

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

| | |
|--|---|
| 3. Article Addressed to: B. E. C. Corporation P. O. Box 1392 Midland, TX 79702 | 4. Article Number Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>Craig Danrough</i> | |
| 7. Date of Delivery APR 19 1991 | |

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

| | |
|---|--------------------|
| Sent to B. E. C. Corporation | |
| Street and No. P. O. Box 1392 | |
| P.O. State and Zip Code Midland, TX 79702 | |
| Postage | |
| Insured Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to whom and Date Delivered | |
| Return Receipt Date and Signature | |
| TOTAL | 6.29 |
| Postmark and Date | APR 19 1991 |

P 175 163 202

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

RECEIVED

APR 23 1991

HCIDS OFFICE

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

| | |
|---|---|
| 3. Article Addressed to: Chevron USA, Inc. P. O. Box 688 Eunice, NM 88231 | 4. Article Number P 175 163 200 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| 5. Signature — Addressee X | Always obtain signature of addressee or agent and DATE DELIVERED . |
| 6. Signature — Agent X <i>Joseph Haas</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 7. Date of Delivery 4-18-91 | |

PS Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

| | |
|---|-------------|
| Sent to Chevron USA, Inc. | |
| Street # & No. P. O. Box 688 | |
| City, State & ZIP Code Eunice, NM 88231 | |
| Postage 5 | |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Fee | |
| Return Receipt Fee (if returned to addressee) | |
| Return Receipt Fee (if returned to agent) | |
| Date and Address of Agent | |
| TOTAL POSTAGE | 5.29 |
| Postage by First-Class Mail | |

P 175 163 200

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY
IF MAILED IN THE UNITED STATES

(See Reverse)

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

| | |
|---|---|
| 3. Article Addressed to: Mr. William B. Yarborough 200 Loraine-Suite 1400 Midland, TX 79701 | 4. Article Number P 175 163 199 |
| Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| Always obtain signature of addressee or agent and DATE DELIVERED . | |
| 5. Signature — Addressee <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent <i>X</i> | |
| 7. Date of Delivery 4/18/91 | |

PS Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

| | |
|--------------------------------------|---|
| To: Mr. William B. Yarborough | |
| 200 Loraine-Suite 1400 | |
| Midland, TX 79701 | |
| Postage | 5 |
| Insurance | |
| Registered Mail | |
| Restricted Delivery Fee | |
| Return Receipt for Merchandise | |
| Other Services | |
| Postage and Fees | 5 |

RECEIPT FOR CERTIFIED MAIL
NO POSTAGE REQUIRED
IF MAILED IN THE U.S.
(See Reverse)

P 175 163 199

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RECEIVED

APR 23 1991

ODS
HOBBS OFFICE