

HOLLAND & HART^{LLP}



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

June 21, 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
Arabian 6 Fee 6H 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 E/2 W/2 of Section 6, Township 19 South, Range 26 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 July 11, 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 Stuart Dirks at COG Operating, LLC (432) 685-4354.

Sincerely,

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. ☎

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mfeldewert@hollandhart.com

June 21, 2013

VIA CERTIFIED MAIL
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TO: AFFECTED INTEREST OWNERS

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico
Arabian 6 Fee 6H 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 July 11, 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 Stuart Dirks at COG Operating, LLC (432) 685-4354.

Sincerely,

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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 5770 4781

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Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To: First Southern Baptist Church
 Heir or Devisee of Jewell
 Thompson)
 Street, Apt or PO Box: 3120 Hualapai Mountain Road
 City, State: Kingman, AZ 86401

PS Form 3800, June 2002

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:
 First Southern Baptist Church
 Heir or Devisee of Jewell
 Thompson)
 3120 Hualapai Mountain Road
 Kingman, AZ 86401

2. Article Number: 7006 0100 0005 5770 4781
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): HUGH SCHWARTZ Agent Addressee

C. Date of Delivery: 6/24/13

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

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

F. Restricted Delivery? (Extra Fee) Yes

PS Form 3800, June 2002

7006 0100 0005 5770 4798

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Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To: Jerry D. Thompson
 Heir or Devisee of Jewell
 Thompson)
 Street or P: 131 W. Calle La Guerra
 City: Camarillo, CA 93010

PS Form 3800, June 2002

7006 0100 0005 5770 4804

U.S. Postal Service
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OFFICIAL USE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Sent To: Dorothy R. Thompson
 Heir or Devisee of Jewell
 Thompson)
 Street or PO: 34 Jamerson Road
 City, State: Belen, NM 87002

PS Form 3800, June 2002

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:
 Dorothy R. Thompson
 Heir or Devisee of Jewell
 Thompson)
 34 Jamerson Road
 Belen, NM 87002

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4804

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Eli Thompson C. Date of Delivery: 6/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 38 Jamerson Rd
 Belen, NM 87002

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 5770 4927

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Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Sent To: Cecil L. Thompson, Jr.
 Heir or Devisee of Jewell
 Thompson)
 Street, A or PO Box: 34 Jamerson Road
 City, State: Belen, NM 87002

PS Form 3800, June 2002

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:
 Cecil L. Thompson, Jr.
 Heir or Devisee of Jewell
 Thompson)
 34 Jamerson Road
 Belen, NM 87002

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4927

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Eli Thompson C. Date of Delivery: 6/22/13

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 5770 4934

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Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Sent To: Deborah C. Brown
 Heir or Devisee of Jewell
 Thompson)
 Street, Apt. or PO Box: 6068-A Appleton Road SW
 City, State: Albuquerque, NM 87105

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:
 Deborah C. Brown
 Heir or Devisee of Jewell
 Thompson)
 6068-A Appleton Road SW
 Albuquerque, NM 87105

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4934

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Deborah C. Brown* Agent Addressee

B. Received by (Printed Name): *Deborah C. Brown* C. Date of Delivery: *6/21/13*

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 5770 4941

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OFFICIAL USE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Sent To: Linda McQuillen
 Heir or Devisee of Jewell
 Thompson)
 Street, Apt. or PO Box: 6724 McQuillen
 City, State: Shiloh, OH 44878

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:
 Linda McQuillen
 Heir or Devisee of Jewell
 Thompson)
 6724 McQuillen
 Shiloh, OH 44878

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4941

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Linda McQuillen* Agent Addressee

B. Received by (Printed Name): *Linda McQuillen* 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

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

7006 0100 0005 5770 4958

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Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark: JUN 21 2013 Here

Sent To: Travis H. Zelany
 Heir or Devisee of Jeanelle Zelany
 12001 Caribou Ave NE
 Albuquerque, NM 87111

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:
 Travis H. Zelany
 Heir or Devisee of Jeanelle Zelany
 12001 Caribou Ave NE
 Albuquerque, NM 87111

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4958

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Travis H. Zelany* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery: 6-22

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 5770 4774

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Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark: JUN 27 2013 Here

Sent To: DHA, L.L.C.
 500 W. Wall St.
 Suite 300
 Midland, TX 79701

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:
 DHA, L.L.C.
 500 W. Wall St.
 Suite 300
 Midland, TX 79701

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4774

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Michael...* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery: 6-27-13

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 5770 4767

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Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Menpart Associates
 c/o Nearburg Exploration Company,
 L.L.C.
 P.O. Box 823085
 Dallas, TX 75382-3085

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:

Menpart Associates
 c/o Nearburg Exploration Company,
 L.L.C.
 P.O. Box 823085
 Dallas, TX 75382-3085

2. Article Number (Transfer from service label) **7006 0100 0005 5770 4767**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Gabriel Robert*

B. Received by (Printed Name) *GABRIEL ROBERT* C. Date of Delivery *6/24/13*

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

7006 0100 0005 5770 4750

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Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Hideaway Partnership
 c/o TMF Investments,
 25 Hanover Rd. Building B
 Florham Park, NJ 07932

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:

Hideaway Partnership
 c/o TMF Investments,
 25 Hanover Rd. Building B
 Florham Park, NJ 07932

2. Article Number (Transfer from service label) **7006 0100 0005 5770 4750**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *D Winchester*

B. Received by (Printed Name) *D Winchester* C. Date of Delivery *6-21-13*

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

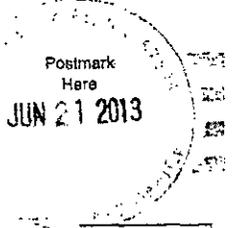
7006 0100 0005 5770 4729

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OFFICIAL MAIL RECEIPT

Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



AAR Limited Partnership
1320 W. 4th
Roswell, NM 88201

PS Form 3800, June 2002 See reverse for instructions

CERTIFIED MAIL™ RECEIPT

SENDER: Certified Mail PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE. **RETURN 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 Agent Addressee
 X *Deborah Sinner*

B. Received by (Printed Name) *Deborah Sinner* C. Date of Delivery *6/24/12*

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

1. Article Addressed to:

AAR Limited Partnership
1320 W. 4th
Roswell, NM 88201

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 5770 4729**

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

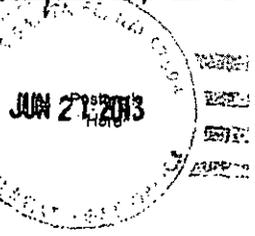
7006 0100 0005 5770 4712

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OFFICIAL MAIL RECEIPT

Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Fred N. Nelson Farms
3755 E. Grand Plains Rd.
Roswell, NM 88201

PS Form 3800, June 2002 See reverse for instructions

CERTIFIED MAIL™ RECEIPT

SENDER: Certified Mail PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE. **RETURN 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 Agent Addressee
 X *Morgan Nelson*

B. Received by (Printed Name) *Morgan Nelson* C. Date of Delivery *6/24/13*

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

1. Article Addressed to:

Fred N. Nelson Farms
3755 E. Grand Plains Rd.
Roswell, NM 88201

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 5770 4712**

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

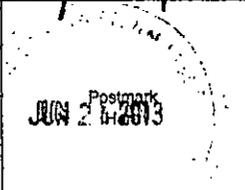
7006 0100 0005 5770 4903

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OFFICIAL RECEIPT

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



C. W. Paine Company
1314 Juniper
Lewisville, TX 75067

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 4897

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

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

OFFICIAL RECEIPT

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



B & L Oil Company
900 W. Cooper
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 4880

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

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

OFFICIAL MAIL RECEIPT

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark: JUN 21 2013

Nearburg Exploration
 Company
 P.O. Box 823085
 Dallas, TX 75382-3085

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:
 Nearburg Exploration
 Company
 P.O. Box 823085
 Dallas, TX 75382-3085

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4880

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [Signature] Agent Addressee

B. Received by (Printed Name): GREGG ROBERTS C. Date of Delivery: 6/24/13

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

7006 0100 0005 5770 4873

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OFFICIAL MAIL RECEIPT

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark: JUN 21 2013

Devon Energy Production
 Company, L.P.
 P.O. Box 108838
 Oklahoma City, OK 73101

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:
 Devon Energy Production
 Company, L.P.
 P.O. Box 108838
 Oklahoma City, OK 73101

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4873

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [Signature] Agent Addressee

B. Received by (Printed Name): J. L. [Signature] C. Date of Delivery: JUN 20 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

7006 0100 0005 5770 4866

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

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

OFFICIAL MAIL COURSE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here JUN 21 2013

Nadel & Gussman Permian
 601 N Marienfeld Suite 508
 Midland, TX 79701

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:

Nadel & Gussman Permian
 601 N Marienfeld Suite 508
 Midland, TX 79701

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4866

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

RECIPIENT: COMPLETE THIS SECTION

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 N BERKMAN 6/21/13

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 4859

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

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

OFFICIAL MAIL COURSE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here JUN 21 2013

Chi Energy
 PO Box 1799
 Midland, TX 79702

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:

Chi Energy
 PO Box 1799
 Midland, TX 79702

2. Article Number (Transfer from service label) 7006 0100 0005 5770 4859

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

RECIPIENT: COMPLETE THIS SECTION

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Dianna Bell 6/21/13

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 4842

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

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

OFFICIAL MAIL PROCESSED

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Principal Properties
 3407 Jefferson Avenue, Suite
 100
 Austin, TX 78703

SEE REVERSE FOR INSTRUCTIONS

Returned

7006 0100 0005 5770 4835

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

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

OFFICIAL MAIL PROCESSED

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 JUN 21 2013

Cimarex Energy Co.
 600 N. Marienfeld St., Suite
 600
 Midland, TX 79701

SEE REVERSE FOR INSTRUCTIONS

U.S. MAIL CERTIFIED MAIL™

SENDER'S COPY (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

RECIPIENT'S COPY (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

1. Article Addressed to:

Cimarex Energy Co.
 600 N. Marienfeld St., Suite
 600
 Midland, TX 79701

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5770 4835

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
 Addressee
 Agent

B. Received by (Printed Name) **C. Date of Delivery**
 Sadie Garcia 6-24-13

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

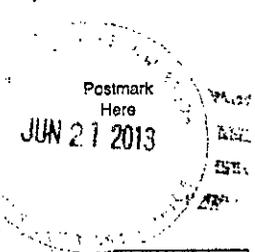
7006 0100 0005 5770 4826

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

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

OFFICIAL MAIL RECEIPT

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Eight Energy, Inc.
 3405 Stanolind Ave.
 Midland, TX 79707

PS Form 3800, June 2002 or later. See Reverse for Instructions.

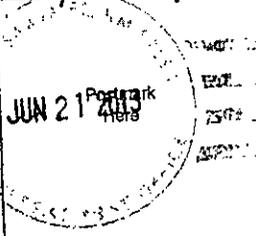
7006 0100 0005 5770 4811

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

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

OFFICIAL MAIL RECEIPT

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Watts Properties, LLC
 PO Box 2367
 Roswell, NM 88202

PS Form 3800, June 2002 or later. 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 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Watts Properties, LLC PO Box 2367 Roswell, NM 88202</p>	<p>Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number _____ (Transfer from service label)</p>	<p>7006 0100 0005 5770 4811</p>