

**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:**

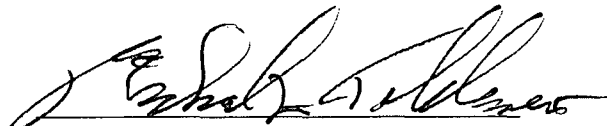
**APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO.**

CASE NO. 14945

AFFIDAVIT

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

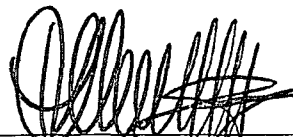
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 23rd day of January 2013 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. 5
Submitted by:
COG OPERATING LLC
Hearing Date: January 24, 2013

OFFSETS:

Chevron U.S.A.
Post Office Box 1635
Houston, Texas 77251

Harvey E. Yates Co.
Post Office Box 1933
Roswell, New Mexico 88202

Explorers Petro Corp.
Post Office Box 1933
Roswell, New Mexico 88202

Nadel & Gussman Capitan LLC
15 E. 5th Street, Suite 3200
Tulsa, Oklahoma 74103

Spiral Inc.
Post Office Box 1933
Roswell, New Mexico 88202

Mobil Prod TX & NM
12450 Greenspoint Drive
Houston, Texas 77060

Saber Oil & Gas Ventures, LLC
400 W. Illinois, Suite 950
Midland, Texas 79701

Merit Energy Partners, LP
13727 Noel Road, #500
Dallas, Texas 75240

Merit Energy Partners III, LP
13727 Noel Road, #500
Dallas, Texas 75240

Merit Energy Partners VIII, LP
13727 Noel Road, #500
Dallas, Texas 75240

Merit Partners, LP
13727 Noel Road, #500
Dallas, Texas 75240

Chevron U.S.A. Inc.
Post Office Box 2100
Houston, Texas 77252

Judah Oil LLC
Post Office Box 568
Artesia, New Mexico 88210

GVC Ventures
Post Office Box 1273
Lovington, New Mexico 88260

Tandem Energy Corporation
2700 Post Oak Blvd., Suite 1000
Houston, Texas 77056

Snow Oil & Gas, Inc.
Post Office Box 1277
Andrews, Texas 79714

POOLED PARTIES:

Norton, LLC
60 Beach Avenue
South Dartmouth, MA 02748

Helen G. Newell
2202 Boyd Street
Midland, Texas 79701

Larry Newell
1401 Thomas Place
Fort Worth, Texas 76107

Larry Newell, Individually and as
Executor of the Estate of Clay
Newell
1401 Thomas Place
Forth Worth, Texas 76107

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Kenneth L. Hewitt
127 Peachtree Street
14th Floor Candler Building
Atlanta, Georgia 30303

S&C Construction, Inc.
Post Office Box 1509
Whitefish, Montana 59937

SheerFive, LP
18822 Autumn Breeze Drive
Spring, Texas 77379

Read & Stevens, Inc.
Post Office Box 1518
Roswell, New Mexico 88202

James C. Johnson
9720-B Candelaria NE
Albuquerque, N.M. 87112

Jack G. Roberts
5300 Hill N. Dale Drive
Farmington, N.M. 87401

Prospector LLC
Post Office Box 647
Artesia, New Mexico 88221

William C. Johns, M.D. and
James S. Shortle, M.D.
717 Encino Place, NE, Suite 35
Albuquerque, N.M. 88221

Schultz Properties, LLC
100 N. Pennsylvania
Roswell, New Mexico 88203

Tritex Energy A, LP
15455 Dallas Parkway,
Suite 600
Addison, Texas 75001

**NOTICE TO POOLED
PARTIES ON 01/03/13:**

Martha L. Roberts Revocable Trust,
dated August 9, 2011, Martha L.
Roberts, Trustee
3101 Castlerock Road, Villa 58
Oklahoma City, OK 73120-1861

Ann Johnson
13408 Summit Hills Place
Albuquerque, N.M. 87112

Carol Johnson
1617 Valdez, N.E.
Albuquerque, N.M. 87112



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law -
New Mexico Board of Legal Specialization
mfeldewert@hollandhart.com

January 3, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Lea County, New Mexico - Warhawk 3 Federal Com #1H well (API #30-025-40635)

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on January 24, 2013. 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, Landman, at (432) 683-7443.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert", written over a horizontal line.

Michael H. Feldewert

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. ♻

7006 0100 0005 5769 6109

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

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



Martha L. Roberts Revocable Trust,
 dated August 9, 2011, Martha L.
 Roberts, Trustee
 3101 Castlerock Road, Villa 58
 Oklahoma City, OK 73120-1861

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:

Martha L. Roberts Revocable Trust,
 dated August 9, 2011, Martha L.
 Roberts, Trustee
 3101 Castlerock Road, Villa 58
 Oklahoma City, OK 73120-1861

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 6109

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

D Sager

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

D Sager

C. Date of Delivery

1/7/13

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

3. Service Type

X

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:

Ann Johnson
 13408 Summit Hills Place
 Albuquerque, N.M. 87112

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 6116

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ann C. Johnson

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ann C. Johnson

C. Date of Delivery

1-4-13

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

3. Service Type

X

Certified Mail

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

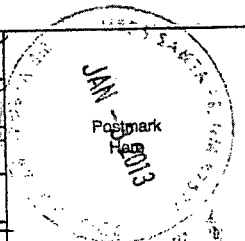
4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5769 6116

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

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



Ann Johnson
 13408 Summit Hills Place
 Albuquerque, N.M. 87112

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 5769 6123

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

For delivery information visit **offici**

MHF/COG
WARHAWK

Postage \$ 65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

JAN - 3 2013
 Mark Here

Carol Johnson
 1617 Valdez, N.E.
 Albuquerque, N.M. 87112

See reverse for instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Carol Johnson
 1617 Valdez, N.E.
 Albuquerque, N.M. 87112

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6123

RECEIVED BY: COMPLETE THIS SECTION

A. Signature ☒ Carol Johnson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carol Johnson C. Date of Delivery 1-9-13

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



December 28, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Lea County, New Mexico - Warhawk 3 Federal Com #1H well (API #30-025-40635)

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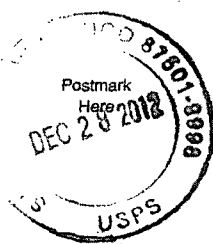
Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; 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, Landman, at (432) 683-7443.

Sincerely,

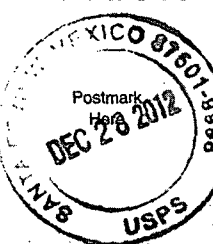
Michael H. Feldewert


7006 0100 0005 5769 6093

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		MHF/COG WARHAWK	
For delivery information visit OFFICIAL			
Postage	\$ 65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent to: Street or P.O. Box: City, State, ZIP+4®:			
Chevron U.S.A. Post Office Box 1635 Houston, Texas 77251			
PS Form 3800, June 2002		See Reverse for Instructions	


SENDER: COMPLETE THIS SECTION		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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) A. Allyn		C. Date of Delivery 1-4-13	
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: Chevron U.S.A. Post Office Box 1635 Houston, Texas 77251		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 5769 6093		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	


7006 0100 0005 5769 6086

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		MHF/COG WARHAWK	
For delivery information visit OFFICIAL			
Postage	\$ 65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent to: Street or P.O. Box: City, State, ZIP+4®:			
Harvey E. Yates Co. Post Office Box 1933 Roswell, New Mexico 88202			
PS Form 3800, June 2002		See Reverse for Instructions	

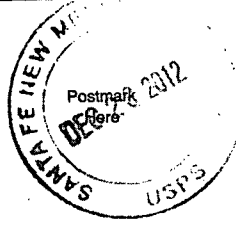
SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) Harvey E. Yates		C. Date of Delivery 12-31-12	
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: Harvey E. Yates Co. Post Office Box 1933 Roswell, New Mexico 88202		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 5769 6086		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 6079

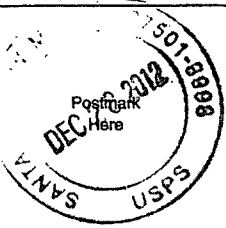
U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No		MHF/COG WARHAWK	
For delivery information vis		OFFIC	
Postage	\$.65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent To			
Explorers Petro Corp.			
Post Office Box 1933			
Roswell, New Mexico 88202			
PS Form 3800, June 2002 See Reverse for Instructions			

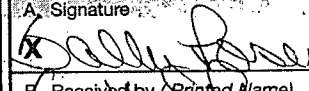
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  B. Received by (Printed Name) C. Date of Delivery Sally Rose 12/31/12 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:		3. Service Type	
Explorers Petro Corp. Post Office Box 1933 Roswell, New Mexico 88202		<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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 5769 6079			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 6062

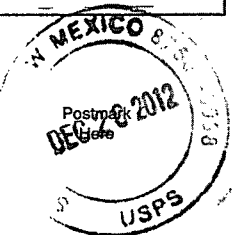
U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No		MHF/COG WARHAWK	
For delivery information vis		OFFIC	
Postage	\$.65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent To			
Nadel & Gussman Capitan LLC			
15 E. 5th Street, Suite 3200			
Tulsa, Oklahoma 74103			
PS Form 3800, June 2002 See Reverse for Instructions			

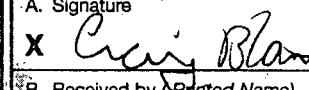
7006 0100 0005 5769 6055

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Return Receipt)		MHF/COG WARHAWK	
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		
Sent To Spiral Inc. Post Office Box 1933 Roswell, New Mexico 88202			
PS Form 3800, June 2002 See Reverse for Instructions			

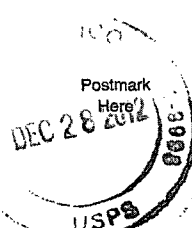
SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Sally P. Jones C. Date of Delivery 12-31-12 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: Spiral Inc. Post Office Box 1933 Roswell, New Mexico 88202		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 checked="" 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 5769 6055			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 6048

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Return Receipt)		MHF/COG WARHAWK	
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		
Sent To Mobil Prod TX & NM 12450 Greenspoint Drive Houston, Texas 77060			
PS Form 3800, June 2002 See Reverse for Instructions			


SENDER: COMPLETE THIS SECTION		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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Craig Blank C. Date of Delivery 12-31-12 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: Mobil Prod TX & NM 12450 Greenspoint Drive Houston, Texas 77060		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 5769 6048			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 6031

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No In)		MHF/COG WARHAWK	
For delivery information, visit usps.com		OFFICE	
Postage	\$.65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent To			
Saber Oil & Gas Ventures, LLC			
400 W. Illinois, Suite 950			
Midland, Texas 79701			
PS Form 3800, June 2002 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
1. Article Addressed to: Saber Oil & Gas Ventures, LLC 400 W. Illinois, Suite 950 Midland, Texas 79701		A. Signature x <i>H. Boler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>H. Boler</i> C. Date of Delivery <i>1-8-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7006 0100 0005 5769 6031		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 5769 5997

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No In)		MHF/COG WARHAWK	
For delivery information, visit usps.com		OFFICE	
Postage	\$.65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent To			
Merit Partners, LP			
13727 Noel Road, #500			
Dallas, Texas 75240			
PS Form 3800, June 2002 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
1. Article Addressed to: Merit Partners, LP 13727 Noel Road, #500 Dallas, Texas 75240		A. Signature x <i>A. Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>AMANDA DAVIS</i> C. Date of Delivery <i>01/02/13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7006 0100 0005 5769 5997		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 5769 6017

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No)		MHF/COG WARHAWK	
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	
Sent To Street, Apt. or PO Box City, State Merit Energy Partners III, LP 13727 Noel Road, #500 Dallas, Texas 75240			
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 X <i>A. Davis</i> B. Received by (Printed Name) AMANDA DAVIS C. Date of Delivery 01/02/13 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: Merit Energy Partners III, LP 13727 Noel Road, #500 Dallas, Texas 75240		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 5769 6017	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 5769 6000

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No)		MHF/COG WARHAWK	
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	
Sent To Street, Apt. or PO Box City, State Merit Energy Partners VIII, LP 13727 Noel Road, #500 Dallas, Texas 75240			
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>A. Davis</i> B. Received by (Printed Name) AMANDA DAVIS C. Date of Delivery 01/02/13 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: Merit Energy Partners VIII, LP 13727 Noel Road, #500 Dallas, Texas 75240		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 5769 6000	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 5769 6024

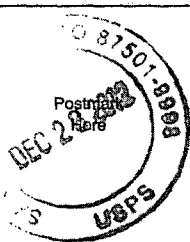
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; N)

For delivery information, visit usps.com

MHF/COG
 WARHAWK

OFFICIAL

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



Sent To:

Street,
 or P.O.
 City, S

Merit Energy Partners, LP
 13727 Noel Road, #500
 Dallas, Texas 75240

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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.

1. Article Addressed to:

Merit Energy Partners, LP
 13727 Noel Road, #500
 Dallas, Texas 75240

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 6024

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

X *U. Davis*
 B. Received by (Printed Name) AMANDA DAVIS
 C. Date of Delivery 01/02/13

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 5769 5980

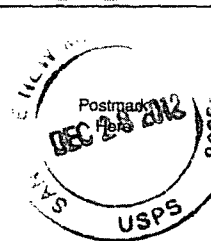
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; N)

For delivery information, visit usps.com

MHF/COG
 WARHAWK

OFFICIAL

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



Sent To:

Street,
 or P.O.
 City, S

Chevron U.S.A. Inc.
 Post Office Box 2100
 Houston, Texas 77252

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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.

1. Article Addressed to:

Chevron U.S.A. Inc.
 Post Office Box 2100
 Houston, Texas 77252

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 5980

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature *A. Alley*
 B. Received by (Printed Name) A. Alley
 C. Date of Delivery 12-31

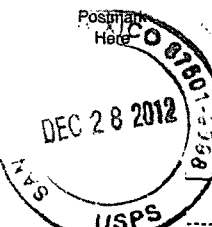
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

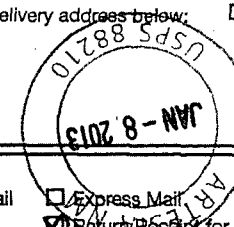
3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

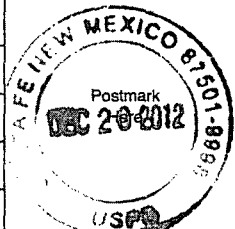
7006 0100 0005 5769 5973

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No		MHF/COG WARHAWK	
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		
Sent To			
Judah Oil LLC			
Post Office Box 568			
Artesia, New Mexico 88210			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ACTION 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. 		A. Signature X <i>John Paul Hammett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>John Paul Hammett</i> 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:			
Judah Oil LLC Post Office Box 568 Artesia, New Mexico 88210		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 5769 5973			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 5966

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No		MHF/COG WARHAWK	
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		
Sent To			
GVC Ventures			
Post Office Box 1273			
Lovington, New Mexico 88260			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ACTION 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. 		A. Signature X <i>Shelley</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:			
GVC Ventures Post Office Box 1273 Lovington, New Mexico 88260		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 5769 5966			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 5959

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit www.usps.com

OFFICIAL USE

Postage \$ 1.65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

Sent To: Tandem Energy Corporation
 Street, or PO: 2700 Post Oak Blvd., Suite 1000
 City, S: Houston, Texas 77056

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:
 Tandem Energy Corporation
 2700 Post Oak Blvd., Suite 1000
 Houston, Texas 77056

2. Article Number (Transfer from service label) 7006 0100 0005 5769 5959

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 1-2-13

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 5769 5942

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit www.usps.com

OFFICIAL USE

Postage \$ 1.65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

Sent To: Snow Oil & Gas, Inc.
 Street, or PO: Post Office Box 1277
 City, S: Andrews, Texas 79714

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: CC

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:
 Snow Oil & Gas, Inc.
 Post Office Box 1277
 Andrews, Texas 79714

2. Article Number (Transfer from service label) 7006 0100 0005 5769 5942

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lynn Snow C. Date of Delivery 1-3-13

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



December 28, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET OWNERS

Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Lea County, New Mexico - Warhawk 3 Federal Com #1H well (API #30-025-40635)

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the N/2 N/2 of Section 3, Township 19 South, Range 32 East, NMPM, Lea County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on January 24, 2013. 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.

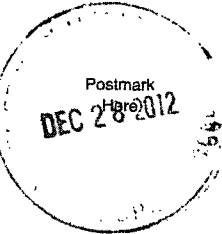
Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties 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, Landman, at (432) 683-7443.

Sincerely,

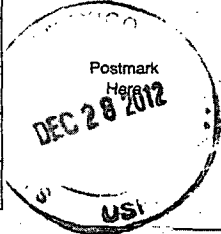
Michael H. Feldewert

7006 0100 0005 5769 5935

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		MHF/COG WARHAWK	
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		
Sent To:	Norton, LLC		
Street, or PO	60 Beach Avenue		
City, &	South Dartmouth, MA 02748		
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: <i>[Signature]</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: Norton, LLC 60 Beach Avenue South Dartmouth, MA 02748		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
7006 0100 0005 5769 5935		102595-02-M-1540	

7006 0100 0005 5769 5928

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		MHF/COG WARHAWK	
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		
Sent To:	Helen G. Newell		
Street, or PO	2202 Boyd Street		
City, &	Midland, Texas 79701		
PS Form 3800, June 2002		See Reverse for Instructions	

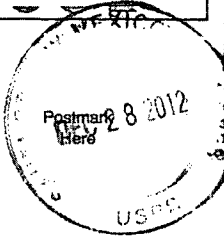
Returned

7006 0100 0005 5769 5911

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		MHF/COG WARHAWK	
For delivery information visit OFFICIAL			
Postage	\$.65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent To			
Street, or PO B			
City, St			
Larry Newell 1401 Thomas Place Fort Worth, Texas 76107			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery 1-2-13 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:		3. Service Type	
Larry Newell 1401 Thomas Place Fort Worth, Texas 76107		<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 5769 5911	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 5904

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		MHF/COG WARHAWK	
For delivery information visit OFFICIAL			
Postage	\$.65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent To			
Street, or PO B			
City, St			
Larry Newell, Individually and as Executor of the Estate of Clay Newell 1401 Thomas Place Forth Worth, Texas 76107			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery 1-2-13 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:		3. Service Type	
Larry Newell, Individually and as Executor of the Estate of Clay Newell 1401 Thomas Place Forth Worth, Texas 76107		<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 5769 5904	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

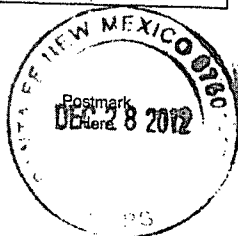
7006 0100 0005 5769 5898

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

For delivery information visit **OFFIC**

MHF/COG
WARHAWK

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



Sent To
 Street, or PO Box
 City, St

Yates Petroleum Corporation
 105 South Fourth Street
 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:

Yates Petroleum Corporation
 105 South Fourth Street
 Artesia, New Mexico 88210

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 5898

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
 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

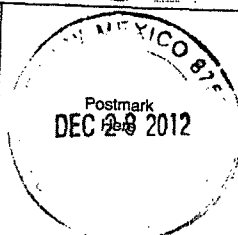
7006 0100 0005 5769 5881

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

For delivery information visit **OFFIC**

MHF/COG
WARHAWK

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




Sent To
 Street, or PO Box
 City, St

Kenneth L. Hewitt
 127 Peachtree Street
 14th Floor Candler Building
 Atlanta, Georgia 30303


PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 5874

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit		MHF/COG WARHAWK	
OFFIC			
Postage	\$ 65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent 1	S&C Construction, Inc.		
Street or PO	Post Office Box 1509		
City, State	Whitefish, Montana 59937		
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 X <i>Carolyn Casey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Carolyn Casey</i> C. Date of Delivery <i>12/31/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes. If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
1. Article Addressed to: S&C Construction, Inc. Post Office Box 1509 Whitefish, Montana 59937		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 0100 0005 5769 5867

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit		MHF/COG WARHAWK	
OFFIC			
Postage	\$ 65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Sent 1	SheerFive, LP		
Street or PO	18822 Autumn Breeze Drive		
City, State	Spring, Texas 77379		
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>Walter Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>1.2.13</i> 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: SheerFive, LP 18822 Autumn Breeze Drive Spring, Texas 77379		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 0100 0005 5769 5850

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **MHF/COG WARHAWK**
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: NEW MEXICO 8730, DEC 28 2012

Sent: Read & Stevens, Inc.
 Street or P.O. Box: Post Office Box 1518
 City: Roswell, New Mexico 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:
 Read & Stevens, Inc.
 Post Office Box 1518
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5850

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): GRIFFITH

C. Date of Delivery: 1-3-13

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 5769 5850

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information visit **MHF/COG WARHAWK**
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: NEW MEXICO 87501, DEC 28 2012

Sent: James C. Johnson
 Street or P.O. Box: 9720-B Candelaria NE
 City: Albuquerque, N.M. 87112

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 5829

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information, visit usps.com

OFFICE

MHF/COG
WARHAWK

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

Sent To Jack G. Roberts
 Street, Apt or PO Box 5300 Hill N. Dale Drive
 City, State Farmington, N.M. 87401

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 5829

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary)
 For delivery information, visit usps.com

OFFICE

MHF/COG
WARHAWK

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

Sent To Prospector LLC
 Street, Apt or PO Box Post Office Box 647
 City, State Artesia, New Mexico 88221

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:
 Prospector LLC
 Post Office Box 647
 Artesia, New Mexico 88221

2. Article Number (Transfer from Service label) 7006 0100 0005 5769 5829

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Ross Duncan C. Date of Delivery JAN - 2 2013
 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 5769 5812

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit OFFIC	
MHF/COG WARHAWK	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To William C. Johns, M.D. and James S. Shortle, M.D. 717 Encino Place, NE, Suite 35 Albuquerque, N.M. 88221	
PS Form 3800, June 2002 See Reverse for Instructions	

Returned

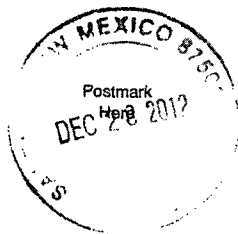
7006 0100 0005 5769 5805

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit OFFIC	
MHF/COG WARHAWK	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To Schultz Properties, LLC 100 N. Pennsylvania Roswell, New Mexico 88203	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <u>12-31-12</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Schultz Properties, LLC 100 N. Pennsylvania Roswell, New Mexico 88203</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5769 5805</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

7006 0100 0005 5769 5799

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit OFFIC	
MHF/COG WARHAWK	
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 To: Tritex Energy A, LP Street, or PO: 15455 Dallas Parkway, City, State: Suite 600 Addison, Texas 75001	
PS Form 3811, February 2004 Instructions	



SENDER: COMPLETE THIS SECTION		COMPLETION 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 <u>Clare Bartell</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Clare Bartell</u> 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: Tritex Energy A, LP 15455 Dallas Parkway, Suite 600 Addison, Texas 75001		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 _____ <small>(Transfer from service label)</small>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 0100 0005 5769 5799