested.	nal services are desired, and complete item rise side. Failure to do this will prevent this car ide you the name of the person delivered to an ides are available. Consult postmaster for fee
Form 3811, Apr. 1999 *u.s.q.P.) 1999 SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 se will her date of delivery. For additional least the following and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and address. (Extra charge)	ditional services are desired, and complete items increases side. Failure to do this will prevent this card is provide you the name of the person delivered to and a services are available. Consult postmaster for fees see is address. 2. Restricted Delivery	7. Date of Delivery PS Form 3811, Apr. 1989 **U.S.G.RO. 1987-254 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will provibe date of delivery. For additional fees the following sendent of the complete o	nal services are desired, and complete item rise side. Failure to do this will prevent this carr ide you the name of the person delivered to an rices are available. Consult postmaster for fee: address. 2. Restricted Delivery iEstra charge;
Form 3811, Apr. 1999 *U.S.Q.P.) 1999 SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 19 will her date of delivery. For additional least the following and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and e sides (Extra charge)	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees a see's address. 2. Restricted Delivery (Extra charge) 4. Article Number	7. Date of Delivery 7. Date of Delivery PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the revere from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following sen and check boxies for additional services) requested. Show to whom delivered, date, and addressee's	nal services are desired, and complete item rise side. Failure to do this will prevent this car ide you the name of the person delivered to an ides are available. Consult postmaster for fee: address. 2. Restricted Delivery iEstra charge; 4. Article Number
Form 3811, Apr. 1999 *u.s.q.P.) 1999 SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 se will her date of delivery. For additional least the following and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and address. (Extra charge)	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees 3 see is address. 2. Restricted Delivery (Extra charre) 4. Article Number	7. Date of Delivery PS Form 3811, Apr. 1989 **US.G.P.O. 1987-25-1 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote date of delivery, For additional fees the following sen and check boxies! for additional service:s) requested. 1. — Show to whom delivered, date, and addressee's "Eutra charge! 3. Article Addressed to:	rial services are desired, and complete item rise side. Failure to do this will prevent this carr ide you the name of the person delivered to an idea are available. Consult postmaster for fee is address. 2.— Restricted Delivery (Estra charge) 4. Article Number
SENDER: Complete items 1 and 2 whin add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 19 ewing and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and a didres (Extra charge). Article Addressed to:	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees 3 see's address. 2. — Restricted Delivery iExtra charrer 4. Article Number Type of Service:	7. Date of Delivery PS Form 3811, Apr. 1989 **U.S.G.RO. 1987-254 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will provibe date of delivery. For additional fees the following sendent of the complete o	rise side Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee address. 2. — Restricted Delivery interface charges 4. Article Number Type of Service:
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 se will he date of delivery. For additional least the following and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and a dires. (Extra charge) Acticle Addressed to: OXY U.S.A. Inc.	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees 3 see is address. 2. Restricted Delivery (Extra charre) 4. Article Number Type of Service: Registered insured Certified COD	7. Date of Delivery PS Form 3811, Apr. 1989 *US.G.R.O. 1987	rise side Failure to do this will prevent this carride you the name of the person delivered to anying a sea valiable. Consult postmaster for fee: address. 2. Restricted Delivery (Estra charge) 4. Article Number Type of Service: Registered Insured Cortified COD
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 is will red date of delivery. For additional least the following and check boxiesi for additional service(s) requiested 1. Show to whom delivered date, and a sides (Extra charge). Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asee's address. 2. Restricted Delivery iExtra charee; 4. Article Number Type of Service: Registered insured	7. Date of Delivery 7. Date of Delivery PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following sen and check boxies for additional services) requested. Show to whom delivered, date, and addressee's (Estra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933	rall services are desired, and complete item rise side Failure to do this will prevent this car ride you the name of the person delivered to any rices are available. Consult postmaster for fee: address. 2. Restricted Delivery iEstra charge; 4. Article Number Type of Service: Registered Insured
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the room being returned to you. The return receipt 19 will he date of delivery. For additional fees the following and check box(es) for additional service(s) requiested 5 show to whom delivered date, and a sides (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees 3 see is address. 2. Restricted Delivery (Extra charre) 4. Article Number Type of Service: Registered Insured Certified COD Express Mail COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee	7. Date of Delivery 7. Date of Delivery PS Form 3811, Apr. 1989 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following sen and check boxies for additional services) requested. Show to whom delivered, date, and addressee's (Estra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933	rise side Failure to do this will prevent this carride you the name of the person delivered to anxices are available. Consult postmaster for fee: address. 2. Restricted Delivery iEstra charge; 4. Article Number Type of Service: Registered CodD Express Mail Always obtain signature of addressee
SENDER: Complete items 1 and 2 wh in add 3 and 4. "Ut your address in the "RETURN TO" Space in the rom being returned to you. The return receipt 1s evil me date of delivery, For additional service(s) red iested 5. Show to whom delivered, date, and a 3dres (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees 3 see s' address. 2. Restricted Delivery IExtra charge) 4. Article Number Type of Service: Registered Insured Consultation of Service: Registered Consultation of Services Always obtain signature of addressee or agent and DATE DELIVERED	7. Date of Delivery PS Form 3811, Apr. 1989 **U.S.G.RO. 1887281 SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote date of agriculty for additional services) requested. - Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202	rise side Failure to do this will prevent this carride you the name of the person delivered to any ices are available. Consult postmaster for fee: address. 2 Restricted Delivery iEstra charge: 4 Article Number Type of Service: Registered Insured Certified COD Express Mail COM Always obtain signature of addressage or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 e win and 2 check boxies1 for additional service(s) requested 1.— Show to whom delivered, date, and address (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees 3 see is address. 2. Restricted Delivery (Extra charre) 4. Article Number Type of Service: Registered Insured Certified COD Express Mail COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee	7. Date of Delivery 7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote date of delivery. For additional service(s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202	rise side Failure to do this will prevent this carride you the name of the person delivered to anxices are available. Consult postmaster for fee: address. 2. Restricted Delivery iEstra charge; 4. Article Number Type of Service: Registered CodD Express Mail Always obtain signature of addressee
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 18 with the date of delivery, For additional fees the following and check boxiesi for additional service(s) requested: Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addresses	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees asee's address. 2. Restricted Delivery iExtra charge 4. Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Aliways obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if	7. Date of Delivery 7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote date of delivery. For additional service(s) requested. Show to whom delivered, date, and addressee's (Eura charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202	nal services are desired, and complete item rise side. Failure to do this will prevent this car ride you the name of the person delivered to an rices are available. Consult postmaster for feel address. 2. Restricted Delivery iEtira charge; 4. Article Number Type of Service: Registered 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
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 e win and 2 check boxies1 for additional service(s) requested 1.— Show to whom delivered, date, and address (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees asee's address. 2. Restricted Delivery iExtra charge 4. Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Aliways obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if	7. Date of Delivery 7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote date of delivery. For additional service(s) requested. Show to whom delivered, date, and addressee's (Eura charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202	nal services are desired, and complete item rise side. Failure to do this will prevent this car ride you the name of the person delivered to an rices are available. Consult postmaster for feel address. 2. Restricted Delivery iEtira charge; 4. Article Number Type of Service: Registered 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
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the room being returned to you. The return receipt 18 emile date of delivery, for additional service(s) requested. Show to whom delivered, date, and a sides. Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees asee's address. 2. Restricted Delivery iExtra charge 4. Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Aliways obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if	7. Date of Delivery 7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote date of delivery. For additional service(s) requested. Show to whom delivered, date, and addressee's (Eura charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202	nal services are desired, and complete item rise side. Failure to do this will prevent this car ride you the name of the person delivered to an rices are available. Consult postmaster for feel address. 2. Restricted Delivery iEtira charge; 4. Article Number Type of Service: Registered 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
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the room being returned to you. The return receipt 1 is will be date of delivery. For additional fees the following and check boxies! for additional service(s) requiested 5 show to whom delivered date, and a sidness (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees asee's address. 2. Restricted Delivery iExtra charge 4. Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Aliways obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if	7. Date of Delivery 7. Date of Delivery SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following sent and check boxies! for additional services: requested. 1. Show to whom delivered, date, and addressee's Extra charge? 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee	nal services are desired, and complete item rise side. Failure to do this will prevent this car ride you the name of the person delivered to an rices are available. Consult postmaster for feel address. 2. Restricted Delivery iEtira charge; 4. Article Number Type of Service: Registered 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
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 is will need are of delivery. For additional least the following how to whom delivered date, and a sidness. Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X Date of Delivery. Date of Delivery. Signature — Agent	ditional services are desired, and complete items becomes a complete items creverse side. Failure to do this will prevent this card is provide you the name of the person delivered to and greaters are available. Consult postmaster for fees greaters. 2. Restricted Delivery iExtra charge: 4. Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address iONLY if requested and fee paid;	7. Date of Delivery 7. Date of Delivery SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following sent and check boxies! for additional services: requested. 1. Show to whom delivered, date, and addressee's Extra charge? 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee	rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee: address. 2. Restricted Delivery iEstra charge; 4. Article Number Type of Service: Registered 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)
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 is with the date of delivery. For additional least the following how to whom delivered date, and a sidres (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X Signature — Agent X Date of Delivery	ditional services are desired, and complete items becomes as the person delivered to and g services are available. Consult postmaster for fees g services and person fees grade for fees a Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERD 8. Addressee's Address (ONLY if requested and fee paid)	7. Date of Delivery 7. Date of Delivery 7. Date of Delivery 8. SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will provine date of delivery. For additional fees the following sense and check boxies! for additional services: requested. 1. — Show to whom delivered, date, and addressee's (Extra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery	rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee: address. 2. Restricted Delivery iEstra charge; 4. Article Number Type of Service: Registered 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)
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 18 with the date of delivery, For additional fees the following and check boxies! for additional service(s) requested 1. Show to whom delivered, date, and a didres (Extra charge). Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 5 Signature — Addresses X 6 Signature — Addresses X 7. Date of Delivery. S Form 3811. Apr. 2001.	ditional services are desired, and complete items be reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees asser's address. 2. Restricted Delivery iExtra charge 4. Article Number Type of Service: Registered insured Certified COD Express Mail Return Receipt for Merchandise Aliways obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if requested and fee paid)	7. Date of Delivery 7. Date of Delivery PS Form 3811, Apr. 1989 SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will prote add the following sent and check boxies! for additional fees the following sent and check boxies! for additional services: requested. 1. Show to whom delivered, date, and addressee's (Extra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Agent 7. Date of Delivery PS Form 3811, Apr. 1989 Justand 1989 Justand 1989 Justand 1989	rise side. Failure to do this will prevent this carride you the name of the person delivered to any ices are available. Consult postmaster for fee: address. 2. Restricted Delivery interactions are available. Consult postmaster for fee: address. 2. Restricted Delivery interactions are available. Consult postmaster for fee: address. 2. Restricted Delivery interactions are available. Consult postmaster for exercise Consult postmaster of Consult postmaster of Service: Registered Insured Consult for Merchandise. Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address iONLY if requested and fee paid.
SENDER: Complete items 1 and 2 whin add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 18 with edge of delivery, for additional service(s) requested 1.— Show to whom delivered, date, and address (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X The complete items 1 and 2 wien a 3 and 4.	ditional services are desired, and complete items I reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees asee's address. 2. Restricted Delivery Extra charee	7. Date of Delivery 7. Date of Delivery 7. Date of Delivery SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will prote date of delivery. For additional fees the following sen and check boxies! for additional services: requested. 1. Show to whom delivered, date, and addressee's Extra charge? 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee Sender: Complete Items 1 and 2 when additional services and addressee's additional services.	rise side. Failure to do this will prevent this carride you the name of the person delivered to any items are available. Consult postmaster for fee: address. 2. Restricted Delivery interactions are available. Consult postmaster for fee: address. 2. Restricted Delivery interactions are available. Consult postmaster for fee: Article Number Type of Service: Registered Insured Contified Con Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address (ONLY if requested and fee paid)
SENDER: Complete items 1 and 2 whin add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 18 with edge of delivery, for additional service(s) requested 1.— Show to whom delivered, date, and address (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X The complete items 1 and 2 wien a 3 and 4.	ditional services are desired, and complete items I reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consult postmaster for fees asee's address. 2. Restricted Delivery Extra charee	7. Date of Delivery 7. Date of Delivery SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will prote date of selvery. For additional fees the following sen and check boxies! for additional services: requested. Show to whom delivered, date, and addressee's Extra charge? 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee	rise side. Failure to do this will prevent this car ide you the name of the person delivered to an idea are available. Consult postmaster for fee address. 2. Restricted Delivery (Estra charge) 4. Article Number Type of Service: Registereo Insured Contilled 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) DOMESTIC RETURN RECEIPT RE
SENDER: Complete items 1 and 2 whin add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 18 with red date of delivery, For additional fees the following and check box(es) for additional service(s) requested: Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addresses X Signature — Addresses X Put your address in the "RETURN TO" Space on the rom being returned to you. The return receipt lee with the date of delivery. For additional fees the following and check box(es) for additional fees the following the date of delivery. For additional fees the following and check box(es) for additional service(s) requests	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered insured Consuit Receipt For Merchandise Aliways obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT Inditional services are desired, and complete items he reverse side. Failure to do this will prevent this card with provide you the name of the person delivered to and no services are available. Consult postmaster for fees ed.	7. Date of Delivery 7. Date of Delivery SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following sen and check boxies) for additional services) requested. Show to whom delivered, date, and addressee's (Extra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Addressee The standard of t	nal services are desired, and complete item rise side. Failure to do this will prevent this car ide you the name of the person delivered to an ides are available. Consult postmaster for fee reddress. 2. Restricted Delivery (Estra charge) 4. Article Number Type of Service: Registered Consult postmaster for Gee 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) DOMESTIC RETURN RECEI nai services are desired, and complete item rise side. Failure to do this will prevent this convice you the name of the person delivered to an vices are available. Consult postmaster for fee
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 18 emile date of delivery, for additional service(s) requested 1. Show to whom delivered, date, and a sides (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X S. Signature — Addressee X S. Form 3811, Agr. 598 SENDER: Complete items 1 and 2 wien a 3 and 4.	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered insured Consuit Receipt For Merchandise Aliways obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT Inditional services are desired, and complete items he reverse side. Failure to do this will prevent this card with provide you the name of the person delivered to and no services are available. Consult postmaster for fees ed.	7. Date of Delivery 7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt lee will provide date of delivery. For additional services) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addressee X Signature — Addressee Signature — Addressee X Signat	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for feel address. 2. Restricted Delivery (Etira charge) 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT requested and see paid.
SENDER: Complete items 1 and 2 win add 3 and 4. Put your address in the "RETURN TO" Space in the rom being returned to you. The return receipt 19 win and 3 check box(es) for additional service(s) requested 5 show to whom delivered date, and a sidres (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee K. Signature — Addressee K. Signature — Addressee K. Signature — Addressee K. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with date of delivery. For additional service(s) request fee with date of delivery. For additional fees the fillowin and check box(es) for additional service(s) request and addressed to the check box(es) for additional service(s) request and check box(es) for additional service(s) request and addresse to the flowin and check box(es) for additional service(s) request and addresses to the flowin and check box(es) for additional service(s) request and addresses to the flowin and check box(es) for additional service(s) request and addresses to the flowin and check box(es) for additional service(s) request and addresses to the delivery. For additional service(s) request and addresses to the flowin and check box(es) for additional service(s) request and addresses to the flowin and check box(es) for additional description of the check box(es) for additional descriptional description of the check box(es) for additional description of the check box (es) for additional description of the check box (es) for additional description of the check box (es) for addi	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and 3 services are available. Consult postmaster for fees 3 see's address. 2. Restricted Delivery Lettra charge 4. Article Number	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of delivery. For additional fees the following sen and check boxies! for additional service:s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addresse	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to annices are available. Consult postmaster for fee it address. 2. Restricted Delivery (Etira charge) 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid. DOMESTIC RETURN RECEIPT requested and fee paid.
SENDER: Complete items 1 and 2 wh in add 3 and 4. "It your address in the "RETURN TO" Space in the rom being returned to you. The return receipt 18 will he date of delivery. For additional fees the following hid check boxies for additional service(s) requested. Show to whom delivered, date, and a didres (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee Addressee Signature — Addressee	ditional services are desired, and complete items betweese side. Failure to do this will prevent this card provide you the name of the person delivered to and a services are available. Consuit postmaster for fees a services are available. Consuit postmaster for fees a services are available. Consuit postmaster for fees a service are available. Consuit postmaster for fees a service are available. Consuit postmaster for fees a service are desired. Bestiticted Deliverse Article Number	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of delivery. For additional fees the following sen and check boxies) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Eura charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addressee X Signature — Addressee X Sender — Addressee	nal services are desired, and complete item rise side. Failure to do this will prevent this cande you the name of the person delivered to an inces are available. Consult postmaster for fee address. 2. Restricted Delivery (Estra charge) 4. Article Number Type of Service: Registered CoD Express Mail Return Receipt for Merchandise. Always obtain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid.
SENDER: Complete items 1 and 2 wh in add 3 and 4. "ut your address in the "RETURN TO" Space in the rom being returned to you. The return receipt 1 e will had been a complete items and addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressed Si	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card is provide you the name of the person delivered to and a services are available. Consult postmaster for fees a see's address. 2. Restricted Delivery (Extra charre) 4. Article Number Type of Service: Registered insured Cond Express Mail Return Receipt for Merchandise Always obtain signature of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT Inditional services are desired, and complete items the reverse side. Failure to do this will prevent this card will provide you the name of the person delivered to and go services are available. Consult postmaster for fees ed. Express address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service:	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of delivery. For additional fees the following sen and check boxies! for additional service:s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Addressee X Description of the service of the ser	nal services are desired, and complete item rise side Failure to do this will prevent this carride you the name of the person delivered to any item are available. Consult postmaster for fee: address. 2. Restricted Delivery item charge; 4. Article Number Type of Service: Registered Insured Cott Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address iONLY if requested and fee paid; DOMESTIC RETURN RECEIPT requested and see paid; DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 wh in add 3 and 4. The your address in the "RETURN TO" Space in the rom being returned to you. The return receipt 19 ewing and check boxies1 for additional service(s) requested 5 how to whom delivered, date, and address of Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee K. S	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card is provide you the name of the person delivered to and a services are available. Consult postmaster for fees as see's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered insured Certified COD Express Mail for Merchandise Always obtain signature of addresse or agent and DATE DELIVERED 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT Inditional services are desired, and complete items he reverse side. Failure to do this will prevent this card with provide you the name of the person delivered to and hig services are available. Consult postmaster for fees ed. 1. Restricted Delivery (Extra charge) 4. Article Number	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will provine date of delivery. For additional fees the following sen and check boxies) for additional service(s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addressee X Signature — Addressee X Sender: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reverting from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following ser and check boxies for additional service(s) requested. Show to whom delivered, date, and addressee (Eutra charge) 3. Article Addressed to: Read & Stevens, Inc.	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee: address. 2. Restricted Delivery (Etira charge) 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT requested and see paid. DOMESTIC RETURN RECEIPT requested and see paid. DOMESTIC RETURN RECEIPT requested and see paid.
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 evil (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X S. Signature — Addressee X S. Form 3811, Apr. 598 SENDER: Complete items 1 and 2 w ien a 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with date of delivery. For additional fees the fillowing and check boxice) for additional services is required in the fillowing and check boxice) for additional services is required in the fillowing of the fillowing and check boxice) for additional services is required in a signal of the fillowing and check boxice) for additional services is required in a signal of the fillowing of the fillowing and check boxice) for additional services is required in a signal of the fillowing of t	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and you the name of the person delivered to and you the name of the person delivered to and you the name of the person deliv	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of delivery. For additional fees the following sen and check boxies! for additional service:s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Addressee X Description of the service of the ser	nal services are desired, and complete item rise side Failure to do this will prevent this carride you the name of the person delivered to any item are available. Consult postmaster for fee: address. 2. Restricted Delivery item charge; 4. Article Number Type of Service: Registered Insured Cott Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address iONLY if requested and fee paid; DOMESTIC RETURN RECEIPT requested and see paid; DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 wh in add 3 and 4. The your address in the "RETURN TO" Space in the rom being returned to you. The return receipt 19 ewing and check boxies1 for additional service(s) requested 5 how to whom delivered, date, and address of Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee K. S	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asses address. 2. Restricted Delivery Extra charee 4. Article Number Type of Service: Registered insured Certified, COD Express Mail for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT Indictional services are desired, and complete items are reverse side. Failure to do this will prevent this card will provide you the name of the person delivered to and no services are available. Consult postmaster for fees ed. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered. Cod Return Receipt Type of Service: Registered. Cod Return Receipt Type of Service: Registered. Cod Return Receipt Ton Merchandise	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of acievery. For additional fees the following sen and check boxies! for additional service:s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 SENDER: Complete trems 1 and 2 when addition 3 and 4. Put your-address in the "RETURN TO" Space on the reverting from being returned to you. The return receipt fee will prote date of delivery. For additional fees the following ser and check boxies! for additional services in following ser and check boxies! for additional services in following ser and check boxies! for additional services in following ser and check boxies! for additional services in following ser and check boxies! for additional services in following ser and check boxies! for additional services in following ser and check boxies! for additional services in following ser and check boxies! for additional services in following ser and check boxies! for additional services and addressee (Extra charge) 3. Article Addressed to: Read & Stevens, Inc. 400 N. Penn. STE 1000 Box 1518 Roswell NM 88201	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to an increase are available. Consult postmaster for fee: address. 2. Restricted Delivery interest charge; 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise. Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPM RECEIP
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 evil (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X S. Signature — Addressee X S. Form 3811, Apr. 598 SENDER: Complete items 1 and 2 w ien a 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with date of delivery. For additional fees the fillowing and check boxice) for additional services is required in the fillowing and check boxice) for additional services is required in the fillowing of the fillowing and check boxice) for additional services is required in a signal of the fillowing and check boxice) for additional services is required in a signal of the fillowing of the fillowing and check boxice) for additional services is required in a signal of the fillowing of t	ditional services are desired, and complete items reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and you the name of the person delivered to and you the name of the person delivered to and you the name of the person deliv	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of aejivery. For additional fees the following sen and check boxies! for additional service:s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 6. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 Us.a.Rg 322 SENDER: Complete trems 1 and 2 when addition 3 and 4. Put your-address in the "RETURN TO" Space on the reverting from being returned to you. The return receipt fee will prote date of delivery. For additional fees the following ser and check boxies! for additional service is requested. Show to whom delivered, date, and addressee (Eutra charge) 3. Article Addressed to: Read & Stevens, Inc. 400 N. Penn. STE 1000 Box 1518 Roswell, NM 88201	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to any item as re available. Consult postmaster for fee: address. 2. Restricted Delivery item charge; 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise. Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT requested and see paid. DOMESTIC RETURN RECEIPT requested and see paid. Addressee's Address of this will prevent this carrively out the name of the person delivered to any vices are available. Consult postmaster for fee as address. 2. Restricted Delivery Extra charger. 4. Article Number Type of Service Registered Insured CoD Return Receipt for Merchandise. Aways obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 evil (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X S. Signature — Addressee X S. Form 3811, Apr. 598 SENDER: Complete items 1 and 2 w ien a 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with date of delivery. For additional fees the fillowing and check boxice) for additional services is required in the fillowing and check boxice) for additional services is required in the fillowing of the fillowing and check boxice) for additional services is required in a signal of the fillowing and check boxice) for additional services is required in a signal of the fillowing of the fillowing and check boxice) for additional services is required in a signal of the fillowing of t	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asses address. 2. Restricted Delivery Extra charge: 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT Indictional services are desired, and complete items are reverse side. Failure to do this will prevent this card will provide you the name of the person delivered to and nig services are available. Consult postmaster for fees ed. 4. Article Number Type of Service: Registered. Insured Cod Return Receipt for fees ed. Could fail the fee paid in the person delivery (Extra charge) 4. Article Number Type of Service: Registered. Insured Cortified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY If	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt lee will provibe date of delivery. For additional lees the following sen and check boxies! for additional service:s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addressee X Sender: Complete items 1 and 2 when additional fees the following sen and check boxies! for additional fees the following sen and the feet and feet an	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee: address. 2. Restricted Delivery (Etira charge) 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) Article Number Type of Service: Restricted Delivery Extra charger 4. Article Number Type of Service Requisitered Insured CoD Return Receipt for Merchandise Resistered Insured Control Return Receipt for Merchandise Registered Insured Control Return Receipt for Merchandise Always obtain signature of addressee Pragent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 ewin and 2 clear and 2 delivery. For additional fees the following for additional service(s) requested (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 Signature — Addressee X Signature — Addressee X Date of Delivery Service of Deliver	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card a services are available. Consuit postmaster for fees as see's address. 2. Restricted Delivery (Extra charre) 4. Article Number Type of Service: Registered Insured Certified COD Express Mail For Merchandise Always obtain signature of addresse or agent and DATE DELIVERED 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT Inditional services are desired, and complete items he reverse side. Failure to do this will prevent this card diliprovide you the name of the person delivered to and rig services are available. Consult postmaster for fees ed. 2. Restricted Delivery (Extra charrer) 4. Article Number Type of Service: Ragistered. Insured Certified, COD Express Mail Type of Service: Ragistered. Insured Certified COD Express Mail Type of Service: Ragistered. Insured Certified COD Express Mail Type of Service: Ragistered. Insured Certified COD Express Mail Type of Service: Ragistered. Insured Certified COD Express Mail Type of Service: Ragistered. Insured Certified COD Express Mail Type of Service: Ragistered. Insured Certified COD Express Mail Type of Service: Ragistered. Insured Certified Cod Certified C	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will provide date of delivery. For additional service(s) requested. 1.— Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery PS Form 3811, Apr. 1989 Jus. a. P. O. Spiral Inc. Put your address in the "RETURN TO" Soace on the revertion being returned to you. The return receipt fee will prote date of delivery. For additional fees the following ser and check boxies for additional services fre following ser and check boxies for additional services for following ser and check boxies for additional services for following ser and check boxies for additional services for following ser and check boxies for additional services and addressee 3. Article Addressed to: Read & Stevens, Inc. 400 N. Penn. STE 1000 Box 1518 Roswell, NM 88201 5. Signature — Addressee X 1.— Shop to whom services for the province of the pr	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to any item as re available. Consult postmaster for fee: address. 2. Restricted Delivery item charge; 4. Article Number Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise. Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT requested and see paid. DOMESTIC RETURN RECEIPT requested and see paid. Addressee's Address of this will prevent this carrively out the name of the person delivered to any vices are available. Consult postmaster for fee as address. 2. Restricted Delivery Extra charger. 4. Article Number Type of Service Registered Insured CoD Return Receipt for Merchandise. Aways obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 1 e will include the control of the con	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asses address. 2. Restricted Delivery Extra charge: 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT Indictional services are desired, and complete items are reverse side. Failure to do this will prevent this card will provide you the name of the person delivered to and nig services are available. Consult postmaster for fees ed. 4. Article Number Type of Service: Registered. Insured Cod Return Receipt for fees ed. Could fail the fee paid in the person delivery (Extra charge) 4. Article Number Type of Service: Registered. Insured Cortified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY If	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will provine date of delivery. For additional service(s) requested. Show to whom delivered, date, and addressee's (Eutra charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addressee X Sender — Addressee	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee: address. 2. Restricted Delivery (Etira charge) 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) Article Number Type of Service: Restricted Delivery Extra charger 4. Article Number Type of Service Requisitered Insured CoD Return Receipt for Merchandise Resistered Insured Control Return Receipt for Merchandise Registered Insured Control Return Receipt for Merchandise Always obtain signature of addressee Pragent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the irom being returned to you. The return receipt 18 with the date of delivery, For additional fees the following and check box(es) for additional service(s) requested (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 SENDER: Complete items 1 and 2 w ien a 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with date of delivery. For additional fees the fillowing and check box(es) for additional service(s) requested to 20. 3. Article Addressed to: O/Ark Exploration Inc. 1525 Two Turtle Creek Village Dallas, TX 75219 Attn: E.L. Smith III	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asses address. 2. Restricted Delivery Extra charge: 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT Indictional services are desired, and complete items are reverse side. Failure to do this will prevent this card will provide you the name of the person delivered to and nig services are available. Consult postmaster for fees ed. 4. Article Number Type of Service: Registered. Insured Cod Return Receipt for fees ed. Could fail the fee paid in the person delivery (Extra charge) 4. Article Number Type of Service: Registered. Insured Cortified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY If	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of delivery. For additional fees the following sen and check boxies) for additional service(s) requested. Show to whom delivered, date, and addressee's (Eura charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addressee X Sender: Complete trems 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protein educe of delivery. For additional fees the following ser and check boxies) for additional service(s) requested. Read & Stevens, Inc. 400 N. Penn. STE 1000 Box 1518 Roswell, NM 88201 5. Signature — Addressee X 6. Signature — Addressee	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee: address. 2. Restricted Delivery (Etira charge) 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) Article Number Type of Service: Restricted Delivery Extra charger 4. Article Number Type of Service Requisitered Insured CoD Return Receipt for Merchandise Resistered Insured Control Return Receipt for Merchandise Registered Insured Control Return Receipt for Merchandise Always obtain signature of addressee Pragent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 wh in add 3 and 4. Put your address in the "RETURN TO" Space in the from being returned to you. The return receipt 18 evin the date of delivery, For additional fees the following and check boxiesi for additional service(s) requested (Extra charge) Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 SENDER: Complete items 1 and 2 wish at 3 and 4. To be of Delivery S Form 3811. Apr. 288 S Signature — Agent X 7. Date of Delivery 3. Article Addressed to: Ozark Exploration Inc. 1525 Two Turtle Creck Village Dallas, TX 75219 Attn: E.L. Smith III	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asses address. 2. Restricted Delivery Extra charge: 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT Indictional services are desired, and complete items are reverse side. Failure to do this will prevent this card will provide you the name of the person delivered to and nig services are available. Consult postmaster for fees ed. 4. Article Number Type of Service: Registered. Insured Cod Return Receipt for fees ed. Could fail the fee paid in the person delivery (Extra charge) 4. Article Number Type of Service: Registered. Insured Cortified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY If	7. Date of Delivery 8. Sender: Complete mems 1 and 2 when addition and the complete delivery of the delivery of the delivery of the delivery of the delivery 8. Signature — Addressee 8. Signature — Addressee 8. Signature — Addressee 9. Sender: Complete mems 1 and 2 when addition and the complete of the complete will protect of the complete o	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to an inces are available. Consult postmaster for fee: address. 2. Restricted Delivery (Etira charge) 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid) Article Number Type of Service: Restricted Delivery Extra charger 4. Article Number Type of Service Requisitered Insured CoD Return Receipt for Merchandise Resistered Insured Control Return Receipt for Merchandise Registered Insured Control Return Receipt for Merchandise Always obtain signature of addressee Pragent and DATE DELIVERED 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 wn in add 3 and 4. Put your address in the "RETURN TO" Space in the irrom being returned to you. The return receipt 18 evin the date of delivery, For additional fees the following and check boxies for additional service(s) requested 1.— Show to whom delivered, date, and a didres (Extra charge) 3. Article Addressed to: OXY U.S.A. Inc. P.O. Box 50250 Midland, TX 79710 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery SENDER: Complete items 1 and 2 w isn a 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee with date of delivery, For additional fees the fillowing and check boxies? for additional service(s) requested in the Carra charge? 3. Article Addressed to: O/ark Exploration Inc. 1525 Two Turtle Creek Village Dallas, TX 75219 Attn: E.L. Smith III 5. Signature — Addressee X 7. Date of Delivery J2 G9 G.	ditional services are desired, and complete items treverse side. Failure to do this will prevent this card i provide you the name of the person delivered to and a services are available. Consuit postmaster for fees asses address. 2. Restricted Delivery Extra charge: 4. Article Number Type of Service: Registered 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) DOMESTIC RETURN RECEIPT Indictional services are desired, and complete items are reverse side. Failure to do this will prevent this card will provide you the name of the person delivered to and nig services are available. Consult postmaster for fees ed. 4. Article Number Type of Service: Registered. Insured Cod Return Receipt for fees ed. Could fail the fee paid in the person delivery (Extra charge) 4. Article Number Type of Service: Registered. Insured Cortified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY If	7. Date of Delivery SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protee date of delivery. For additional fees the following sen and check boxies) for additional service(s) requested. Show to whom delivered, date, and addressee's (Eura charge) 3. Article Addressed to: Spiral Inc. P.O. Box 1933 Roswell, NM 88202 5. Signature — Addressee X Signature — Addressee X Sender: Complete rems 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will protein date of delivery. For additional fees the following ser and check boxies) for additional services; requested. Read & Stevens, Inc. 400 N. Penn, STE 1000 Box 1518 Roswell, NM 88201 5. Signature — Addressee X 6. Signature — Addressee X 7. Date of Delivery (2 - 2 7 - 9 o	nal services are desired, and complete item rise side. Failure to do this will prevent this carride you the name of the person delivered to annices are available. Consult postmaster for fee ited and rices are available. Consult postmaster for fee ited and respectively. Article Number Type of Service: Registered Registered Return Receipt for Merchandise. Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT requested and fee paid. Personal services are desired, and complete item revices are available. Consult postmaster for fee rices address. 2. Restricted Delivery Littra charger 4. Article Number Type of Service Registered Registered Resurn Receipt for Merchandise. Aways obtain signature of addressee or agent and DATE DELIVERED. Aways obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)

3 and 4. —	tional services are desired, and complete items	Put your address to the VRETURN TO! Come and the	tional services are desired, and complete items
vour address in the "RETURN TO" Space on their members returned to you The return receipt tes wind to did not address to did not address to did not address ror address recuested. Show to whom delivered, date, and ad iresse	provide you the name of the person delivered to and services are available. Consult postmaster for fees	Put your address mather "RETURN TO" Space on their from being returned to you. The return receipt lee will the date of delivery, for additional fees the following and check bookies) for additional service(s) requested. 1. Show to whom delivered, date, and addresse	provide you the name of the person delivered to and services are available. Consult postmaster for fees
Extra charge)	Extra charge	Extra charge: 3. Article Addressed to:	'Extra charge)
Article Addressed to:	4. Article Number		Article Number
Superior	Type of Service:	Western States Specialities Box 3414	Type of Service:
co Mobil Prod. TX & NM	Registered Insured	Abilene, TX 79604	Registered Insured
1 €50 P ovdras Bldg.	Certified COD Return Receipt for Merchangise		Certified COD Express Mail Return Receipt
New Orleans, LA 70113	Aiways obtain signature of addressee		Always obtain signature of addressee
•	or agent and DATE DELIVERED		or agent and DATE DELIVERED
Signature - Addressee	8. Addressee s Address (ONLY if requested and see paid)	5. Signature – Addressee X 6. Signature Abents	8. Addressee s Address (ONLY if requested and fee paid)
s apature / Agent		X / Loff L / 24/60/	
DEC 2 6 1930		7 Date of Delivery DEC 2 7 1990	
		PS Form 3811, Apr. 1984 +U.S.G.PO. 1989	779.015
. Form 3811, Apr. 1997 - +US G 10 1989	9-238-815 DOMESTIC RETURN RECEIPT	5.3.d.r d. 1989	DOMESTIC RETURN RECEIPT
	tional services are que en en jumplite iten n	SENDER. Complete items 1 and 2 when addit	IONAL Services are desired, and complete items
3 and 4 it your address in the : RETURN 40 : Space (in the rimbering retained to you. The return receipt the will also a significant and the return receipt the will be a significant and the return receipt the will be a significant and the return receipt the will be a significant and the return receipt the significant and the return receipt the significant and the return receipt the receipt the return receipt the receipt	everse side. Facure to do this will prevent this card.	3 and 4. Put your address in the "RETURN TO" Space on the re	
redate of denvery. For additional fees the for twinds to theck powers for additional service is red lested.	services are available. Consult postmaster for fees	from being returned to you. The return receipt fee will p the date of delivery. For additional fees the following s	fouide you the name of the person delivered to and
Snow to whom delivered, date, and address:	ee's address 2 Restricted Delivery	and check boxies: for additional service si reduested it Show to whom delivered date and addresse	
Article Addressed to:	4 Article Number	Extra charge.	(Extra charge)
	1-451 25 <u>120</u>	3. Article Addressed to:	4 Article Number
Texaco, Inc. Box 3109	Type of Service:	Harvey E. Yates Co.	Type of Service:
Midland, TX 79702	Registered nsured	P.O. Box 1933	Registered Insured
	Certified COD Express Mair - for Merchandise	Roswell, NM 88202	Certified — COD
	Always obtain signature of addressee		tor Merchandise
Addresses	8. Addressee's Address (ONLY if		Always obtain signature of addresses or agent and <u>DATE DELIVERED</u> .
 Signature — Addressee X 	requested and fee paid	5. Signature, 7 Addresses	8. Addressee's Address (ONLY if requested and fee paid)
Signature - Again		6. Signature - Agent	
x A VI		(Delimidas Yung)	
Date of Delivery DEC 26 1938	·	7. Date of Delivery	
2S Form 3811, Apr. 1989 -us.u.p.o. 1989	9-238-815 DOMESTIC RETURN RECEIPT	L	
3 Total Go TT, Apr. 1909		PS Form 3811, Apr. 1989 +us.g.no. 1989	239-416 DOMESTIC RETURN RECEIPT
It your address in the "RETURN TO" Space on the name being returned to you. The return receipt fee wing the date of delivery. For additional fees the following state of delivery.	provide you the name of the person delivered to and	SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt tee will the date of delivery. For additional fees the following and check boxies for additional services; requested.	reverse side. Failure to do this will prevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees
sing check box(es) for additional servicets) re luested. Show to whom delivered, date, and addresse	ee's address. 2 Restricted Delivery	Show to whom delivered, date, and address (Extra charge)	
(Extra charge)	- Extra charge 4 Article Number	3. Article Addressed to:	4 Article Number
	P 4-1 - 5 320		P451 210 769
Tierra Petroleum Corp.	Type of Service	Lillie M. Yates 207 S. Fourth St.	Type of Service:
707 Travis Street, STE 1700	Registered = psured	Artesia, NM 88210	Registered Insured COD
Houston, TX 77002	Express Mail Return Receipt	1 4 (5)4 (7) (6)210	Express Mail Return Receipt for Marchandise
	Always obtain signature of addressee		Always obtain signature of addressee or agent and DATE DELIVERED.
Signature - Addressee	8. Addressee s Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if
×	requested and jee paid)	X	requested and tee paid)
Signature - Agent		X N D	
7 Date of Delivery		7. Date of Delivery	
BEC 2 6 1990	\	12.26,90	_
'S Form 3811, Apr. 1989 188 #US G.P.O. 1985	238-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +us.a.e.o. 198	DOMESTIC RETURN RECEIP
	/ - /	<u> </u>	
Things, Commence 1 and 7 when add	itional services are desired, and complete items		ditional services are desired, and complete items
3 and 4.— Arry your address in the "RETURN TO" Spale on the from being returned to you. The return receipt lee will the date of delivery. For additional fees the following and check boxies for additional services: equested. Show to whom delivered, date, ard address	reverse side. Failure to do this will brevent this card provide you the name of the person delivered to and services are available. Consult postmaster for fees	A and 4. Put voint address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the date of delivery. For additional fees the following and check boxesi for additional services i requested. Snow to whom delivered, date, and address	provide you the name of the person delivered to and services are available. Consult postmaster for fees
(Extra charge)	Extra charge:	Extra charge: 3. Article Addressed to	4. Article Number
3. Article Addressed to:	A Article Number		2451 210 242
TXO Production Corp.	Type of Service.	Yates Petroleum Corp.	Type of Service
415 W. Wall, STE,900	Registered :nsured	105 S. 4th St.	Registered Insured Continued COD Return Receipt
Midland, TX 79701	Captiled COD Return Receipt	Artesia, NM 88210	Express Mail Return Receipt for Merchandise
	Aiways obtain signature of addressee		: A ways optain signature of addressee
	or agent and DATE DELIVERED	E Santus 2 annual	3 Addressee's Address (ONLY II
5. Signature - Addressee	Addressee's Address (UNLY) requested and fee page	5 Signature ~ Addressee	S Addressee's Address (ONL) if reducated and fee paid)
×	COMPONER WITH THE PARTY	6 Spanature - Agent	
5. Signature & Agent		x Mike Durit	
Date of Delivery		7. Date of Delivery	
DEC 26 199		PS Form 3811, Apr. 1989 +05 GPO 19	89-238-815 DOMESTIC RETURN RECEIP
PS Form 3811, Apr. 1989 .JSG.PO 19	89-238-815 DOMESTIC RETURN RECEIPT		