

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

**IN THE MATTER OF THE APPLICATION OF  
COG OPERATING LLC FOR DESIGNATION OF  
A NON-STANDARD OIL SPACING AND  
PRORATION UNIT AND FOR COMPULSORY  
POOLING, LEA COUNTY, NEW MEXICO**

Case No. 15030

**AFFIDAVIT**

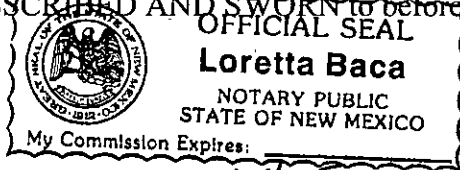
STATE OF NEW MEXICO   )  
  ) ss.  
COUNTY OF SANTA FE   )

J. SCOTT HALL, attorney and authorized representative of COG Operating LLC, the Applicant in NMOCD Case No. 15030, being first duly sworn, upon oath states that he sent copies of this Application to the parties as specified on the attached Exhibit A.



J. SCOTT HALL

SUBSCRIBED AND SWORN to before me this 24<sup>th</sup> day of July, 2013.



  
Notary Public

My Commission Expires: 1-11-15

487284

NMOCD CASE NO. 15030  
July 25, 2013  
Exhibit No. 12

## EXHIBIT A

Pendragon Oil, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

Kamimac, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

Lazy S. Minerals, LLC  
2711 Centerville Road Suite 400  
Wilmington, DE 19808

Chevron North American Exploration and  
Production Company  
1400 Smith Street, Room 43198  
Houston, TX 77002

Kyla Taylor Thompson  
1122 Green Valley Rd NW  
Los Ranchos, NM 87107

RB Operating Company  
246 Oak Road  
Loving, NM 88256

Alice Crouch  
4508 Banister Lane  
Austin, TX 78745

Druella Wilbanks  
Post Office Box 84  
Maljamar, NM 88264

Cecilia Aymond  
9466 Arborhill Drive  
Dallas, TX 75243

Ray Devoe Taylor  
Post Office Box 723  
Tatum, NM 88267

Mark Hawkins  
Post Office Box 3192  
Midland, TX 79702

Charles R. Qualia  
Post Office Box 10181  
Midland, TX 79702

C.O. Curington  
Calvin O. Curington  
6765 NW County Road 00300  
Corsicana, TX 75110

Ventana Exploration, Inc.  
7903 Purdue Avenue  
Dallas, TX 75225

ConocoPhillips Company  
15080 Two Westlake Park  
600 North Dairy Ashford  
Houston, TX 77079-1175

Patterson Petroleum, LLC  
P.O. Drawer 1416  
Snyder, TX 79550

Devon Energy Production Company, LP  
333 W. Sheridan Avenue  
Oklahoma City, OK 73102  
Attn: Cari Allen

The Leavenworth National Bank and Trust Co.  
as Trustee of the Dorothy Dell Graeber Trust  
(Agreement dated May 5, 1928)  
The Dorothy Dell Graeber Trust  
P.O. Box 350  
Leavenworth, KS 66048

Hawkins Exploration, Inc.  
Post Office Box 3192  
Midland, TX 79702

Marathon Oil Company  
Post Office Box 3487  
Houston, TX 77253-3487



**MONTGOMERY  
& ANDREWS**  
LAW FIRM

**J. SCOTT HALL**  
Office: (505) 986-2646  
Email: shall@montand.com  
Reply To: Santa Fe Office  
www.montand.com

July 3, 2013

Pendragon Oil, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

**CERTIFIED MAIL/  
RETURN RECEIPT REQUESTED**

**Re: NMOCD Case No. 15030: Application of COG Operating LLC for Designation of a Non-Standard Oil Spacing and Proration Unit and for Compulsory Pooling, Lea County, New Mexico**

Dear Sir or Madam:

Please be advised that COG Operating LLC has filed an Application with the New Mexico Oil Conservation Division for an order consolidating the 40-acre spacing units within the E/2 W/2 of Section 11 and the NE/4 NW/4 of Section 14, Township 17 South Range 32 East, NMPM and designating the consolidated units as a 200-acre± non-standard oil spacing and proration unit for a well location in the Yeso formation for Applicant's horizontal drilling project area. Applicant further seeks the compulsory pooling of all interests in the Yeso formation underlying the E/2 W/2 of Section 11 and the NE/4 NW/4 of Section 14 to be dedicated to its Pan Head Fee No. 4-H Well to be drilled horizontally from a surface location in the NE/4 NW/4 of Section 11 to a standard bottom hole location NE/4 NW/4 of Section 14 to a depth sufficient to test the Yeso formation, West Maljamar Yeso Pool (44500). Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator and a charge for risk involved in drilling the well.

A copy of COG Operating LLC's Application is enclosed.

---

**REPLY TO:**

325 Paseo de Peralta  
Santa Fe, New Mexico 87501  
Telephone (505) 982-3873 • Fax (505) 982-4289  
  
Post Office Box 2307  
Santa Fe, New Mexico 87504-2307

---

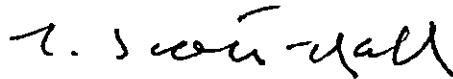
6301 Indian School Road NE, Suite 400  
Albuquerque, New Mexico 87110  
Telephone (505) 884-4200 • Fax (505) 888-8929  
  
Post Office Box 36210  
Albuquerque, New Mexico 87176-6210

Pendragon Oil, LLC  
July 3, 2013  
Page 2

This Application will be set for hearing before a Division Examiner on July 25, 2013, at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 19.15.4.13.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

A handwritten signature in black ink, appearing to read "J. Scott Hall", written in a cursive style.

J. Scott Hall

Enclosure

cc: Sean Johnson, COG Operating, LLC

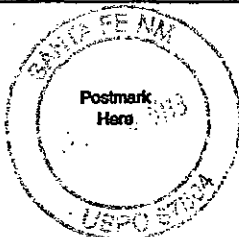
7012 2920 0000 4584 7267

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Pendragon Oil LLC  
 Street, Apt. No., or PO Box No. 309 W. 7th St. #500  
 City, State, ZIP+4 Fort Worth, TX 76102

PS Form 3800, August 2006

See Reverse for Instructions

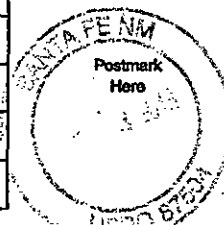
7012 2920 0000 4584 7243

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Kanimac LLC  
 Street, Apt. No., or PO Box No. 309 W 7th St #500  
 City, State, ZIP+4 Fort Worth, TX

PS Form 3800, August 2006

See Reverse for Instructions

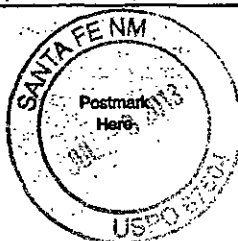
7012 2920 0000 4584 7250

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Lazy 5 Minerals  
 Street, Apt. No., or PO Box No. 2711 Centerville Rd. #400  
 City, State, ZIP+4 Wilmington, DE 19808

PS Form 3800, August 2006

See Reverse for Instructions

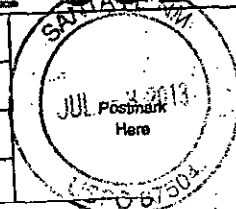
7012 3050 0002 1324 2112

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



1 Chevron North American Exploration and Production Company  
1400 Smith Street, room 43198  
Houston, TX 77002

PS Form 3800, August 2006

See Reverse for Instructions

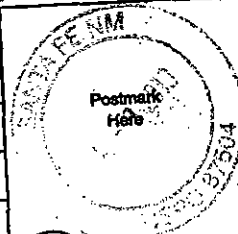
7012 2920 0000 4584 7296

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Ryla Taylor Thompson  
 Street, Apt. No., or PO Box No. 1122 Green Valley Rd. NW  
 City, State, ZIP+4 Los Ranchos, NM 87107

PS Form 3800, August 2006

See Reverse for Instructions

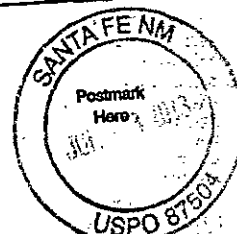
7012 2920 0000 4584 7261

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To RB Operating Co  
 Street, Apt. No., or PO Box No. 246 Oak Rd.  
 City, State, ZIP+4 Corning, NM 88256

PS Form 3800, August 2006

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**

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

Sent To: *Delicia Clark*  
 Street, Apt. No., or PO Box No. *4508 Banister Lane*  
 City, State, ZIP+4 *Austin, TX 78745*

PS Form 3800, August 2006 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**

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

Sent To: *Oneilla Wilbanks*  
 Street, Apt. No., or PO Box No. *P.O. Box 84*  
 City, State, ZIP+4 *Malvern, NM 88264*

PS Form 3800, August 2006 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**

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

Sent To: *Cecilia Ayman*  
 Street, Apt. No., or PO Box No. *9466 Arborhill Drive*  
 City, State, ZIP+4 *Dallas, TX 75243*

PS Form 3800, August 2006 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**

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

Sent To: *Ray Devere Taylor*  
 Street, Apt. No., or PO Box No. *P.O. Box 723*  
 City, State, ZIP+4 *Tatum, NM 88267*

PS Form 3800, August 2006 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**

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

Sent To: *Mark Hankins*  
 Street, Apt. No., or PO Box No. *P.O. Box 3192*  
 City, State, ZIP+4 *Midland, TX 79702*

PS Form 3800, August 2006 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**

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

Sent To: *Charles Qualia*  
 Street, Apt. No., or PO Box No. *P.O. Box 10181*  
 City, State, ZIP+4 *Midland, TX 79702*

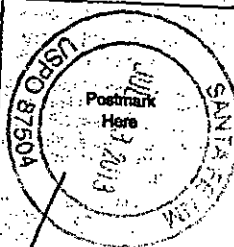
PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To COO Cummings  
Street, Apt. No.,  
or PO Box No. 6765 NW 9th Rd. 00300  
City, State, ZIP+4<sup>®</sup> Corpusicana, TX 75110

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Ventura Espinoza  
Street, Apt. No.,  
or PO Box No. 7903 Purdue Ave.  
City, State, ZIP+4<sup>®</sup> Dallas, TX 75225

PS Form 3800, August 2006

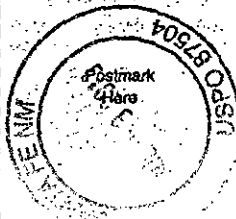
See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Conoco Phillips Company  
Street, Apt. No.,  
or PO Box No. 15080 Two Westlake Park  
City, State, ZIP+4<sup>®</sup> Houston, TX 77079-1175

PS Form 3800, August 2006

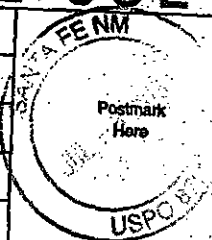
See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Patterson Pct. LLC  
Street, Apt. No.,  
or PO Box No. P.O. Box 1416  
City, State, ZIP+4<sup>®</sup> Snyder, TX 79550

PS Form 3800, August 2006

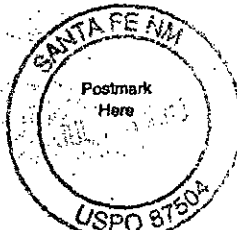
See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To Attn: Cari Allen-Devon Energy  
Street, Apt. No.,  
or PO Box No. 333 W. Sheridan Avenue  
City, State, ZIP+4<sup>®</sup> Oklahoma City, OK 73102

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



To  
The Leavenworth National Bank and Trust  
Company of Leavenworth, Kansas  
THE DOROTHY DELL GRAEBER TRUST  
PO BOX 350  
Leavenworth, KS 66048

PS Form 3800, August 2006

See Reverse for Instructions

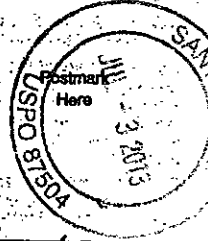
7012 0470 0000 2697 2793

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



Sent To *Shunkin Exploration*  
 Street, Apt. No., or PO Box No. *P.O. Box 3192*  
 City, State, ZIP+4 *Midland, TX 79702*

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0000 2697 2762

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



Sent To *Marathon Oil Co*  
 Street, Apt. No., or PO Box No. *P.O. Box 3487*  
 City, State, ZIP+4 *Houston, TX 77253*

PS Form 3800, August 2006 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:

Lazy S Minerals, LLC  
2711 Centerville Road Suite 400  
Wilmington, DE 19808

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7250

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[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

# 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:

C. O. Curington  
Calvin O. Curington  
6765 NW County Road 00300  
Corsicana, TX 75110

2. Article Number

(Transfer from service label)

7012 0470 0000 2697 2786

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

*x Calvin Curington*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Calvin Curington*

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

# 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:

Cecilia Aymond  
9466 Arborhill Drive  
Dallas, TX 75243

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

*x Cecilia Aymond*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Cecilia Aymond*

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

7012 0400 0002 2194 5668

## 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:

Chevron North American Exploration and  
Production Company  
1400 Smith Street, room 43198  
Houston, TX 77002

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Archie Alley*

C. Date of Delivery

7-10-00

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

2. Article Number

(Transfer from service label)

7012 3050 0002 1324 2112

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Druella Wilbanks  
Post Office Box 84  
Maljamar, NM 88264

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Druella Wilbanks*

- ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-6-03

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

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7304

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Kamimac LLC  
309 W. 7th Street Ste. 500  
Fort Worth, TX 76102

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *PB New Woody*

- ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/8

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

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7243

**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:

Kyla Taylor Thompson  
1122 Green Valley Rd. NW  
Los Ranchos, NM 87107

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kyla Thompson*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kyla Thompson

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marathon Oil Company  
Post Office Box 3487  
Houston, TX 77253-3487

2. Article Number

(Transfer from service label)

7012 0470 0000 2697 2762

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *James Elder*☐ Agent☐ Addressee

B. Received by (Printed Name)

JAMES ELDER

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pendragon Oil, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7267

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *PB Deewood*☐ Agent☐ Addressee

B. Received by (Printed Name)

PB Deewood

C. Date of Delivery

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

102595-02-M-1540

## 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:

Ray Devoe Taylor  
Post Office Box 723  
Tatum, NM 88267

2. Article Number

(Transfer from service label)

7012 2210 0001 2087 9800

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dorothy Bess

☐ Agent☐ Addressee

B. Received by (Printed Name)

Dorothy Bess

C. Date of Delivery

7/12

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

The Leavenworth National Bank and Trust  
Company of Leavenworth, Kansas  
THE DOROTHY DELL GRAEBER TRUST  
PO BOX 350  
Leavenworth, KS 66048

2. Article Number

(Transfer from service label)

7012 3050 0002 1324 2068

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pam Ryser

☐ Agent☐ Addressee

B. Received by (Printed Name)

Pam Ryser

C. Date of Delivery

7/09/13

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

## 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:

Attn: Cari Allen  
Devon Energy Production Company, LP  
333 W. Sheridan Avenue  
Oklahoma City, OK 73102

2. Article Number

(Transfer from service label)

7013 0600 0002 2194 5828

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Allen

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-8-13

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

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  <div style="border-bottom: 1px solid black; width: 150px; margin: 0;"></div> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name)  <div style="border-bottom: 1px solid black; width: 150px; margin: 0;"></div> </p> <p>C. Date of Delivery  <div style="border-bottom: 1px solid black; width: 100px; margin: 0;"></div> </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> <div style="border-bottom: 1px solid black; height: 40px; margin-top: 10px;"></div> <p>Patterson Petroleum, LLC  Post Office Box 1416  Snyder, TX 79550</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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) <span style="font-family: monospace; font-size: 1.2em;">7012 2920 0000 4584 7144</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

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  <div style="border-bottom: 1px solid black; width: 150px; margin: 0;"></div> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name)  <div style="border-bottom: 1px solid black; width: 150px; margin: 0;"></div> </p> <p>C. Date of Delivery  <div style="border-bottom: 1px solid black; width: 100px; margin: 0;"></div> </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> <div style="border-bottom: 1px solid black; height: 40px; margin-top: 10px;"></div> <p>Alice Crouch  4508 Banister Lane  Austin, TX 78745</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) <span style="font-family: monospace; font-size: 1.2em;">7013 0600 0002 2194 5651</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	