

your RETURN ADDRESS completed on the reverse side?

6. Signature: (Addressee or Agent)
X

5. Received By: (Print Name)
Doyle Hartman
P.O. Box 10426
Midland, Tx 79702

3. Article Addressed to:

4a. Article Number

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

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

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.

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Doyle Hartman	
Street & Number P.O. Box 10426	
Post Office, State, & ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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

CERTIFIED

P 622 712 524

MAIL

Is your RETURN ADDRESS completed on the reverse side?

6. Signature: (Addressee or Agent)
X

5. Received By: (Print Name)
Burlington Resources Oil & Gas
P.O. Box 51810
Midland, Tx 79710

3. Article Addressed to:

4a. Article Number

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

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

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.
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■ The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1994

Domestic Return R

P 622 712 520

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Burlington Resources	
Street & Number P.O. Box 51810	
Post Office, State, & ZIP Code Midland, Tx 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

5661 April '008C Form PS

Fold at line over top of envelope to