

**BEATTY & WOZNIAK, P.C.**

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CANDACE CALLAHAN

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

October 23, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT

To: Parties on Exhibit "A"

Re: New Mexico Oil Conservation Division Amended Application for Non-Standard Spacing and  
Proration Unit and Compulsory Pooling, Case No. 16283  
**Rana Salada Fed Com 0504 133H well**

Dear Ladies and Gentlemen:

This letter is to advise you that Novo Oil & Gas, LLC has filed the enclosed amended application for non-standard spacing and compulsory pooling with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on November 15, 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 interest owner in the well unit you may be affected by this application, and 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 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 405-286-4197 or bpatrick@novoog.com.

Very truly yours,



Candace Callahan

Attorney for Novo Oil & Gas, LLC

APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC Case No. 16283  
EXHIBIT #24-A

(16283) Exhibit A

Bureau of Land Management  
301 Dinosaur Trail  
Santa Fe, NM 87508

EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706  
Attn: Charles Moran

EOG A Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706  
Attn: Charles Moran

EOG M Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706  
Attn: Charles Moran

OXY Y-1 Company  
P.O Box 27570  
Houston, TX 77229  
Attn: Jeremy Murphrey

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

CTV-LMB I, BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-LMB II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-CTAM BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-SRB I, BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-SRB II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

SRBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

SRBI II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

THRU LINE BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

Keystone (RMB) BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

Keystone (CTAM) BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

LMBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

LMBI II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

Wells Fargo Bank, N.A., Trustee of the  
John Saleh Charitable Foundation  
500 West Texas Avenue  
Midland, TX 79701

Morris E. Schertz and wife, Holly K. Schertz  
P.O Box 2588  
Roswell, NM 88202

Rolla R. Hinkle II  
P.O Box 2292  
Roswell, NM 88202

NOVO Minerals, LP  
105 N. Hudson Ave Ste 500  
Oklahoma City, OK 73102

Destiny Management, Inc.  
104 N. Big Spring, Suite 220  
Midland, TX 79701

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

Melinda Mueller  
Personal Representative of the Estate of Philip B.  
Withrow  
P.O Box 616  
Stamford, TX 79553

Mesquite SWD, Inc.  
P.O. Box 1479  
Carlsbad, New Mexico 88221

C. Wendel Schoenberger, LP  
P.O. Box 2604  
Midland, Texas 79702

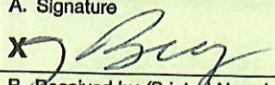
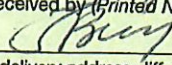
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">9416 -0004 A</p> <p>Bureau of Land Management            301 Dinosaur Trail            Santa Fe, NM 87508</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 0360 0001 7193 3531</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>9590 9402 3862 8060 3590 22</p>		<p>3. Service Type</p> <p> <input type="checkbox"/> Adult Signature  <input checked="" type="checkbox"/> Adult Signature Restricted Delivery  <input 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           </p> <p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" 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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<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <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 \$ _____           </p> <p>Postage</p> <p>\$ _____</p> <p>Total Postage and</p> <p>\$ _____</p> <p>Sent To</p> <p>Street and Apt. No.</p> <p>City, State, ZIP+4®</p>	<p>Postmark Here</p> <p style="text-align: right;">9416 -0004 A</p> <p>Bureau of Land Management            301 Dinosaur Trail            Santa Fe, NM 87508</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	



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<p>1. Article Addressed to:</p> <p>EOG Y Resources, Inc.  5509 Champions Drive  Midland, TX 79706  Attn: Charles Moran</p> <p>9416 -0004 A</p>		<p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>10-24-11</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 0360 0001 7193 3548</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>9590 9402 3862 8060 3590 39</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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" 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><input type="checkbox"/> Insured Mail</p>	
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<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 \$</p> <p>Sent To</p> <p>Street and Apt.</p> <p>City, State, ZIP</p>	<p>Postmark Here</p> <p>9416 -0004 A</p> <p>EOG Y Resources, Inc.  5509 Champions Drive  Midland, TX 79706  Attn: Charles Moran</p>
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<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0404 3383</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>Barcode: 9590 9402 3862 8060 3590 46</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 checked="" 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 checked="" 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
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<p>1. Article Addressed to:</p> <p>EOG M Resources, Inc. 5509 Champions Drive Midland, TX 79706 Attn: Charles Moran</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery <i>10-29-18</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3862 8060 3590 53</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>7018 1830 0001 0404 3420</p>		<p>stricted Delivery</p>	
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<p>EOG M Resources, Inc. 5509 Champions Drive Midland, TX 79706 Attn: Charles Moran</p>	<p>9416 -0004 A</p>
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7018 1830 0001 0403 6446



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 side.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: right;">9416 -0004 A</p> <p>THRU LINE O&amp;G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p> </div> <p style="text-align: center;">9590-9402 3862 8060 3588 03</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7018 1830 0001 0403 6484</p>	<p>A. Signature  <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/></div> <div> <p><i>Ammy Ekert</i></p> <p><b>AMMY EKERT</b></p> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <b>AMMY EKERT</b></p> <p>C. Date of Delivery <b>11-1-13</b></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> <div style="margin-top: 10px;"> <p><i>Land Loc 115</i></p> <p><i>22777 Springwoods</i></p> <p><i>Village Pkwy</i></p> <p><i>Spring TX 77389</i></p> </div> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail															

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

7018 1830 0001 0403 6484

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table style="width: 100%; font-size: 0.8em;"> <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> <p>Postage \$ _____</p> <p>Total Postage \$ _____</p> <p>Sent To _____</p> <p>Street and Apt. _____</p> <p>City, State, Zip _____</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	\$ _____	<p>Postmark Here</p> <div style="border: 1px solid #006633; padding: 10px; margin-top: 20px;"> <p style="text-align: right;">9416 -0004 A</p> <p>THRU LINE O&amp;G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p> </div>
<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	\$ _____										

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

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  X <u>Tammy Ekert</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">9416 -0004 A</p> <p>CTV-LMB I, BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name)  <u>Tammy Ekert</u></p> <p>C. Date of Delivery  <u>11-1-18</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>7018 1830 0001 0404 3390</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><u>Lant Loc 115</u>  <u>22777 Springwoods Vlg</u>  <u>Parkway</u>  <u>Spring TX 77389</u></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><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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<b>OFFICIAL USE</b>	
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	\$
Sent To	9416 -0004 A
Street and Apt	CTV-LMB I, BPEOR NM, LLC
City, State, Zip	201 Main Street, Suite 2700 Fort Worth, TX 76102
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

0404 3390 1830 7018

Postmark  
Here



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  <div style="display: flex; justify-content: space-between;"> <span>X <i>M. Mink</i></span> <span><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">28</span> <span>2017</span> </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>1. Article Addressed to:</p> <div style="text-align: right; margin-bottom: 10px;">9416-0004 A</div> <p>CTV-LMB II BPEOR NM, LLC            201 Main Street, Suite 2700            Fort Worth, TX 76102</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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               </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery               </div> </div>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;">             7018 1830 0001 0404 3406           </div>	<p>restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

7018 1830 0001 0404 3406

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Return Receipt (hardcopy)               <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Return Receipt (electronic)               <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Certified Mail Restricted Delivery               <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Adult Signature Required               <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Adult Signature Restricted Delivery               <span>\$ _____</span> </div>	<p>Postmark Here</p>
--	----------------------

Postage \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

9416-0004 A

CTV-LMB II BPEOR NM, LLC

201 Main Street, Suite 2700

Fort Worth, TX 76102

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

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 checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Number</p> <p>9416 -0004 A</p> <p>CTV-CTAM BPEOR NM, LLC            201 Main Street, Suite 2700            Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery            OCT 26 2017</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0404 3413</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</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><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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<p>Certified Mail Fee</p> <p>\$</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>Postmark Here</p>
<p>Postage</p> <p>\$</p> <p>Total Postage</p> <p>\$</p>	
<p>Sent To</p> <p>Street and Ap</p> <p>City, State, Zi</p>	<p>9416 -0004 A</p> <p>CTV-CTAM BPEOR NM, LLC            201 Main Street, Suite 2700            Fort Worth, TX 76102</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</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  
 \$  
 Total Postage \$

Sent To  
 Street and A  
 City, State, ZIP+4<sup>®</sup>

CTV- SRB I, BPEOR NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

9416-0004 A

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CTV- SRB I, BPEOR NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

9416-0004 A

Barcode: 9590 9402 3862 8060 3588 34

2. Article Number (Transfer from service label)  
 7018 1830 0001 0403 6477

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Methum* ☐ Agent ☐ Addressee

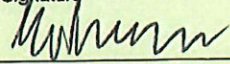
B. Received by (Printed Name)  
 C. Date of Delivery  
 OCT 2 2017

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

3. Service Type

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

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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  X  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>9416 -0004 A</p> <p>CTV-SRB II BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name) <b>OCT 26 2017</b></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)  <b>7018 1830 0001 0403 6507</b></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>9590 9402 3862 8060 3588 41</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><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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<b>OFFICIAL USE</b>	
<p>Certified Mail Fee</p> <p>\$</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>\$</p> <p>Total Postage</p> <p>\$</p> <p>Sent To</p> <p>Street and Apt</p> <p>City, State, Zip</p>	<p>Postmark Here</p>
<p>CTV-SRB II BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102</p>	<p>9416 -0004 A</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	



## 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 -0004 A

SRBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102



9590 9402 3862 8060 3588 58

## 2. (Transfer from service label)

7018 1830 0001 0404 3369

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

OCT

## C. Date of Delivery

2 8 2017

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

## 3. Service Type

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

Restricted Delivery

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## Certified Mail Fee

\$

## Extra Services &amp; 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

\$

## Sent To

## Street and Apt

## City, State, Zip

SRBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

9416 -0004 A

Postmark  
Here

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

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