

US Postal Service

Receipt for Certified Mail

Do not use for International Mail / Insurance Coverage Provided

Sent to _____
Do not use for International Mail (See reverse)

Arco Permian	
Street & Number	
P.O. Box 1610	
Post Office, State, & ZIP Code	
Midland, Tx 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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

CERTIFIED

P 622 712 500

MAIL

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1, 4a, and 4b.
- 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 malpractice, or on the back if space does not permit.
- Write "Return Receipt Requested" on the malpractice 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: Arco Perlmian P.O. Box 1610 Midland, Tx 79702	
4a. Article Number		5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	
4b. Service Type ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD		7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



P 622 712 499

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
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Sent to	
Chance Properties C/O ORGS	
Street & Number	
P.O. Box 755	
Post Office, State, & ZIP Code	
Hobbs, NM 88241	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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

CERTIFIED

P 622 712 499

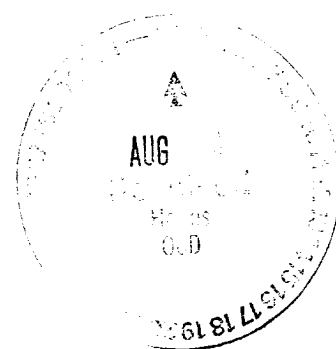
MAIL

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ 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.		3. Article Addressed to: Chance Properties C/O Oil Reports & Gas Services P.O. Box 755 Hobbs, N.M. 88241	
5. Received By: (Print Name)		6. Signature: (Addressee or Agent) X	
8. Addressee's Address (Only if requested and fee is paid)		7. Date of Delivery	
4b. Service Type ☒ Certified ☐ Registered ☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD		4a. Article Number	
1. ☐ Addressee's Address 2. ☐ Restricted Delivery Consult postmaster for fee.		I also wish to receive the following services (for an extra fee):	

Thank you for using Return Receipt Service.

Domestic Return Receipt
PS Form 3811, December 1994



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:

Meridian Oil Inc.
P.O. Box 51810
Midland, Tx 79710

4a. Article Number

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
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Sent to	
Meridian Oil Inc.	
Street & Number	
P.O. Box 51810	
Post Office, State, & ZIP Code	
Midland, Tx 79710	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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P 622 712 498

MAIL

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