

PS Form 3811, Rev. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● **SENDER:** Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).  
☒ Show to whom and date delivered .....25¢  
☐ Show to whom, date, & address of delivery .....45¢  
☐ **RESTRICTED DELIVERY.**  
 Show to whom and date delivered .....85¢  
☐ **RESTRICTED DELIVERY.**  
 Show to whom, date, and address of delivery ..\$1.05  
 (Fees shown are in addition to postage charges and other fees).

2. **ARTICLE ADDRESSED TO:**  
 Allen K. Trobaugh  
 1405 FNB Bldg.  
 Midland, TX 79701

3. **ARTICLE DESCRIPTION:**  
 REGISTERED NO. CERTIFIED NO. INSURED NO.  
 P 397 474 738 7  
 (Always obtain signature of addressee or agent)

I have received the article described above.  
 SIGNATURE ☐ Addressee ☒ Authorized agent

4. DATE OF DELIVERY 1-28-85 POSTMARK 1-28-85

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO: 1978-O-203-456

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 (Fees shown are in addition to postage charges and other fees).

2. **ARTICLE ADDRESSED TO:**  
 John James Matsch  
 RR #1  
 New Ross, IN 47968

3. **ARTICLE DESCRIPTION:**  
 REGISTERED NO. CERTIFIED NO. INSURED NO.  
 P397-474 736  
 (Always obtain signature of addressee or agent)

I have received the article described above.  
 SIGNATURE ☐ Addressee ☒ Authorized agent

4. DATE OF DELIVERY 02-01-85 POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO: 1978-O-203-456

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

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

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

3. **Article Addressed to:**  
 Cities Service Oil & Gas  
 P. O. Box 1919  
 Midland, TX 79702

4. **Type of Service:** Article Number  
☐ Registered ☐ Insured P 397 474 739  
☒ Certified ☐ COD  
☐ Express Mail

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

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

PS Form 3811, July 1983

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

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

3. **Article Addressed to:**  
 Moran Exploration  
 400 Wilco Bldg.  
 Midland, TX 79701

4. **Type of Service:** Article Number  
☐ Registered ☐ Insured P 397 474 738  
☒ Certified ☐ COD  
☐ Express Mail

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

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

RECEIVED

APR 11 1985

O.C.D.  
HOBBS OFFICE