SENDER: Complete items 1, 2, 3 and 4. Ĩ 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. <u>The resum results fam will provide</u> you the name of the person delivered so and the date of <u>delivery</u>. For additional fees the following services are eventsite. Consult postmaster for fees and check box(es) for service(s) requested. ţ Ĩ 1 Xishow to whom, date and address of delivery. 47-845 2 F Bestricted Delivery. 3. Article Addressed to: Amoco Production Company P. O. Box 3092 Houston, Texas 77253 1 4. Type of Service: Article Number Registered Insured Cartified COD Express Mail P 246 084 492 Always obtain signature of addresses or agent and DATE DELIVERED. 5. Signature - Addressee 8 х 6. Signature - Agent Į X 7. Date of Delivery Ĵ ž 8. Addresses's Address (ONLY if requested and for paid) RECEIPT

3	SENDER: Complete items 1, 2, 3 and 4.
PS Form 3811, July 1983 447-846	Put your address in the "RETURN TO" space on the revenue side. Fallars to do this will prevent this card from being returned to you. <u>The return receipt fee will provide</u> you the name of the parson delivered to and the data of <u>delivery</u> . For additional fees the following services are evaliable. Comput postmaster for fees and check box(es) for service(s) requested.
8	1. 🕅 Show to whom, date and address of delivery.
- 5	2. 🔲 Restricted Delivery.
8	3. Article Addressed to:
	State of New Mexico Commissioner of Public Lands P. O. Box 1148 Santa Fe, NM 87504-1148
	4. Type of Service: Article Number
	Registered Insured P 246 084 491
	Always obtain signature of addresses or again and DATE DELIVENED.
2	6. Signsture - Addressee X
	6. Signature – Agent X
2	7. Date of Oalivery
RETURN RECEIP	8. Addresser's Address (ONLY if requested and for pairs)

r5 Form 3811, July 1983 447-845	SENDER: Complete ite Put your address in the "RE reverse side. Failure to do th being returned to you. The you you the name of the parson delivery. For additional fees evaluable. Consult postmaster for service(s) requested. Show to whom, date if Pestricted Delivery. Acticle Addressed to	TURN TO" space on the is will prevent this card from <u>sturn receipt fee will provide</u> delivered to and the date of the following services are r for fees and check box(es)	
đ	3 Article Addressed to: Gulf Oil Corp. P. O. Box 2100 Houston, Texas	)	
	4 Type of Service: ☐ Registered ☐ Insured ☐ Contified ☐ COD ☐ Express Mail	Article Number P 246 084 494	
8	Always obtain signature of addressee or agent and DATE DELIVERED.		
MESTIC R	X 6. Signature - Agent X 7. Date of Delivery		
DOMESTIC RETURN RECEIPT	8. Addresser's Address (ONL)	" if requested and fee paid)	

-----

you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmatter for fees and check box(a for service(s) requested.		
1. X Show to whom, date and address of delivery.		
2. C Restricted Delivery.	Restricted Delivery.	
Chevron U.S.A. P. O. Box 1635 Houston, TX 7	5	
4. Type of Service:	Article Number	
Registered Insured Certified COD Express Mail	P 246 084 493	
Always obtain signature of ad DATE DELIVERED.	idressee <u>or</u> agent and	
5. Signeture - Addressee		
X		
6. Signature - Agant X		