

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1990-325-714 DOMESTIC RETURN RECEIPT

SENDER:

1. Complete items 1 and/or 2 for additional services.
 2. Complete items 3, and 4a & b.
 3. Print your name and address on the reverse of this form so that we can return the card to you.
 4. Attach this form to the front of the mailpiece, or on the back if space does not permit.
 5. Write "Return Receipt Requested" on the mailpiece below the article number.
 6. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Conoco, Inc.
 10000 Dettala Dr.
 Ste. 100W
 Midland, TX 79705

4a. Article Number
 P 188 919 623

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
 6-6-95

8. Addressee's Address (Only if requested and fee is paid)
 1. I also wish to receive the following services (for an extra fee):
☐ Addressee's Address
☐ Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

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3. Article Addressed to:
 Oxy USA Inc.
 P. O. Box 50250
 Midland, TX 79710

4a. Article Number
 P 188 919 625

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
 JUN - 6 1995

8. Addressee's Address (Only if requested and fee is paid)
 1. I also wish to receive the following services (for an extra fee):
☐ Addressee's Address
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3. Article Addressed to:
 C.T.R., Ltd. Co.
 4830 Ragsdale
 Hobbs, NM 88240

4a. Article Number
 P 188 919 624

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
 JUN - 6 1995

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3. Article Addressed to:
 Chevron U.S.A. Inc.
 P. O. Box 1150
 Midland, TX 79702

4a. Article Number
 P 188 919 622

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
 JUN - 6 1995

8. Addressee's Address (Only if requested and fee is paid)
 1. I also wish to receive the following services (for an extra fee):
☐ Addressee's Address
☐ Restricted Delivery
 Consult postmaster for fee.

4/16/97

7-28/95

111

RECEIVED
JUN 2 1995
OCD HOBBS
OFFICE