

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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"/> <i>Alex Parks</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to: 9416-0006</p> <p>THRU LINE O&amp;G NM, LLC                  201 Main Street, Suite 2700                  Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name) <b>JUN 20 2017</b> Date of Delivery</p>													
 9590 9402 3887 8060 8356 55		<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><i>d</i></p>													
<p>2. Article Number (Transfer from service label)                  7017 3380 0000 0520 9012</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> </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"/> 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														
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt													

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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	\$ _____

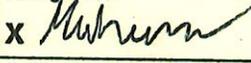
Postage 9416-0006

THRU LINE O&G NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

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

7017 3380 0000 0520 9012

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<p>1. Article Addressed to: 9416-0006</p> <p>SRB1 O&amp;G NM, LLC                  201 Main Street, Suite 2700                  Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name) JUN 25 2017 Date of Delivery</p>																	
 9590 9402 3887 8060 8356 48		<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><i>ok</i></p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 0520 9005</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> <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		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
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<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 \$ \_\_\_\_\_

SRB1 O&G NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

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<p>1. Article Addressed to: 9416-0006</p> <p>Keystone O&amp;G NM, LLC                  201 Main Street, Suite 2700                  Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name) <i>Alm</i> Date of Delivery <i>2 8 2017</i></p>	
<p>2. Article Number (Transfer from service label)                  7017 3380 0000 0520 8992</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</p> <p><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</p>		<p>Barcode: 9590 9402 3887 8060 8356 31</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	

Postmark Here

Keystone O&G NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

9416-0006

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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  <b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 9416-0006</p> <p>OXY Y-1 Company                  P. O. Box 27570                  Houston, TX 77227                  Attention: Jeremy Murphrey</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3887 8060 8356 24</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><i>James E Beard</i>  <b>JAMES BEARD</b></p> <p><i>04</i></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input 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"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><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</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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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 9416-0006

OXY Y-1 Company  
 P. O. Box 27570  
 Houston, TX 77227  
 Attention: Jeremy Murphrey

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7017 3380 0000 0520 8985

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<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</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>		<b>A. Signature</b> <input checked="" type="checkbox"/> <i>J. K. O.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b> 9416-0006 BTA Oil Producers, LLC 104 S. Pecos Midland, TX 79701		<b>B. Received by (Printed Name)</b> <i>Josh B. O.</i>	<b>C. Date of Delivery</b> <i>6/25/18</i>
		<b>D. Is delivery address different from Item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <i>olo</i>	
 9590 9402 3887 8060 8356 17		<b>3. Service Type</b> <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 checked="" 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"/> Registered Mail Restricted Delivery	
<b>2. Article Number (Transfer from service label)</b> 7017 3380 0000 0520 8978			
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**BEATTY & WOZNAK, P.C.**

ATTORNEYS AT LAW  
500 DON GASPAR AVENUE  
SANTA FE, NEW MEXICO 87505-2626  
TELEPHONE (505) 983-8545  
FACSIMILE (505) 983-8547  
www.bwenergylaw.com

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CANDACE CALLAHAN

DIRECT: (505) 983-8764  
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

June 21, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT

To: Affected Parties and Offsetting Lessees and Operators

Re: New Mexico Oil Conservation Division Application for Non-Standard Spacing and Proration Unit and Compulsory Pooling, Case No. 16286  
**Rana Salada Fed Com 6 4 WB #1H well and Rana Salada Fed Com 6 4 WXY #1H well**

Dear Ladies and Gentlemen:

This letter is to advise you that Novo Oil & Gas, LLC has filed the enclosed application for non-standard spacing and compulsory pooling 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 or a tract affected by the non-standard spacing unit, you are entitled to notice of this application.

This application will be set for hearing before a Division Examiner at 8:15 a.m. on July 12, 2018. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. 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 part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office four days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include: the names of the party and its attorney; 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact Brandon Patrick at 405-609-1740 or bpatrick@novoog.com.

Very truly yours,



Candace Callahan  
Attorney for Novo Oil & Gas, LLC

# Novo Oil and Gas Case 16286 Exhibit 6

## 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

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

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

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

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<p>1. Article Addressed to:</p> <p>RKI Exploration &amp; Production, LLC                  3500 One Williams Center                  Tulsa, OK 74172</p>		<p>B. Received by (Printed Name)  <i>Ashley Nolan</i></p>	<p>C. Date of Delivery  <i>6-25-13</i></p>																
<p>2. Article Number (Transfer from service label)</p> <p>9416-0006</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><i>OK</i></p>																	
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<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
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<input type="checkbox"/> Mail Restricted Delivery																			
<p>7017 3380 0000 0520 8954</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>																	

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

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<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	\$

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9416-0006

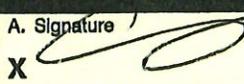
RKI Exploration & Production, LLC  
 3500 One Williams Center  
 Tulsa, OK 74172

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See Reverse for Instructions

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<p>1. Article Addressed to: 9416-0006</p> <p>COG Operating LLC                      550 W. Texas Avenue                      Midland, TX 79702</p>		<p>B. Received by (Printed Name) <u>E. Rubalcava</u> C. Date of Delivery <u>12/21/19</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><i>de</i></p>	
 9590 9402 3887 8060 8492 87		<p>3. Service Type</p> <p><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</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 0520 8930</p>			
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Extra Services & Fees (check box, add fee as appropriate)

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

Postmark Here

9416-0006

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

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<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</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"/> <i>Lois Krennek</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to: 9416-0006</p> <p>McCully-Chapman, Inc.                  P. O. Box 1389                  Sealy, TX 77474-8502</p>		<p>B. Received by (Printed Name)  <i>Lois Krennek</i></p>	<p>C. Date of Delivery  <i>6/27/18</i></p>												
<p>2. Article Number (Transfer from service label)                  7017 3380 0000 0520 8923</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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" 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> </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 type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" 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"/> 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 checked="" 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														
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>													

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>	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	Postmark Here
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 \$ _____	
Postage \$ _____	9416-0006
McCully-Chapman, Inc. P. O. Box 1389 Sealy, TX 77474-8502	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7017 3380 0000 0520 8923

**CERTIFIED MAIL RETURN RECEIPTS**

**CASE NO. 16286**

**(9416.0006)**

**NO GREEN CARD RECEIVED**

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

7017 3380 0000 0520 8961

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

**OFFICIAL USE**

7017 3380 0000 0520 8961

**Certified Mail Fee**  
 Extra Services & Fees (attach base receipt as appropriate)  
 Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Restricted Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_  
 Postage \$ **9416-0006**

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

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

APPROVED FOR DELIVERY  
 ADDRESS ONLY  
 81/92/9000  
 1 20 167  
 SIXTY

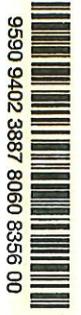
WPX Energy, Inc.  
 420 S. Main Street  
 Tulsa, OK 74103  
 Attention: Aaron Young

9416-0006  
 WPX  
 Apt # 2  
 Mrs Delia

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



9590 9402 3887 8060 8356 00

**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:  No

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for \_\_\_\_\_

USPS  
 REGISTERED MAIL  
 \$07.62  
 05212018  
 0411124430

*AKU*

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



REPORT  
 06/21/2018  
**US POSTAGE** \$07.62  
 ZIP 80202  
 0411124428

7017 3380 0000 0520 8947

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

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)

<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

Chevron USA Production Company 9416-0006  
 15 Smith Road  
 Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9007 See Reverse for Instructions

ST/12/9000 1 00 TEL SIXIN

FORWARD TO ADDRESSEE  
 BY REGISTERED MAIL  
 RETURN TO NUMBER

**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: 9416-0006  
 Chevron USA, Production Company  
 15 Smith Road  
 Midland, TX 79705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name)  Date of Delivery

C. 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  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery

Barcode: 0520 8947 0000 3380 7017

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



**CERTIFIED MAIL**

POSTAGE & FEE PAID  
 06/21/2015  
**US POSTAGE**  
 \$07.62  
 ZIP 80202  
 04711124430

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

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) 3  
 Return Receipt (electronic) 4  
 Certified Mail Restricted Delivery 5  
 Adult Signature Required 2  
 Adult Signature Restricted Delivery 3

Postmark Here

Position 9416-0006

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

PS Form 3800, April 2015 PSN 7530-0200-9047 See Reverse for Instructions

Wade Petroleum Corporation 9416-0006

NIXIE 971075023-1N 06/28/18

**RETURN TO SENDER  
 UNABLE TO FORWARD  
 RETURN TO SENDER**

**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: 9416-0006

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

9590 9402 3887 8060 8492 63

**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

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for

*FILE*