

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 the 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Exxon Company USA P. O. Box 4358 Houston, TX 77210-4358		4a. Article Number P 497 353 843	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
7. Date of Delivery		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

10295-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 497 353 843

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	
Exxon Company USA	
Street & Number	
P. O. Box 4358	
Post Office, State, & ZIP Code	
Houston, TX 77210-4358	
Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	
12/3/98	

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 497 353 843

MAIL

P 497 353 844

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to		OXY USA, Inc.
Street & Number		P. O. Box 50250
Post Office, State, & ZIP Code		Midland, TX 79705
Postage	\$.32
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		1.10
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees	\$	2.77
Postmark or Date		
12/3/98		

PS Form 3800, April 1995

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P 497 353 844

MAIL

Is your **RETURN ADDRESS** completed on the reverse side?

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3. Article Addressed to: OXY USA, Inc. P. O. Box 50250 Midland, TX 79705		4a. Article Number P 497 353 844	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name)		7. Date of Delivery	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 497 353 845

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Apache Corporation	
Street & Number 2000 Post Oak Blvd, Suite 100	
Post Office, State, & ZIP Code Houston, TX 77056-4400	
Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date 12/3/98	

PS Form 3800, April 1995

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P 497 353 845

MAIL

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Apache Corporation 2000 Post Oak Blvd., Suite 100 Houston, TX 77056-4400		4a. Article Number P 497 353 845	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
5. Received By: (Print Name) X		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		7. Date of Delivery	

PS Form 3811, December 1994

102505-00-0-0220

Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Marathon Oil Company P. O. 552 Midland, TX 79702		4a. Article Number P 497 353 846	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

P 497 353 846

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Marathon Oil Company	
Street & Number	
P. O. Box 552	
Post Office, State, & ZIP Code	
Midland, TX 79702	
Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	
12/3/98	

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MAIL