

# STATE OF COLORADO

DEPARTMENT OF NATURAL RESOURCES  
Oil & Gas Conservation Commission  
1120 Lincoln Street, Suite 801  
Denver, Colorado 80203-2136

341000526

RETURNED TO  
SENDER  
FORWARDING  
ORDER  
EXPIRED

P 361 775 896

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Denver American Petroleum

Street & Number

410 17th Str Suite 1600

Post Office, State, & ZIP Code

Denver CO 80202

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to  
Whom & Date Delivered

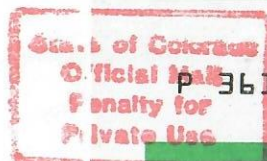
Return Receipt Showing to Whom,  
Date, & Addressee's Address

TOTAL Postage & Fees

\$

Postmark or Date

CERTIFIED



P 361 775 896

DENVER F&DC DCR #3 05205 04/05/97

MAIL

DENVER CO 1997 03 17 04/05/97

RECEIVED

APR 14 1997

COLO, OIL & GAS CONS CO

Denver American Petroleum  
410 17th Street Suite 1600  
Denver, CO 80202

FORWARDING  
ORDER  
EXPIRED  
80202/442

PS Form 3800, April 1995

00485635

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:

Denver American Petroleum  
410 17th Street Suite 1600  
Denver, CO 80202

4a. Article Number

P 361 775 896

4b. Service Type

- |  |   |
|--|---|
| <input checked="" 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)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.