

Exhibit A

WPX Energy, Inc.
420 S. Main Street
Tulsa, OK 74103
Attention: Aaron Young

RKI Exploration & Production, LLC
3500 One Williams Center
Tulsa, OK 74172

Chevron USA Production Company
15 Smith Road
Midland, TX 79705

Crown Oil Partners V, LP
P.O. Box 50820
Midland, TX 79710

Crump Energy Partners II, LLC
P.O. Box 50820
Midland, TX 79710

Nadel and Gussman Delaware, LLC
15 East 5th Street, Suite 3300
Tulsa, OK 74103

Marathon Oil Permian, LLC
5555 San Felipe Street
Houston, TX 77056
Attention: Chase Rice


COG Operating LLC
550 W. Texas Avenue
Midland, TX 79702

McCully-Chapman, Inc.
P. O. Box 1389
Sealy, TX 77474-8502

Novo Oil and Gas Case 16283 Exhibit 6

Wade Petroleum Corporation
2406 Northwood Ct. NW
Albuquerque, NM 87107

BTA Oil Producers, LLC
104 S. Pecos
Midland, TX 79701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<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 align="right">9416-0004</p> <p>RKI Exploration & Production, LLC 3500 One Williams Center Tulsa, OK 74172</p>	<p>A. Signature X <u>A. C. Nolan</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Ashley Nolan</u> C. Date of Delivery <u>6-25-18</u></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 align="center" style="font-size: 2em;">04</p>														
 <p align="center">9590 9402 3134 7166 5452 10</p>	<p>3. Service Type</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> all Restricted Delivery</td> <td></td> </tr> </table>	<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"/> all Restricted Delivery	
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<p>2. Article Number (Transfer from service label)</p> <p align="center">7017 3380 0000 4382 9180</p>															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p align="right">Domestic Return Receipt</p>															

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PS Form 3800, April 2015 PSN 7530-02-000-9057 See reverse for instructions

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<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
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 9590 9402 3134 7166 5451 80	<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 4382 9166</p>														
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<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____										
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<input type="checkbox"/> Adult Signature Required	\$ _____										
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____										
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PS Form 3800, April 2013 PSN 7530-02-000-9053 See reverse for instructions.

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Sent To	Crump Energy Partners II, LLC
Street	P.O. Box 50820
City, St	Midland, TX 79710

Postmark Here

9416-0004

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<p align="center"></p> <p align="center">9590 9402 3134 7166 5451 73</p> <p>2. Article Number (Transfer from service label) 7017 3380 0000 4382 9142</p>	<p>3. Service Type</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<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 Restricted Delivery	
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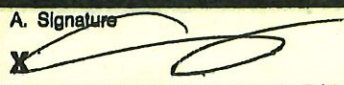
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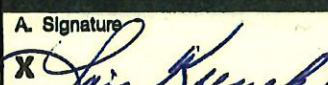
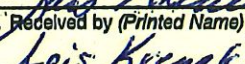
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<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified 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 \$</p>	<p>Postmark Here</p>
<p>COG Operating LLC 550 W. Texas Avenue Midland, TX 79702</p>	<p>9614-0004</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY															
<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>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>															
<p>1. Article Addressed to:</p> <p align="right">9614-0004</p> <p>McCully-Chapman, Inc. P. O. Box 1389 Sealy, TX 77474-8502</p>		<p>B. Received by (Printed Name) </p>	<p>C. Date of Delivery 6/25</p>														
<p>2. Article Number (Transfer from service label) 9590 9402 3134 7166 5456 54</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>3. Article Number (Transfer from service label) 7017 3380 0000 4382 9111</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>		<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"/> 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																	
<p>PS Form 3811, July 2016 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>															

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<p>Certified Mail Fee \$</p> <p>Extra Services & 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>Postmark Here</p>
<p>7017 3380 0000 4382 9111</p> <p>McCully-Chapman, Inc. P. O. Box 1389 Sealy, TX 77474-8502</p>	<p>9614-0004</p>
<p>PS Form 3800, April 2014 PSN 7530-02-000-9053</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p>9614-0004</p> <p>Wade Petroleum Corporation 2406 Northwood Ct. NW Albuquerque, NM 87107</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6/30/08</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 4382 9104</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>Barcode: 9590 9402 3134 7166 5456 47</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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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	\$ _____



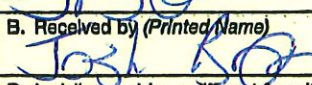

Postage \$ _____

Total \$ _____

Sent to: Wade Petroleum Corporation
2406 Northwood Ct. NW
Albuquerque, NM 87107

City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<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: right;">9416-0004</p> <p>BTA Oil Producers, LLC 104-S. Pecos Midland, TX 79701</p> <div style="text-align: center;">  9590 9402 3134 7166 5456 30 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 3380 0000 4382 9098</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;">  6/25/18 </div> </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 style="text-align: center; font-size: 2em; margin-top: 20px;"></p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail </td> <td style="vertical-align: top;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table> <p style="text-align: center; font-size: 0.8em;">all Restricted Delivery</p>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
PS Form 3811, July 2015 PSN 7530-02-000-9053			
Domestic Return Receipt			

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<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table>	<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	\$ _____	<p>Postage</p> <p>\$ _____</p> <p>Total Post</p> <p>\$ _____</p> <p>Sent To</p> <p>Street and</p> <p>City, State</p>
<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

9416-0004

BTA Oil Producers, LLC
104 S. Pecos
Midland, TX 79701

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

CERTIFIED MAIL RETURN RECEIPTS

CASE NO. 16283

(9416.0004)

NO GREEN CARD RECEIVED

7037 3380 0000 4386 22 91977

751 4C I
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD
BC: 80202511375 225617712-904923

<p>SENDER: COMPLETE THIS SECTION</p> <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. <p>1. Article Addressed to: 9416-0004</p> <p>WPX Energy, Inc. 420 S. Main Street Tulsa, OK 74103 Attention: Aaron Young</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent</p> <p style="text-align: center; font-size: 1.5em; margin: 10px 0;">X</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <input type="checkbox"/> Yes</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> No</p> <p style="text-align: center; margin-top: 10px;">If YES, enter delivery address below:</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Bulk <input type="checkbox"/> Special</p> <p><input type="checkbox"/> Add. Surcharges <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for</p>	

BEATTY & WOZNIAK, P.C.
ENERGY IN THE LAW
216 Sixteenth St., Suite 1100
Denver, CO 80202-5115

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

Postmark
Here

9416-0004

From
Chevron USA Production Company
15 Smith Road
Midland, TX 79705

To
Beatty & Wozniak, P.C.
216 Sixteenth St., Suite 1100
Denver, CO 80202-5115

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.

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

9590 9402 3134 7166 5452 03

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 1 04 132
 SIXIN
 Midland, TX 79705