

PS Form 3811, Jan. 1979

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

1. The following service is requested (check one.)
☒ Show to whom and date delivered.....
☐ Show to whom, date and address of delivery.....
☐ RESTRICTED DELIVERY
 Show to whom and date delivered.....
☐ RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery.\$ ____

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Mobil Prod. - TX - M.M.
 Box 1800
 Hobbs, N.M.

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 396 019 815

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY 5-17-85 POSTMARK 5361 MAY 1985

5. ADDRESS (Complete only if requested)
 -

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS
 10P

☆GPO : 1979-288-848

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 Show to whom and date delivered.....
☐ RESTRICTED DELIVERY.
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(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Amoco Production Co.
 Box 68
 Hobbs, N.M.

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 396 019 814

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY POSTMARK 5361 MAY 1985

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS
 Mly

☆GPO : 1979-288-848

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☐ RESTRICTED DELIVERY.
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(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Pogo Production
 Box 10340
 Midland, TX

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 396 019 812

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent
 Gene H. Dugan

4. DATE OF DELIVERY POSTMARK 5361 MAY 18 1985

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS
 USP

☆GPO : 1979-288-848

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 Show to whom and date delivered.....
☐ RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery.\$ ____

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Bill Lee
 W. Star Rt., Box 465
 Livingston, N.M. 88260

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 396 019 813

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent
 Bill L. Lee

4. DATE OF DELIVERY 5-21 POSTMARK 5361 MAY 1985

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆GPO : 1979-288-848

ATTACHMENT 6
 PART XIV
 PROOF OF NOTICE

REC-27

MAY 29 1985

0418

HOBBS OFFICE