

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Leigh Operating

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 2.98

Postmark
Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No., or PO Box No.

PO Box 600904

City, State, ZIP+

Dallas TX 75360

PS Form 3800, July 1999

See Reverse for Instr.

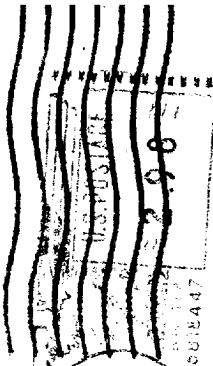
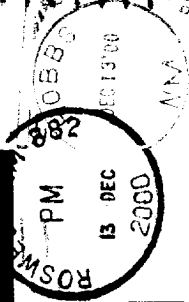
7099 3220 0002 3948 3137

OIL CONSERVATION DIVISION
DIST I
1625 N FRENCH DRIVE
HOBBS NM 88240

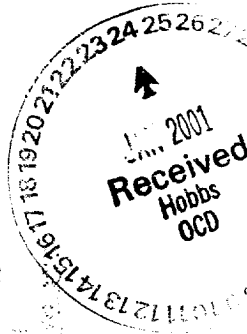
CERTIFIED MAIL



7099 3220 0002 3948 3137



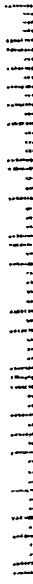
Leigh Operating Co.
PO Box 600904
Dallas, Tx 75360



NAME

1st Name

2nd Name



ENTER DELIVERY ADDRESS
AND RETURNED TO ADDRESSEE
HERE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Loigh Operating Co.
P.O. Box 600904
Dallas, TX 75360

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1? ☐ Agent ☐ Addressee
If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0002 3948 3137

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952