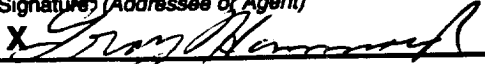


Is your RETURN ADDRESS completed on the reverse side?

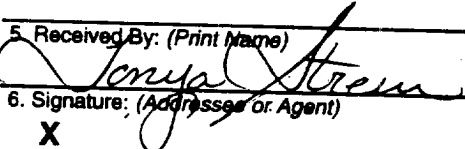
SENDER: - Complete items 1 and/or 2 for additional services. - Complete items 3, 4a, and 4b. - Print your name and address on the reverse of this form so that we can return this card to you. - Attach this form to the front of the mailpiece, or on the back if space does not permit. - Write "Return Receipt Requested" on the mailpiece below the article number. - The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. ☐ Addressee's Address 2. ☐ Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mobil Exploration and Producing US Inc. P. O. Box 633 Midland, TX 79702		4a. Article Number P 497 363 312	
		4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☒ Return Receipt for Merchandise ☐ COD	
		7. Date of Delivery APR 18 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) 			

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: - Complete items 1 and/or 2 for additional services. - Complete items 3, 4a, and 4b. - Print your name and address on the reverse of this form so that we can return this card to you. - Attach this form to the front of the mailpiece, or on the back if space does not permit. - Write "Return Receipt Requested" on the mailpiece below the article number. - The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. ☐ Addressee's Address 2. ☐ Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Sage Energy Company P. O. Box 3068 Midland, Texas 79702		4a. Article Number P 497 362 882	
		4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☒ Return Receipt for Merchandise ☐ COD	
		7. Date of Delivery 4/18-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)  X			

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.