

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)

Article Addressed to: UNION TEXAS PETROLEUM PO BOX 2120 HOUSTON TX 77252	4. Article Number P 582 415 166
Signature — Addressee	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
Signature — Agent <i>Chubert</i>	Always obtain signature of addressee or agent and DATE DELIVERED
Date of Delivery JUL 29 1991	8. Addressee's Address (ONLY if requested and fee paid)

Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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3. Article Addressed to: MERIDIAN OIL 2919 ALLEN PARKWAY SUITE 1100 HOUSTON TX 77019	4. Article Number P 582 415 164
5. Signature — Addressee X <i>Bill Buggs</i>	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
6. Signature — Agent X	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery OCT 29 91	8. Addressee's Address (ONLY if requested and fee paid)

Form 3811, Apr. 1989

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Article Addressed to: ORIX ENERGY COMPANY PO BOX 2880 DALLAS TX 75221-2880	4. Article Number P 582 415 165
Signature — Addressee <i>Ronald G. Hart</i>	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
Signature — Agent	Always obtain signature of addressee or agent and DATE DELIVERED
Date of Delivery JUL 26 1991	8. Addressee's Address (ONLY if requested and fee paid)

Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN MIDLAND TX 79701	4. Article Number P 582 415 167
5. Signature — Addressee X	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
6. Signature — Agent X <i>J. Rossler</i>	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery 7/26	8. Addressee's Address (ONLY if requested and fee paid) 500 N Main

Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT