

COG OPERATING LLC
White Falcon 16 Federal Com #11H
White Falcon 16 State Com #12H
Section 16 & 21-T25S-R35E
Lea County, New Mexico



BEFORE THE OIL CONSERVATION DIVISION
EXAMINER HEARING AUGUST 31, 2017

CASE NOS. 15810 AND 15811



HOBBS OCD

AUG 21 2017

DISTRICT I
1025 N. FRENCH DR., HOBBS, NM 88240
Phone: (505) 392-8181 Fax: (505) 392-8720

DISTRICT II
511 S. FIRST ST., ARTESIA, NM 88210
Phone: (505) 748-1883 Fax: (505) 748-9728

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6179

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3480 Fax: (505) 478-3482

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

□ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-43930	Pool Code 97088	Pool Name WC-025 G-08 S2535340; Bone Spring
Property Code 319449	Property Name WHITE FALCON 16 FEDERAL COM	Well Number 11H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3246.5'

Surface Location

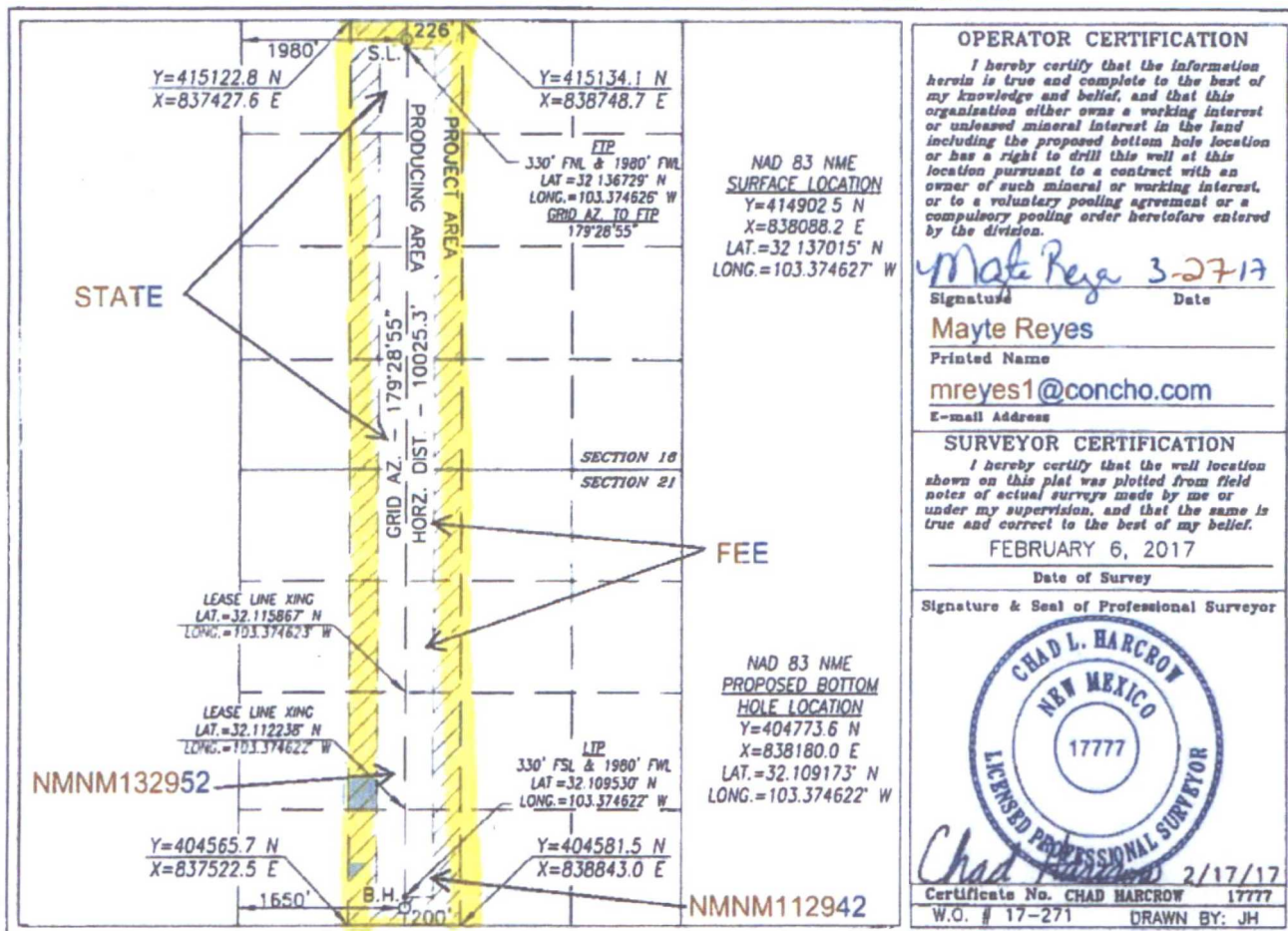
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	16	25-S	35-E		226	NORTH	1980	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	21	25-S	35-E		200	SOUTH	1980	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 1
Submitted by: COG OPERATING LLC
Hearing Date: August 31, 2017

DISTRICT I
1800 N. FRENCH DR., MORGAN, NM 86540
Phone: (505) 355-0181 Fax: (505) 355-0720

DISTRICT II
911 E. FIRST ST., ARTESIA, NM 80210
Phone: (505) 748-1828 Fax: (505) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6179

DISTRICT IV
1200 E. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3400 Fax: (505) 478-3402

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 97088	Pool Name WC-025 G-08 S253540; Bone Spring
Property Code	Property Name WHITE FALCON 16 STATE COM	Well Number 12H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3258.0'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	16	25-S	35-E		226	NORTH	852	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	21	25-S	35-E		200	SOUTH	1270	WEST	LEA

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No.
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**NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION**

<p>Y=415053.2 N X=794920.0 E</p> <p>330' FSL & 1270' FSL LAT.=32.136604° N LONG.=103.376454° W GRID AZ. TO FTP 103°29'07"</p> <p>NAD 27 NME SURFACE LOCATION Y=414834.6 N X=795773.9 E LAT.=32.136890° N LONG.=103.377804° W</p> <p>NAD 27 NME PROPOSED BOTTOM HOLE LOCATION Y=404707.1 N X=796283.1 E LAT.=32.109041° N LONG.=103.376450° W</p> <p>LTP 330' FSL & 1270' FSL LAT.=32.109398° N LONG.=103.376450° W</p> <p>Y=404491.9 N X=795015.0 E</p> <p>Y=415064.5 N X=796241.0 E</p> <p>Y=404507.7 N X=796335.4 E</p> <p>PROJECT AREA PRODUCING AREA</p> <p>GRID AZ. - 179°29'04" HORZ. DIST. - 10027.5'</p> <p>SECTION 18 SECTION 21</p>	<p>OPERATOR CERTIFICATION</p> <p>I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Mayte Reyes</i> 3-16-17 Signature Date</p> <p>Mayte Reyes Printed Name</p> <p>mreyes1@concho.com E-mail Address</p> <p>SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>FEBRUARY 6, 2017 Date of Survey</p> <p>Signature & Seal of Professional Surveyor</p> <p>CHAD L. HARCROW NEW MEXICO 17777 LICENSED PROFESSIONAL SURVEYOR</p> <p><i>Chad L. Harcrow</i> 2/15/17 Certificate No. CHAD HARCROW 17777 W.O. # 17-131 DRAWN BY: JH</p>
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BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 2
Submitted by: COG OPERATING, LLC
Hearing Date: August 31, 2017

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

Ken McQueen
Cabinet Secretary

Matthias Sayer
Deputy Cabinet Secretary

David R. Catanach, Division Director
Oil Conservation Division



May 9, 2017

COG Operating, LLC
Attn: Ms. Debora L. Wilbourn

ADMINISTRATIVE NON-STANDARD LOCATION

Administrative Order NSL-7530

COG Operating, LLC
OGRID 229137
White Falcon 16 State Com. Well No. 12H
API No. 30-025-43697

Non-Standard Location

Proposed Location:

	<u>Footages</u>	<u>Unit</u>	<u>Sec.</u>	<u>Twsp</u>	<u>Range</u>	<u>County</u>
Surface	226' FNL & 852' FWL	D	16	25S	35E	Lea
Penetration Point	330' FNL & 1270' FWL	D	16	25S	35E	Lea
Final perforation	330' FSL & 1270' FWL	M	21	25S	35E	Lea
Terminus	200' FSL & 1270' FWL	M	21	25S	35E	Lea

Proposed Project Area:

<u>Description</u>	<u>Acres</u>	<u>Pool</u>	<u>Pool Code</u>
W/2 W/2 of Section 16	160	WC-025 G-08 S253534O; Bone Spring	97088
W/2 W/2 of Section 21	160		

Reference is made to your application received on March 9, 2017.

You have requested to drill this horizontal well at an unorthodox oil well location described above in the referenced pool or formation. This location is governed by statewide Rule 19.15.15.9.A NMAC, which provides for 40-acre units, with wells located at least 330 feet from a unit outer boundary, and Rule 19.15.16.14.B(2) NMAC concerning directional wells in designated project areas. This location is unorthodox because portions of the proposed completed interval are closer to outside boundaries of the proposed project area than any location that would be a standard location under the applicable pool rules.

Your application has been duly filed under the provisions of Division Rules 19.15.15.13 NMAC and 19.15.4.12.A (2) NMAC.

It is our understanding that COG Operating, LLC is seeking this location in order to develop the reserves in the WC-025 G-08 S2535340; Bone Spring Pool in the W/2 of Section 16 and Section 21. The applicant also stated that within the project area, it has two proposed wells and one producing well.

It is also understood that you have given due notice of this application to all operators or owners who are "affected persons," as defined in Rule 19.15.4.12 A (2) NMAC, in all adjoining units towards which the proposed location encroaches.

Pursuant to the authority conferred by Division Rule 19.15.15.13 (B) NMAC, the above-described unorthodox location is hereby approved.

The above approvals are subject to your being in compliance with all other applicable Division rules, including, but not limited to Division Rule 19.15.5.9 NMAC.

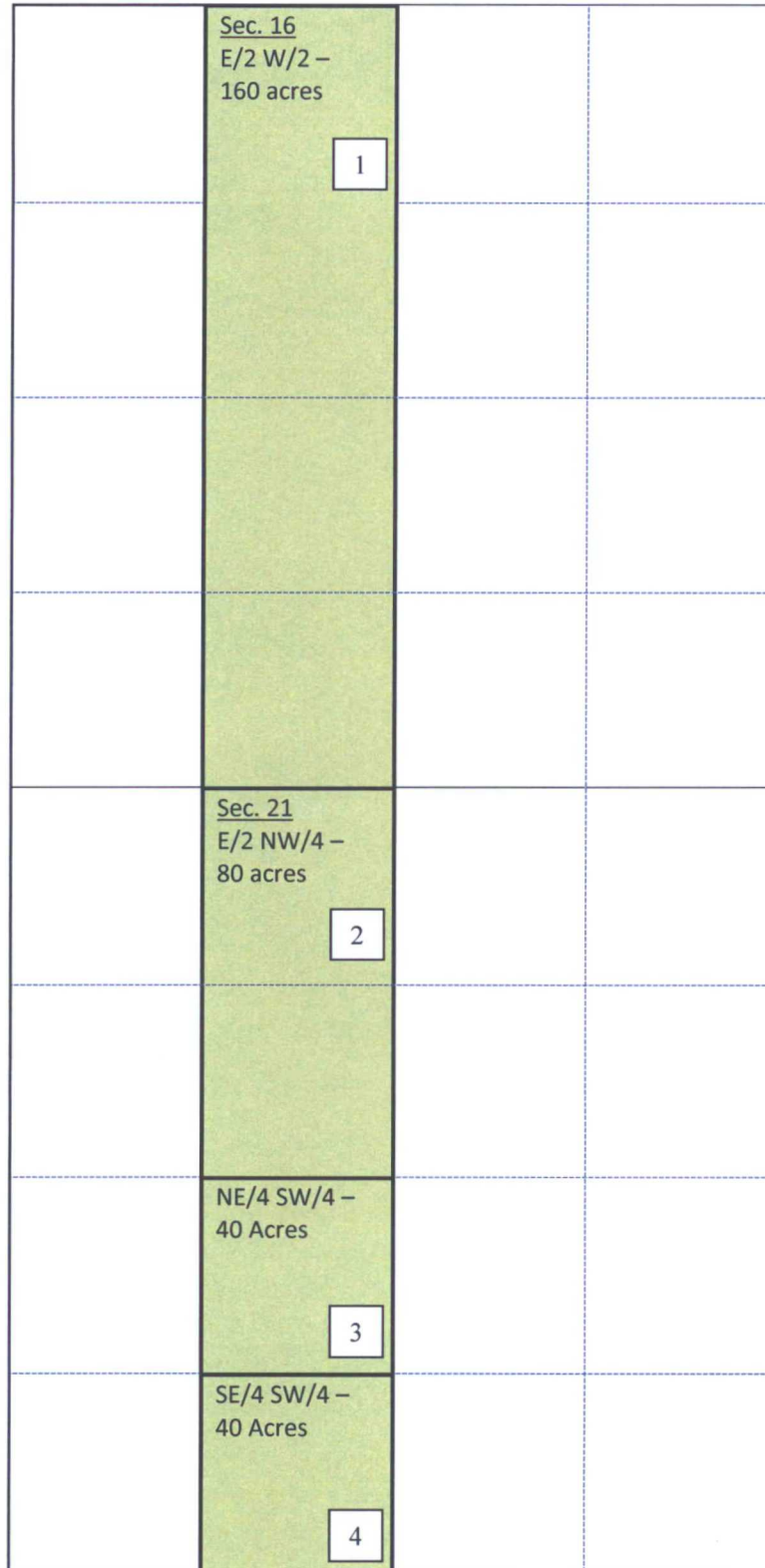
Jurisdiction of this case is retained for the entry of such further orders as the Division may deem necessary.


DAVID R. CATANACH
Director

DRC/mam

cc: Oil Conservation Division – Hobbs District Office
New Mexico State Land Office – Oil, Gas, and Minerals

WHITE FALCON 16 FED COM #11H (Case #15810)
T25S-R35E-Section 16: E/2 W/2 & Section 21: E/2 W/2 of
LEA COUNTY, NM



WHITE FALCON 16 FED COM #11H (Case #15810)
T25S-R35E-Section 16: E/2 W/2 & Section 21: E/2 W/2 of
LEA COUNTY, NM

Tract 1 - E/2 W/2 of Section 16 (160 acres)

COG OPERATING, LLC – 82.49%
EOG Y RESOURCES, INC. – 8.00%
EOG A RESOURCES, INC. – 2.67%
EOG M RESOURCES, INC. – 2.67%
FUEL PRODUCTS, INC. – 1.39%
GAHR ENERGY COMPANY – 1.39%
S.N.S. OIL & GAS PROPERTIES, INC. – 1.39%

Tract 2 – E/2 NW/4 of Section 21 (80 acres)

COG OPERATING, LLC – 49.25%
COG ACREAGE LP – 32.00%
CHISOS, LTD. – 6.25%
APACHE CORPORATION – 12.50%

Tract 3 – NE/4 SW/4 of Section 21 (40 acres)

COG OPERATING LLC – 100.00%

Tract 4 – SE/4 SW/4 of Section 21 (40 acres)

COG OPERATING LLC – 100.00%

UNIT RECAPITULATION T25S-R35E-Section 16: E/2 W/2 and Section 21: E/2 W/2

COG OPERATING, LLC	78.59%
COG ACREAGE LP	8.00%
CHISOS, LTD.	1.56%
EOG Y RESOURCES, INC.	4.00%
EOG A RESOURCES, INC.	1.33%
EOG M RESOURCES, INC.	1.33%
FUEL PRODUCTS, INC.	0.69%
GAHR ENERGY COMPANY	0.69%
S.N.S. OIL & GAS PROPERTIES, INC.	0.69%
APACHE CORPORATION	3.125%

PARTIES WITH UNMARKETABLE TITLE

Pooled Party	Party Who Received Notice
<i>Estate of Beulah M. Baird*</i>	<p>Norma Baird Loving, Trustee of the Beulah M Baird Trust dated July 6, 1990 2009 Crockett Ct. Irving, TX 76240</p> <p>Estate of Beulah M. Baird 2009 Crockett Ct. Irving, TX 76240</p> <p>Weldon Baird, Trustee of the Beulah M Baird Trust dated July 6, 1990 709 McCoy Drive Irving, TX 75062</p>
<i>Estate of Ora Mae Davis*</i>	<p>James Davis P.O. Box 4251 Midland, TX 79704</p> <p>Gary G. Davis 404 Circleview Dr. S. Hurst, TX 76054</p> <p>Charlotte S. E. Garza 324 Heneretta Drive Hurst, TX 76054-2242</p> <p>Leland E. Davis 1625 9th Ave SE St Cloud, MN 56304</p> <p>Lee & Judy Davis Revocable Trust 1625 9th Ave SE St Cloud, MN 56304</p> <p>George M. Davis 209 Melody Lane Gainesville, TX 76240</p>
<i>Estate of Elbert E. Medlin*</i>	<p>Estate of Elbert E. Medlin 4819 E. Libby Lane Scottsdale, AZ 85254</p> <p>Estate of Elbert E. Medlin c/o Shamrock Royalty, LLC 200 W. Hwy. 6, Ste 320 Woodway, TX 76712</p>
<i>Estate of Jamie Ann Billington*</i>	<p>Jerry Billington P.O. Box 1994 Amarillo, TX 79105</p>

Interests seeking to Compulsory Pool

*** Deceased**

WHITE FALCON 16 STATE COM #12H (Case #15811)
T25S-R35E-Section 16: W/2 W/2 & Section 21: W/2 W/2
LEA COUNTY, NM

<u>Sec. 16</u> W/2 W/2 – 160 acres <div>1</div>			
<u>Sec. 21</u> W/2 NW/4 – 80 acres <div>2</div>			
NW/4 SW/4 – 40 acres <div>3</div>			
SW/4 SW/4 – 40 acres <div>4</div>			

WHITE FALCON 16 STATE COM #12H (Case #15811)
T25S-R35E-Section 16: W/2 W/2 & Section 21: W/2 W/2
LEA COUNTY, NM

Tract 1 - W/2 W/2 of Section 16 (160 acres)

COG OPERATING, LLC – 82.49%
EOG Y RESOURCES, INC. – 8.00%
EOG A RESOURCES, INC. – 2.67%
EOG M RESOURCES, INC. – 2.67%
FUEL PRODUCTS, INC. – 1.39%
GAHR ENERGY COMPANY – 1.39%
S.N.S. OIL & GAS PROPERTIES, INC. – 1.39%

Tract 2 – W/2 NW/4 of Section 21 (80 acres)

COG OPERATING, LLC – 61.75%
COG ACREAGE LP – 32.00%
CHISOS, LTD. – 6.25%

Tract 3 – NW/4 SW/4 of Section 21 (40 acres)

COG OPERATING LLC – 23.00%
COG ACREAGE LP – 75.50%
OHIO STATE UNIVERSITY – 1.50%

Tract 4 – SW/4 SW/4 of Section 21 (40 acres)

COG OPERATING LLC – 21.00%
COG ACREAGE LP – 68.62%
ENERGEN RESOURCES CORP. – 9.38%
OHIO STATE UNIVERSITY – 1.00%

UNIT RECAPITULATION T25S-R35E-Section 16: W/2 W/2 and Section 21: W/2 W/2

COG OPERATING, LLC	62.21%
COG ACREAGE LP	26.02%
ENERGEN RESOURCES CORP.	1.17%
CHISOS, LTD.	1.56%
EOG Y RESOURCES, INC.	4.00%
EOG A RESOURCES, INC.	1.33%
EOG M RESOURCES, INC.	1.33%
FUEL PRODUCTS, INC.	0.69%
GAHR ENERGY COMPANY	0.69%
S.N.S. OIL & GAS PROPERTIES, INC.	0.69%
OHIO STATE UNIVERSITY	0.31%

PARTIES WITH UNMARKETABLE TITLE

Pooled Party	Party Who Received Notice
<i>Estate of Beulah M. Baird*</i>	Norma Baird Loving, Trustee of the Beulah M Baird Trust dated July 6, 1990 2009 Crockett Ct. Irving, TX 76240 Estate of Beulah M. Baird 2009 Crockett Ct. Irving, TX 76240 Weldon Baird, Trustee of the Beulah M Baird Trust dated July 6, 1990 709 McCoy Drive Irving, TX 75062
<i>Estate of Ora Mae Davis*</i>	James Davis P.O. Box 4251 Midland, TX 79704 Gary G. Davis 404 Circleview Dr. S. Hurst, TX 76054 Charlotte S. E. Garza 324 Heneretta Drive Hurst, TX 76054-2242 Leland E. Davis 1625 9th Ave SE St Cloud, MN 56304 Lee & Judy Davis Revocable Trust 1625 9th Ave SE St Cloud, MN 56304

	George M. Davis 209 Melody Lane Gainesville, TX 76240
<i>Estate of Elbert E. Medlin *</i>	Estate of Elbert E. Medlin 4819 E. Libby Lane Scottsdale, AZ 85254 Estate of Elbert E. Medlin c/o Shamrock Royalty, LLC 200 W. Hwy. 6, Ste 320 Woodway, TX 76712
<i>Estate of Jamie Ann Billington *</i>	Jerry Billington P.O. Box 1994 Amarillo, TX 79105
<i>Estate of Barry B. Thompson *</i>	Estate of Barry B. Thompson 1856 Bugtussle Lane West, TX 76691 Sandra Thompson, Trustee of the Thompson Family Trust created under the Last Will and Testament of Barry B. Thompson, dated August 29, 2002 1856 Bugtussle Lane West, TX 76691

Interests seeking to Compulsory Pool

*** Deceased**



June 15, 2017

US Certified Mail - 91 7199 9991 7036 0803 6517

EOG A Resources Inc.
5509 Champions Dr.
Midland, TX 79706

Re: Well Proposal – White Falcon 16 Federal Com 11H

Sec 16: E/2 W/2 - T25S-R35E

Sec 21: E/2 W/2 - T25S-R35E

SHL: 226' FNL/ 1980' FWL, or a legal location in Sec 16 (Unit C)

BHL: 200' FSL/ 1980' FWL, or a legal location in Sec 21 (Unit N)

Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (COG), as Operator, hereby proposes to drill the White Falcon 16 Federal Com 11H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,285' and a MD of approximately 22,200' to test the Bone Spring formation ("Operation"). The total cost of the Operation is estimated to be \$12,080,500.00, and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 16: E/2 W/2 - T25S-R35E and Sec 21: E/2 W/2 - T25S-R35E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided below, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. A self-addressed, postage paid envelope is enclosed for your convenience. If you do not wish to participate, COG proposes to acquire your interest via term assignment. It has the following general provisions:

- 3 year primary term
- Delivering a 75% NRI, proportionately reduced
- \$750 per net acre bonus consideration

The Term Assignment offer terminates November 1, 2017 and is subject to the approval of COG's management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 221-0465 or Megan Flanagan at (432) 685-2588.

Respectfully,



Mike Wallace
Senior Landman

_____ I/We hereby elect to participate in the White Falcon 16 Federal Com 11H.

_____ I/We hereby elect not to participate in the White Falcon 16 Federal Com 11H.

Company: _____

By: _____

Name: _____

Title: _____

Date: _____



June 15, 2017

US Certified Mail - 91 7199 9991 7036 0803 6586

Apache Corp
Attn: Amy Lindsey
303 Veterans Airpark, Ste 1000
Midland, TX 79705

Re: Well Proposal – White Falcon 16 Federal Com 11H
Sec 16: E/2 W/2 - T25S-R35E
Sec 21: E/2 W/2 - T25S-R35E
SHL: 226' FNL/ 1980' FWL, or a legal location in Sec 16 (Unit C)
BHL: 200' FSL/ 1980' FWL, or a legal location in Sec 21 (Unit N)
Lea County, New Mexico

Dear Sir/Madam:

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- COG Operating LLC named as Operator

Please indicate your participation election in the space provided below, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. A self-addressed, postage paid envelope is enclosed for your convenience. If you do not wish to participate, COG would like to lease your minerals under the following general terms:

- Bonus of \$750 /Net Mineral Acre
- 3 Year Primary Term
- 25% Royalty Interest

The Lease offer is subject to the approval of COG's management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 221-0465 or Megan Flanagan at (432) 685-2588.

Respectfully,



Mike Wallace
Senior Landman

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_____ I/We hereby elect not to participate in the White Falcon 16 Federal Com 11H.

Company: _____

By: _____

Name: _____

Title: _____

Date: _____



June 15, 2017

US Certified Mail - 91 7199 9991 7036 0803 6517

EOG A Resources Inc.
5509 Champions Dr.
Midland, TX 79706

Re: Well Proposal – White Falcon 16 State Com 12H
Sec 16: W/2 W/2 - T25S-R35E
Sec 21: W/2 W/2 - T25S-R35E
SHL: 226' FNL/ 852' FWL, or a legal location in Sec 16 (Unit D)
BHL: 200' FSL/ 1270' FWL, or a legal location in Sec 21 (Unit M)
Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (COG), as Operator, hereby proposes to drill the White Falcon 16 State Com 12H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,545' and a MD of approximately 22,300' to test the Bone Spring formation ("Operation"). The total cost of the Operation is estimated to be \$11,911,833.00, and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 16: W/2 W/2 - T25S-R35E and Sec 21: W/2 W/2 - T25S-R35E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
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Respectfully,



Mike Wallace
Senior Landman

_____ I/We hereby elect to participate in the White Falcon 16 State Com 12H.

_____ I/We hereby elect **not** to participate in the White Falcon 16 State Com 12H.

Company: _____

By: _____

Name: _____

Title: _____

Date: _____



June 15, 2017

US Certified Mail - 91 7199 9991 7036 0803 6579

Chisos Ltd
670 Dona Ana Road SW
Deming, NM 88030

Re: Well Proposal – White Falcon 16 State Com 12H
Sec 16: W/2 W/2 - T25S-R35E
Sec 21: W/2 W/2 - T25S-R35E
SHL: 226' FNL/ 852' FWL, or a legal location in Sec 16 (Unit D)
BHL: 200' FSL/ 1270' FWL, or a legal location in Sec 21 (Unit M)
Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (COG), as Operator, hereby proposes to drill the White Falcon 16 State Com 12H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,545' and a MD of approximately 22,300' to test the Bone Spring formation ("Operation"). The total cost of the Operation is estimated to be \$11,911,833.00, and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement Sec 16: W/2 W/2 - T25S-R35E and Sec 21: W/2 W/2 - T25S-R35E. It has the following general provisions:

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- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

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- 3 Year Primary Term
- 25% Royalty Interest

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Respectfully,



Mike Wallace
Senior Landman

_____ I/We hereby elect to participate in the White Falcon 16 State Com 12H.

_____ I/We hereby elect **not** to participate in the White Falcon 16 State Com 12H.

Company: _____

By: _____

Name: _____

Title: _____

Date: _____

**COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING**

WELL NAME: WHITE FALCON 16 FEDERAL COM #11H
SHL: SEC 18: 226 FNL & 1980 FWL
BHL: SEC 21: 200 FSL & 1980 FWL
FORMATION: DBSS/3RD BSS
LEGAL: 16-T25S-R35E

PROSPECT NAME: BULLDOG 2535 (717109)
STATE & COUNTY: New Mexico, Lea
OBJECTIVE: DRILL & COMPLETE
DEPTH: 22,200
TVD: 12,285

		Drig - Rig Release(D)	Completion(C)	Tank Bty. Constructn(TB)	Prmp. Equipment(PEQ)	TOTAL
INTANGIBLE COSTS						
Title/Curative/Permit	201	11,000				11,000
Insurance	202	4,000	302			4,000
Damages/Right of Way	203	5,000	303			5,000
Survey/State Location	204	6,000		352		6,000
Location/Pits/Road Expense	205	120,000	305	10,000	353	187,000
Drilling / Completion Overhead	206	11,100	306			11,100
Turnkey Contract	207	0	307			0
Footage Contract	208	0	308			0
Daywork Contract	209	697,000	309			697,000
Directional Drilling Services	210	303,000	310			303,000
Fuel & Power	211	148,000	311	5,000	354	153,000
Water	212	60,000	312	855,000	368	915,000
Bits	213	120,000	313	4,500	369	124,500
Mud & Chemicals	214	160,000	314	25,000	370	185,000
Drill Stem Test	215	0	315			0
Coring & Analysis	216	0				0
Cement Surface	217	28,000				28,000
Cement Intermediate	218	45,000				45,000
Cement 2nd Intermediate/Production	219	80,000				80,000
Cement Squeeze & Other (Kickoff Plug)	220	110,000			371	110,000
Float Equipment & Centralizers	221	22,000				22,000
Casing Crews & Equipment	222	50,000				50,000
Fishing Tools & Service	223	0	323		372	0
Geologic/Engineering	224	0	324	355	373	0
Contract Labor	225	5,500	325	8,200	356	67,700
Company Supervision	226	66,600	326	30,000	357	96,600
Contract Supervision	227	108,000	327	129,000	358	242,500
Testing Casing/Tubing	228	20,000	328	10,000		30,000
Mud Logging Unit	229	43,000	329			43,000
Logging	230	0			378	0
Perforating/Wireline Services	231	4,000	331	435,000	379	439,000
Stimulation/Treating			332	3,783,000	380	3,783,000
Completion Unit			333	138,000	381	145,700
Swabbing Unit			334		382	0
Rentals-Surface	235	190,000	335	315,000	359	511,800
Rentals-Subsurface	236	150,000	336	75,000	384	225,000
Trucking/Forlift/Rig Mobilization	237	120,000	337	20,000	360	145,500
Welding Services	238	4,000	338	5,000	361	9,000
Water Disposal	239	0	339	60,000	362	330,000
Plug to Abandon	240	0	340			0
Seismic Analysis	241	0	341			0
Miscellaneous	242	0	342		389	0
Contingency	243	57,000	343	250,000	363	307,000
Closed Loop & Environmental	244	275,000	344	5,000	364	280,000
Coil Tubing			346	440,000		440,000
Flowback Crews & Equip			347	98,000		98,000
Offset Directional/Frac	248	0	348			0
TOTAL INTANGIBLES		3,023,200	6,680,700	381,000	25,300	10,110,200
TANGIBLE COSTS						
Surface Casing	401	128,000				128,000
Intermediate Casing	402	631,000				631,000
Production Casing/Liner	403	357,000				357,000
Tubing			504	47,300	530	47,300
Wellhead Equipment	405	65,000	505	22,000	531	90,300
Pumping Unit				0	506	111,000
Prime Mover				0	507	0
Rods				0	508	49,500
Pumps-Sub Surface (BH)			509		532	8,800
Tanks				510	37,000	37,000
Flowlines				511	84,000	84,000
Heater Treater/Separator				512	106,000	106,000
Electrical System				513	69,000	69,000
Peckers/Anchors/Hangers	414	0	514	6,000	533	6,000
Couplings/Fittings/Valves	415	0		515	123,000	123,000
Dehydration				517		0
Injection Plant/CO2 Equipment				518		0
Pumps-Surface				521	12,000	12,000
Instrumentation/SCADA/POC				522		4,400
Miscellaneous	419	0	519		535	0
Contingency	420	0	520		536	0
Meters/LACT				525	31,000	31,000
Flares/Combustors/Emission				526	25,000	25,000
Gas Lift/Compression			527	15,000	516	50,000
TOTAL TANGIBLES		1,181,000	80,300	522,000	177,000	1,870,300
TOTAL WELL COSTS		4,204,200	6,771,000	903,000	202,300	12,080,500

COG Operating LLC % of Total Well Cost

Date Prepared: 4/5/2017

COG Operating LLC

We approve:
% Working Interest

By: PWS TC 5-16-17 KG

Company:
By:

Printed Name:
Title:
Date:

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 8
Submitted by: COG OPERATING, LLC
Hearing Date: August 31, 2017

**COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING**

WELL NAME: WHITE FALCON 16 STATE COM #12H	PROSPECT NAME: BULLDOG 2535 (717109) S Lea Co Sand & Shale no PH 2M
SHL: SEC 16: 226 FNL & 852 FWL	STATE & COUNTY: New Mexico, Lea
BHL: SEC 21: 200 FSL & 1270 FWL	OBJECTIVE: DRILL & COMPLETE
FORMATION: 3BSS	DEPTH: 22,300
LEGAL: 16-25S-35E	TVD: 12,545

		Drill - Rig		Completion(C)	Tank Btty	Pmpa	TOTAL
		Release(D)			Constrcn(TB)	Equipment(PEQ)	
INTANGIBLE COSTS							
Title/Cursive/Permit	201	11,000					11,000
Insurance	202	4,000	302				4,000
Damages/Right of Way	203	5,000	303		351		5,000
Survey/Stake Location	204	8,000			352		8,000
Location/Pits/Road Expense	205	130,000	305	10,000	353	48,400	188,400
Drilling / Completion Overhead	206	12,000	306				12,000
Turnkey Contract	207	0	307				0
Footage Contract	208	0	308				0
Daywork Contract	209	748,000	309				748,000
Directional Drilling Services	210	298,000	310				298,000
Fuel & Power	211	120,000	311	5,000	354	367	125,000
Water	212	68,833	312	843,000		368	909,833
Rigs	213	144,000	313	4,500		369	148,500
Mud & Chemicals	214	300,000	314	25,000		370	325,000
Drill Stem Test	215	0	315				0
Coring & Analysis	216	0					0
Cement Surface	217	30,000					30,000
Cement Intermediate	218	50,000					50,000
Cement 2nd Intermediate/Production	219	80,000					80,000
Cement Squeeze & Other (Kickoff Plug)	220	100,000				371	100,000
Float Equipment & Centralizers	221	17,800					17,800
Casing Crews & Equipment	222	50,000					50,000
Fishing Tools & Service	223	0	323			372	0
Geologic/Engineering	224	0	324		355	373	0
Contract Labor	225	5,500	325	8,200	356	374	50,400
Company Supervision	226	72,000	326	30,000	357	375	102,000
Contract Supervision	227	118,000	327	129,000	358	376	250,500
Testing Casing/Tubing	228	20,000	328	10,000		377	30,000
Mud Logging Unit	229	51,000	329				51,000
Logging	230	0				378	0
Perforating/Wireline Services	231	4,000	331	428,000		379	432,000
Stimulation/Treating			332	3,705,000		380	3,705,000
Completion Unit			333	138,000		381	145,700
Swabbing Unit			334			382	0
Rentals-Surface	235	180,000	335	315,000	359	383	511,600
Rentals-Subsurface	236	140,000	336	75,000		384	215,000
Trucking/Forklift/Rig Mobilization	237	170,000	337	20,000	360	385	195,500
Welding Services	238	4,000	338	5,000	361	386	9,000
Water Disposal	239	0	339	60,000	362	387	195,000
Plug to Abandon	240	0	340				0
Seismic Analysis	241	0	341				0
Miscellaneous	242	0	342			389	0
Contingency	243	59,000	343	250,000	363	390	309,000
Closed Loop & Environmental	244	300,000	344	5,000	364	388	305,000
Coil Tubing			346	440,000			440,000
Flowback Crews & Equip			347	98,000			98,000
Offset Directional/Frac	248	0	348				0
TOTAL INTANGIBLES		3,304,133		6,603,700	220,100	25,300	10,153,233

TANGIBLE COSTS							
Surface Casing	401	92,000					92,000
Intermediate Casing	402	624,000					624,000
Production Casing/Liner	403	383,000					383,000
Tubing			504	47,300		530	47,300
Wellhead Equipment	405	65,000	505	22,000		531	90,300
Pumping Unit				0		506	111,000
Prime Mover				0		507	0
Rods				0		508	49,500
Pumps-Sub Surface (BH)			509			532	8,800
Tanks					510		25,000
Flowlines					511		35,000
Heater Treater/Separator					512		84,400
Electrical System					513		25,000
Peckers/Anchors/Hangers	414	0	514	6,000		534	6,000
Couplings/Fittings/Valves	415	0			515		83,400
Dehydration					517		0
Injection Plant/CO2 Equipment					518		0
Pumps-Surface					521		8,400
Instrumentation/SCADA/POC					522		4,400
Miscellaneous	419	0	519		523		0
Contingency	420	0	520		524		0
Meters/LACT					525		24,400
Flares/Combustors/Emission					526		16,700
Gas Lift/Compression			527	15,000	516		25,000
TOTAL TANGIBLES		1,164,000		80,300	327,300	177,000	1,758,600
TOTAL WELL COSTS		4,468,133		6,684,000	547,400	202,300	11,911,833

COG Operating LLC

% of Total Well Cost

38%

66%

5%

2%

Date Prepared: 3/20/2017

COG Operating LLC

We approve:
_____% Working Interest

By: TIM SMITH

Tcage 5-18-17

KG

Company:
By: _____

Printed Name:
Title:
Date: _____

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

HOLLAND & HART



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

August 11, 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
White Falcon 16 Federal Com No. 11H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on August 31, 2017. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices, located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465 or MWallace@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Albuquerque, Boulder, Carson City, Colorado Springs, Denver, Denver Tech Center, Billings, Boise, Cheyenne, Jackson Hole, Las Vegas, Reno, Salt Lake City, Santa Fe, Washington, D.C. ☐

HOLLAND & HART^{LLP}



**Jordan L. Kessler
Associate**

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

August 11, 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
White Falcon 16 State Com No. 12H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on August 31, 2017. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices, located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☎

HOLLAND & HART LLP



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Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

August 11, 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
White Falcon 16 Federal Com No. 11H**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

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Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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Offices: Boulder, Carson City, Colorado Springs, Denver, Denver Tech Center, Billings, Boise, Cheyenne, Jackson Hole, Las Vegas, Reno, Salt Lake City, Santa Fe, Washington, D.C. ☏

HOLLAND & HART



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Associate

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August 11, 2017

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RETURN RECEIPT REQUESTED

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If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465 or MWallace@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

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Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☏

White Falcon 16 Federal Com No. 11H- Pooled Parties- Case No. 15810

EOG Y Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG A Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG M Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG Y Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG A Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG M Resources Inc.
105 S. 4th Street
Artesia, NM 88210

Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

Gahr Energy Company
PO Box 1889
Midland, TX 79702

S.N.S. Oil & Gas Properties, Inc.
P.O. Box 2234
Ardmore, OK 73402

V-F Petroleum, Inc.
P.O. Box 1889
Midland, TX 79702

Chisos, Ltd.
670 Dona Ana Road SW
Deming, NM 88030

Apache Corporation
303 Veterans Airpark, Ste. 1000
Midland, TX 79705

Estate of Elbert E. Medlin, deceased
4819 E Libby Lane
Scottsdale, AZ 85254

Estate of Elbert E. Medlin, deceased
c/o Shamrock Royalty, LLC
200 W. Hwy 6, Ste 320
Woodway, TX 76712

Estate of Jamie Ann Billington,
deceased c/o Jerry Billington
P.O. Box 1994
Amarillo, TX 79105

Estate of Ora Mae Davis, deceased
c/o James Davis
P.O. Box 4251
Midland, TX 79704

Estate of Ora Mae Davis, deceased
c/o Gary G. Davis
404 Circleview Dr. S.
Hurst, TX 76054

Estate of Ora Mae Davis, deceased
c/o Charlotte S. E. Garza
324 Heneretta Drive
Hurst, TX 76054-2242

Estate of Ora Mae Davis, deceased
c/o Lee & Judy Davis Revocable Trust
1625 9th Ave SE
St Cloud, MN 56304

Estate of Ora Mae Davis, deceased
c/o George M. Davis
209 Melody Lane
Gainesville, TX 76240

Estate of Beulah M. Baird, deceased
2009 Crockett Ct
Irving, TX 75038

Norma Baird Loving, Trustee of the
Beulah M. Baird Trust dated July 6, 1990
2009 Crockett Ct
Irving, TX 75038

Weldon Baird, Trustee of the Beulah M.
Baird Trust dated July 6, 1990
709 McCoy Drive
Irving, TX 75062

White Falcon 16 Federal Com No. 11H- Offset Parties- Case No. 15810

EOG Y Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG A Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG M Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG Y Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG M Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG A Resources Inc.
105 S. 4th Street
Artesia, NM 88210

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

Occidental Permian Limited Partnership
PO BOX 841803
Dallas, TX 75284-1803

Devon Energy Production Company, L.P.
P.O. BOX 842485
Dallas, TX 75284-2485

Chevron U.S.A. Inc.

1400 Smith St., 41102
Houston, TX 77002

COG Acreage LP
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Energen Resources Corporation
605 Richard Arrington Jr. Blvd North
Birmingham, AL 35203

Ohio State University
281 W. Lane Ave
Columbus, OH 43210

Chisos, Ltd.
670 Dona Ana Rd SW
Deming, NM 88030

Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

Gahr Energy Company
PO Box 1889
Midland, TX 79702

S.N.S. Oil & Gas Properties, Inc.
P.O. Box 2234
Ardmore, OK 73402

7016 2070 0000 4815 4935

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit **OFFIC** **White Falcon No. 11H- Case**

Certified Mail Fee
 \$ 3.65

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total
 \$ 6.45

Sent
 \$

Street
 EOG Y Resources Inc. **USPS**
 5509 Champions Drive
 Midland, TX 79706

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 4760

U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit **OFFIC** **White Falcon No. 11H- Case**

Certified Mail Fee
 \$ 3.65

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total
 \$ 6.45

Sent
 \$

Street
 EOG A Resources Inc. **USPS**
 5509 Champions Drive
 Midland, TX 79706

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 4753

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **SANTA FE, NM 87501**
 White Falcon No. 11H- Case
 No. 15810 PB 75-1

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$ 2.00

USPS

EOG M Resources Inc.
 5509 Champions Drive
 Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 4746

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **SANTA FE, NM 87501**
 White Falcon No. 11H- Case
 No. 15810 PB 75-1

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$ 2.00

USPS

EOG Y Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 4739

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **White Falcon No. 11H- Case****OFFIC**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Post

\$

Tot

\$

Se

\$

St

\$

City, State, ZIP+4™

EOG A Resources Inc. USPS
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 4722

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **White Falcon No. 11H- Case****OFFIC**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Post

\$

Tot

\$

Se

\$

St

\$

City, State, ZIP+4™

EOG M Resources Inc. USPS
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EOG M Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 2942 7094 6351 93

2. Article Number (Transfer from shipping label)

7016 0750 0000 3569 4722

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

SDAVIS

C. Date of Delivery

8/14/17D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 4715

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

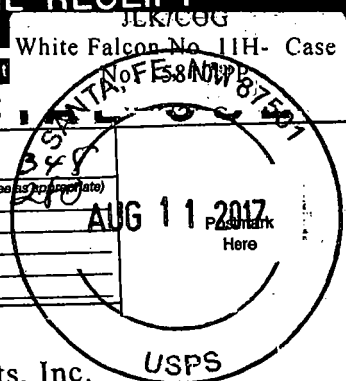
☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7016 0750 0000 3569 4708

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

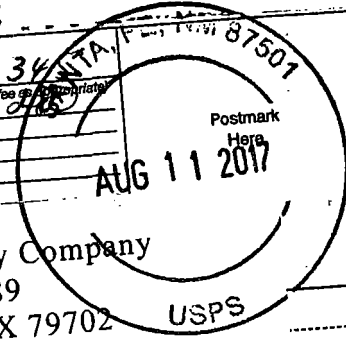
☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

Gahr Energy Company
PO Box 1889
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7016 3010 0001 0743 4607

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit usps.com	
OFFICE	
Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$ 6.25
Sent	1
Street	
City, S.	
S.N.S. Oil & Gas Properties, Inc. P.O. Box 2234 Ardmore, OK 73402	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S.N.S. Oil & Gas Properties, Inc.
 P.O. Box 2234
 Ardmore, OK 73402

9590 9402 2942 7094 6351 62

7016 3010 0001 0743 4607

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

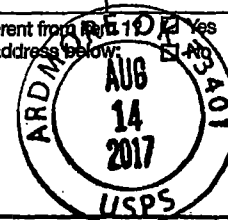
C. Date of Delivery

D. Is delivery address different from that on the mailpiece?
 If YES, enter delivery address below.

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Delivery Restricted Delivery☐ All Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 3010 0001 0743 4591

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit usps.com	
OFFICE	
Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$ 6.25
Sent	1
Street	
City, S.	
V-F Petroleum, Inc. P.O. Box 1889 Midland, TX 79702	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7016 2070 0000 4815 5758

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

White Falcon No. 11H- Case

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To

Street

City, State

Chisos, Ltd.
 670 Dona Ana Road SW
 Deming, NM 88030

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chisos, Ltd.
 670 Dona Ana Road SW
 Deming, NM 88030

9590 9402 2942 7094 6353 46

2

7016 2070 0000 4815 5758

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 X *P. Jacobson* ☐ Addressee

B. Received by (Printed Name) *P. Jacobson*

C. Date of Delivery *8/14/17*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Restricted Delivery

Domestic Return Receipt

7016 2070 0000 4815 5741

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

White Falcon No. 11H- Case

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To

Street

City, State

Apache Corporation
 303 Veterans Airpark, Ste. 1000
 Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Apache Corporation
 303 Veterans Airpark, Ste. 1000
 Midland, TX 79705

9590 9402 2942 7094 6353 39

7016 2070 0000 4815 5741

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
 X *April Willis* ☐ Addressee

B. Received by (Printed Name) *April Willis*

C. Date of Delivery *8/15/17*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Restricted Delivery

Domestic Return Receipt

4815 5734
7016 2070 0000

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICIAL** **White Falcon No. 158104** Case No. 87501

Certified Mail Fee
\$ **3.55**

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$ **1.20**

Estate of Elbert E. Medlin, Deceased
4819 E Libby Lane
Scottsdale, AZ 85254

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

4815 5727
7016 2070 0000

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICIAL** **White Falcon No. 158104** Case No. 87501

Certified Mail Fee
\$ **3.55**

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$ **1.20**

Estate of Elbert E. Medlin, Deceased
c/o Shamrock Royalty, LLC
200 W. Hwy 6, Ste 320
Woodway, TX 76712

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Estate of Elbert E. Medlin, Deceased
c/o Shamrock Royalty, LLC
200 W. Hwy 6, Ste 320
Woodway, TX 76712

Article Number (Transfer from service label)
9590 9402 2942 7094 6353 15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Shamrock* **C. Date of Delivery** *9-14-17*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

7016 2070 0000 4815 5727

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2070 0000 4815 4744

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit www.usps.com

OFFICE

Certified Mail Fee \$ 3.50

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

Total: \$ 3.50

Postmark Here

USPS

Estate of Jamie Ann Billington,
 Deceased c/o Jerry Billington
 P.O. Box 1994
 Amarillo, TX 79105

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7016 2070 0000 4815 4737

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit www.usps.com

OFFICE

Certified Mail Fee \$ 3.50

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

Total: \$ 3.50

Postmark Here

USPS

Estate of Ora Mae Davis,
 Deceased c/o James Davis
 P.O. Box 4251
 Midland, TX 79704

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Ora Mae Davis,
 Deceased c/o James Davis
 P.O. Box 4251
 Midland, TX 79704

9590 9402 2942 7094 6352 92

7016 2070 0000 4815 4737

COMPLETE THIS SECTION ON DELIVERY

- A. Signature**
☒ James Davis ☐ Agent ☐ Addressee
- B. Received by (Printed Name)** JAMES DAVIS **Date of Delivery** AUG 11 2017
- D. Is delivery address different from item 1? If YES, enter delivery address below:** ☒ Yes ☐ No

- 3. Service Type**
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

7016 2070 0000 4815 4720

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICIAL

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Sales

\$

Subtotal

\$

City

Estate of Ora Mae Davis,
 Deceased c/o Gary G. Davis
 404 Circleview Dr. S.
 Hurst, TX 76054

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2070 0000 4815 4713

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICIAL

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Sales

\$

Subtotal

\$

City

Estate of Ora Mae Davis, Deceased
 c/o Charlotte S. E. Garza
 324 Heneretta Drive
 Hurst, TX 76054-2242

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Ora Mae Davis, Deceased
 c/o Charlotte S. E. Garza
 324 Heneretta Drive
 Hurst, TX 76054-2242

9590 9402 2942 7094 6352 78

7016 2070 0000 4815 4713

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Charlotte S. E. Garza ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Charlotte S. E. Garza

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7016 2070 0000 4815 4706

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USA

OFFICIAL

Certified Mail Fee

\$ 3.45

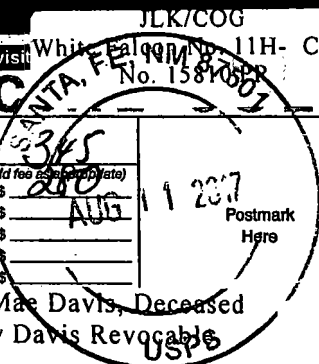
Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted DeliveryEstate of Ora Mae Davis, Deceased
c/o Lee & Judy Davis Revocable
Trust1625 9th Ave SE
St Cloud, MN 56304

City, State, ZIP+4™

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Ora Mae Davis, Deceased
c/o Lee & Judy Davis Revocable
Trust
1625 9th Ave SE
St Cloud, MN 56304

9590 9402 2942 7094 6352 61

2. Article Number (Transfer from carrier label)

7016 2070 0000 4815 4706

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Leland Davis

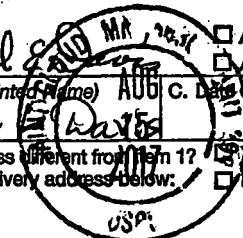
☐ Agent☐ Addressee

B. Received by (Printed Name) Leland Davis

C. Date of Delivery AUG 11 2017

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Deliveryall
all Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

7016 2070 0000 4815 4942

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USA

OFFICIAL

Certified Mail Fee

\$ 3.45

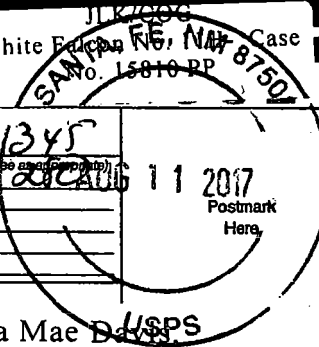
Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted DeliveryEstate of Ora Mae Davis
Deceased c/o George M. Davis
209 Melody Lane
Gainesville, TX 76240

City, State, ZIP+4™

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



RETURNED

7017 1450 0000 8462 8890

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

JLK/COG

For delivery information, visit www.usps.com White Falcon No. 11H- Case

OFFICE

SAN ANTONIO, TX 78201

Certified Mail Fee

 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

AUG 1 1 2017

Postmark
Here

Postage

 Estate of Beulah M. Baird,
Deceased
2009 Crockett Ct
Irving, TX 75038

USPS

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 Estate of Beulah M. Baird,
Deceased
2009 Crockett Ct
Irving, TX 75038

9590 9402 2942 7094 6354 45

2. Article Number (Transfer from service label)

7017 1450 0000 8462 8890

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-14-17

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

all Restricted Delivery

Domestic Return Receipt

7017 1450 0000 8463 0015

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

JLK/COG

For delivery information, visit www.usps.com White Falcon No. 11H- Case

OFFICE

SAN ANTONIO, TX 78201

Certified Mail Fee

 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

AUG 1 1 2017

Postmark
Here
 Norma Baird Loving, Trustee of
the Beulah M. Baird Trust dated
July 6, 1990
2009 Crockett Ct
Irving, TX 75038

USPS

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

 1. Article Addressed to:
Norma Baird Loving, Trustee of
the Beulah M. Baird Trust dated
July 6, 1990
2009 Crockett Ct
Irving, TX 75038

9590 9402 2942 7094 6354 38

2. Article Number (Transfer from service label)
7017 1450 0000 8463 0015

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-14-17

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

all Restricted Delivery

Domestic Return Receipt

7016 3010 0001 0742 0341

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

White Falcon No. 11H- Case No. 15810 PP

OFFICIAL **SANTA FE, ALA** **81501**

Postmark
AUG 1 2017

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Post
 \$ 0.00

Tot
 \$ 3.45

Se
 \$

Stn
 \$

City
 Irving, TX 75062

Weldon Baird, Trustee of the Beulah M. Baird Trust dated July 6, 1990
709 McCoy Drive
Irving, TX 75062

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Weldon Baird, Trustee of the Beulah M. Baird Trust dated July 6, 1990
 709 McCoy Drive
 Irving, TX 75062

2. Article Number (transfer from service label)
 9590 9402 2942 7094 6354 21
 7016 3010 0001 0742 0341

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Brad Hellums ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Brad Hellums

C. Date of Delivery
8/15/17

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

☐ Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

White Falcon 16 Federal Com No. 11H- Offset Parties- Case No. 15810

EOG Y Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG A Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG M Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG Y Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG M Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG A Resources Inc.
105 S. 4th Street
Artesia, NM 88210

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

Occidental Permian Limited Partnership
PO BOX 841803
Dallas, TX 75284-1803

Devon Energy Production Company, L.P.
P.O. BOX 842485
Dallas, TX 75284-2485

Chevron U.S.A. Inc.

1400 Smith St., 41102
Houston, TX 77002

COG Acreage LP
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Energen Resources Corporation
605 Richard Arrington Jr. Blvd North
Birmingham, AL 35203

Ohio State University
281 W. Lane Ave
Columbus, OH 43210

Chisos, Ltd.
670 Dona Ana Rd SW
Deming, NM 88030

Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

Gahr Energy Company
PO Box 1889
Midland, TX 79702

S.N.S. Oil & Gas Properties, Inc.
P.O. Box 2234
Ardmore, OK 73402

7017 1450 0000 8462 8999

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **White Falcon No. 11H- Case**
OFFICE

Certified Mail Fee \$ 2.80

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$

Total \$ 2.80

Sent **EOG Y Resources Inc**

Street **5509 Champions Drive**

City, State, ZIP+4™ **Midland, TX 79706**

PS Form 3800, April 2015 PSN 7530-02-000 5047 See Reverse for Instructions

7017 1450 0000 8462 8982

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **White Falcon No. 11H- Case**
OFFICE

Certified Mail Fee \$ 2.80

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$

Total \$ 2.80

Sent **EOG A Resources Inc**

Street **5509 Champions Drive**

City, State, ZIP+4™ **Midland, TX 79706**

PS Form 3800, April 2015 PSN 7530-02-000 5047 See Reverse for Instructions

7017 1450 0000 8462 8975

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICIAL **SANTA FE, NM** **11 2017** **USPS**

White Falcon No. 11H- Case No. 15810408E

Certified Mail Fee \$ 3.85

Extra Services & Fees (check box, add fee to Certified Mail Fee)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent EOG M Resources Inc.

Street 5509 Champions Drive

City Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0000 8462 8968

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICIAL **SANTA FE, NM** **11 2017** **USPS**

White Falcon No. 11H- Case No. 15810408E

Certified Mail Fee \$ 3.85

Extra Services & Fees (check box, add fee to Certified Mail Fee)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent EOG Y Resources Inc.

Street 105 S. 4th Street

City Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

EOG Y Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 2942 7094 6354 76

2

7017 1450 0000 8462 8968

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

EOG Y Resources Inc.

C. Date of Delivery

8/14/17

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

II Restricted Delivery

(over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 1450 0000 8462 8951

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

White Falcon No. 11H- Case No. 15810 OFF

Postmark Here
 AUG 11 2017
 USPS

EOG M Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

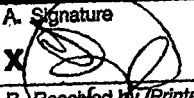
1. Article Addressed to:

EOG M Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 2942 7094 6354 83

7017 1450 0000 8462 8951

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X 
 B. Received by (Printed Name) BNA C. Date of Delivery 8/14/17
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ All Restricted Delivery

☐ Priority Mail Express[®]
☐ Registered Mail[™]
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation[™]
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 1450 0000 8462 8944

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

White Falcon No. 11H- Case No. 15810 OFF

Postmark Here
 AUG 11 2017
 USPS

EOG A Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.


1. Article Addressed to:

EOG A Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 2942 7094 6354 90

7017 1450 0000 8462 8944

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X 
 B. Received by (Printed Name) BNA C. Date of Delivery 8/14/17
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ All Restricted Delivery

☐ Priority Mail Express[®]
☐ Registered Mail[™]
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation[™]
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 1450 0000 8462 8937

U.S. Postal Service[™] CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICE

JLK/COG
White Falcon No. 11H- Case
No. 15810 0000

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

AUG 11 2017

Postmark Here

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9051

See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

9590 9402 2942 7094 6355 06

Article Number (transfer from carrier label)

7017 1450 0000 8462 8937

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

ERIK KUBALADO

C. Date of Delivery

8-11-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express[®]
☐ Registered Mail[™]
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation[™]
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 1450 0000 8462 8920

U.S. Postal Service[™] CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICE

JLK/COG
White Falcon No. 11H- Case
No. 15810 0000

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

AUG 11 2017

Postmark Here

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

PS Form 3800, April 2015 PSN 7530-02-000-9051

See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

9590 9402 2942 7094 6355 13

Article Number (transfer from carrier label)

7017 1450 0000 8462 8920

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

J. BEAN

C. Date of Delivery

8/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express[®]
☐ Registered Mail[™]
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation[™]
☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7017 1450 0000 8462 8913

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE

White Falcon No. 11H- Case
 No. 15810 QEF

345
AUG 11 2017

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here

Occidental Permian Limited
 Partnership
 PO BOX 841803
 Dallas, TX 75284-1803

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Occidental Permian Limited
 Partnership
 PO BOX 841803
 Dallas, TX 75284-1803

9590 9402 2942 7094 6355 20

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 8913

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0000 8462 8906

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE

White Falcon No. 11H- Case
 No. 15810 QEF

345
AUG 11 2017

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here

Devon Energy Production
 Company, L.P.
 P.O. BOX 842485
 Dallas, TX 75284-2485

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Devon Energy Production
 Company, L.P.
 P.O. BOX 842485
 Dallas, TX 75284-2485

9590 9402 2942 7094 6354 14

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 8906

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 3010 0001 0742 0334

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit www.usps.com

OFFICE **SANTA FE, NM 87501**

Chevron U.S.A. Inc. USPS
 1400 Smith St., 41102
 Houston, TX 77002

Postmark Here **AUG 11 2017**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

Chevron U.S.A. Inc.
 1400 Smith St., 41102
 Houston, TX 77002

9590 9402 2942 7094 6354 07

7016 3010 0001 0742 0334

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7016 3010 0001 0742 0327

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit www.usps.com

OFFICE **SANTA FE, NM 87501**

COG Acreage LP
 One Concho Center
 600 W. Illinois Ave.
 Midland, TX 79701

Postmark Here **AUG 11 2017**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
COG Acreage LP
 One Concho Center
 600 W. Illinois Ave.
 Midland, TX 79701

9590 9402 2942 7094 6353 91

7016 3010 0001 0742 0327

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

2016 3010 0001 0742 0310

PS Form 3811, J 2015 PSN 7530-02-000-9053

DATE	TIME	LOCATION	REMARKS
2016	2020	0000	487.5 5296

PS Form 3811, July 2015 PSN 7530-02-000-9053

7016 2070 0000 4815 5789

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE **SAN ANTONIO, TX**
 White Falcon No. 15810-0000 Case No. 15810-0000

Certified Mail Fee \$
 Extra Services & Fees (check box, add fees as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
AUG 11 2017
USPS

Postage \$
 Total \$
 Sent \$
 Street
 City, S.

Chisos, Ltd.
 670 Dona Ana Rd SW
 Deming, NM 88030

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Chisos, Ltd.
 670 Dona Ana Rd SW
 Deming, NM 88030

9590 9402 2942 7094 6353 77

7016 2070 0000 4815 5789

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** **[Signature]** ☐ Agent ☐ Addressee
- B. Received by (Printed Name) **B. Sanderson** C. Date of Delivery **8/14/17**
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
- ☐ Restricted Delivery

Domestic Return Receipt

7016 2070 0000 4815 5772

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE **SAN ANTONIO, TX**
 White Falcon No. 15810-0000 Case No. 15810-0000

Certified Mail Fee \$
 Extra Services & Fees (check box, add fees as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
AUG 11 2017
USPS

Postage \$
 Total \$
 Sent \$
 Street
 City, S.

Fuel Products, Inc.
 P.O. Box 3098
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit usps.com

White Envelope No. 1187 Case No. 15810085301

OFFICE

Certified Mail Fee \$

Extra Services & Fees (check box, add fees, and pay in advance)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Postmark Here

USPS

Gahr Energy Company
PO Box 1889
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit [usps.com/certifiedmail](#)

OFFICE OF THE POSTMASTER GENERAL

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent _____

Street _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A. Signature</p> <p>X </p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>B. Received by (Printed Name)</p> <p></p> </div> <div style="width: 50%;"> <p>C. Date of Delivery</p> </div> </div> <div style="margin-top: 10px;"> <p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes</p> <p style="margin-left: 10px;">If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> </div>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">S.N.S. Oil & Gas Properties, Inc. P.O. Box 2234 Ardmore, OK 73402</p>	<div style="text-align: center; margin-top: 20px;"> </div>
<p style="text-align: center; margin-top: 20px;">9590 9402 2942 7094 6355 75</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>
<p style="text-align: center; font-size: 1.2em; margin-top: 20px;">7017 1450 0000 8462 9095</p>	<p style="text-align: center; margin-top: 20px;">(over \$500)</p>

White Falcon 16 State Com No. 12H –Pooled Party Case No. 15811

EOG Y Resources, Inc.
5509 Champions Drive
Midland, TX 79706

EOG A Resources, Inc.
5509 Champions Drive
Midland, TX 79706

EOG M Resources, Inc.
5509 Champions Drive
Midland, TX 79706

EOG Y Resources, Inc.
105 S. 4th Street
Artesia, NM 88210

EOG A Resources, Inc.
105 S. 4th Street
Artesia, NM 88210

EOG M Resources, Inc.
105 S. 4th Street
Artesia, NM 88210

Energen Resources Corporation
605 Richard Arrington Jr. Blvd North
Birmingham, AL 35203

Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

Gahr Energy Company, Inc.
P.O. Box 1889
Midland, TX 79702

S.N.S. Oil & Gas properties, Inc.
P.O. Box 2234
Ardmore, OK 73402

V-F Petroleum, Inc.
P.O. Box 1889
Midland, TX 79702

Chisos, Ltd.
670 Dona Ana Road SW
Deming, NM 88030

Ohio State University
281 W. Lane Ave
Columbus, OH 43210

Estate of Elbert E. Medlin, deceased
4819 E Libby Lane
Scottsdale, AZ 85254

Estate of Elbert E. Medlin, deceased
c/o Shamrock Royalty, LLC
200 W. Hwy 6, Ste 320
Woodway, TX 76712

Estate of Jamie Ann Billington, deceased
c/o Jerry Billington
P.O. Box 1994
Amarillo, TX 79105

Estate of Ora Mae Davis, deceased
c/o James Davis
P.O. Box 4251
Midland, TX 79704

Estate of Ora Mae Davis, deceased
c/o Gary G. Davis
404 Circleview Dr. S.
Hurst, TX 76054

Estate of Ora Mae Davis, deceased
c/o Charlotte S. E. Garza
324 Heneretta Drive
Hurst, TX 76054-2242

Estate of Ora Mae Davis, deceased
c/o Lee & Judy Davis Revocable Trust
1625 9th Ave SE
St Cloud, MN 56304

Estate of Ora Mae Davis, deceased
c/o George M. Davis
209 Melody Lane
Gainesville, TX 76240

Estate of Beulah M. Baird, deceased
2009 Crockett Ct
Irving, TX 75038

Norma Baird Loving, Trustee of the Beulah M. Baird Trust dated July 6, 1990
2009 Crockett Ct
Irving, TX 75038

Weldon Baird, Trustee of the Beulah M. Baird Trust dated July 6, 1990
709 McCoy Drive
Irving, TX 75062

Estate of Barry B. Thompson, deceased
1856 Bugtussle Lane
West, TX 76691

Sandra Thompson, Trustee of the Thompson Family Trust created under the Last Will and Testament of Barry B. Thompson, dated August 29, 2002
1856 Bugtussle Lane
West, TX 76691

Estate of Stephen Scott Moore, deceased
c/o Richard Lyons Moore, as Co-Trustee under the Will of Stephen Scott Moore
PO Box 841524
Dallas, TX 75284

Estate of Stephen Scott Moore, deceased
c/o Michael Harrison Moore, as Co-Trustee under the Will of Stephen Scott Moore
PO Box 205576
Dallas, TX 75320

Kevin Moore SSMTT GST Exempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

Ryan Moore SSMTT GST Exempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

Kevin Moore SSMTT GST Nonexempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

Ryan Moore SSMTT GST Nonexempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

Kevin Moore SSMTT Nonexempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

Ryan Moore SSMTT Nonexempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

Meridian 102 LP
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

MIDLAND OFFICE

JLK/COG
 White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee

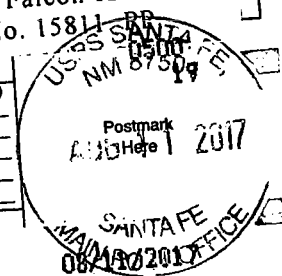
\$3.35

Extra Services & Fees (check box, add fee to Certified Mail Fee)

- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

\$0.49

EOG Y Resources, Inc.
 5509 Champions Drive
 Midland, TX 79706



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website **usps.com**

MIDLAND OFFICE

JLK/COG
 White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee

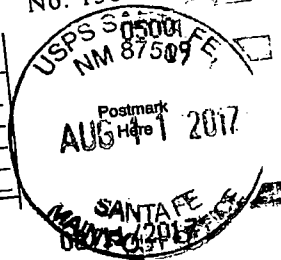
\$3.35

Extra Services & Fees (check box, add fee to Certified Mail Fee)

- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

\$0.49

EOG A Resources, Inc.
 5509 Champions Drive
 Midland, TX 79706



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at usps.com

White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

EOG Resources, Inc.
 5509 Champions Drive
 Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at usps.com

White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

EOG Y Resources, Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EOG Y Resources, Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 1505 5362 6147 16

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3060

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

SUMS

C. Date of Delivery

8/11/17

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3077

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: White Falcon 12H Case
 ARTESIA, NM 88210 No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

\$0.49
 EOG A Resources, Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 3084

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: White Falcon 12H Case
 ARTESIA, NM 88210 No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00

\$0.49
 EOG M Resources, Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL

SENDER: CC

1. Article Addressed to:

EOG A Resources, Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 1848 6104 4776 46

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 3077

PS Form 3811, July 2015 PSN 7530-02-000-9053

ON ON DELIVERY

A. Signature
 X [Signature]

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 8-14-17

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

CERTIFIED MAIL

SENDER: CC

1. Article Addressed to:

EOG M Resources, Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 1848 6104 4776 39

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 3084

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature]

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 8/14/17

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7016 0750 0000 3569 3091

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, see **JLK/COG**
BIRMINGHAM 4 35203 White Falcon 12H Case
No. 15811

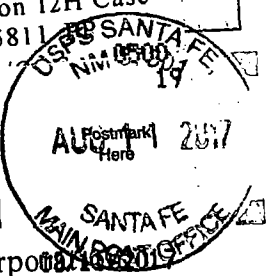
Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49
\$6.59
Energen Resources Corporation
605 Richard Arrington Jr. Blvd
North
Birmingham, AL 35203

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Energen Resources Corporation
605 Richard Arrington Jr. Blvd
North
Birmingham, AL 35203

9590 9402 1848 6104 4776 22

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3091

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brenda Armstrong
B. Received by (Printed Name) Brenda Armstrong
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail	
<input type="checkbox"/> Mail Restricted Delivery	

(over \$500)

7016 0750 0000 3569 3107

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, see **JLK/COG**
MIDLAND 7 79702 White Falcon 12H Case
No. 15811 PP

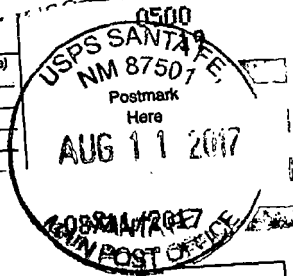
Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49
\$6.59
Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7016 0750 0000 3569 3114

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information
MIDLAND TX 79702
OFFICE

White Falcon 12H Case
No. 15811 PP

JEK/COG

Certified Mail Fee **\$3.35**

Extra Services & Fees (check box, add fee as indicated)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ \$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ \$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ \$0.00
<input type="checkbox"/> Adult Signature Required	\$ \$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ \$0.00

Postage **\$0.49**

Gahr Energy Company, Inc.
P.O. Box 1889
Midland, TX 79702

USPS SANTA FE NM 87504
Postmark Here
AUG 1 2017
SANTA FE NM 87504

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7504-02-000 9047

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, call 1-800-375-8797

ARDMORE, OK 73402 **White Falcon 12H Case**
No. 15811 PP

Certified Mail Fee **\$3.35**

\$3.35

Extra Services & Fees (check box, add fee to postage rate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00
<input type="checkbox"/> Adult Signature Required	\$	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00

\$0.49

S.N.S. Oil & Gas properties, 08/11/2017
P.O. Box 2234
Ardmore, OK 73402

SAINTA FE
NOV 15 2017
19
SAINTA FE
MAIN POST OFFICE

PS Form 3800, April 2015 PSN 7530 02 000-9047 See Reverse for Instructions

<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> PSN 7530-02-000-9053 </div>	
<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">S.N.S. Oil & Gas properties, Inc. P.O. Box 2234 Ardmore, OK 73402</p> <p style="text-align: center; margin-top: 20px;">9590 9402 1848 6104 4775 85</p> <p>2. Article Number. (Transfer from service label)</p> <p style="text-align: center; margin-top: 10px;">7016 0750 0000 3569 3121</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> </p> <p>D. Is delivery address different from Item 10? <input type="checkbox"/> Yes If YES, enter delivery address below</p> <div style="text-align: center; margin-top: 20px;"> </div> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery (\$500)</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

7016 0750 0000 3569 2940

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information visit our website at www.usps.com

OFFICIAL USE

White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee \$0.00 per rate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

V-F Petroleum, Inc.
 P.O. Box 1889
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE NM 87501
 AUG 14 2017
 SANTA FE MAIN POST OFFICE

7016 0750 0000 3569 2933

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information visit our website at www.usps.com

OFFICIAL USE

Deming, NM 88030

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee \$0.00 per rate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

Chisos, Ltd.
 670 Dona Ana Road SW
 Deming, NM 88030

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE NM 87501
 AUG 14 2017
 SANTA FE MAIN POST OFFICE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chisos, Ltd.
 670 Dona Ana Road SW
 Deming, NM 88030

9590 9402 1848 6104 4775 61

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2933

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

B. Jacobsen

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

7016 0750 0000 3569 2957

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, **White Falcon 12H Case**
OFFICE No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to postage)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	0.00
<input type="checkbox"/> Return Receipt (electronic)	\$	0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	0.00
<input type="checkbox"/> Adult Signature Required	\$	0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	0.00

Postage \$0.49

Ohio State University
 281 W. Lane Ave
 Columbus, OH 43210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ohio State University
 281 W. Lane Ave
 Columbus, OH 43210

9590 9402 1848 6104 4775 54

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2957

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

L. G. bbs

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]

☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

Mail
☐ Mail Restricted Delivery

☐ Priority Mail Express[®]☐ Registered MailTM☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature ConfirmationTM☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 2964

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, **White Falcon 12H Case**
OFFICE No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to postage)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	0.00
<input type="checkbox"/> Return Receipt (electronic)	\$	0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	0.00
<input type="checkbox"/> Adult Signature Required	\$	0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	0.00

Postage \$0.49

Estate of Elbert E. Medlin
 deceased
 4819 E Libby Lane
 Scottsdale, AZ 85254

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7016 0750 0000 3569 2971

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **JLK/COG**
WOODWAY TX 76712 White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee **\$3.35**

Extra Services & Fees (check box, add fee to postage):
☐ Return Receipt (hardcopy) \$ **2.80**
☐ Return Receipt (electronic) \$ **\$0.00**
☐ Certified Mail Restricted Delivery \$ **\$0.00**
☐ Adult Signature Required \$ **\$0.00**
☐ Adult Signature Restricted Delivery \$ **\$0.00**

Postage **\$0.49**

Estate of Elbert E. Medlin, deceased
 c/o Shamrock Royalty, LLC
 200 W. Hwy 6, Ste 320
 Woodway, TX 76712

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Estate of Elbert E. Medlin, deceased
 c/o Shamrock Royalty, LLC
 200 W. Hwy 6, Ste 320
 Woodway, TX 76712

9590 9402 1848 6104 4775 30

Article Number (Transfer from service label)
7016 0750 0000 3569 2971

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

X *[Signature]*

B. Received by (Printed Name) *D. Landrum* C. Date of Delivery **7-14-17**

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail ☐ Mail Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 0750 0000 3569 2988

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **JLK/COG**
AMARILLO TX 79105 White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee **\$3.35**

Extra Services & Fees (check box, add fee to postage):
☐ Return Receipt (hardcopy) \$ **2.80**
☐ Return Receipt (electronic) \$ **\$0.00**
☐ Certified Mail Restricted Delivery \$ **\$0.00**
☐ Adult Signature Required \$ **\$0.00**
☐ Adult Signature Restricted Delivery \$ **\$0.00**

Postage **\$0.49**

Estate of Jamie Ann Billington,
 deceased c/o Jerry Billington
 P.O. Box 1994
 Amarillo, TX 79105

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7016 0750 0000 3569 2995

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

White Falcon 12H Case
 No. 15811

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Estate of Ora Mae Davis,
 deceased s/o James Davis
 P.O. Box 4251
 Midland, TX 79704

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7016 0750 0000 3569 3008

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

White Falcon 12H Case
 No. 15811

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Estate of Ora Mae Davis,
 deceased s/o Gary G. Davis
 404 Circleview Dr. S.
 Hurst, TX 76054

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 3015

U.S. Postal ServiceTM **CERTIFIED MAIL® RECEIPT** Domestic Mail Only

For delivery information, visit our website at usps.com

HURST, TX 76054 White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee \$3.35
 Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage

\$0.49

Estate of Ora Mae Davis, deceased
 c/o Charlotte S. E. Garza
 324 Heneretta Drive
 Hurst, TX 76054-2242

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Ora Mae Davis, deceased
 c/o Charlotte S. E. Garza
 324 Heneretta Drive
 Hurst, TX 76054-2242

9590 9402 1848 6104 4777 07

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3015

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Charlotte S. E. Garza

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Charlotte S. E. Garza

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7016 0750 0000 3569 3022

U.S. Postal ServiceTM **CERTIFIED MAIL® RECEIPT** Domestic Mail Only

For delivery information, visit our website at usps.com

SAINT CLOUD, MN 56304 White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee \$3.35
 Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage

\$0.49

Estate of Ora Mae Davis, deceased
 c/o Lee & Judy Davis Revocable
 Trust
 1625 9th Ave SE
 St Cloud, MN 56304

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Ora Mae Davis, deceased
 c/o Lee & Judy Davis Revocable
 Trust
 1625 9th Ave SE
 St Cloud, MN 56304

9590 9402 1848 6104 4777 07

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3022

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Leland E. Davis

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Leland E. Davis

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website **JLK/COG**

OFFICE White Falcon 12H Case
 No. 1584-PP

Certified Mail Fee \$3.35
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$

Postage \$0.49
 Estate of Ora Mae Davis, deceased
 c/o George M. Davis
 209 Melody Lane
 Gainesville, TX 76240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website **JLK/COG**

OFFICE White Falcon 12H Case
 No. 1584-PP

Certified Mail Fee \$3.35
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$

Postage \$0.80
 Estate of Beulah M. Baird, deceased
 2009 Crockett Ct
 Irving, TX 75038

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Estate of Beulah M. Baird,
 deceased
 2009 Crockett Ct
 Irving, TX 75038
 9590 9402 1848 6104 4776 11

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2841

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery
 8-14-17

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input checked="" type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

Mail Restricted Delivery: 00

Domestic Return Receipt

7016 0750 0000 3569 2858

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit

IRVING, TX 75038

JLK/COG
White Falcon 12H Case
No. 1581

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage

Norma Baird Loving, Trustee of
the Beulah M. Baird Trust dated
July 6, 1990
2009 Crockett Ct
Irving, TX 75038

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norma Baird Loving, Trustee of
the Beulah M. Baird Trust dated
July 6, 1990
2009 Crockett Ct
Irving, TX 75038

9590 9402 1848 6104 4776 60

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2858

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery

- ☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

(00)

Domestic Return Receipt

7016 0750 0000 3569 2858

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit

IRVING, TX 75062

JLK/COG
White Falcon 12H Case
No. 1581

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage

Weldon Baird, Trustee of the
Beulah M. Baird Trust dated
July 6, 1990
709 McCoy Drive
Irving, TX 75062

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Weldon Baird, Trustee of the
Beulah M. Baird Trust dated July
6, 1990
709 McCoy Drive
Irving, TX 75062

9590 9402 1848 6104 4776 53

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2858

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/15/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery

- ☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 2872

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit usps.com

WEST OFFICIAL

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

Total \$3.84

Sent

Street

City

White Falcon 12H Case
No. 15811 PP

Estate of Barry B. Thompson
deceased
1856 Bugtussle Lane
West, TX 76691

AUG 11 2017
SANTA FE

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instr

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Barry B. Thompson,
deceased
1856 Bugtussle Lane
West, TX 76691

9590 9402 1848 6104 4777 76

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2872

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sandra Thompson

☐ Agent
☐ Addressee

B. Received by (Printed Name)

SANDRA THOMPSON

C. Date of Delivery

8-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 2889

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit usps.com

WEST OFFICIAL

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Post

Total

Sent

Street

City

White Falcon 12H Case
No. 15811 PP

Sandra Thompson, Trustee of the
Thompson Family Trust created under
the Last Will and Testament of
Thompson, dated August 29, 2002
1856 Bugtussle Lane
West, TX 76691

AUG 11 2017
SANTA FE

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 2896

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at usps.com

DALLAS, TX 75284 White Falcon 12H Case
No. 15811

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to Certified Mail Fee)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$4.58

Estate of Stephen Scott Moore, deceased c/o Richard Lyons Moore as Co-Trustee under the Will of Stephen Scott Moore
PO Box 841524
Dallas, TX 75284

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete Items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Estate of Stephen Scott Moore, deceased c/o Richard Lyons Moore, as Co-Trustee under the Will of Stephen Scott Moore
PO Box 841524
Dallas, TX 75284

2. Article Number (Transfer from service label)
9590 9402 1848 6104 4777 52

7016 0750 0000 3569 2896

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

4. Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery

5. Mail Restricted Delivery

AUG 14 2017

7016 0750 0000 3569 2902

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at usps.com

DALLAS, TX 75320 White Falcon 12H Case
No. 15811

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to Certified Mail Fee)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.00

Estate of Stephen Scott Moore, deceased c/o Michael Harrison Moore as Co-Trustee under the Will of Stephen Scott Moore
PO Box 205576
Dallas, TX 75320

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete Items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Estate of Stephen Scott Moore, deceased c/o Michael Harrison Moore, as Co-Trustee under the Will of Stephen Scott Moore
PO Box 205576
Dallas, TX 75320

2. Article Number (Transfer from service label)
9590 9402 1848 6104 4777 45

7016 0750 0000 3569 2902

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

4. Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery

5. Mail Restricted Delivery

AUG 14 2017

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit usps.com

White Falcon 12H Case
No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

Kevin Moore SSMTT GST
Exempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin Moore SSMTT GST
Exempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

9590 9402 1848 6104 4777 38

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2919

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X *[Signature]*

B. Received by (Printed Name) *Ronnel*

C. Date of Delivery *8/14/17*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

Mail Restricted Delivery (30)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit usps.com

White Falcon 12H Case
No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

Ryan Moore SSMTT GST
Exempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ryan Moore SSMTT GST
Exempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

9590 9402 1848 6104 4778 82

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2766

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X *[Signature]*

B. Received by (Printed Name) *S. Carpenter*

C. Date of Delivery *8/14/17*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

Mail Restricted Delivery (30)

Domestic Return Receipt

7016 0750 0000 3569 2773

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at usps.com
DALLAS, TX 75248 White Falcon 12H Case
No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as indicated)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

Kevin Moore SSMTT GST
Nonexempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin Moore SSMTT GST
Nonexempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

9590 9402 1848 6104 4778 51

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2773

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 2803

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at usps.com
FORT WORTH, TX 76102 White Falcon 12H Case
No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as indicated)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Ryan Moore SSMTT
Nonexempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ryan Moore SSMTT
Nonexempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

9590 9402 1848 6104 4778 20

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2803

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 2797

U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit
DALEAS TX 75248White Falcon 12H Case
No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as indicated)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Kevin Moore SSMTT
Nonexempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin Moore SSMTT
Nonexempt Trust
16400 N. Dallas Pkwy, Ste 400
Dallas, TX 75248

9590 9402 1848 6104 4778 37

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2797

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

K. Moore

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail ☐ Mail Restricted Delivery (\$500)

Domestic Return Receipt

7016 0750 0000 3569 2780

U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit
FORT WORTH TX 76113White Falcon 12H Case
No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as indicated)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Ryan Moore SSMTT GST
Nonexempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ryan Moore SSMTT GST
Nonexempt Trust
1204 West 7th St., Ste 200
Fort Worth, TX 76113

9590 9402 1848 6104 4778 44

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2780

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

S. Carpenter

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail ☐ Mail Restricted Delivery (\$500)

Domestic Return Receipt

7016 0750 0000 3569 2810

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

DALLAS

White Falcon 12H Case
 No. 15811 PP

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

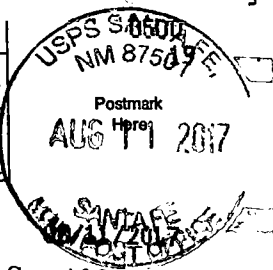
\$0.49

Meridian 102 LP
 16400 N. Dallas Pkwy, Ste 400
 Dallas, TX 75248

City, State, ZIP+4[™]

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for instructions



SECTION 1 COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Meridian 102 LP
 16400 N. Dallas Pkwy, Ste 400
 Dallas, TX 75248

9590 9402 1848 6104 4778 13

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2810

PS Form 3811, July 2015 PSN 7530-02-000-9053

SECTION 2 COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Krometch

C. Date of Delivery

8/19/17

- D. Is delivery address different from Item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery (500)
☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

White Falcon 16 State Com No. 12H- Offset Parties Case No. 15811

Devon Energy Production Company, L.P.
P.O. BOX 842485
Dallas, TX 75284-2485

Chevron U.S.A. Inc.
1400 Smith St., 41102
Houston, TX 77002

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Amerdev New Mexico, LLC
5707 Southwest Parkway
Building 1, Ste. 275
Austin, TX 78735

OneEnergy Partners Operating, LLC
2929 Allen Parkway, Ste. 200
Houston, TX 77019

Chisos Minerals, LLC
1111 Bagby St., Ste. 2150
Houston, TX 77002

Barry B. Thompson
1856 Bugtussle Land
West, TX 76691

G. Dan Thompson
12107 Lueders Land
Dallas, TX 75230

Dr. Guy J. Nations
6th & Hampshire St.
Quincy, IL

Barbara Medlin
4819 E. Libby St.
Scottsdale, AZ 85254

Jerry Billington, a/k/a
Jerry Dewayne Billington

P. O. Box 1994
Amarillo, TX 79105

Michael Hall Medlin
223 FM 74
Boerne, TX 78006

George M. Davis
209 Melody Lane
Gainesville, TX 76240

Georgia Davis Griffith
3302 Trailing Heart Road
Roswell, NM 88201

Donna Davis Hammack
2911 Sable Crossing
San Antonio, TX 78232

Terry Davis Holt
122 Vintage Drive
Corinth, TX 76210

Allen Clay Davis
P. O. Box 962
Ardmore, OK 73402

James M. Davis
924 E. Bryan
Kermit, TX 79745

William K. Hollis
1610 Heritage
Mission, TX 78572

Karen Freck Rogerud
7931 Presidio
Boerne, TX 78015

Michael Freck
P. O. Box 5121
Sam Rayburn, TX 75951

Robert Freck
6020 Manila

El Paso, TX 79924

Shawn Freck
22621 South 2121th St.
Queen Creek, AZ 85242

Joseph Mark Gregory
8905 Random Rd.
Fort Worth, TX 76179

The Cobb Family Trust
1202 Cherrywood Court
Allen, TX 75002

Pamela Madera, Trustee of The
Madera Trust, U/A 7-20-2016
3 Rayos De Luz
Placitas, NM 87043

Energen Resources Corporation
605 Richard Arrington, Jr. Boulevard North
Birmingham AL 35203-2707

Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

Weldon R Baird
2009 Crockett Court
Irving, TX 75038

Richard Lyons Moore and
Michael Scott, Trustees
under the Last Will and Testament
of Stephen Scott Moore, deceased
P. O. Box 51570
Midland, TX 79710

Santo Petroleum, LLC
P. O. Box 1020
Artesia, NM 88211-1020

OneEnergy Partners Operating, LLC
2029 Allen Parkway, Ste. 200
Houston, TX 77019

Dan M. Leonard, Trustee of the
DML Revocable Trust dated
January 10, 2007
P. O. Box 3422
Midland, TX 79702

LML Properties, LLC
P. O. Box 3194
Boulder, CO 80307

Jack's Peak, LLC
P. O. Box 294928
Kerrville, TX 78029

Leonard Legacy Royalty, LLC
P. O. Box 3422
Midland, TX 79702

New Mexico Oil Corporation
P. O. Box 1714
Roswell, NM 88202

Schelro, LTD.
P. O. Box 62490
San Angelo, TX 76906

Energex, LLC
4425 98th Street, Ste., 200
Lubbock, TX 79424

MRC Permian Co.
5400 LBJ Freeway, Ste. 1500
Dallas, TX 75240

Harold M. Hall, Jr.
1211 Popets Way
Crosby, TX 77532

Donnie Hall
1211 Poppets Way
Crosby, TX 77532

Mike Hall, a/k/a
Michael H. Hall
P. O. Box 2883

Big Spring, TX 79721

George H. Hall
3261 Birch Ave.
Grapevine, TX 76051

Bert Madera
524 Antelope Ridge
Jal, NM 88252

Sara Lee Madera Langford
5310 Fairway Drive W.
Fayetteville, PA 17222-9230

Mildred M. McCall
1484 Hamblen Road
Kingwood, TX 77339

Eleanor P. Brown, Trustee
Of Trust "A" of the Scott
R. Brown Revocable Trust
Dated 11-27-1996
1040 Crestview Circle
Farmington, NM 87401

EOG Y Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG A Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG M Resources Inc.
5509 Champions Drive
Midland, TX 79706

EOG Y Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG A Resources Inc.
105 S. 4th Street
Artesia, NM 88210

EOG M Resources Inc.

105 S. 4th Street
Artesia, NM 88210

Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

Gahr Energy Company, Inc.
P.O. Box 1889
Midland, TX 79702

S.N.S. Oil & Gas properties, Inc.
P.O. Box 2234
Ardmore, OK 73402

COG Acreage LP
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Apache Corporation
303 Veterans Airpark, Ste. 1000
Midland, TX 79705

Chisos, Ltd.
670 Dona Ana Road SW
Deming, NM 88030

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website usps.com

OFFICIAL JLK/COG
 White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$ 2.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postmark Here
 AUG 11 2017
 SANTA FE, NM 87501

Devon Energy Production
 Company, L.P.
 P.O. BOX 842485
 Dallas, TX 75284-2485

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website usps.com

OFFICIAL JLK/COG
 White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$ 2.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postmark Here
 AUG 11 2017
 SANTA FE, NM 87501

Chevron U.S.A. Inc.
 1400 Smith St., 41102
 Houston, TX 77002

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Chevron U.S.A. Inc.
 1400 Smith St., 41102
 Houston, TX 77002

9590 9402 1848 6104 4778 68

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 2698

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery (DD)	

Domestic Mail Only

7016 0750 0000 3569 2704

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFIC

White Falcon 12H Case
No. 15811 QFB

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

White Falcon 12H Case
No. 15811 QFB

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Amerdev New Mexico, LLC
5707 Southwest Parkway
Building 1, Ste. 275
Austin, TX 78735

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

9590 9402 1848 6104 4779 43

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2704

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Erika Rubalcavo

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 7518

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

Postage

OneEnergy Partners Operating, LLC
 2929 Allen Parkway, Ste. 200
 Houston, TX 77019

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3169

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

Postage

Chisos Minerals, LLC
 1111 Bagby St., Ste. 2150
 Houston, TX 77002

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SEND

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chisos Minerals, LLC
 1111 Bagby St., Ste. 2150
 Houston, TX 77002

9590 9402 1848 6104 4779 29

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3169

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Meg Carrigan

C. Date of Delivery

8/15/17

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

1 Mail Restricted Delivery (500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3152

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com JLK/COG
OFFICE White Falcon 12H Case
No. 15811 OFF

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark

Barry B. Thompson
1856 Bugtussle Land
West, TX 76691

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

JLK/COG

White Falcon 12H Case

No.

SANTA, FE, NM 87501

AUG 11 2017

USPS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barry B. Thompson
1856 Bugtussle Land
West, TX 76691

9590 9402 1848 6104 4779 05

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3152

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Barry B. Thompson*☐ Agent☐ Addressee

B. Received by (Printed Name)

SANDRA THOMPSON

C. Date of Delivery

8-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(10)

Domestic Return Receipt

7016 0750 0000 3569 2926

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com JLK/COG
OFFICE White Falcon 12H Case
No. 15811 OFF

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark

G. Dan Thompson
12107 Lueders Land
Dallas, TX 75230

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

JLK/COG

White Falcon 12H Case

No. 15811 OFF

SANTA, FE, NM 87501

AUG 11 2017

USPS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G. Dan Thompson
12107 Lueders Land
Dallas, TX 75230

9590 9402 1848 6104 4779 98

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2926

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *G. Dan Thompson*☐ Agent☐ Addressee

B. Received by (Printed Name)

8-14-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(10)

Domestic Return Receipt

7016 0750 0000 3569 3145

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Dr. Guy J. Nations
 6th & Hampshire St.
 Quincy, IL

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

RETURNED

7016 0750 0000 3569 3138

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Barbara Medlin
 4819 E. Libby St.
 Scottsdale, AZ 85254

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Barbara Medlin
 4819 E. Libby St.
 Scottsdale, AZ 85254

9590 9402 1848 6104 4779 /4

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3138

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Barbara Medlin

C. Date of Delivery

8/15/17

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: ☐ No

405 Kentmere Ln.
 Clover, SC 29710

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3190

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, v JLK/COG
 OFFIC White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$345
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$

Postmark
 AUG 11 2017
 USPS

Jerry Billington, a/k/a
 Jerry Dewayne Bilington
 P. O. Box 1994
 Amarillo, TX 79105

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-900-904 See Reverse for Instructions

RETURNED

7016 0750 0000 3569 3183

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, v JLK/COG
 OFFIC White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$345
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
 AUG 11 2017
 USPS

Michael Hall Medlin
 223 FM 74
 Boerne, TX 78006

PS Form 3800, April 2015 PSN 7530-02-900-904 See Reverse for Instructions

7016 0750 0000 3569 3183

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Hall Medlin
 223 FM 74
 Boerne, TX 78006

9590 9402 1848 6104 4779 50

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
 8-18-17

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

1 Mail (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 0750 0000 3569 3176

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com**OFFICIAL**

White Falcon 12H Case

No. 15811 OFF

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$ 3.40
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

AUG 11 2017

Postmark
Here

USPS

George M. Davis
 209 Melody Lane
 Gainesville, TX 76240

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

RETURNED

7016 0750 0000 3569 2735

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com**OFFICIAL**

White Falcon 12H Case

No. 15811 OFF

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$ 3.40
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$

AUG 11 2017

Postmark
Here

Georgia Davis Griffith
 3302 Trailing Heart Road
 Roswell, NM 88201

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SEN

- Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Georgia Davis Griffith
 3302 Trailing Heart Road
 Roswell, NM 88201

9590 9402 1832 6104 5960 18

2. Article Number (Transfer from service label)

7016 0750 0000 3569 2735

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Georgia Davis Griffith☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Mail
 Restricted Delivery
 (00)

Domestic Return Receipt

7016 0750 0000 3569 2728

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **usps.com**

OFFICE **SAN ANTONIO** **TX** **78201**
White Falcon 12H Case
No. 15811 OFF

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 3.00
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
AUG 1 2017

Donna Davis Hammack
2911 Sable Crossing
San Antonio, TX 78232

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 2711

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **usps.com**

OFFICE **SAN ANTONIO** **TX** **78201**
White Falcon 12H Case
No. 15811 OFF

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 3.00
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
AUG 11 2017

Terry Davis Holt
122 Vintage Drive
Corinth, TX 76210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our web site at usps.com

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Allen Clay Davis
P. O. Box 962
Ardmore, OK 73402

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allen Clay Davis
P. O. Box 962
Ardmore, OK 73402

9590 9402 1848 6104 4780 32

Article Number (Transfer from service label)

7016 0750 0000 3569 2650

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Allen Clay Davis

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Allen Clay Davis

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail
☐ Registered Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our web site at usps.com

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage

James M. Davis
924 E. Bryan
Kermit, TX 79745

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 2674

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at usps.com

OFFICIAL **SAINT ANGELO, TX**
 White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee

Extra Services & Fees (check box, add fee)

- ☒ Return Receipt (hardcopy) \$ 3.25
- ☐ Return Receipt (electronic) \$ 2.75
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

William K. Hollis
 1610 Heritage
 Mission, TX 78572

USPS

Postmark
 Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 2681

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at usps.com

OFFICIAL **SANTA FE, NM**
 White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee

Extra Services & Fees (check box, add fee)

- ☒ Return Receipt (hardcopy) \$ 3.25
- ☐ Return Receipt (electronic) \$ 2.75
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

Karen Freck Rogerud
 7931 Presidio
 Boerne, TX 78015

USPS

Postmark
 Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

RETURNED

7016 0750 0000 3569 3299

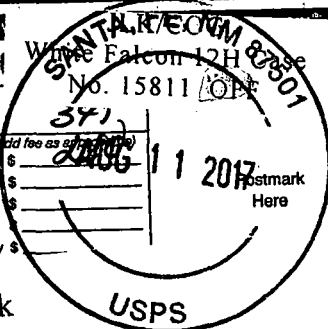
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$



Michael Freck
P. O. Box 5121
Sam Rayburn, TX 75951

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3282

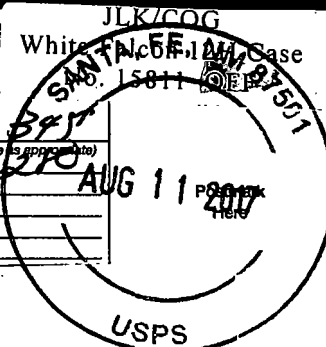
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$



Robert Freck
6020 Manila
El Paso, TX 79924

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3275

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

Certified Mail Fee \$ 8.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

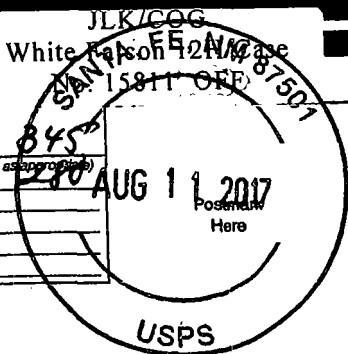
☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage _____

Shawn Freck
 22621 South 2121th St.
 Queen Creek, AZ 85242

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7016 0750 0000 3569 3268

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

Certified Mail Fee \$ 8.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

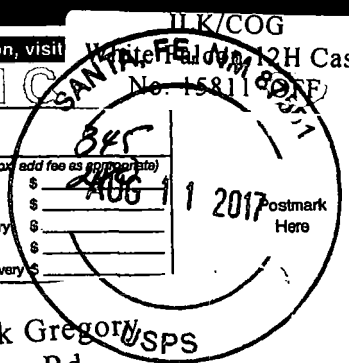
☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage _____

Joseph Mark Gregory
 8905 Random Rd.
 Fort Worth, TX 76179

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joseph Mark Gregory
 8905 Random Rd.
 Fort Worth, TX 76179

9590 9402 1832 6104 5961 24

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3268

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

W Gregory

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Registered Mail™
☐ Adult Signature Restricted Delivery
☐ Registered Mail Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
 (00)

Domestic Return Receipt

7016 0750 0000 3569 3251

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here

The Cobb Family Trust
1202 Cherrywood Court
Allen, TX 75002

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Cobb Family Trust
1202 Cherrywood Court
Allen, TX 75002

9590 9402 1832 6104 5961 17

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3251

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Cobb

C. Date of Delivery

8-15-17

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

(50)

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Pamela Madera, Trustee of The
Madera Trust, U/A 7-20-2016
3 Rayos De Luz
Placitas, NM 87043

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pamela Madera, Trustee of The
Madera Trust, U/A 7-20-2016
3 Rayos De Luz
Placitas, NM 87043

9590 9402 1832 6104 5960 94

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3244

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Madera

C. Date of Delivery

8/19/17

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

(50)

Domestic Return Receipt

7016 0750 0000 3569 3244

7016 0750 0000 3569 3237

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

White Falcon 12H Case
No. 15811 OFF
AUG 11 2017
Postmark Here

Energen Resources Corporation
605 Richard Arrington, Jr.
Boulevard North
Birmingham AL 35203-2707

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Energen Resources Corporation
605 Richard Arrington, Jr.
Boulevard North
Birmingham AL 35203-2707

9590 9402 1832 6104 5961 00

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3237

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dale Beard

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

Mail Restricted Delivery (0)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3220

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

Postage

White Falcon 12H Case
No. 15811 OFF
AUG 11 2017
Postmark Here

Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

9590 9402 1832 6104 5961 00

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3220

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Norma Baird Loving

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

Mail Restricted Delivery (0)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3213

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.comWhite Falcon 12H Case
No. 15811 OFF

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

Weldon R Baird
2009 Crockett Court
Irving, TX 75038

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3206

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.comWhite Falcon 12H Case
No. 15811 OFF

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

Richard Lyons Moore and
Michael Scott, Trustees
under the Last Will and Testament of
Stephen Scott Moore, deceased
P. O. Box 51570
Midland, TX 79710

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Weldon R Baird
2009 Crockett Court
Irving, TX 75038

9590 9402 1832 6104 5960 70

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3213

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Lyons Moore and
Michael Scott, Trustees
under the Last Will and Testament of
Stephen Scott Moore, deceased
P. O. Box 51570
Midland, TX 79710

9590 9402 1832 6104 5960 63

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3206

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3398

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, OFFI

JLK/COG

White Falcon, NM 87501

No. 15811 OFF

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Santo Petroleum, LLC
P. O. Box 1020
Artesia, NM 88211-1020

USPS

AUG 11 2017

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

CERTIFIED MAIL

SEN

THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Santo Petroleum, LLC
P. O. Box 1020
Artesia, NM 88211-1020

9590 9402 1832 6104 5960 56

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3398

PS Form 3811, July 2015 PSN 7530-02-000-9053

A. Signature

X Jugua

☐ Agent

☐ Addressee

B. Received by (Printed Name)

F. J. J. J.

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail[®]

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Mail Restricted Delivery (500)

☐ Priority Mail Express[®]

☐ Registered MailTM

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☒ Signature ConfirmationTM

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3381

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, OFFI

White Falcon, NM 87501

No. 15811 OFF

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

OneEnergy Partners Operating
LLC
2029 Allen Parkway, Ste. 200
Houston, TX 77019

USPS

AUG 11 2017

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3374

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information.

OFFICIAL

JLK/COG
 White, 12H Case
 No. 15811 015

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

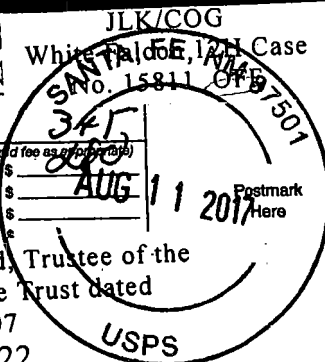
☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required

Dan M. Leonard, Trustee of the
 DML Revocable Trust dated
 January 10, 2007
 P. O. Box 3422
 Midland, TX 79702

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7016 0750 0000 3569 3367

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information.

OFFICIAL

JLK/COG
 White, 12H Case
 No. 15811 015

Certified Mail Fee

\$

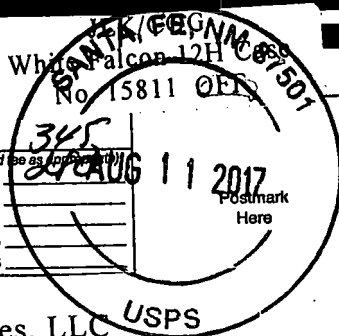
Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

LML Properties, LLC
 P. O. Box 3194
 Boulder, CO 80307

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LML Properties, LLC
 P. O. Box 3194
 Boulder, CO 80307

9590 9402 1832 6104 5961 62

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3367

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

LML Properties, LLC

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

P.O. Box
 3194

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery☐ Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3350

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information: White Falcon 12H Case
OFFICIAL NO. 15611 OFF

Certified Mail Fee \$345

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
AUG 11 2017
USPS

Jack's Peak, LLC
P. O. Box 294928
Kerrville, TX 78029

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Jack's Peak, LLC
 P. O. Box 294928
 Kerrville, TX 78029

9590 9402 1834 6104 2736 89

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 3350

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Robert Leonard* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 Robert Leonard 8/11/17

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 3343

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information: White Falcon 12H Case
OFFICIAL NO. 15611 OFF

Certified Mail Fee \$345

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
AUG 11 2017
USPS

Leonard Legacy Royalty LLC
P. O. Box 3422
Midland, TX 79702

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 3336

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

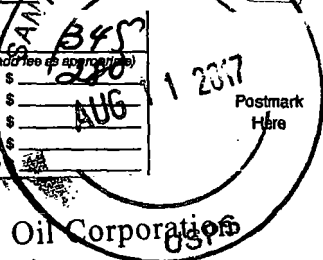
OFFICE

JLK/COG
White P.O. Box 1714 Case
No. 15811 OFF

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery



New Mexico Oil Corporation
P. O. Box 1714
Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

New Mexico Oil Corporation
P. O. Box 1714
Roswell, NM 88202

9590 9402 1834 6104 2736 72

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3336

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

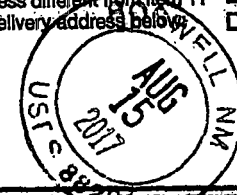
A. Signature

X *Vanessa Sexton*☐ Agent☐ Addressee

B. Received by (Printed Name)

Vanessa Sexton

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

- ☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3329

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

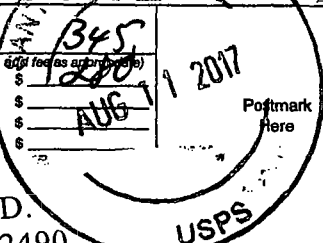
OFFICE

JLK/COG
White P.O. Box 62490 Case
No. 15811 OFF

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery



Schelro, LTD.
P. O. Box 62490
San Angelo, TX 76906

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Schelro, LTD.
P. O. Box 62490
San Angelo, TX 76906

9590 9402 1834 6104 2736 58

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3329

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ariel Mendez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Ariel Mendez

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

- ☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3312

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Energex, LLC
 4425 98th Street, Ste., 200
 Lubbock, TX 79424

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3305

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

MRC Permian Co.
 5400 LBJ Freeway, Ste. 1500
 Dallas, TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRC Permian Co.
 5400 LBJ Freeway, Ste. 1500
 Dallas, TX 75240

9590 9402 1832 6104 5962 54

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3305

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

J. [Signature]

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3497

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

 For delivery information, visit **usps.com**
OFFICE Santa Fe, NM
 White Falcon 12H Case
 No. 1581

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

Postage

2017

Postmark
Here

USPS

 Harold M. Hall, Jr.
 1211 Popets Way
 Crosby, TX 77532

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3480

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

 For delivery information, visit **usps.com**
OFFICE Santa Fe, NM
 White Falcon 12H Case
 No. 1581

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

AUG 11 2017

Postmark
Here

USPS

 Donnie Hall
 1211 Poppets Way
 Crosby, TX 77532

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE FOLD AT NOTCHED LINE

SENDER: COMPLETE THIS SECTION**■ Complete Items 1, 2, and 3.**

Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.**1. Article Addressed to:**
 Harold M. Hall, Jr.
 1211 Popets Way
 Crosby, TX 77532

9590 9402 1832 6104 5962 30

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3497

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**X *Harold M. Hall Jr.*☐ Agent☐ Addressee**B. Received by (Printed Name)***Harold M. Hall Jr.***C. Date of Delivery****D. Is delivery address different from item 1?**☐ YesIf YES, enter delivery address below: ☐ No**3. Service Type**☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION**■ Complete Items 1, 2, and 3.**

Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.**1. Article Addressed to:**
 Donnie Hall
 1211 Poppets Way
 Crosby, TX 77532

9590 9402 1832 6104 5962 23

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3480

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**X *Donnie Hall*☐ Agent☐ Addressee**B. Received by (Printed Name)***Donnie Hall***C. Date of Delivery****D. Is delivery address different from item 1?**☐ YesIf YES, enter delivery address below: ☐ No**3. Service Type**☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3473

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

OFFICE

Certified Mail Fee \$ **2.70**

Extra Services & Fees (check box, add fees as appropriate)

☐ Return Receipt (hardcopy) \$ **2.70**

☐ Return Receipt (electronic) \$ **0.00**

☐ Certified Mail Restricted Delivery \$ **0.00**

☐ Adult Signature Required \$ **0.00**

☐ Adult Signature Restricted Delivery \$ **0.00**

Mike Hall, a/k/a
 Michael H. Hall
 P. O. Box 2883
 Big Spring, TX 79721

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 3466

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

OFFICE

Certified Mail Fee \$ **3.35**

Extra Services & Fees (check box, add fees as appropriate)

☐ Return Receipt (hardcopy) \$ **0.00**

☐ Return Receipt (electronic) \$ **0.00**

☐ Certified Mail Restricted Delivery \$ **0.00**

☐ Adult Signature Required \$ **0.00**

☐ Adult Signature Restricted Delivery \$ **0.00**

George H. Hall
 3261 Birch Ave.
 Grapevine, TX 76051

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mike Hall, a/k/a
 Michael H. Hall
 P. O. Box 2883
 Big Spring, TX 79721

9590 9402 1832 6104 5962 16

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3473

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **Mike Hall**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-19-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **George H. Hall**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

9590 9402 1832 6104 5962 09

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3466

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7016 0750 0000 3569 3459

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

JLK/COG

JAL, NM 88252

White Falcon 12H Case
No. 15811 OFF

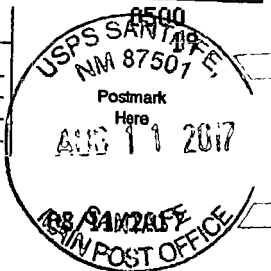
Certified Mail Fee

\$3.35

Extra Services & Fees (check box, add fee to certified mail fee)

- ☒ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

\$0.49
Bert Madera
524 Antelope Ridge
Jal, NM 88252



PS Form 3800, April 2015 PSN 7530-02-000-9017

See Reverse for Instructions

RETURNED

7016 0750 0000 3569 3442

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

JLK/COG

FAYETTEVILLE, PA 17222

White Falcon 12H Case
No. 15811 OFF

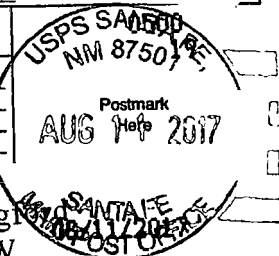
Certified Mail Fee

\$3.35

Extra Services & Fees (check box, add fee to certified mail fee)

- ☒ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

\$0.49
Sara Lee Madera Langford
5310 Fairway Drive W.
Fayetteville, PA 17222-9230



PS Form 3800, April 2015 PSN 7530-02-000-9017

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sara Lee Madera Langford
5310 Fairway Drive W.
Fayetteville, PA 17222-9230

9590 9402 1832 6104 5961 86

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3442

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sara Lee Madera Langford

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Sara Lee Madera Langford

C. Date of Delivery

8-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail[®]
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express[®]
- ☐ Registered MailTM
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature ConfirmationTM
- ☐ Signature Confirmation Restricted Delivery

Red Mail Restricted Delivery
\$500

Domestic Return Receipt

7016 0750 0000 3569 3435

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **USPS.com**

OFFICE JLK/COG
 White Falcon 12H Case
 No. 15811

Certified Mail Fee \$ **33.35**

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Mildred M. McCall
 1484 Hamblen Road
 Kingwood, TX 77339

City, state, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7016 0750 0000 3569 3428

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **USPS.com**

OFFICE JLK/COG
 White Falcon 12H Case
 No. 15811

Certified Mail Fee \$ **33.35**

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Eleanor P. Brown, Trustee
 Of Trust "A" of the Scott
 R. Brown Revocable Trust
 Dated 11-27-1996
 1040 Crestview Circle

City, state, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0750 0000 3569 3411

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MIDLAND, TX 79706

JLK/COG

White Falcon 12H Case

No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

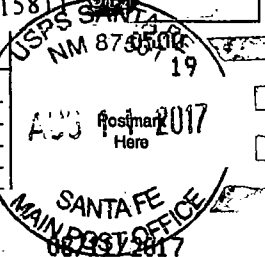
☒ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

EOG Y Resources Inc.
 5509 Champions Drive
 Midland, TX 79706

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7016 0750 0000 3569 3404

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MIDLAND, TX 79706

JLK/COG

White Falcon 12H Case

No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

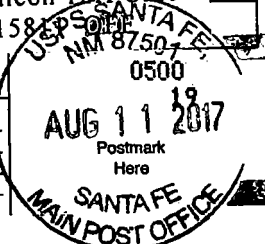
☒ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

EOG A Resources Inc.
 5509 Champions Drive
 Midland, TX 79706

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7016 0750 0000 3569 3596

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MIDLAND TX 79706

White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$3.35

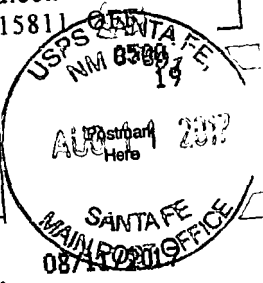
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.70

EOG M Resources Inc.
 5509 Champions Drive
 Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-5047 See Reverse for Instructions



7016 0750 0000 3569 3596

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

ARTESIA NM 88210

White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$3.35

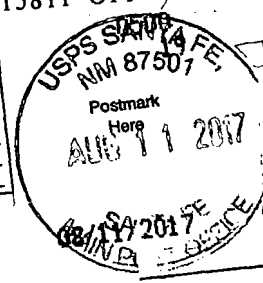
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

EOG Y Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-5047 See Reverse for Instructions



U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

ARTESIA NM 88210

White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

EOG Y Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-5047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EOG Y Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 1834 6104 2737 26

Article Number (Transfer from service label)

7016 0750 0000 3569 3589

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) ☒ Yes ☐ No

C. Date of Delivery 8/14/17

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express [®]
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail TM
<input checked="" type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation TM
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

Mail Restricted Delivery (00)

Domestic Return Receipt

7016 0750 0000 3569 3572

U.S. Postal Service[™] CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

ARTEZIA, NM 88210

JLK/COG White Falcon 12H Case

No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to postage)

- ☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

EOG A Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

City, State, ZIP+4[®]

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

JLK/COG

White Falcon 12H Case

No. 15811 OFF

USPS NM 875019

AUG 1 2017

SANTA FE

U.S. Postal Service[™] CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

ARTEZIA, NM 88210

JLK/COG White Falcon 12H Case

No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to postage)

- ☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

EOG M Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

JLK/COG

White Falcon 12H Case

No. 15811 OFF

USPS NM 875019

AUG 1 2017

SANTA FE

SENDER

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EOG M Resources Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9402 1834 6104 2736 96

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3565

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Mail
☐ Mail Restricted Delivery

☐ Priority Mail Express[®]
☐ Registered Mail[™]
☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise
☐ Signature Confirmation[™]
☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 3558

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit

MIDLAND, TX 79702
OFFICEJLK/COG
 White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.35
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

\$0.49

Fuel Products, Inc.
 P.O. Box 3098
 Midland, TX 79702

AUG 4 2017
 Postmark HereSANTA FE
 MAIN POST OFFICE
 08/11/2017

PS Form 3800, April 2015 PSN 7530-02-000-9037

See Reverse for Instructions

7016 0750 0000 3569 3541

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit

MIDLAND, TX 79702
OFFICEJLK/COG
 White Falcon 12H Case
 No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.35
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Postage

\$0.49

Gahr Energy Company, Inc.
 P.O. Box 1889
 Midland, TX 79702

AUG 4 2017
 Postmark HereSANTA FE
 MAIN POST OFFICE
 08/11/2017

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0750 0000 3569 3534

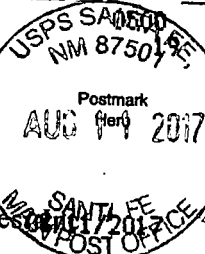
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **JLK/COG**
White Falcon 12H Case
ARDMORE, OK 73402 No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as indicated)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00



S.N.S. Oil & Gas properties, Inc.
P.O. Box 2234
Ardmore, OK 73402

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S.N.S. Oil & Gas properties, Inc.
P.O. Box 2234
Ardmore, OK 73402

9590 9402 1834 6104 2738 49

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3534

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

S. N. S. OIL & GAS

C. Date of Delivery

AUG 14 2017

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Mail Restricted Delivery (00)

7016 0750 0000 3569 3527

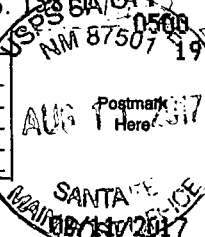
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **JLK/COG**
MIDLAND, TX 79701 White Falcon 12H Case
OFFICE No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as indicated)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00



COG Acreage LP
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG Acreage LP
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

9590 9402 1834 6104 2738 32

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3527

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

J. MONROE

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Mail Restricted Delivery (00)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **usps.com**

MIDLAND, TX 79705 White Falcon 12H Case
No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to Certified Mail Fee)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

Apache Corporation
303 Veterans Airpark, Ste.
1000
Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Apache Corporation
303 Veterans Airpark, Ste.
1000
Midland, TX 79705

9590 9402 1834 6104 2738 25

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3510

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

x April Willis

B. Received by (Printed Name) **April Willis** C. Date of Delivery **8/15/17**

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **usps.com**

DEMING, NM 88030 White Falcon 12H Case
No. 15811 OFF

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee to Certified Mail Fee)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.49

Chisos, Ltd.
670 Dona Ana Road SW
Deming, NM 88030

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chisos, Ltd.
670 Dona Ana Road SW
Deming, NM 88030

9590 9402 1834 6104 2738 18

2. Article Number (Transfer from service label)

7016 0750 0000 3569 3503

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

x B. Jacobsen

B. Received by (Printed Name) **B. Jacobsen** C. Date of Delivery **8/14/17**

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Affidavit of Publication


STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
August 16, 2017
and ending with the issue dated
August 16, 2017.

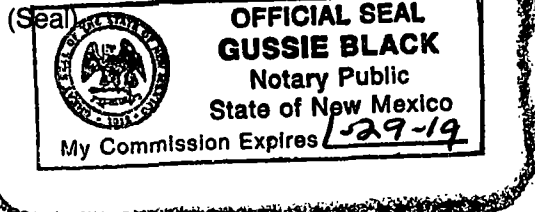

Publisher

Sworn and subscribed to before me this
16th day of August 2017.


Business Manager

My commission expires

January 29, 2019



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL NOTICE AUGUST 16, 2017

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES
DEPARTMENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 31, 2017, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-859-1779 by August 21, 2017. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: EOG Y Resources, Inc.; EOG A Resources, Inc.; EOG M Resources, Inc.; Energen Resources Corporation; Fuel Products, Inc.; Gahr Energy Company, Inc.; S.N.S. Oil & Gas Properties, Inc.; V-F Petroleum, Inc.; Chisos, Ltd.; Ohio State University; Estate of Elbert E. Medlin, deceased; Shamrock Royalty, LLC; Estate of Jamie Ann Billington, deceased; Jerry Billington, his heirs and devisees; Estate of Ora Mae Davis, deceased; James Davis, his heirs and devisees; Gary Davis, his heirs and devisees; Charlotte S. E. Garza, her heirs and devisees; Lee & Judy Davis Revocable Trust; George M. Davis, his heirs and devisees; Estate of Beulah M. Baird, deceased; Beulah M. Baird Trust dated July 6, 1990; Norma Baird Loving, her heirs and devisees; Weldon Baird; his heirs and devisees; Estate of Barry B. Thompson, deceased; Thompson Family Trust created under the Last Will and Testament of Barry B. Thompson, dated August 29, 2002; Sandra Thompson, her heirs and devisees; Estate of Stephen Scott Moore, deceased; Richard Lyons Moore, his heirs and devisees; Michael Harrison Moore, his heirs and devisees; Kevin Moore SSMTT GST Exempt Trust; Ryan Moore SSMTT GST Exempt Trust; Kevin Moore SSMTT GST Nonexempt Trust; Ryan Moore SSMTT GST Nonexempt Trust; Kevin Moore SSMTT Nonexempt Trust; Ryan Moore SSMTT Nonexempt Trust; Meridian 102 LP.

Case No. 15811: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard 320-acre, more or less, spacing and proration unit comprised of the W/2 W/2 of Section 16 and the E/2 W/2 of Section 21, Township 25 South, Range 35 East, New Mexico; and (2) pooling all uncommitted interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed White Falcon 16 State Com No. 12H Well, which will be horizontally drilled from a surface location in the NW/4 NW/4 (Unit D) of Section 16 to a standard bottom hole location in the SW/4 SW/4 (Unit M) of Section 21. The completed interval for this well will remain within the 330-foot offset as required by the Statewide rules for oil wells. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 11 miles northwest of Jal, New Mexico.
#31992

67100754

00198068

HOLLAND & HART LLC
PO BOX 2208
SANTA FE,, NM 87504-2208

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 10
Submitted by: COG OPERATING, LLC
Hearing Date: August 31, 2017

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
August 15, 2017
and ending with the issue dated
August 15, 2017.

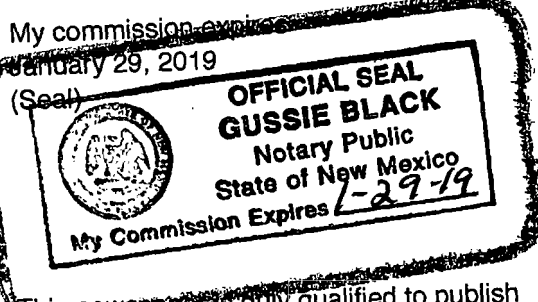
[Signature of Daniel Russell]

Publisher

Sworn and subscribed to before me this
15th day of August 2017.

[Signature of Guissie Black]

Business Manager



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL LEGAL

LEGAL NOTICE
AUGUST 15, 2017

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES
DEPARTMENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 31, 2017, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by August 21, 2017. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: EOG Y Resources, Inc.; EOG A Resources, Inc.; EOG M Resources, Inc.; Fuel Products, Inc.; Gahr Energy Company, Inc.; S.N.S. Oil & Gas Properties, Inc.; V-F Petroleum, Inc.; Chisos, Ltd.; Apache Corporation; Estate of Elbert E. Medlin, deceased; Shamrock Royalty, LLC; Estate of Jamie Ann Billington, deceased; Jerry Billington, his heirs and devisees; Estate of Ora Mae Davis, deceased; James Davis, his heirs and devisees; Gary Davis, his heirs and devisees; Charlotte S. E. Garza, her heirs and devisees; Lee & Judy Davis Revocable Trust; George M. Davis, his heirs and devisees; Estate of Beulah M. Baird, deceased; Beulah M. Baird Trust dated July 6, 1990; Norma Baird Loving, her heirs and devisees; Weldon Baird; his heirs and devisees.

Case No. 15810: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard 320-acre, more or less, spacing and proration unit comprised of the E/2 W/2 of Section 16 and the E/2 W/2 of Section 21, Township 25 South, Range 35 East, New Mexico; and (2) pooling all uncommitted interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed White Falcon 16 Federal Com No. 11H Well, which will be horizontally drilled from a surface location in the NE/4 NW/4 (Unit C) of Section 16 to a standard bottom hole location in the SE/4 SW/4 (Unit N) of Section 21. The completed interval for this well will remain within the 330-foot offset as required by the Statewide rules for oil wells. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 11 miles northwest of Jal, New Mexico.
#31991

67100754

00197963

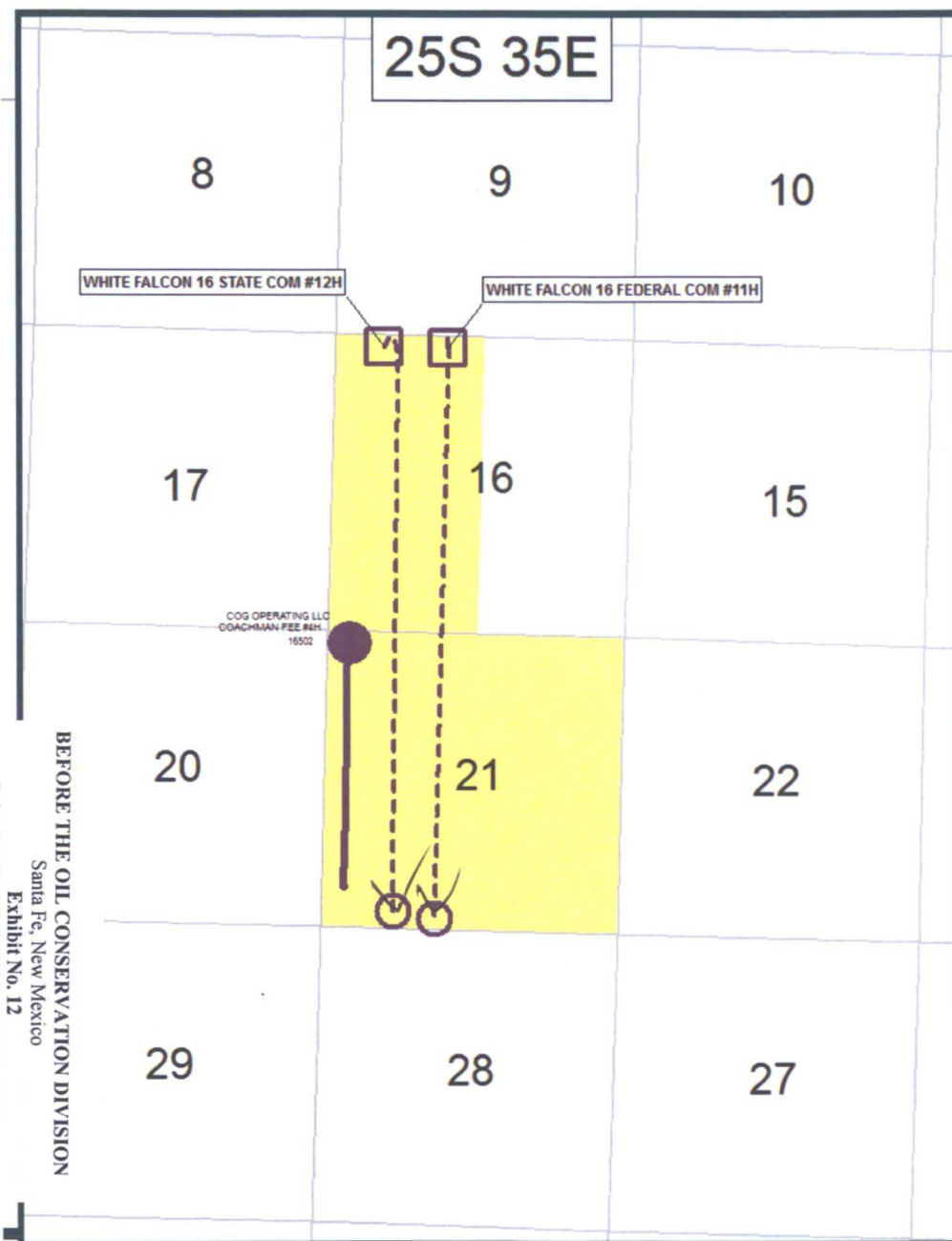
HOLLAND & HART LLC
PO BOX 2208
SANTA FE,, NM 87504-2208

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 11
Submitted by: COG OPERATING, LLC
Hearing Date: August 31, 2017

Bone Spring Pool

White Falcon 16 Federal #11H

White Falcon 16 State #12H



Map Legend

SHL

COG – 3RD Bone Spring Horizontal Location

BHL

Producing 3rd Bone Spring Wells



COG Acreage

BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico

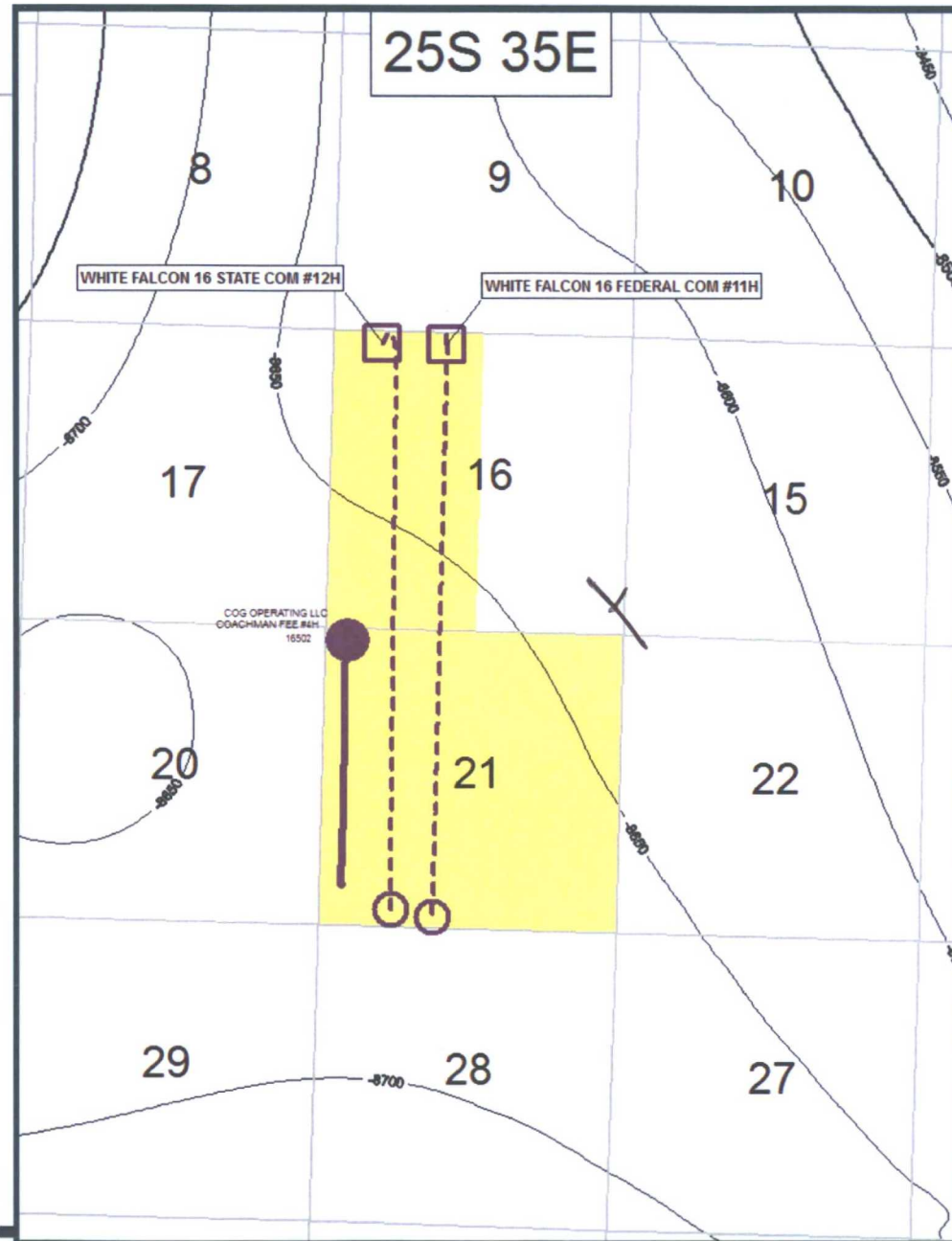
Exhibit No. 12

Submitted by: COG OPERATING, LLC

Hearing Date: August 31, 2017



Bone Spring Pool 3rd Bone Spring Structure Map



Map Legend

SHL □

COG - 3rd Bone Spring Horizontal Location

BHL ○



Producing 3rd Bone Spring Wells



3RD Bone Spring Structure
CI: 50'

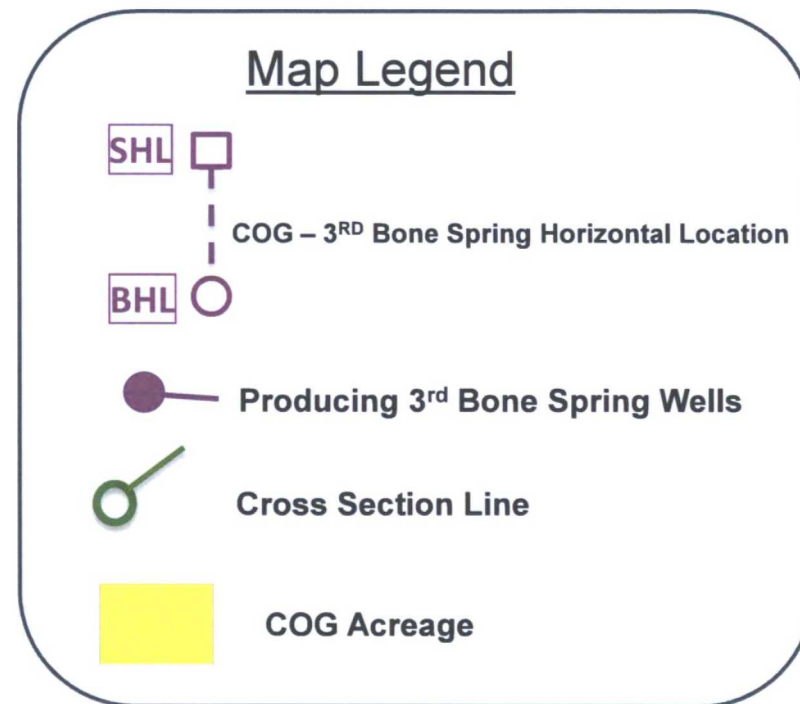
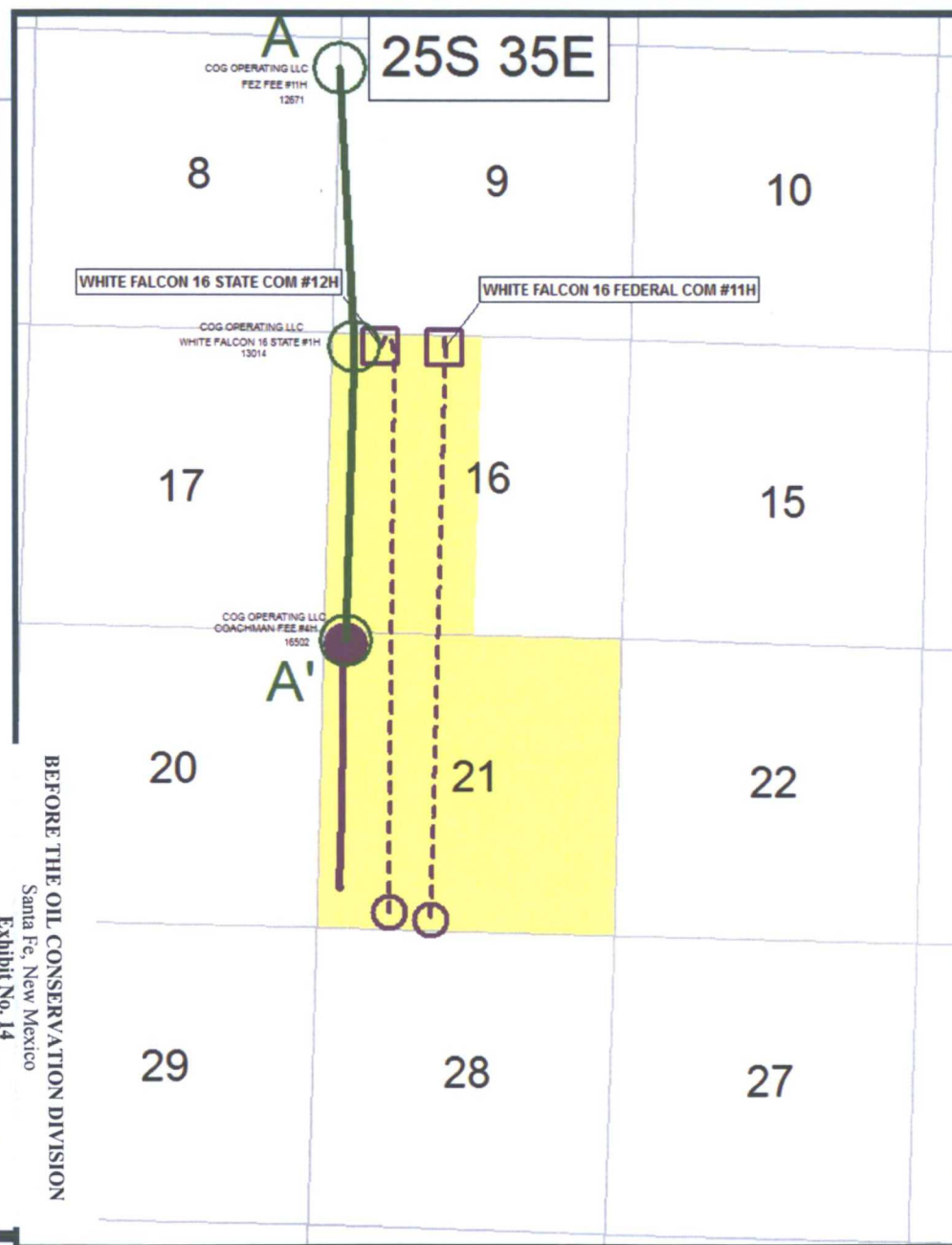


COG Acreage

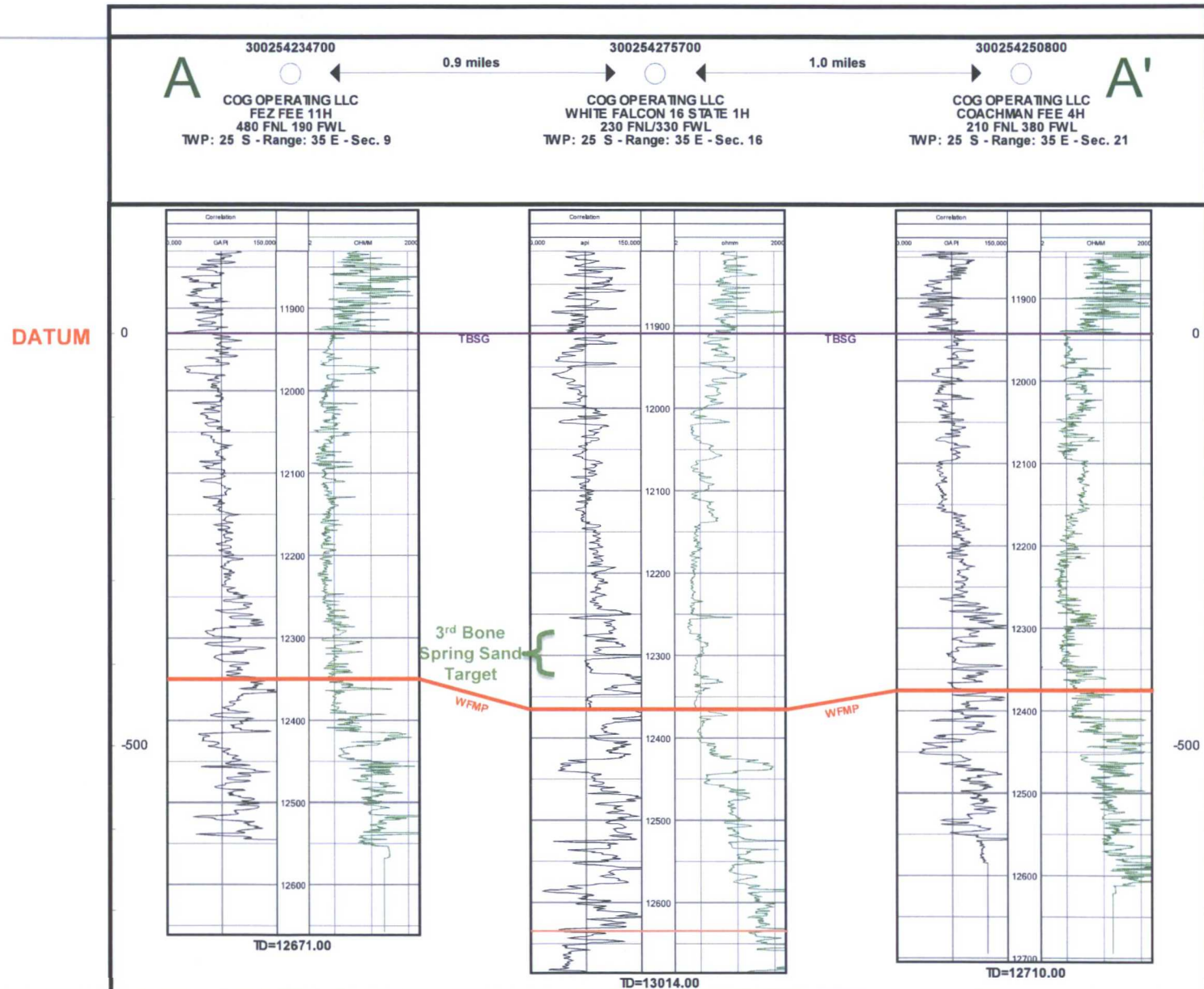


BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 13
Submitted by: COG OPERATING LLC
Hearing Date: August 31, 2017

Bone Spring Pool Cross Section Map



Stratigraphic Cross Section A – A'



BEFORE THE OIL CONSERVATION DIVISION
 Santa Fe, New Mexico
 Exhibit No. 15
 Submitted by: COG OPERATING, LLC
 Hearing Date: August 31, 2017