		P	894	880] 5	18		
-	LINE STATE	^{>∼} No ≝ Do	Insuran not use	ce Co for Inf	verag	Receip le Providitional Ma	ed	
H Ti 2	Sent to AULA S. I OBBS OF Street & H EXACO E D5 E. BE OBBS, 19	ERAT XPLOF	ING UN RATION . BLVD.	TT		ANT JCTION II		
	Postage			×	\$			
	Certified F	90		X		1.10		
	Special De	livery Fe	ee					
	Restricted Delivery Fee							
066	Return Re to Whom 8	& Date C	Delivered	Х		1.10	_	
ine 19	Return Receipt Showing to Whom, Date, & Address of Delivery							
0, JL	TOTAL Pos & Fees	stage			\$			
PS Form 3800, June 1990	Postmark CJU		.10.9	د				
Fol			er top the re			lope to ress.	th	e,
بری ایک سرم		CE	RT	IFI	21			
4		Pē	594	880	9	18		
			MA					

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 card to you. • Attach this form to the front of the mailpiece, or on the back if space permit. • Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1.		
IN ADDRESS completed on	3. Article Addressed to: PAULA S. IVES, ENGINEER ASSISTANT HOBBS OPERATING UNIT TEXACO EXPLORATION AND PRODUCTION INC. 205 E. BENDER BLVD. HOBBS, NM 88240	4a. Article Number P 894 - 880 918 4b. Service Type Registered Express Mail Insured Return Receipt for Merchandise 7. Date of Delivery		
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid) CTU /0.10.76		

PS Form 3811, December 1994

and a state and a state of the state of the

1.1

a the state of the second

٩.

÷.