

P 894 880 921

**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

R.J. SCHNEIDER, ASSISTANT DIVISION MANAGER  
PERMAN WEST BUSINESS UNIT  
TEXACO EXPLORATION AND PRODUCTION INC.  
500 N. LORAIN (79701)  
P.O. Box 3109  
MIDLAND, TX 79702

Postage	\$
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

Fold at line over top of envelope to the right of the return address.

**CERTIFIED**

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**MAIL**

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

R.J. SCHNEIDER, ASSISTANT DIVISION MANAGER  
PERMAN WEST BUSINESS UNIT  
TEXACO EXPLORATION AND PRODUCTION INC.  
500 N. LORAIN (79701)  
P.O. Box 3109  
MIDLAND, TX 79702

**4a. Article Number**

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**4b. Service Type**

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☒ Return Receipt for Merchandise ☐ COD

**7. Date of Delivery****5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X

**8. Addressee's Address (Only if requested and fee is paid)**

CJU 10-10-96

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.