

**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. 14850

AFFIDAVIT

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

Adam G. Rankin, 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.

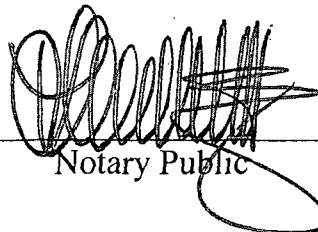


Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 22nd day of June 2012 by Adam
G. Rankin.



**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: June 25, 2012

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.
Hogan State Com 4H 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**

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. ♻

EXHIBIT A
COG OPERATING LLC
HOGAN STATE COM 4H WELL

Peggy Runyan
6290 Olohena Road, Apt. C
Kapaa, Hawaii 96746-8705

Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

Rodney Webb
2409 W. Cerro Road
Artesia, New Mexico 88210

Black Stone Natural Resources
1001 Fannin, Suite 2020
Houston, Texas 77002

ConocoPhillips Company
600 North Dairy Ashford
3WL-14066
Houston, Texas 77079

Murchison Oil & Gas, Inc.
1100 Mira Vista Blvd.
Plano, Texas 75093
Attn: Bret Austin

ZPZ Delaware LLC
303 Veterans Airpark Ln
Suite 3000
Midland, Texas 79705
Attn: Lee Scarborough

**Mewbourne Oil Company;
Mewbourne Development
Corporation; 3MG Corporation;
CWM 2000-B, Ltd; Mewbourne
Energy Partners 07-A, LP**
500 West Texas
Suite 1020
Midland, Texas 79701
Attn. Brett Austin

500 West Texas
Suite 1020
Midland, Texas 79701
Attn. Brett Austin

Morris Schertz
Post Office Box 2588
Roswell, New Mexico 88202

MEC Petroleum Corporation
414 West Texas, Suite 410
Midland, Texas 79702

Carol Shumate, ssp
413 Deming Road
Chapel Hill, NC 27514-3207

Alan Shumate, ssp
101 Fair Lane
Tyler, Texas 75701-5411

Morgan Shumate, ssp
32205 Park Meadow Pass
Magnolia, Texas 77355

The Unknown Heirs of Mac T.
Anderson et ux Gladys C.
Anderson, both deceased.

Maria de la Luz A. Corral-Espinoza
1865 Miner Creek Lane
Unit #3
Shula Vista, CA 91913

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit
OFFIC

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

MHF/COG
 HOGAN 4H

Postmark
 Here MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To
 Street, or P.O. Box
 City, St.
 Peggy Runyan
 6290 Oloheha Road, Apt. C
 Kapaa, Hawaii 96746-8705

PS Form 3800, June 2002 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:
 Peggy Runyan
 6290 Oloheha Road, Apt. C
 Kapaa, Hawaii 96746-8705

2. Article Number 7006 0100 0005 0626 5226
 (Transfer from service label)

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

SECTION ON DELIVERY

A. Signature *Peggy Runyan*
☐ Agent
☒ Addressee

B. Received by (Printed Name) Peggy Runyan
 C. Date of Delivery 5/1/12

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit
OFFIC

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

MHF/COG
 HOGAN 4H

Postmark
 Here MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To
 Street, or P.O. Box
 City, St.
 Vicky Moser
 3555 Comal Springs
 Canyon Lake, Texas 78133

PS Form 3800, June 2002 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:
 Vicky Moser
 3555 Comal Springs
 Canyon Lake, Texas 78133

2. Article Number 7006 0100 0005 0626 5233
 (Transfer from service label)

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

SECTION ON DELIVERY

A. Signature *Charles E. Moser*
☐ Agent
☒ Addressee

B. Received by (Printed Name) Charles E. Moser
 C. Date of Delivery 5-4-12

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

7006 0100 0005 0626 5240

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** MHF/COG
 HOGAN 4H

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

USPS SANTA FE, NM 87504
 Postmark Here
 MAY -1 2012
 DE VARGAS POST OFFICE

Sent _____
 Street or PO _____
 City, _____
 Rodney Webb
 2409 W. Cerro Road
 Artesia, New Mexico 88210

PS Form 3800, June 2002 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:
 Rodney Webb
 2409 W. Cerro Road
 Artesia, New Mexico 88210

2. Article Number _____
 (Transfer from service label) 7006 0100 0005 0626 5240

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Rodney Webb*

B. Received by (Printed Name) *STANLEY WEBB* C. Date of Delivery *5/3/12*

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

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

7006 0100 0005 0626 5257

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** MHF/COG
 HOGAN 4H

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

USPS SANTA FE, NM 87504
 Postmark Here
 MAY -1 2012
 DE VARGAS POST OFFICE

Sent _____
 Street or PO _____
 City, _____
 Black Stone Natural Resources
 1001 Fannin, Suite 2020
 Houston, Texas 77002

PS Form 3800, June 2002 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:
 Black Stone Natural Resources
 1001 Fannin, Suite 2020
 Houston, Texas 77002

2. Article Number _____
 (Transfer from service label) 7006 0100 0005 0626 5257

SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X *Black Stone Natural Resources*

B. Received by (Printed Name) *Black Stone Natural Resources* C. Date of Delivery *5/3/12*

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

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

7006 0100 0005 0626 5264

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** MHF/COG HOGAN 4H

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

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To: ConocoPhillips Company
 600 North Dairy Ashford
 3WL-14066
 Houston, Texas 77079

PS Form 3800, June 2002 See Reverse for Instructions

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

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:

ConocoPhillips Company
 600 North Dairy Ashford
 3WL-14066
 Houston, Texas 77079

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5264

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0626 5271

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **OFFIC** MHF/COG HOGAN 4H

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

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To: Murchison Oil & Gas, Inc.
 1100 Mira Vista Blvd.
 Plano, Texas 75093
 Attn: Bret Austin

PS Form 3800, June 2002 See Reverse for Instructions

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

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:

Murchison Oil & Gas, Inc.
 1100 Mira Vista Blvd.
 Plano, Texas 75093
 Attn: Bret Austin

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5271

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** website

MHF/COG
 HOGAN 4H

Postage \$ 65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

PS Form 3800, June 2002

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent 7006 0100 0005 0626 5288

Street or P.O. Box 303 Veterans Airpark Ln

City, State, ZIP+4® Midland, Texas 79705

Attn: Lee Scarborough

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** website

MHF/COG
 HOGAN 4H

Postage \$ 65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

PS Form 3800, June 2002

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent 7006 0100 0005 0626 5288

Street or P.O. Box 303 Veterans Airpark Ln

City, State, ZIP+4® Midland, Texas 79705

Attn: Lee Scarborough

1. Article Addressed to:
 ZPZ Delaware LLC
 303 Veterans Airpark Ln
 Suite 3000
 Midland, Texas 79705
 Attn: Lee Scarborough

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5288

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

IS SECTION ON DELIVERY

A. Signature Jonie Delager ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jonie Delager C. Date of Delivery 5-3-12

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** website

MHF/COG
 HOGAN 4H

Postage \$ 65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

PS Form 3800, June 2002

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent 7006 0100 0005 0626 5295

Street or P.O. Box 500 West Texas

City, State, ZIP+4® Midland, Texas 79701

Attn: Brett Austin

1. Article Addressed to:
 Mewbourne Oil Company;
 Mewbourne Development
 Corporation; 3MG Corporation;
 CWM 2000-B, Ltd; Mewbourne
 Energy Partners 07-A, LP
 500 West Texas
 Suite 1020
 Midland, Texas 79701
 Attn: Brett Austin

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5295

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Mitchell ☐ Agent ☐ Addressee

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** website

MHF/COG
 HOGAN 4H

Postage \$ 65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

PS Form 3800, June 2002

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent 7006 0100 0005 0626 5295

Street or P.O. Box 500 West Texas

City, State, ZIP+4® Midland, Texas 79701

Attn: Brett Austin

1. Article Addressed to:
 Mewbourne Oil Company;
 Mewbourne Development
 Corporation; 3MG Corporation;
 CWM 2000-B, Ltd; Mewbourne
 Energy Partners 07-A, LP
 500 West Texas
 Suite 1020
 Midland, Texas 79701
 Attn: Brett Austin

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5295

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Mitchell ☐ Agent ☐ Addressee

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** MHF/COG HOGAN 4H

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

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To: Morris Schertz
 Street or PO: Post Office Box 2588
 City, State: Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

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

SECTION ON DELIVERY

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:
 Morris Schertz
 Post Office Box 2588
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5301

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 ☒ Agent ☐ Addressee
 X Tara Reynolds
 B. Received by (Printed Name) Tara Reynolds
 C. Date of Delivery MAY 2 2012
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** MHF/COG HOGAN 4H

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

Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To: MEC Petroleum Corporation
 Street or PO: 414 West Texas, Suite 410
 City, State: Midland, Texas 79702

PS Form 3800, June 2002 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:
 MEC Petroleum Corporation
 414 West Texas, Suite 410
 Midland, Texas 79702

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5325

COMPLETE THIS SECTION ON DELIVERY

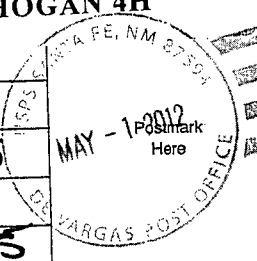
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☐ Agent ☐ Addressee
 X Mark Lawton
 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

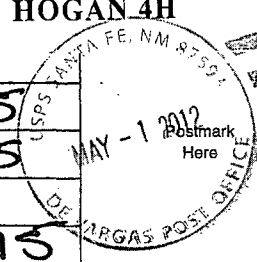
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2EES 9290 0005 0000 0007 7006

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	MHF/COG HOGAN 4H
Postage \$ <u>.65</u>	
Certified Fee <u>2.95</u>	
Return Receipt Fee (Endorsement Required) <u>2.35</u>	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ <u>5.95</u>	
Sent: Carol Shumate, ssp Street or PO: 413 Deming Road City: Chapel Hill, NC 27514-3207	
PS Form 3800, June 2002 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Carol Shumate</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>Carol Shumate</u> C. Date of Delivery <u>5/3/12</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Carol Shumate, ssp 413 Deming Road Chapel Hill, NC 27514-3207	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 (Transfer from service label) <u>7006 0100 0005 0626 5332</u>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

64ES 9290 0005 0000 0007 7006

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	MHF/COG HOGAN 4H
Postage \$ <u>.65</u>	
Certified Fee <u>2.95</u>	
Return Receipt Fee (Endorsement Required) <u>2.35</u>	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ <u>5.95</u>	
Sent: Alan Shumate, ssp Street or PO: 101 Fair Lane City: Tyler, Texas 75701-5411	
PS Form 3800, June 2002 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Alan Shumate</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Alan Shumate, ssp 101 Fair Lane Tyler, Texas 75701-5411	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 (Transfer from service label) <u>7006 0100 0005 0626 5349</u>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 5356

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** **MHF/COG**
HOGAN 4H

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

USPS SANTA FE, NM 87504
 Postmark Here
 MAY -1 2012
 DE VARGAS POST OFFICE

Sent to
 Street or PO
 City, State

Morgan Shumate, ssp
 32205 Park Meadow Pass
 Magnolia, Texas 77355

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5356

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For delivery information visit **OFFICIAL** **MHF/COG**
HOGAN 4H

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

USPS SANTA FE, NM 87504
 Postmark Here
 MAY -1 2012
 DE VARGAS POST OFFICE

Sent to
 Street or PO
 City, State

Maria de la Luz A. Corral-Espinoza
 1865 Miner Creek Lane
 Unit #3
 Shula Vista, CA 91913

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5356

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