



**EXHIBIT A**  
**WORKING INTEREST OWNERS**

Chisholm Energy Operating, LLC  
801 Cherry St., Ste. 1200, Unit 20  
Fort Worth, TX 76102

Eau Rouge, LLC  
801 Cherry St., Ste. 1200, Unit 20  
Fort Worth, TX 76102

Continental Land & Fur Co., Inc.  
4 Greenspoint Plaza  
16945 Northchase Dr., Ste. 1500  
Houston, TX 77060

Timothy MacDonald  
3017 Avenue O  
Galveston, TX 77550

**EXHIBIT A**

**ALL OFFSETTING OPERATORS**

Marshall & Winston Inc.  
P. O. Box 50880  
Midland, Texas 79710-0880

Mewbourne Oil Company  
500 W. Texas Ave., Suite 1020  
Midland, Texas 79701

Oxy USA, Inc.  
5 Greenway Plaza, Suite 110  
Houston, Texas 77046-0521

Apache Corporation  
303 Veterans Airpark Lane  
Suite 3000  
Midland, Texas 79705

Devon Energy Production Company, LP  
333 W. Sheridan Ave.  
Oklahoma City, Ok 73102-5010

GMT Exploration Company, LLC  
1560 Broadway  
Suite 2000  
Denver, Co., 80202

GMT Exploration Company, Texas LLC  
1560 Broadway  
Suite 2000  
Denver, Co., 80202

Chaparral Energy LLC  
401 Cedar Lake Blvd.  
Oklahoma City, Ok 73114



**MONTGOMERY  
& ANDREWS**  
LAW FIRM

J. SCOTT HALL  
Cell: (505) 670-7362  
Email: [shall@montand.com](mailto:shall@montand.com)  
[www.montand.com](http://www.montand.com)

---

November 10, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**TO: ALL WORKING INTEREST OWNERS ON ATTACHED LIST**

**Re: Case No. 15875: Application of Great Western Drilling Ltd. for a Non-Standard Oil Spacing and Proration Unit and Compulsory Pooling, Lea County, New Mexico.**

Dear Sir or Madam:

This will advise that Great Western Drilling Ltd. has filed an Application seeking an order approving a non-standard oil spacing and proration unit in the Bone Spring formation comprised of the W/2W/2 of Section 34, Township 21 South, Range 34 East, NMPM, Lea County, New Mexico, and pooling all mineral interests in the Bone Spring formation underlying the non-standard unit. The unit will be dedicated to Applicant's proposed **Grama Ridge East 34 State 3BS #2H** well to be drilled from an orthodox location approximately 275 feet from the north line and 870 feet from the west line (surface) of Section 34, Township 21 South, Range 34 East, to a landing point approximately 330 feet from the north line and 460 feet from the west line of Section 34, Township 21 South, Range 34 East, and then to a bottom hole location approximately 330 feet from the south line and 460 feet from the west line (terminus) of Section 34, Township 21 South, Range 34 East. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Applicant as Operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well and lands are located approximately 20 miles west of Eunice, New Mexico.

A copy of the Application for hearing is enclosed.

This Application will be set for hearing before a Division Examiner on November 30, 2017, at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant and other parties with a pre-hearing

---

**REPLY TO:**

325 Paseo de Peralta  
Santa Fe, New Mexico 87501  
Telephone (505) 982-3873 • Fax (505) 982-4289

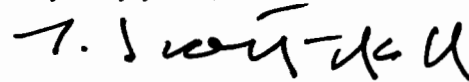
Post Office Box 2307  
Santa Fe, New Mexico 87504-2307

SCANNED  
WORLDOX 975652  
CALENDARED  
CLIENT 12631-1701  
CC: \_\_\_\_\_

All Working Interest Owners  
November 10, 2017  
Page 2

statement at least four business days before the scheduled hearing date in accordance with Division Rule 19.15.4.13.

Very truly yours,

A handwritten signature in black ink, appearing to read "J. Scott Hall". The signature is written in a cursive style with a horizontal line above the first few letters.

J. Scott Hall  
Seth C. McMillan

SCM:do  
Enclosure

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Timothy MacDonald  
3017 Avenue O  
Galveston, TX 77550

RECEIVED OGD

2017 OCT 31 P 4:11

**BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION**

**APPLICATION OF GREAT WESTERN DRILLING LTD.  
FOR A NON-STANDARD OIL SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO**

Case No. 15875

**APPLICATION**

Great Western Drilling Ltd. applies for an order approving a non-standard oil spacing and proration unit in the Bone Spring formation comprised of the W/2W/2 of Section 34, Township 21 South, Range 34 East, NMPM, Lea County, New Mexico, and pooling all mineral interests in the Bone Spring formation underlying the non-standard unit, and in support thereof, states:

1. Applicant is an interest owner in the W/2W/2 of Section 34, and has the right to drill a well thereon.

2. Applicant proposes to drill its Grama Ridge East 34 State 3BS #2H well to a depth sufficient to test the Bone Spring formation. Applicant seeks to dedicate the W/2W/2 of Section 34 to the well to form a non-standard 160-acre oil spacing and proration unit (project area) in the Bone Spring formation. The well is a 4630' horizontal well, with a surface location 275 feet from the north line and 870 feet from the west line of Section 34, a landing point 330 feet from the north line and 460 feet from the west line of Section 34, and a bottom hole location 330 feet from the south line and 460 feet from the west line of Section 34.

3. Applicant has in good faith sought to obtain the voluntary joinder of all other mineral interest owners in the Bone Spring formation in the W/2W/2 of Section 34 for the purposes set forth herein.

4. Although Applicant attempted to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the well or to otherwise commit their interests to the well, certain interest owners have failed or refused to join in dedicating their interests.

Therefore, applicant seeks an order pooling all mineral interest owners in the Bone Spring formation in the W/2W/2 of Section 34, pursuant to NMSA 1978, §§ 70-2-17, -18.

5. Approval of the non-standard unit and the pooling of all mineral interests in the Bone Spring formation underlying the W/2W/2 of Section 34 will prevent the drilling of unnecessary wells, prevent waste, and protect correlative rights.

WHEREFORE, Applicant requests that, following notice and a hearing to be set for November 30, 2017, the Division enter its order:

A. Approving a non-standard oil spacing and proration unit (project area) in the Bone Spring formation comprised of the W/2W/2 of Section 34;

B. Pooling all mineral interests in the Bone Spring formation underlying the W/2W/2 of Section 34;

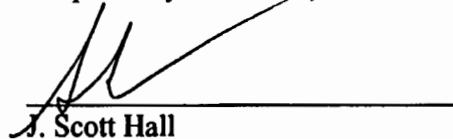
C. Designating Applicant as operator of the well;

D. Considering the cost of drilling and completing the well, and allocating the cost among the well's working interest owners;

E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and

F. Setting a 200% charge for the risk involved in drilling and completing the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,



J. Scott Hall

Seth C. McMillan

Post Office Box 2307

Santa Fe, NM 87504-2307

(505) 982-3873

*Attorneys for Great Western Drilling Ltd.*



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Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

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Chisholm Energy Operating, LLC  
801 Cherry St., Ste. 1200, Unit 20  
Fort Worth, TX 76102

12631-1701  
15875

USPO 87504  
Postmark Here  
SANTA FE NM

For Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Chisholm Energy Operating, LLC 801 Cherry St., Ste. 1200, Unit 20 Fort Worth, TX 76102</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. 7015 1730 0000 9808 5479</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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Eau Rouge, LLC  
 801 Cherry St., Ste. 1200, Unit 20  
 Fort Worth, TX 76102

12031-1701  
 #15876

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

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 Eau Rouge, LLC  
 801 Cherry St., Ste. 1200, Unit 20  
 Fort Worth, TX 76102

2. Article Tracking Number (Trk) 7015 1730 0000 9808 5509

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A. Signature  Agent  
 Addressee

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

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Postage  
Continental Land & Fur Co., Inc.  
4 Greenspoint Plaza  
16945 Northchase Dr., Ste. 1500  
Houston, TX 77060

12631-8701 #15875

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

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PS Form 3811, July 2013

Domestic Return Receipt

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A. Signature  
**X**  Agent  
 Addressee

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 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$  
Total Postage and Fees \$

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Here  
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Galveston, TX 77550 75876  
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T R MAC DONALD 11/14/17  
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& ANDREWS**  
LAW FIRM

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November 10, 2017

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Dear Sir or Madam:

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A copy of the Application for hearing is enclosed.

You are being notified as an offsetting operator. If you do not object the Application, we would appreciate your acknowledgment by signing the enclosed copy of this letter and returning the same to us at your earliest convenience.

This Application will be set for hearing before a Division Examiner on November 30, 2017, at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that

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WORLDQX 975649  
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CLIENT 12631-1701  
CC: \_\_\_\_\_

All Offsetting Operators  
November 10, 2017  
Page 2

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J. Scott Hall  
Seth C. McMillan

SCM:do  
Enclosure

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Chaparral Energy LLC  
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Oklahoma City, Ok 73114

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**APPLICATION OF GREAT WESTERN DRILLING LTD.  
FOR A NON-STANDARD OIL SPACING AND  
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LEA COUNTY, NEW MEXICO**

Case No. 15875

**APPLICATION**

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B. Pooling all mineral interests in the Bone Spring formation underlying the W/2W/2 of Section 34;

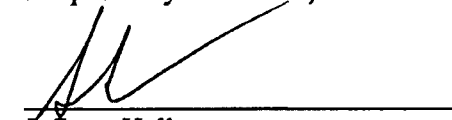
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F. Setting a 200% charge for the risk involved in drilling and completing the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,

  
\_\_\_\_\_  
J. Scott Hall  
Seth C. McMillan  
Post Office Box 2307  
Santa Fe, NM 87504-2307  
(505) 982-3873  
*Attorneys for Great Western Drilling Ltd.*

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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Marshall & Winston Inc. P. O. Box 50880 Midland, Texas 79710-0880		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Identification Number (A) (U)		3. Service Type	
7015 1730 0000 9808 5554		<input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt			

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



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

**SANTA FE NM**  
Postmark  
NOV 10 2017  
**USPO 87504**

OFFICIAL USE

Certified Mail Fee \$ 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 Postage and Fees \$
---	---

Send Marshall & Winston Inc. Street P. O. Box 50880 City Midland, Texas 79710-0880	15875 12631-1701
--	---------------------

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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Marshall & Winston Inc. P. O. Box 50880 Midland, Texas 79710-0880		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Identification Number (A) (U)		3. Service Type	
7015 1730 0000 9808 5554		<input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3800, April 2015 PSN 7530-02-000-9047		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mewbourne Oil Company 500 W. Texas Ave., Suite 1020 Midland, Texas 79701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. 7015 1730 0000 9808 5578</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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**CERTIFIED MAIL® RECEIPT**  
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OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	<p>USPS 07504 NOV 10 2012 SANTA FE NM Postmark Here</p>
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7015 1730 0000 9808 5578

7015 1730 0000 9808 5578

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

CERTIFIED MAIL®


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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mewbourne Oil Company 500 W. Texas Ave., Suite 1020 Midland, Texas 79701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. 7015 1730 0000 9808 5578</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Oxy USA, Inc. 5 Greenway Plaza, Suite 110 Houston, Texas 77046-0521</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. / 7015 1730 0000 9808 5585</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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

CERTIFIED MAIL®



7015 1730 0000 9808 5585

7015 1730 0000 9808 5585

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

Certified Mail Fee	
\$	
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 Postage and Fees	
\$	

USPO 87504

NOV 10 2011

SANTA FE NM

Postmark Here

Oxy USA, Inc.  
 5 Greenway Plaza, Suite 110  
 Houston, Texas 77046-0521

15875

PS Form 3800, April 2013 PSN 75302-200-5001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Oxy USA, Inc. 5 Greenway Plaza, Suite 110 Houston, Texas 77046-0521</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. / 7015 1730 0000 9808 5585</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Apache Corporation 303 Veterans Airpark Lane Suite 3000 Midland, Texas 79705</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2 7015 1730 0000 9808 5592</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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

## U.S. Postal Service™

# CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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### OFFICIAL USE

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 \$ \_\_\_\_\_

USPS 87504  
 NOV 10 2017  
 SANTA FE NM

Apache Corporation  
303 Veterans Airpark Lane  
Suite 3000  
Midland, Texas 79705

officet 15875

See Reverse for Instructions

CERTIFIED MAIL®

7015 1730 0000 9808 5592

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Apache Corporation 303 Veterans Airpark Lane Suite 3000 Midland, Texas 79705</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2 7015 1730 0000 9808 5592</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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, LP  
 333 W. Sheridan Ave.  
 Oklahoma City, Ok 73102-5010

2. Article Number  
7015 1730 0000 9808 5608

PS Form 3811, July 2013

Domestic Return Receipt

**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 item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**



7015 1730 0000 9808 5608  
 7015 1730 0000 9808 5608

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

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 Postage and Fees

\$

Sent

Street

City

Devon Energy Production  
 Company, LP  
 333 W. Sheridan Ave.  
 Oklahoma City, Ok 73102-5010

NOV 8 2011  
 Postmark Here  
 SANTA FE NM  
 USPO 87504

offet  
 15875

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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, LP  
 333 W. Sheridan Ave.  
 Oklahoma City, Ok 73102-5010

2. Article Number  
7015 1730 0000 9808 5608

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Stuart Carrillo 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

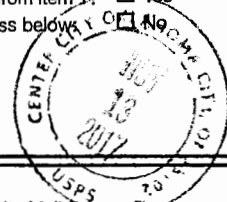
3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

GMT Exploration Company, LLC  
 1560 Broadway  
 Suite 2000  
 Denver, Co., 80202

2. Article Number

(Transfer from service label)

7015 1730 0000 9808 5615

PS Form 3811, July 2013

Domestic Return Receipt

**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 item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



7015 1730 0000 9808 5615  
 7015 1730 0000 9808 5615

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 CERTIFIED MAIL® RECEIPT  
 Domestic Mail Only**

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OFFICIAL USE

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 Postage and Fees

GMT Exploration Company, LLC  
 1560 Broadway  
 Suite 2000  
 Denver, Co., 80202

USPO 87504  
 NOV 10 2017  
 SAN FRANCISCO  
 Postmaster Here

15875

PS Form 3800, April 2013

Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

GMT Exploration Company, LLC  
 1560 Broadway  
 Suite 2000  
 Denver, Co., 80202

2. Article Number

(Transfer from service label)

7015 1730 0000 9808 5615

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Jin Lyman

C. Date of Delivery

11-15-17

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

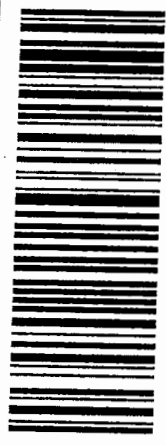
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>GMT Exploration Company, Texas LLC 1560 Broadway Suite 2000 Denver, Co., 80202</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from) 7015 1730 0000 9808 5622</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 2013	Domestic Return Receipt

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Domestic Mail Only

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**CERTIFIED MAIL®**



7015 1730 0000 9808 5622  
7015 1730 0000 9808 5622

OFFICIAL USE

SANTA FE NM  
NOV 1 2 2017  
USPS 87504

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 \$ \_\_\_\_\_

Tot \$ \_\_\_\_\_

Sei \$ \_\_\_\_\_

Sir \_\_\_\_\_

Cit \_\_\_\_\_

GMT Exploration Company,  
Texas LLC  
1560 Broadway  
Suite 2000  
Denver, Co., 80202

offet 15875

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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jim Lyman</i> C. Date of Delivery <i>11-15-17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>GMT Exploration Company, Texas LLC 1560 Broadway Suite 2000 Denver, Co., 80202</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from) 7015 1730 0000 9808 5622</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Chaparral Energy LLC 401 Cedar Lake Blvd. Oklahoma City, Ok 73114		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2.		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
7015 1730 0000 9808 5561		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

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

**CERTIFIED MAIL®**



7015 1730 0000 9808 5561  
7015 1730 0000 9808 5561

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
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 Postage and Fees	\$ _____
Chaparral Energy LLC 401 Cedar Lake Blvd. Oklahoma City, Ok 73114	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SANTA FE NM  
 NOV 10 2017  
 USPS 87504

15875 offset

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> Cheryl Claxton <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Chaparral Energy LLC 401 Cedar Lake Blvd. Oklahoma City, Ok 73114		Cheryl Claxton	11-13-17
2.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7015 1730 0000 9808 5561		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt			