

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by:
COG OPERATING LLC
Hearing Date: October 18, 2012



August 3, 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, Lea County, New Mexico.
Haas 6 Federal Com #1H 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 August 23, 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 Caleb Hopson at (432) 686-3049.

Sincerely,

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

EXHIBIT A
COG OPERATING LLC
HASS 6 FEDERAL COM 1H

Harvey E. Yates
P.O. Box 1933
Roswell, NM 88202

EGL Resources Inc.
P.O. Box 10886
Midland, TX 79702

Stephens & Johnson Operating
Company
P.O. Box 2249
Wichita Falls, TX 76307

Oxy USA Inc.
P.O. Box 4294
Houston, TX 77210

Jessica Wilma Cook
805 Richardson
Roswell, NM 88201

Perry C. Maxwell Jr.
1712 Hill Crest Dr.
Irving, TX 75602

Mary H. Ard
801 Cherry St.
Fort Worth, TX 781024

Mary Terrell Ard
222 W. 4th ST.
Apt. PH-5
Fort Worth, TX 76102

Westall Oil & Gas LLC
P.O. Box 4
Loco Hills, New Mexico 88255

Edward R. Hudson
616 Texas St.
Forth Worth, TX 75102

William A. Hudson II
616 Texas St.
Forth Worth, TX 76102

ConocoPhillips Co
P.O. Box 7500
Bartlesville, OK 74005

Apache Corp.
2000 Post Oak BLVD Ste. 100
Houston, TX 77056

S&J Operating
PO Box 2249
Wichita Falls, TX 76307

Lynx Petro Consultants Inc.
PO Box 1708
Hobbs, NM 88241

Echo Production Inc
P.O. Box 1210
Graham, TX 76450

The Allar Company:
P.O. Box 1567
Graham, TX 76450

Watson Oil & Gas Properties
P.O. Box 10
Hobbs, New Mexico 88241

Lynx Petroleum Consultants
P.O. Box 1708
Hobbs, New Mexico 88241

Elliot-Hall Company
P.O. Box 1231
Ogden, UT 84402

Elliot Industries
P.O. Box 1355
Roswell, New Mexico 88202

McVay Drilling Company
P.O. Box 2450
Hobbs, New Mexico 88241

Powder Horn Investments
P.O. Box 2503
Hobbs, New Mexico 88241

Javelina Partners
616 Texas Street
Fort Worth, Texas 76102

Fonay Oil & Gas
P.O. Box 1708
Hobbs, New Mexico 88241

Moutray Properties
P.O. Box 1598
Carlsbad, New Mexico 8221

Travco Resources
P.O. Box 1708
Hobbs, New Mexico 88241

EXHIBIT A
COG OPERATING LLC
HASS 6 FEDERAL COM 1H

Zorro Partners
616 Texas Street
Fort Worth, Texas 76102

Merrion Oil & Gas Corporation
610 Reilly Ave.
Farmington, N.M. 87401

Apache Corporation
2000 Post Oak Boulevard,
Suite 100
Houston, Texas 77056-4400

Devon Energy Production Co.
20 N. Broadway Ave.
Oklahoma City, OK 73102

Lowell B. Deckert
720 W. Cielo
Hobbs, New Mexico 88240

W. Wes Perry Oil & Gas Inc.
P.O. Box 371
Midland, Texas 79702

Seven Rivers, Inc.
P.O. Box 1598
Carlsbad, New Mexico 88241

7006 0100 0005 0626 8821

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SANTA FE NM 87504 *HEP/COG/HAS*

Postage	\$.65	0500
Certified Fee	2.95	05
Return Receipt Fee (Endorsement Required)	2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.95	08/31/2012

Elliott Industries
 Post Office Box 1328
 Santa Fe, New Mexico 87504

PS Form 3800, June 2002

See Reverse for Instructions

SENDER'S COPY (TO BE ATTACHED TO THE FRONT OF THE RETURN ENVELOPE)		SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Elliott Industries Post Office Box 1328 Santa Fe, New Mexico 87504</p>		<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paul M. Hsu</i> C. Date of Delivery <i>8/31/12</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>1328</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7006 0100 0005 0626 8821</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 6551

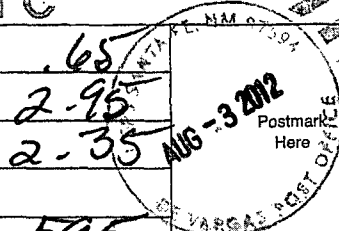
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

AGR/COG/Haas

OFFIC

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



Harvey E. Yates
 P.O. Box 1933
 Roswell, NM 88202

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:

Harvey E. Yates
 P.O. Box 1933
 Roswell, NM 88202

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 6551

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Billy Yates *8/10/02*

D. Is delivery address different from item 1? ☐ YesIf 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

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:

EGL Resources Inc.
 P.O. Box 10886
 Midland, TX 79702

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 6537

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

LORA GILES *8-10-02*

D. Is delivery address different from item 1? ☐ YesIf 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 6537

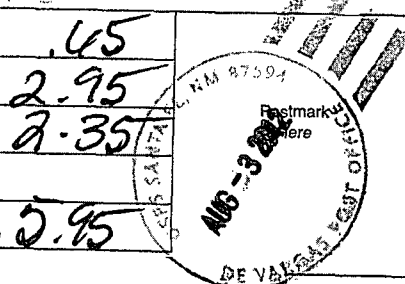
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

AGR/COG/Haas

OFFIC

Postage \$.45
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95



EGL Resources Inc.
 P.O. Box 10886
 Midland, TX 79702

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 0626 6520

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

For delivery information visit **AGR/COG/Haas**

OFFICE

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
 AUG - 3 2002

Stephens & Johnson Operating Company
 P.O. Box 2249
 Wichita Falls, TX 76307

PS Form 3811, February 2004 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:
 Stephens & Johnson Operating Company
 P.O. Box 2249
 Wichita Falls, TX 76307

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6520

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) Cory Lewis 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 6520

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

For delivery information visit **AGR/COG/Haas**

OFFICE

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
 AUG - 3 2002

Oxy USA Inc.
 P.O. Box 4294
 Houston, TX 77210

PS Form 3811, February 2004 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:
 Oxy USA Inc.
 P.O. Box 4294
 Houston, TX 77210

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6513

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

7006 0100 0005 0626 6505

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

For delivery information visit **AGR/COG/Haas**

OFFICIAL

Postage	\$.45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.75

Postmark Here

Jessica Wilma Cook
 805 Richardson
 Roswell, NM 88201

See Reverse for Instructions

Returned

7006 0100 0005 0626 6490

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

For delivery information visit **AGR/COG/Haas**

OFFICIAL

Postage	\$.45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.75

Postmark Here

Perry C. Maxwell Jr.
 1712 Hill Crest Dr.
 Irving, TX 75602

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 6483

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

For delivery information visit **AGR/COG/Haas**

OFFICE

Postage	\$.45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
 Here
 AUG 3 2012
 SANTA FE, NM 87504
 EL PASO POST OFFICE

Mary H. Ard
 801 Cherry St.
 Fort Worth, TX 781024

PS Form 3800, June 2002 or Instructions

Returned

7006 0100 0005 0626 6476

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

For delivery information visit **AGR/COG/Haas**

OFFICE

Postage	\$.45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
 Here
 AUG 3 2012
 SANTA FE, NM 87504
 EL PASO POST OFFICE

Mary Terrell Ard
 222 W. 4th ST.
 Apt. PH-5
 Fort Worth, TX 76102

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:

Mary Terrell Ard
 222 W. 4th ST.
 Apt. PH-5
 Fort Worth, TX 76102

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 6476

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Jo Graf* C. Date of Delivery *8/6*

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

6469 0626 0005 0100 2006

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Necessary if Mailed in U.S.)	
For delivery information visit AGR/COG/Haas	
OFFICIAL	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Westall Oil & Gas LLC P.O. Box 4 Loco Hills, New Mexico 88255	

Postmark Here
AUG 3 2012
DE VARGAS POST OFFICE

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>James R. Maloney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>JAMES R MALONEY</i> C. Date of Delivery <i>8/3/12</i> 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: Westall Oil & Gas LLC P.O. Box 4 Loco Hills, New Mexico 88255		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 0626 6469		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

6452 9626 0005 0100 2006

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Necessary if Mailed in U.S.)	
For delivery information visit AGR/COG/Haas	
OFFICIAL	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Edward R. Hudson 616 Texas St. Fort Worth, TX 75102	

Postmark Here
AUG 3 2012
DE VARGAS POST OFFICE

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>Edward R. Hudson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>EDWARD HUDSON</i> C. Date of Delivery <i>8/3/12 11:11 A.M.</i> 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: Edward R. Hudson 616 Texas St. Fort Worth, TX 75102		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 0626 6452		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0626 6445

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information **AGR/COG/Haas**

OFFICIAL

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
 AUG - 3 2012
 EL PASO POST OFFICE

William A. Hudson II
 616 Texas St.
 Fort Worth, TX 76102

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:

William A. Hudson II
 616 Texas St.
 Fort Worth, TX 76102

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 6445

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) Olivia C. Date of Delivery AUG 06 A.M.

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

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

7006 0100 0005 0626 6438

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information **AGR/COG/Haas**

OFFICIAL

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
 AUG - 3 2012
 EL PASO POST OFFICE

ConocoPhillips Co
 P.O. Box 7500
 Bartlesville, OK 74005

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:

ConocoPhillips Co
 P.O. Box 7500
 Bartlesville, OK 74005

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 6438

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bartlesville OK Mail Services C. Date of Delivery AUG 6 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

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

7006 0100 0005 0626 6421

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No AGR/COG/Haas)

For delivery information vis

OFFICIAL USE

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
 AUG -3 2012
 SANTA FE POST OFFICE

Apache Corp.
 2000 Post Oak BLVD Ste. 100
 Houston, TX 77056

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Apache Corp.
 2000 Post Oak BLVD Ste. 100
 Houston, TX 77056

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6421

SECTION ON DELIVERY

A. Signature X [Signature]

B. Received by (Printed Name)

C. Date of Delivery 8-6-12

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 6414

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No AGR/COG/Haas)

For delivery information vis

OFFICIAL USE

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
 AUG -3 2012
 SANTA FE POST OFFICE

S&J Operating
 PO Box 2249
 Wichita Falls, TX 76307

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

S&J Operating
 PO Box 2249
 Wichita Falls, TX 76307

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6414

SECTION ON DELIVERY

A. Signature X [Signature]

B. Received by (Printed Name) Cory Lewis

C. Date of Delivery 8-6-12

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 6360

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Irregularities Permitted)

For delivery information visit **AGR/COG/Haas**

OFFICE

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
 AUG -3 2012
 DE VARGAS POST OFFICE

Lynx Petroleum Consultants
 P.O. Box 1708
 Hobbs, New Mexico 88241

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Lynx Petroleum Consultants
 P.O. Box 1708
 Hobbs, New Mexico 88241

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6360

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Anita Davenport

B. Received by (Printed Name) Anita Davenport

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 6360

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Irregularities Permitted)

For delivery information visit **AGR/COG/Haas**

OFFICE

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
 AUG -3 2012
 DE VARGAS POST OFFICE

Echo Production Inc
 P.O. Box 1210
 Graham, TX 76450

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:

Echo Production Inc
 P.O. Box 1210
 Graham, TX 76450

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6361

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Taylor Doyle

B. Received by (Printed Name) Taylor Doyle

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 International Service Provided)
 For delivery information visit **AGR/COG/Haas**
OFFICE

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
 AUG - 2006
 DE VARGAS POST OFFICE

The Allar Company:
 P.O. Box 1567
 Graham, TX 76450

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

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:

The Allar Company:
 P.O. Box 1567
 Graham, TX 76450

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6384

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 Melana Barrett 8-6-12

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 International Service Provided)
 For delivery information visit **AGR/COG/Haas**
OFFICE

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

Watson Oil & Gas Properties
 P.O. Box 10
 Hobbs, New Mexico 88241

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

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:

Watson Oil & Gas Properties
 P.O. Box 10
 Hobbs, New Mexico 88241

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6377

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 Retha M. [Signature] 8-6-12

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 6407

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

For delivery information visit **AGR/COG/Haas**
OFFICIAL

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
 AUG - 3 2012

Lynx Petro Consultants Inc.
 PO Box 1708
 Hobbs, NM 88241

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **IS SECTION ON DELIVERY**

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

- 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:
 Lynx Petro Consultants Inc.
 PO Box 1708
 Hobbs, NM 88241

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6407

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
 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

7006 0100 0005 0626 6353

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

For delivery information visit **AGR/COG/Haas**
OFFICIAL

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
 AUG - 3 2012

Elliot-Hall Company
 P.O. Box 1231
 Ogden, UT 84402

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **IS SECTION ON DELIVERY**

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

- 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:
 Elliot-Hall Company
 P.O. Box 1231
 Ogden, UT 84402

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6353

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
 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

7006 0100 0005 0626 6346

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only;)

For delivery information: **AGR/COG/Haas**

OFFICIAL

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
 AUG - 3 2012
 DE VARGAS POST OFFICE

Elliot Industries
 P.O. Box 1355
 Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 6322

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

For delivery information: **AGR/COG/Haas**

OFFICIAL

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
 AUG - 3 2012
 DE VARGAS POST OFFICE

McVay Drilling Company
 P.O. Box 2450
 Hobbs, New Mexico 88241

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:

McVay Drilling Company
 P.O. Box 2450
 Hobbs, New Mexico 88241

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 X *Zan Reeder* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Zan Reeder

C. Date of Delivery
 8-6-12

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

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 6322

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

7006 0100 0005 0626 9903

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Signature Required)	
For delivery information visit AGR/COG/Haas	
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Powder Horn Investments P.O. Box 2503 Hobbs, New Mexico 88241	
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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) BARRY A. PEREZ C. Date of Delivery 8-8-12 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: Powder Horn Investments P.O. Box 2503 Hobbs, New Mexico 88241		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 0626 9903		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0625 6408

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Signature Required)	
For delivery information visit AGR/COG/Haas	
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Javelina Partners 616 Texas Street Fort Worth, Texas 76102	
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.		SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) OLIVIA C. Date of Delivery AUG 08 AM 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: Javelina Partners 616 Texas Street Fort Worth, Texas 76102		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 0625 6408		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0626 8463

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Postage Necessary)	
For delivery information visit AGR/COG/Haas	
OFFICIAL	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Fonay Oil & Gas P.O. Box 1708 Hobbs, New Mexico 88241	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		ACTION ON DELIVERY	
■ 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.		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>ANITA DAVENPORT</i> C. Date of Delivery	
1. Article Addressed to: Fonay Oil & Gas P.O. Box 1708 Hobbs, New Mexico 88241		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 0100 0005 0626 8470

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Postage Necessary)	
For delivery information visit AGR/COG/Haas	
OFFICIAL	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Moutray Properties P.O. Box 1598 Carlsbad, New Mexico 8221	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		ACTION ON DELIVERY	
■ 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.		A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Mike Pence</i> C. Date of Delivery <i>8/7/12</i>	
1. Article Addressed to: Moutray Properties P.O. Box 1598 Carlsbad, New Mexico 8221		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 0100 0005 0626 8487

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Needed for Delivery)	
For delivery information visit usps.com	AGR/COG/Haas
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Travco Resources P.O. Box 1708 Hobbs, New Mexico 88241	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
■ 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.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery H. A. DAVENPORT AUG 9 11 AM	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Travco Resources P.O. Box 1708 Hobbs, New Mexico 88241		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)		7006 0100 0005 0626 8487	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 8494

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Postage Needed for Delivery)	
For delivery information visit usps.com	AGR/COG/Haas
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Zorro Partners 616 Texas Street Fort Worth, Texas 76102	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
■ 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.		A. Signature <input checked="" 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 If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:		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)		7006 0100 0005 0626 8494	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 8500

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No In)	
For delivery information visit AGR/COG/Haas	
OFFICIAL USE	
Postage \$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Merrion Oil & Gas Corporation 610 Reilly Ave. Farmington, N.M. 87401	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER 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.		SECTION ON DELIVERY A. Signature X <i>Tyson Foutz</i> <input type="checkbox"/> Agent <input 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 type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Merrion Oil & Gas Corporation 610 Reilly Ave. Farmington, N.M. 87401		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)		7006 0100 0005 0626 8500	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 8517

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No In)	
For delivery information visit AGR/COG/Haas	
OFFICIAL USE	
Postage \$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Apache Corporation 2000 Post Oak Boulevard, Suite 100 Houston, Texas 77056-4400	
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.		SECTION ON DELIVERY A. Signature X <i>JLM</i> <input type="checkbox"/> Agent <input 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 type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Apache Corporation 2000 Post Oak Boulevard, Suite 100 Houston, Texas 77056-4400		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)		7006 0100 0005 0626 8517	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 8555

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG/Haas	
OFFICE	
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

DEVON ENERGY PRODUCTION CO.
20 N. BROADWAY AVE.
OKLAHOMA CITY, OK 73102

PS Form 3811, February 2004 for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. Burke</i> C. Date of Delivery <i>8-6-12</i></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>	
1. Article Addressed to:		3. Service Type	
Devon Energy Production Co. 20 N. Broadway Ave. Oklahoma City, OK 73102		<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.	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label) 7006 0100 0005 0626 8555			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 8548

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG/Haas	
OFFICE	
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

LOWELL B. DECKERT
720 W. CIELO
HOBBS, NEW MEXICO 88240

PS Form 3811, February 2004 for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SHARON L. DECKERT</i> C. Date of Delivery <i>8-6-12</i></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>	
1. Article Addressed to:		3. Service Type	
Lowell B. Deckert 720 W. Cielo Hobbs, New Mexico 88240		<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.	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label) 7006 0100 0005 0626 8548			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 8531

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No In-Post Office Delivery)

For delivery information visit **agr/cog/haas**

OFFICE

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
 AUG -3 2012
 DE VARGAS POST OFFICE

W. Wes Perry Oil & Gas Inc.
 P.O. Box 371
 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:
 W. Wes Perry Oil & Gas Inc.
 P.O. Box 371
 Midland, Texas 79702

2. Article Number:
 (Transfer from service label) 7006 0100 0005 0626 8531

SECTION ON DELIVERY

A. Signature
 X *Wes Perry* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Wes Perry

C. Date of Delivery
 8-7-12

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 8524

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No In-Post Office Delivery)

For delivery information visit **agr/cog/haas**

OFFICE

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
 AUG -3 2012
 DE VARGAS POST OFFICE

Seven Rivers, Inc.
 P.O. Box 1598
 Carlsbad, New Mexico 88241

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:
 Seven Rivers, Inc.
 P.O. Box 1598
 Carlsbad, New Mexico 88241

2. Article Number:
 (Transfer from service label) 7006 0100 0005 0626 8524

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mike Prude* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Mike Prude

C. Date of Delivery
 8/7/12

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