

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION FOR  
THE PURPOSE OF CONSIDERING:

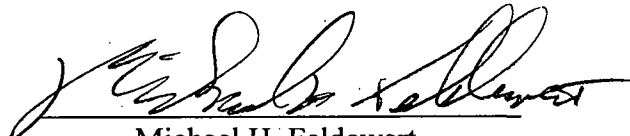
APPLICATION OF COG OPERATING LLC  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT AND COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 14848

AFFIDAVIT

STATE OF NEW MEXICO   )  
  ) ss.  
COUNTY OF SANTA FE   )

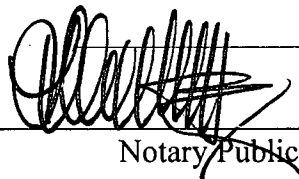
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 23rd day of May 2012 by Michael H.  
Feldewert.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 01/14/15

  
Notary Public

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 4  
Submitted by:  
COG OPERATING LLC  
Hearing Date: May 24, 2012

**EXHIBIT A**  
**COG OPERATING LLC**  
**TARPAN 33 FEE 3H**

Oxy Y-1  
Post Office Box 4294  
Houston, Texas 77210-4294  
Attn: Kat Almeida

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, New Mexico 88210  
Attn: Chuck Moran

MYCO Industries, Inc.  
105 South 4th Street  
Artesia, New Mexico 88210  
Attn: Chuck Moran

ABO Petroleum Corporation  
105 South 4th Street  
Artesia, New Mexico 88210  
Attn: Chuck Moran

Rolla R. Hinkle  
Post Office Box 2292  
Roswell, New Mexico 88202

OGX Resources LLC  
400 North Marienfeld Street  
Suite 200  
Midland, Texas 79701

DDDF, Inc.  
Post Office Box 465  
Midland, Texas 79702

Ralf L. Way  
Post Office Box 465  
Midland, Texas 79702

Jack L. Russell and Frances R.  
Russell  
Post Office Box 1604  
Midland, Texas 79702

Charles E. Nearburg dba Nearburg  
Exploration Co.  
5447 Glenlake Drive  
Dallas, Texas 75231  
Attn: Terry Grant

Nearburg Exploration Co.  
Post Office Box 823085  
Dallas, Texas 70382

Nearburg Exploration Co.  
3300 N. A Street, Bldg. 2  
Suite 120  
Midland, Texas 79705

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HOLLAND & HART LLP



**Adam G. Rankin**  
**Associate**  
Phone 505-988-4421  
Fax 505-983-6043  
agrarkin@hollandhart.com

May 1, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for a non-standard spacing and  
proration unit and compulsory pooling, Eddy County, New Mexico.  
Tarpan 33 Fee 3H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on May 24, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Mike Wallace at (432) 221-0465.

Sincerely,

Adam G. Rankin  
**ATTORNEY FOR COG OPERATING LLC**

MHF  
Enclosure

**Holland & Hart LLP**

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

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

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

7006 0100 0005 0625 8990

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
**MHF/COG**  
**Tarpan 33 Fee 3H**  
**OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Oxy Y-1  
 Post Office Box 4294  
 Houston, Texas 77210-4294  
 Attn: Kat Almeida

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Oxy Y-1  
 Post Office Box 4294  
 Houston, Texas 77210-4294  
 Attn: Kat Almeida

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8990

PS Form 3811, February 2004 Domestic Return Receipt 02595-02-M-1540

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

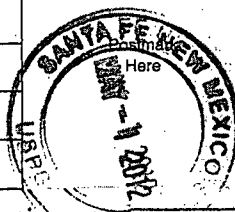
**ACTION ON DELIVERY**

A. Signature: *[Signature]* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name): *[Name]* C. Date of Delivery: MAY 07 2012  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:  
 3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0626 5103

**U.S. Postal Service™**  
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 (Domestic Mail Only; No Insurance Coverage Provided)  
**MHF/COG**  
**Tarpan 33 Fee 3H**  
**OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Yates Petroleum Corporation  
 105 South 4th Street  
 Artesia, New Mexico 88210  
 Attn: Chuck Moran

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Yates Petroleum Corporation  
 105 South 4th Street  
 Artesia, New Mexico 88210  
 Attn: Chuck Moran

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5103

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**ACTION ON DELIVERY**

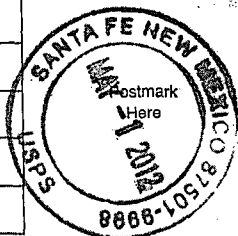
A. Signature: *[Signature]* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name): *[Name]* C. Date of Delivery: 5-7-12  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:  
 3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0626 5097

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit [usps.com](http://usps.com)

MHF/COG  
 Tarpan 33 Fee 3H

Postage \$ 1.65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95



MYCO Industries, Inc.  
 105 South 4th Street  
 Artesia, New Mexico 88210  
 Attn: Chuck Moran

PS Form 3811, February 2004 (Transfer from service label) 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:

MYCO Industries, Inc.  
 105 South 4th Street  
 Artesia, New Mexico 88210  
 Attn: Chuck Moran

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 5097

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**ACTION ON DELIVERY**

- A. Signature J. Delgado ☒ Agent ☐ Addressee
- B. Received by (Printed Name) J. Delgado C. Date of Delivery 5-2-12
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: C**

- 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:

ABO Petroleum Corporation  
 105 South 4th Street  
 Artesia, New Mexico 88210  
 Attn: Chuck Moran

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 5080

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**ACTION ON DELIVERY**

- A. Signature J. Delgado ☒ Agent ☐ Addressee
- B. Received by (Printed Name) J. Delgado C. Date of Delivery 5-13-12
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

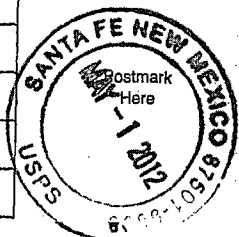
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0626 5080

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit [usps.com](http://usps.com)

MHF/COG  
 Tarpan 33 Fee 3H

Postage \$ 1.65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95



ABO Petroleum Corporation  
 105 South 4th Street  
 Artesia, New Mexico 88210  
 Attn: Chuck Moran

for instructions

7006 0100 0005 0626 5073

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Service)  
 For delivery information visit **offic**  
**MHF/COG**  
**Tarpan 33 Fee 3H**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

**SANTA FE NEW MEXICO**  
 MAR 1 2012  
 Postmark Here

Rolla R. Hinkle  
 Post Office Box 2292  
 Roswell, New Mexico 88202

PS Form 3800, June 2002 See reverse for instructions

**CERTIFIED MAIL**  
**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:  
 Rolla R. Hinkle  
 Post Office Box 2292  
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label)  
 7006 0100 0005 0626 5073

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**ACTION ON DELIVERY**  
 A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) ☒ Date of Delivery  
 Rolla R. Hinkle 5/3/12  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 5066

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Service)  
 For delivery information visit **offic**  
**MHF/COG**  
**Tarpan 33 Fee 3H**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

**SANTA FE NEW MEXICO**  
 MAR 1 2012  
 Postmark Here

OGX Resources LLC  
 400 North Marienfeld Street  
 Suite 200  
 Midland, Texas 79701

PS Form 3800, June 2002 See reverse for instructions

**CERTIFIED MAIL**  
**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:  
 OGX Resources LLC  
 400 North Marienfeld Street  
 Suite 200  
 Midland, Texas 79701

2. Article Number (Transfer from service label)  
 7006 0100 0005 0626 5066

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**ACTION ON DELIVERY**  
 A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) ☒ Date of Delivery  
 Pamela Swierc 5-3-12  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

6505 9290 0005 0100 0001 7006

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our **OFFICIAL** website  
**MHF/COG**  
**Tarpan 33 Fee 3H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

**SANTA FE NEW MEXICO 87501-5600**  
 Postmark Here

DDDF, Inc.  
 Post Office Box 465  
 Midland, Texas 79702

For Instructions

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

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DDDF, Inc.  
 Post Office Box 465  
 Midland, Texas 79702

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5059

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**IN DELIVERY**

A. Signature: Denise Mills ☐ Agent ☐ Addressee

B. Received by (Printed Name): Denise Mills

C. Date of Delivery: 5-7-11

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

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2405 9290 0005 0100 0001 7006

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our **OFFICIAL** website  
**MHF/COG**  
**Tarpan 33 Fee 3H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

**SANTA FE NEW MEXICO 87501-5600**  
 Postmark Here

Ralf L. Way  
 Post Office Box 465  
 Midland, Texas 79702

For Instructions

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

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ralf L. Way  
 Post Office Box 465  
 Midland, Texas 79702

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5042

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: Denise Mills ☐ Agent ☐ Addressee

B. Received by (Printed Name): Denise Mills

C. Date of Delivery: 5-7-11


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

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

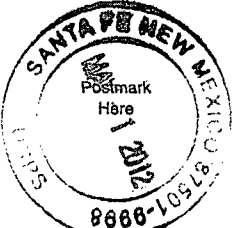


7006 0100 0005 0625 9034

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit <b>OFFICIAL</b>	MHF/COG Tarpan 33 Fee 3H
Postage \$ .65	
Certified Fee 2.95	
Return Receipt Fee (Endorsement Required) 2.35	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 5.95	
Jack L. Russell and Frances R. Russell Post Office Box 1604 Midland, Texas 79702	
for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> 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.		<b>ON DELIVERY</b> A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <i>Frances R. Russell</i> C. Date of Delivery: <i>5/9/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Jack L. Russell and Frances R. Russell Post Office Box 1604 Midland, Texas 79702		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number: <i>7006 0100 0005 0625 9034</i> (Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0625 9027

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit <b>OFFICIAL</b>	MHF/COG Tarpan 33 Fee 3H
Postage \$ .65	
Certified Fee 2.95	
Return Receipt Fee (Endorsement Required) 2.35	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 5.95	
Charles E. Nearburg dba Nearburg Exploration Co. 5447 Glenlake Drive Dallas, Texas 75231 Attn: Terry Grant	
for Instructions	

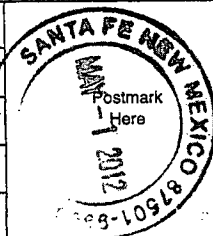
<b>SENDER: COMPLETE THIS SECTION</b> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <i>GABRIEL ROBERT</i> C. Date of Delivery: <i>5-4-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Charles E. Nearburg dba Nearburg Exploration Co. 5447 Glenlake Drive Dallas, Texas 75231 Attn: Terry Grant		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number: <i>7006 0100 0005 0625 9027</i> (Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



7006 0100 0005 0625 9010

**U.S. Postal Service™**  
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 For delivery information visit **OFFIC**  
 MHF/COG  
 Tarpan 33 Fee 3H

Postage \$ 65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95



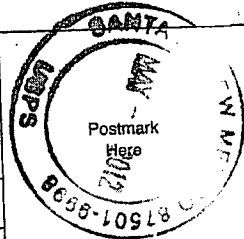
Nearburg Exploration Co.  
 Post Office Box 823085  
 Dallas, Texas 70382

or Instructions

7006 0100 0005 0625 9003

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Service Provided)  
 For delivery information visit **OFFIC**  
 MHF/COG  
 Tarpan 33 Fee 3H

Postage \$ 65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95



Nearburg Exploration Co.  
 3300 N. A Street, Bldg. 2  
 Suite 120  
 Midland, Texas 79705

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nearburg Exploration Co.  
 Post Office Box 823085  
 Dallas, Texas 70382

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 9010

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nearburg Exploration Co.  
 3300 N. A Street, Bldg. 2  
 Suite 120  
 Midland, Texas 79705

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 9003

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ON DELIVERY

A. Signature

*[Signature]*  
 B. Received by (Printed Name)  
 GABRIEL ROBERTS

☒ Agent  
☐ Addressee

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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

A. Signature

*[Signature]*  
 B. Received by (Printed Name)  
 Ken Dixon

☐ Agent  
☐ Addressee

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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes