

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
 2. ☐ Restricted Delivery.

3. Article Addressed to:
 Arco Oil & Gas Company
 P.O. Box 1710
 Hobbs, NM 88240

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 713 192 109
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *K. Crowell*

6. Signature - Agent
 X

7. Date of Delivery
 12-14-84

8. Addressee's Address (ONLY if requested and fee paid)
 BC

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1. ☐ Show to whom, date and address of delivery.
 2. ☐ Restricted Delivery.

3. Article Addressed to:
 Union Texas Petroleum Corporation
 1300 Wilco Building
 Midland, TX 79701

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 713 192 116
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Deane*

6. Signature - Agent
 X *H. L. L...*

7. Date of Delivery
 12-14-84

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

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1. ☐ Show to whom, date and address of delivery.
 2. ☐ Restricted Delivery.

3. Article Addressed to:
 Doyle Hartman
 P.O. Box 10426
 Midland, TX 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 713 192 114
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Denise Evans*

7. Date of Delivery
 12-14-84

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

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
 2. ☐ Restricted Delivery.

3. Article Addressed to:
Kevin B. Burkson Inc.

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 713 192 110
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *J. B. Burkson*

6. Signature - Agent
 X

7. Date of Delivery
 12-14-84

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