

Notice letters

August 5, 1987

Mr. B. I. Raffle
Supervising Counsel
Environmental & Engineering Group
Conoco Legal Department
P.O. Box 2197
Houston, TX 77252

Certified Mail
Return Receipt Requested
#P25 8136170

VISTA

Mr. H. J. Neeld
Director, Environmental Programs
Environmental Conservation
Conoco Inc.
P.O. Box 2197
Houston, TX 77252

Certified Mail
Return Receipt Requested
#P25 8136171

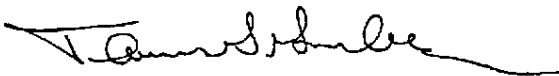
RE: U.S. v. Conoco

Gentlemen:

Pursuant to the Asset Purchase Agreement dated as of July 20, 1984, among E.I. Du Pont de Nemours and Company, Conoco Inc., and Vista Chemical Company, and the Consent Decree entered in the above action, we hereby provide notice of recently-discovered information which may lead to the filing of an Environmental Claim.

As discussed with you on the day of the release, on July 27, 1987, the Vista VCM plant experienced a RVD which resulted in VC emissions above the reportable quantity. The appropriate state and federal agencies were notified. Please contact me if you have any questions regarding this matter.

Sincerely,



Thomas G. Grumbles, C.I.H.
Environmental Quality Manager

ajo
.201

cc W. L. McClain
M. G. Hayes
R. A. Conrad

VVV 000022951

VVV 00022952

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

7. Date of Delivery **AUG 10 1987**

8. Signature - Agent **[Signature]**

5. Signature - Addressee **[Signature]**

3. Article Addressed to: **Conoco Inc. P.O. Box 2197 Houston, TX 77252**

4. Article Number **P25 8136171**

Type of Service: ☒ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail

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

2. ☐ Restricted Delivery

1. ☒ Show to whom delivered, date, and addressee's address.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: **R.I. RAFFLE CONOCO INC. P.O. Box 2197 HOUSTON, TX 77252**

4. Article Number **P25 8136170**

Type of Service: ☒ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee **X**

6. Signature - Agent **[Signature]**

7. Date of Delivery **AUG 08 1987**

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

1 CRUMBLES
P25 8136170
EIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

TO **I. Raffle-Conoco**

FROM **D. Bol 2197**

STATE AND ZIP CODE **Houston, TX 77252**

TAGE \$

CERTIFIED FEE \$

SPECIAL DELIVERY \$

RESTRICTED DELIVERY \$

OPTIONAL SERVICES

RETURN RECEIPT SERVICE \$

SHOW TO WHOM AND DATE DELIVERED \$

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY \$

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY \$

TOTAL POSTAGE AND FEES \$

STMARK OR DATE

PS Form 3800, Apr. 1976

(Conoco. 201)

SENT TO **R.I. Raffle-Conoco P.O. Box 2197 Houston, TX 77252**

POSTAGE \$

CERTIFIED FEE \$

OPTIONAL SERVICES

RETURN RECEIPT SERVICE \$

SHOW TO WHOM AND DATE DELIVERED \$

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY \$

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY \$

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

you purchased
P25 8136171

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

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