

● **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:		4. Article Number	
Meridian Oil Inc. P.O. Box 51810 Midland, TX 79710-1810		P080 147 599	
Type of Service: ☐ Registered ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise		☐ Insured ☐ COD	
Always obtain signature of addressee or agent and DATE DELIVERED.			
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)	
X			
6. Signature — Agent			
X			
7. Date of Delivery			
NOV 22 1996			

PS Form 3811, Apr. 1989 GPO *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

● **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:		4. Article Number	
Oxy USA P.O. Box 50750 Midland, TX 79710		P080 147 595	
Type of Service: ☐ Registered ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise		☐ Insured ☐ COD	
Always obtain signature of addressee or agent and DATE DELIVERED.			
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)	
X			
6. Signature — Agent			
X			
7. Date of Delivery			
NOV 22 1996			

PS Form 3811, Apr. 1989 GPO *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

● **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:		4. Article Number	
Conoco Inc. 10 Destar Drive, Suite 100 W Midland, TX 79705-4500		P080 147 598	
Type of Service: ☐ Registered ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise		☐ Insured ☐ COD	
Always obtain signature of addressee or agent and DATE DELIVERED.			
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)	
X			
6. Signature — Agent			
X			
7. Date of Delivery			
NOV 22 1996			

PS Form 3811, Apr. 1989 GPO *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT