

P 894 880 920

**Certified Mail Receipt**

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

Sent to
G.R. DUNLAVY, ASSISTANT MANGER
MIDLAND ACCOUNTING OFFICE
Street & No.
TEXACO EXPLORATION AND PRODUCTION INC.
500 N. LORAIN (79701)
P.O. Box & ZIP Code
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	CJU 10-10-96

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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

G.R. DUNLAVY, ASSISTANT MANGER
MIDLAND ACCOUNTING OFFICE
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

- | | |
|--|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> 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

Thank you for using Return Receipt Service.