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Show to whom, date and address of delivery. 1. 🔲 Show to whom, date and address of delivery. 447 2. 🗌 Restricted Delivery. 2. Restricted Delivery. 447-846 ģ 3. Article Addressed to: 3. Article Addressed to: AMOLO Production Company P.O. Box 68 Hobbs, New Mexico 88240 7001 4. Type of Service: Article Number Article Number P139 4. Type of Service: Certified Insured 🔲 Registered Certified Express Mail 7574 Express Mail 236456 Always obtain signature of addressee or agent and DATE DELIVERED. Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature -Addressee 5. Signature - Addressee DOMESTIC DOMESTIC cХ 6. Signature 6. Signature - Agent tamo Х lan Х 7. Date of Delivery FEB 1 0 1986 RETURN 7. Date of Delivery RETURN EB 8. Addressee's Address (ONLY if requested and fee paid) 8. Addressee's Address (ONLY if requested and fee paid) RECEIPT RECE ðÖ P 2 SENDER: Complete items 1, 2, 3 and 4. SENDER: Complete items 1, 2, 3 and 4. Form Form Put your address in the "RETURN TO" space on the Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from: reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide 3811, 3811, being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of you the name of the person delivered to and the date of delivery. For additional fees the following services are delivery. For additional fees the following services are July evailable. Consult postmaster for fees and check box(es) , July available. Consult postmaster for fees and check box(es) for service(s) requested. for service(s) requested. 1983 1983 1. Show to whom, date and address of delivery. 1. Show to whom, date and address of delivery. 447-848 2. C Restricted Delivery. 447-845 2. Restricted Delivery. 3. Article Addressed to: Scharbaver Co Hle Company 3. Article Addressed to: Cities Service Oil Co. Mr. KD. Van Harn P. 0. Box 1919 Willand, 24 79702 Type of Service: Article Number P. O. Box 1471 Midland, Tx. 79702 4. Type of Service: Article Number P139 Insured Registered Certified Express Mail Registered Certified Insured COD 186287569 Express Mail 236457 FEB 26 1986 HOBBS OFFICE Always obtain signature of addressee or agent and DATE DELIVERED. Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee Signature - Addressee DOMESTIC х 6. Signature - Agent 6. Signature ént X ត che **RETURN RECEIPT** 7. Date of Delive RETURN 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid 8. Addressee's Address (ONLY if requested and fee paid) RECEIP 2-4-86

Print RE space below SENDER INSTRUCTIONS Print your name, address, and ZIP Code in the ۰ space below. 5 Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of article. Endorse article "Return Receipt Requested" Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, adjacent 70 UNITED STATES POSTAL SERVICE **UNITED STATES POSTAL SERVICE** inerwise at 1 SENDER INSTRUCTIONS r name, address, and ZIP Code in the 2 5 rticle "Return Receipt Requested" **OFFICIAL BUSINESS OFFICIAL BUSINESS** itix to back of article. Ĩ and Street Â 1 ž (City, State, and ZTP Code) Ofty, State, and ZIP Code) Per. (Name of Sender) Name of Se Õ Suite, P.O. Box or Suite, もの 0 .O. Box or R.D. No. Ś PENALTY FOR PRIVATE PENALTY FOR PRIVATE L Ø.Þ. USE, \$300 USE, \$300 S.MAIL 0 ORETURN RETURN space belov SENDER INSTRUCTIONS Print your name, address, and ZIP Code in the • Print Your name, address, and ZIP Code in the space below Б Complete items 1, 2, 3, and 4 on the reverse Attach to front of article if space permits, otherwise affix to back of article. Complete items 1, 2, 3, and 4 on the reverse Attach to front of article if space permits, 5 Endorse UNITED STATES POSTAL SERVICE otherwise affix to back of article. ad acent Endorse UNITED STATES POSTAL SERVICE article "Return Receipt Requested" article "Return Receipt Requested" OFFICIAL BUSINESS OFFICIAL BUSINESS 4 S<sub>e</sub>t (zo. 20 id Str (City, Stafe, and ZIP Code) (City, State, apd ZIP Code) Apt., Apt., Suite, P.O. Box or R.D. No.) Ć Name of Bander Þ Buitte, P.O. Box or R.D. No. 2 50 040 Seuger Ø 0 PENALTY FOR PRIVATE PENALTY FOR PRIVATE 5 Ø Ś þ

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