

P 894 880 930



# Certified Mail Receipt

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

Sent to	
<b>MARK E. MILLER, ADMINISTRATIVE ANALYST</b> Street & No. <b>TEXACO EXPLORATION AND PRODUCTION INC.</b> <b>205 E. BENDER BLVD.</b> P.O. Box & ZIP Code <b>HOBBS, NM 88240</b>	
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 CSU 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**MARK E. MILLER, ADMINISTRATIVE ANALYST**  
**TEXACO EXPLORATION AND PRODUCTION INC.**  
**205 E. BENDER BLVD.**  
**HOBBS, NM 88240**

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)

CSU 10-10-96

Thank you for using Return Receipt Service.

