		P 894 88	50 92	8		
- 		Certified I No Insurance C Do not use for (See Reverse)	Coverage	Provideo	t 1	
	Tex 20	SSELL POOL, OPERATIONS ACO EXPLORATION AND PI E. BENDER BLVD. BBS; NM 88240 ^{de}	MANAGE RODUCTIC	R DN INC.		
		Postage	\$			
		Certified Fee Special Delivery Fee	1.	10		
		Restricted Delivery Fee	ļ			
	06	Return Receipt Showing to Whom & Date Delivered		 1D		
	ine 19	Return Receipt Showing to Whom, Date, & Address of Delivery	1			
•	יר '00	TOTAL Postage & Fees	\$			
	PS Form 3800, June 1990	Postmark or Date				-
F	old	at line over top of e right of the return	nvelop addres	e to th s.	е	•
		CERTIFI	ED			
	-	P 894 880	928			
		MAIL				
a, and 4b.		nal services. reverse of this form so that we can	return this		vish to re ng servic ee):	

 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 '<i>Return Receipt Requested</i>' 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.		
3. Article Addressed to:	4a. Article N	· · · · · · · · · · · · · · · · · · ·	
RUSSELL POOL, OPERATIONS MANAGER TEXACO EXPLORATION AND PRODUCTION INC. 205 E. BENDER BLVD. HOBBS, NM 88240	P 8941 880 92 8 4b. Service Type Image: Service Type Image: Service Type Image: Service Type Image: Registered Image: Service Type Image: Service Type Image: Service Type Image: Registered Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Image: Service Type Imag		
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid) CJ ι /ο · /ο · 4μ		
X			

Is your <u>RETURN ADDRESS</u> completed on the reverse side? PS Form 3811, December 1994

Domestic Return Receipt