

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

IN THE MATTER OF THE APPLICATION  
OF COG OPERATING LLC FOR A NON-STANDARD  
SPACING AND PRORATION UNIT, A NON-STANDARD  
120-ACRE PROJECT AREA , AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

CASE NO. 14998

AFFIDAVIT

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

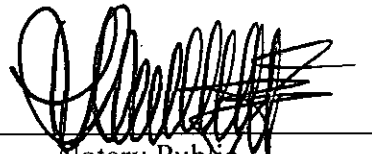
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
\_\_\_\_\_  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 21<sup>st</sup> day of August 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: August 22, 2013

**AMENDED NOTICE LIST**  
**Dogfish Head State #4H**  
**08/02/13**

**POOLED PARTIES:**

La Palma Associates, LLC  
7500 Viscount Suite #108,  
El Paso, TX 79925

Clifford Morris Randel  
Post Office Box 821011  
North Richland Hills, TX 76182

JPMorgan Chase & Co., Successor to Texas  
Commerce Bank N.A., Trustee of the Wilma  
Donohue Moleen Foundation  
P.O. Drawer 140  
El Paso, TX 79980

**OFFSETS:**

J. Cleo Thompson and James  
Cleo Thompson, Jr. LP  
325 N. St. Paul, Ste. 4300  
Dallas, TX 75201

Apache Corp.  
303 Veterans Airpark Ln #600,  
Midland, Texas 79705  
Attn: Chris Lanning

Chisos, Ltd.  
670 Dona Ana Rd. SW  
Deming, NM 88030

Cross Border Resources, Inc.  
c/o Red Mountain Resources, Inc.  
2515 McKinney Avenue  
Suite 900  
Dallas, TX 75201  
Attn: Robert Wilson

EOG Resources, Inc.  
P. O. Box 2267  
Midland, TX 79702

Anne Burnett Tandy Estate  
801 Cherry Street, #1500  
Ft Worth, TX 76102

Anne B. Windfohr  
801 Cherry Street, #1500  
Ft Worth, TX 76102

MYCO Industries Inc.  
423 W Main St.  
Artesia, NM 88210

OXY Y-1 Company  
105 S. Fourth  
Artesia, NM 88210

ABO Petroleum Corporation  
105 S. 4th Street  
Artesia, NM 88210

New Mexico State Land Office  
Post Office Box 1148  
Santa Fe, New Mexico 87504



August 1, 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; Eddy County, New Mexico  
Dogfish Head State 3H Well**

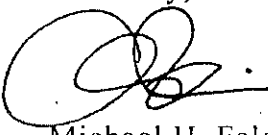
This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on August 22, 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 Brandon Gaynor at Concho Resources, Inc. (432) 221-0308.

Sincerely,



for Michael H. Feldewert



August 1, 2013

**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; Eddy County, New Mexico  
Dogfish Head State 3H Well**

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 S/2 N/2 of Section 2, Township 17 South, Range 30 East, NMPM, Eddy 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 August 22, 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 Katie Mohebkhosravi, at Concho Resources, Inc. (432) 221-0333.

Sincerely,

Michael H. Feldewert

7006 0100 0005 0625 4572

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**OFFICE OF THE ATTORNEY GENERAL**

|  |                |
|--|----------------|
| Postage  | \$ .66         |
| Certified Fee                                  | 3.10           |
| Return Receipt Fee (Endorsement Required)      | 2.55           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.31</b> |

Sent to: La Palma Associates, LLC  
 Street or PO: 7500 Viscount Suite #108,  
 City: El Paso, TX 79925

PS Form 3800, June 2002 See Reverse for Instructions

Postmark Here: AUG - 2 2013 SANTA FE MAIN POST

7006 0100 0005 5770 4446

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**OFFICE OF THE ATTORNEY GENERAL**

|  |                |
|--|----------------|
| Postage  | \$ .66         |
| Certified Fee                                  | 3.10           |
| Return Receipt Fee (Endorsement Required)      | 2.55           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.31</b> |

Sent to: Clifford Morris Randel  
 Street or PO: Post Office Box 821011  
 City: North Richland Hills, TX 76182

PS Form 3800, June 2002 See Reverse for Instructions

Postmark Here: AUG - 2 2013 SANTA FE MAIN POST

**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.

Article Addressed to: Clifford Morris Randel  
 Post Office Box 821011  
 North Richland Hills, TX 76182

**SECTION ON DELIVERY**

A. Signature: *Clifford Morris Randel* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Clifford Morris Randel*

C. Date of Delivery: *AUG 15 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

2. Article Number: 7006 0100 0005 5770 4446  
 (Transfer from service)

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

7006 0100 0005 0625 4565

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**OFFICE OF THE ATTORNEY GENERAL**

Postage \$ 66  
 Certified Fee 3.10  
 Return Receipt Fee (Endorsement Required) 2.55  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.31



Sent To JPMorgan Chase & Co., Successor to Texas  
 Commerce Bank N.A., Trustee of the Wilma  
 Street, Apt. or PO Box Donohue Moleen Foundation  
 P.O. Drawer 140  
 City, State, El Paso, TX 79980

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL**  
 SENDER: 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.

1. Article Addressed to:  
 JPMorgan Chase & Co., Successor to Texas  
 Commerce Bank N.A., Trustee of the Wilma  
 Donohue Moleen Foundation  
 P.O. Drawer 140  
 El Paso, TX 79980

2. Article Number 7006 0100 0005 0625 4565  
 (Transfer from service label)

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 Cornal Doe ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) CORNAL DOE  
 C. Date of Delivery 8/8/13  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

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

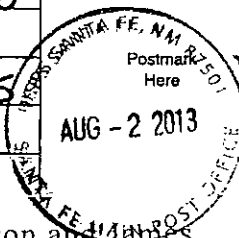
7006 0100 0005 0625 3865

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**OFFICE OF THE ATTORNEY GENERAL**

Postage \$ 66  
 Certified Fee 3.10  
 Return Receipt Fee (Endorsement Required) 2.55  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.31



Sent To J. Cleo Thompson and James  
 Street, Apt. or PO Box Cleo Thompson, Jr. LP  
 City, State, 325 N. St. Paul, Ste. 4300  
 Dallas, TX 75201

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL**  
 SENDER: 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.

1. Article Addressed to:  
 J. Cleo Thompson and James  
 Cleo Thompson, Jr. LP  
 325 N. St. Paul, Ste. 4300  
 Dallas, TX 75201

2. Article Number 7006 0100 0005 0625 3865  
 (Transfer from service label)

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 J. Thompson ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) J. Thompson  
 C. Date of Delivery 8/6/13  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

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

7006 0100 0005 0625 3612

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**OF EDOGFI SW SE**

|  |         |
|--|---------|
| Postage  | \$ .66  |
| Certified Fee                                  | 3.10    |
| Return Receipt Fee (Endorsement Required)      | 2.55    |
| Restricted Delivery Fee (Endorsement Required) |         |
| Total Postage & Fees                           | \$ 6.31 |

Postmark Here  
 AUG - 2 2013  
 SANTA FE MAIN POST OFFICE

Sent To  
 Apache Corp.  
 303 Veterans Airpark Ln #600,  
 Midland, Texas 79705  
 Attn: Chris Lanning

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:  
 Apache Corp.  
 303 Veterans Airpark Ln #600,  
 Midland, Texas 79705  
 Attn: Chris Lanning

2. Article Number  
 (Transfer from serv) 7006 0100 0005 0625 3612

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

**OPTION ON DELIVERY**

A. Signature  
 x Andrea Arispe ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 Andrea Arispe

C. Date of Delivery  
 8/5/13

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 0625 3605

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OF EDOGFI SW SE**

|  |         |
|--|---------|
| Postage  | \$ .66  |
| Certified Fee                                  | 3.10    |
| Return Receipt Fee (Endorsement Required)      | 2.55    |
| Restricted Delivery Fee (Endorsement Required) |         |
| Total Postage & Fees                           | \$ 6.31 |

Postmark Here  
 AUG - 2 2013  
 SANTA FE MAIN POST OFFICE

Sent To  
 Chisos, Ltd.  
 670 Dona Ana Rd. SW  
 Deming, NM 88030

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:  
 Chisos, Ltd.  
 670 Dona Ana Rd. SW  
 Deming, NM 88030

2. Article Number  
 (Transfer from serv) 7006 0100 0005 0625 3605

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

**OPTION ON DELIVERY**

A. Signature  
 J Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 L Smith

C. Date of Delivery  
 8-5-13

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 5770 4415

|  |  |
|--|--|
| U.S. Postal Service™   |  |
| <b>CERTIFIED MAIL™ RECEIPT</b>   |  |
| (Domestic Mail Only; No Insurance Coverage Provided)   |  |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |  |
| <b>OFFICE OF THE POSTMASTER GENERAL</b>  |  |
| Postage  | \$ 6.66  |
| Certified Fee  | 3.10   |
| Return Receipt Fee<br>(Endorsement Required)   | 2.55   |
| Restricted Delivery Fee<br>(Endorsement Required)  |  |
| Total Postage & Fees   | \$ 6.31  |
| Sent To  | Cross Border Resources, Inc.<br>c/o Red Mountain Resources, Inc.<br>2515 McKinney Avenue<br>Suite 900<br>Dallas, TX 75201<br>Attn: Robert Wilson |
| Street,<br>or PO Box   |  |
| City, St   |  |
| PS Form  |  |

Postmark  
AUG - 2 2013  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

|  |  |  |  |
|--|--|--|--|
| SENDER: COMPLETE   |  | ACTION ON DELIVERY   |  |
| <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/>X <i>E. Feller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/><i>E. Feller</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| <p>1. Article Addressed to:</p> <p>Cross Border Resources, Inc.<br/>c/o Red Mountain Resources, Inc.<br/>2515 McKinney Avenue<br/>Suite 900<br/>Dallas, TX 75201<br/>Attn: Robert Wilson</p>   |  | <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>   |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>7006 0100 0005 5770 4415</p>   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |  |  |  |

7006 0100 0005 0625 4589

|  |  |
|--|--|
| U.S. Postal Service™   |  |
| <b>CERTIFIED MAIL™ RECEIPT</b>   |  |
| (Domestic Mail Only; No Insurance Coverage Provided)   |  |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |  |
| <b>OFFICE OF THE POSTMASTER GENERAL</b>  |  |
| Postage  | \$ 6.66  |
| Certified Fee  | 3.10   |
| Return Receipt Fee<br>(Endorsement Required)   | 2.55   |
| Restricted Delivery Fee<br>(Endorsement Required)  |  |
| Total Postage & Fees   | \$ 6.31  |
| Sent To  | EOG Resources, Inc.<br>P. O. Box 2267<br>Midland, TX 79702 |
| Street,<br>or PO Box   |  |
| City, St   |  |
| PS Form  |  |

Postmark  
AUG - 2 2013  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

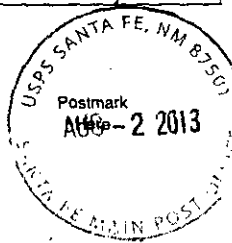
|  |  |  |  |
|--|--|--|--|
| SENDER: COMPLETE   |  | ACTION ON DELIVERY   |  |
| <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/>X <i>Robert Forre</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/><i>R. Forre</i> C. Date of Delivery<br/><i>8-7-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| <p>1. Article Addressed to:</p> <p>EOG Resources, Inc.<br/>P. O. Box 2267<br/>Midland, TX 79702</p>  |  | <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>   |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>7006 0100 0005 0625 4589</p>   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |  |  |  |



7006 0100 0005 0625 4596

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|   |         |
|---|---------|
| Postage   | \$ 6.66 |
| Certified Fee                                     | 3.10    |
| Return Receipt Fee<br>(Endorsement Required)      | 2.55    |
| Restricted Delivery Fee<br>(Endorsement Required) |         |
| Total Postage & Fees                              | \$ 6.31 |


 Sent To  
 Street, Apt.  
 or PO Box  
 City, State

 Anne Burnett Tandy Estate  
 801 Cherry Street, #1500  
 Ft Worth, TX 76102

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**  
 PLACE STICKER AT TOP OF ENVELOPE, 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:

 Anne Burnett Tandy Estate  
 801 Cherry Street, #1500  
 Ft Worth, TX 76102

2. Article Number

(Transfer from service)

7006 0100 0005 0625 4596

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**ACTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

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.

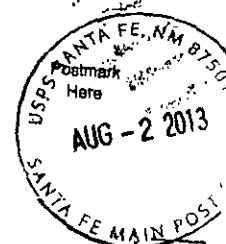
4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 4438

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 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICE/ADOLPSE**

|   |         |
|---|---------|
| Postage   | \$ 6.66 |
| Certified Fee                                     | 3.10    |
| Return Receipt Fee<br>(Endorsement Required)      | 2.55    |
| Restricted Delivery Fee<br>(Endorsement Required) |         |
| Total Postage & Fees                              | \$ 6.31 |


 Sent To  
 Street, Apt.  
 or PO Box  
 City, State

 Anne B. Windfohr  
 801 Cherry Street, #1500  
 Ft Worth, TX 76102

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**  
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1. Article Addressed to:

 Anne B. Windfohr  
 801 Cherry Street, #1500  
 Ft Worth, TX 76102

2. Article Number

(Transfer from service)

7006 0100 0005 5770 4438

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**ACTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

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 0625 4602

|  |   |
|--|---|
| <b>U.S. Postal Service™</b>  |   |
| <b>CERTIFIED MAIL™ RECEIPT</b>   |   |
| (Domestic Mail Only; No Insurance Coverage Provided)   |   |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |   |
| <b>OFFICE/DIAGRAMS</b>   |   |
| Postage  | \$ .66  |
| Certified Fee  | 3.10  |
| Return Receipt Fee<br>(Endorsement Required)   | 2.55  |
| Restricted Delivery Fee<br>(Endorsement Required)  |   |
| Total Postage & Fees   | \$ 6.31   |
| Sent To  |   |
| Street, Apt<br>or PO Box   | MYCO Industries Inc.<br>423 W Main St.<br>Artesia, NM 88210 |
| City, State  |   |
| PS Form 3800, June 2002 See Reverse for Instructions   |   |



|   |  |  |  |
|---|--|--|--|
| <b>SENDER: CC</b>   |  | <b>ON ON DELIVERY</b>  |  |
| <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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 8-6-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |  |
| 1. Article Addressed to:  |  | 3. Service Type  |  |
| MYCO Industries Inc.<br>423 W Main St.<br>Artesia, NM 88210   |  | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><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)   |  |  |  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540  |  |  |  |

7006 0100 0005 0625 4626

|  |   |
|--|---|
| <b>U.S. Postal Service™</b>  |   |
| <b>CERTIFIED MAIL™ RECEIPT</b>   |   |
| (Domestic Mail Only; No Insurance Coverage Provided)   |   |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |   |
| <b>OFFICE/DIAGRAMS</b>   |   |
| Postage  | \$ .66  |
| Certified Fee  | 3.10  |
| Return Receipt Fee<br>(Endorsement Required)   | 2.55  |
| Restricted Delivery Fee<br>(Endorsement Required)  |   |
| Total Postage & Fees   | \$ 6.31   |
| Sent To  |   |
| Street, Apt<br>or PO Box   | OXY Y-1 Company<br>105 S. Fourth<br>Artesia, NM 88210 |
| City, State  |   |
| PS Form 3800, June 2002 See Reverse for Instructions   |   |



|   |  |   |  |
|---|--|---|--|
| <b>SENDER</b>   |  | <b>ON ON DELIVERY</b>   |  |
| <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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |  |
| 1. Article Addressed to:  |  | 3. Service Type   |  |
| OXY Y-1 Company<br>105 S. Fourth<br>Artesia, NM 88210   |  | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><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)   |  |   |  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540  |  |   |  |

7006 0100 0005 5770 4422

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**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|  |                |
|--|----------------|
| Postage  | \$ 66          |
| Certified Fee                                  | 3.10           |
| Return Receipt Fee (Endorsement Required)      | 2.55           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.31</b> |

Postmark  
AUG 2 2013  
SANTA FE MAIN POST OFFICE

Sent To  
 Street, Apt. or PO Box  
 City, State  
**ABO Petroleum Corporation**  
**105 S. 4th Street**  
**Artesia, NM 88210**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

1. Article Addressed to:  
**ABO Petroleum Corporation**  
**105 S. 4th Street**  
**Artesia, NM 88210**

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5770 4422

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  
 X *J. Velgado* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *J. Velgado* C. Date of Delivery *8-6-13*

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 5770 4507

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|  |                |
|--|----------------|
| Postage  | \$ 66          |
| Certified Fee                                  | 3.10           |
| Return Receipt Fee (Endorsement Required)      | 2.55           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.31</b> |

Postmark  
AUG 2 2013  
SANTA FE MAIN POST OFFICE

Sent To  
 Street, Apt. or PO Box  
 City, State  
**New Mexico State Land Office**  
**Post Office Box 1148**  
**Santa Fe, New Mexico 87504**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

1. Article Addressed to:  
**New Mexico State Land Office**  
**Post Office Box 1148**  
**Santa Fe, New Mexico 87504**

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5770 4507

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  
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *AUG - 6 2013*

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