



Conoco Inc.

**Request for Facsimile  
Transmission**

Date	6-14-91
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**From**

Employee	Jerry W. Hoover	Ext.	(915) 686-6548
City, State, Country	Midland TX	Room No.	
Acct. No.			

**To**

Name	O.C.D.	Phone No.	FAX (505) 827-5741
Department		Room No.	
City, State, Country	Santa Fe, NM		

No. of Pages	2 + cover
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**Note**

1. Your originals must have good contrast (dark detail on light background).
2. Legible.
3. 1/2-inch margin on all sides of sheet.
4. Number all pages.

**Special Instructions**


11-11 PB, 10-86