



November 26, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**TO: AFFECTED INTEREST OWNERS****Re: APPLICATION OF COG OPERATING, LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO (Sebastian Federal Com 3H).**

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 December 5, 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 19.15.4.13 to file a Pre-hearing Statement four business 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 Mike Wallace at COG Operating, LLC (432) 221-0465.

Sincerely,


Michael H. Feldewert



November 26, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET OWNERS

Re: APPLICATION OF COG OPERATING, LLC FOR A NON-STANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO (Sebastian Federal Com 3H).

This letter is to advise you that COG Operating, LLC has filed the enclosed Application with the New Mexico Oil Conservation Division. As a mineral operator, lessee or mineral owner in the offsetting properties, you are entitled to notice of this application.

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Parties appearing in cases are required by Division Rule 19.15.4.13 to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four business 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.

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TO: AFFECTED INTEREST OWNERS

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Michael H. Feldewert



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TO: OFFSET OWNERS

**Re: APPLICATION OF COG OPERATING, LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO (Sebastian Federal Com 4H).**

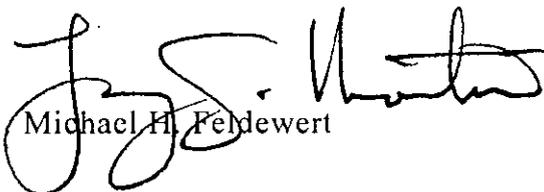
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Questions concerning this application should be directed to Mike Wallace at COG Operating, LLC (432) 221-0465.

Sincerely,



Michael H. Feldewert

**COG OPERATING LLC
SEBASTIAN 3H & 4H WELLS
NOTICE LIST**

**AFFECTED INTEREST
OWNERS FOR THE 3H &
4H WELLS**

Joel Talley
c/o Tacor Resources Inc.
600 N. Marienfeld St., Ste 807
Midland, TX 79701

**June Cook
No Address
(Notice in the Paper)**

**Cloma Perkins
No Address
(Notice in the Paper)**

**OFFSET OWNERS 3H –
E/2 W/2 of Sec. 18-24S-34E:**

A&P Family Partership, LP
P.O. Box 1046
Eunice, NM 88231

George L. Sims
P.O. Box 34
Mayhill, NM 88339

Barbara A. Sims
1004 Carter Ave.
Lovington, NM 88260

Heirs and devisees of Winnie Sims
Kennan (Leo V. Sims, II)
Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

Elizabeth Lea Daugherty, Trustee of
the Elizabeth Lea Daugherty Trust
dtd. March 22, 2012
329 W. Houghton
Santa Fe, NM 87505

Realeza Del Spear, LP
P.O. Box 1684
Midland, TX 79702

Realeza Del Spear, LO
P.O. Box 2630
Midland, TX 79702

Betty Gray
2305 W. Ruthrauff Rd. #814
Tucson, AZ 85705

Betty Gray
P.O. Box 1380
Silver City, NM 88061

Imogene Hanners
P.O. Box 1224
Lovington, NM 88260

Imogene Hanners
1004 W. Ave N
Lovington, NM 88260

**June Cook
No Address
(Notice in the Paper)**

**Cloma Perkins
No Address
(Notice in the Paper)**

**OFFSET 4H - SE/4 SW/4 &
S/2 SE/4 of Sec. 7-24S-34E:**

Kaiser Francis (Operator of the
Bell Lake Unit)
P.O. Box 21468
Tulsa, OK 7412

The Allar Co.
P.O. 1567
Graham, TX 76450

**COG OPERATING LLC
SEBASTIAN 3H & 4H WELLS
NOTICE LIST**

EOG Resources, Inc.
5509 Champions Dr.
Midland, TX 79706

Offsets for 3H & 4H

EOG Resources, Inc.
P.O. Box 4362
Houston, TX 77210

Chevron Midcontinent LP
11111 S. Wilcrest
Houston, Texas 77099

Magnum Hunter Production,
Inc.
600 E. College Blvd.
Irving, Texas 75039

QEP Energy Co.
1050 17th Street, Suite 500
Denver, CO 80265-1050

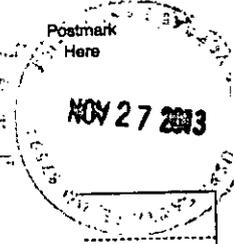
7006 0100 0005 5770 6716

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OFFICIAL USE

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



Joel Talley
c/o Tacor Resources Inc.
600 N. Marienfeld St., Ste 807
Midland, TX 79701

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Joel Talley
c/o Tacor Resources Inc.
600 N. Marienfeld St., Ste 807
Midland, TX 79701

2. Article Number (Transfer from service label): 7006 0100 0005 5770 6716

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Joel Talley* Agent Addressee

B. Received by (Printed Name): JOEL TALLEY C. Date of Delivery: 12-2-13

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

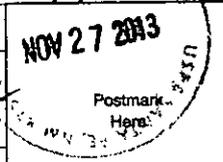
7006 0100 0005 5770 6259

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OFFICIAL USE

Postage \$	66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	1.31



A&P Family Partership, LP
P.O. Box 1046
Eunice, NM 88231

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
A&P Family Partership, LP
P.O. Box 1046
Eunice, NM 88231

2. Article Number (Transfer from service label): 7006 0100 0005 5770 6259

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *BT Reynolds* Agent Addressee

B. Received by (Printed Name): B.T. Reynolds C. Date of Delivery: 12/4/13

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 6235

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OFFICIAL

Postage	\$ 0.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31

Postmark Here
 NOV 27 2013

George L. Sims
 P.O. Box 34
 Mayhill, NM 88339

See reverse for instructions

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 George L. Sims
 P.O. Box 34
 Mayhill, NM 88339

2. Article Number (Transfer from service label): 7006 0100 0005 5770 6235

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): *[Signature]* C. Date of Delivery: 12/2/13

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 6228

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OFFICIAL

Postage	\$ 0.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31

Postmark Here
 NOV 27 2013

Barbara A. Sims
 1004 Carter Ave.
 Lovington, NM 88260

See reverse for instructions

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Barbara A. Sims
 1004 Carter Ave.
 Lovington, NM 88260

2. Article Number (Transfer from service label): 7006 0100 0005 5770 6228

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): Barbara Watson C. Date of Delivery: 12-6-13

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 6211

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Postage	\$ 1.66	Postmark NOV 27 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	7.21	

Heirs and devisees of Winnie Sims
Kennan (Leo V. Sims, II)
Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

For Instructions

SENDER: COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

RECIPIENT ACTION ON DELIVERY

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

1. Article Addressed to:
Heirs and devisees of Winnie Sims
Kennan (Leo V. Sims, II)
Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

2. Article Number: 7006 0100 0005 5770 6211
(Transfer from sender's 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: *Denise Albertson* Agent Addressee
B. Received by (Printed Name): *Denise Albertson* C. Date of Delivery:
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 5770 6204

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Postage	\$ 1.66	Postmark NOV 27 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	6.31	

Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

For Instructions

SENDER: COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

RECIPIENT ACTION ON DELIVERY

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

1. Article Addressed to:
Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

2. Article Number: 7006 0100 0005 5770 6204
(Transfer from sender's 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: *Denise Albertson* Agent Addressee
B. Received by (Printed Name): *Denise Albertson* C. Date of Delivery:
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 5770 6198

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Postage	\$ 0.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Elizabeth Lea Daugherty, Trustee of
the Elizabeth Lea Daugherty Trust
did: March 22, 2012
329 W. Houghton
Santa Fe, NM 87505

for Instructions

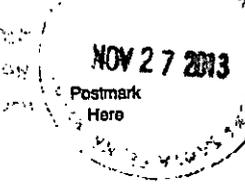
7006 0100 0005 5770 7553

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Postage	\$ 0.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Realeza Del Spear, LP
P.O. Box 1684
Midland, TX 79702

for Instructions

SECTION ON DELIVERY

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

1. Article Addressed to:
Realeza Del Spear, LP
P.O. Box 1684
Midland, TX 79702

2. Article Number (Transfer from service label): 7006 0100 0005 5770 7553

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 Chelsea Sosa
 Agent
 Addressee

B. Received by (Printed Name)
Chelsea Sosa

C. Date of Delivery
12.2.12

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 5870

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

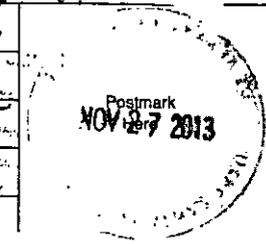
Realeza Del Spear, LO
P.O. Box 2630
Midland, TX 79702
for instructions

7006 0100 0005 5770 5868

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

Betty Gray
2305 W. Ruthrauff Rd. #814
Tucson, AZ 85705
for instructions

Returned

7006 0100 0005 5770 5856

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OFFICE

Postage	\$	1.66
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		6.31

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 NOV 27 2013

Betty Gray
 P.O. Box 1380
 Silver City, NM 88061

PS Form 3811, June 2002 See Reverse for Instructions

7006 0100 0005 5770 7577

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OFFICE

Postage	\$	1.66
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		6.31
Total Postage & Fees	\$	13.62

Postmark Here
 NOV 27 2013

Imogene Hanners
 1004 W. Ave N
 Lovington, NM 88260

for Instructions

SENDEE **SECTION ON DELIVERY**

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

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

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Imogene Hanners 11/29/13

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

1. Article Addressed to:
 Imogene Hanners
 1004 W. Ave N
 Lovington, NM 88260

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 7577

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

7006 0100 0005 5770 9724

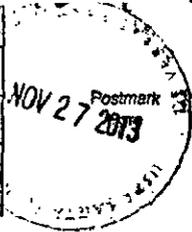
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OFFICIAL

4

Postage \$ 66
Certified Fee 3.10
Return Receipt Fee (Endorsement Required) 2.55
Restricted Delivery Fee (Endorsement Required) 631



Imogene Hanners
P.O. Box 1224
Lovington, NM 88260

RECEIVED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Imogene Hanners
P.O. Box 1224
Lovington, NM 88260

2. Article Number (Transfer from service label): 7006 0100 0005 5770 9724

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Imogene Hanners Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: NOV 27 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

7006 0100 0005 5770 6709

U.S. Postal Service™
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OFFICIAL

SE

Postage \$ 66
Certified Fee 3.10
Return Receipt Fee (Endorsement Required) 2.55
Restricted Delivery Fee (Endorsement Required) 631



Kaiser Francis (Operator of the
Bell Lake Unit)
P.O. Box 21468
Tulsa, OK 7412

RECEIVED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

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- 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:
Kaiser Francis (Operator of the
Bell Lake Unit)
P.O. Box 21468
Tulsa, OK 7412

2. Article Number (Transfer from service label): 7006 0100 0005 5770 6709

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Kaiser Francis Agent Addressee

B. Received by (Printed Name): Kaiser Francis C. Date of Delivery: DEC 03 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

7006 0100 0005 5770 6723

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

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

OFFIC

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

NOV 27 2013
Postmark Here

The Allar Co.
 P.O. 1567
 Graham, TX 76450

for Instructions

SENDER: COMPLETE THIS SECTION

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

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

1. Article Addressed to:

The Allar Co.
 P.O. 1567
 Graham, TX 76450

2. Article Number (Transfer from service label) 7006 0100 0005 5770 6723

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Sheila Burt

B. Received by (Printed Name) Sheila Burt C. Date of Delivery 12/2/13

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 9106

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

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

OFFIC

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

NOV 27 2013
Postmark Here

EOG Resources, Inc.
 5509 Champions Dr.
 Midland, TX 79706

for Instructions

SENDER: COMPLETE THIS SECTION

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

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

1. Article Addressed to:

EOG Resources, Inc.
 5509 Champions Dr.
 Midland, TX 79706

2. Article Number (Transfer from service label) 7006 0100 0005 5770 9106

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

SECTION ON DELIVERY

A. Signature Agent Addressee
 J. Beery

B. Received by (Printed Name) J. Beery C. Date of Delivery 12/3/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 9717

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$	1.66
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.31



Chevron Midcontinent LP
11111 S. Wilcrest
Houston, Texas 77099

for instructions

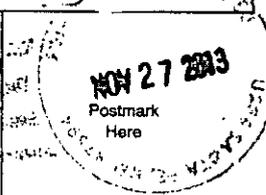
7006 0100 0005 5770 6212

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

Postage	\$	1.66
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.31



Magnum Hunter Production,
Inc.
600 E. College Blvd.
Irving, Texas 75039

for instructions

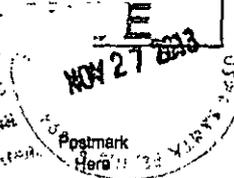
7006 0100 0005 5770 9007

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

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

OFFICE

Postage	\$ 1.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	7.31



QEP Energy Co.
1050 17th Street, Suite 500
Denver, CO 80265-1050

For Instructions

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

QEP Energy Co.
1050 17th Street, Suite 500
Denver, CO 80265-1050

2. Article Number (transfer to back of envelope)

7006 0100 0005 5770 9007

PS Form 3811, February 2004 Domestic Return Receipt

ACTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *NOV 27 2003*

D. Is delivery address different from item 1? YES, enter delivery address below: YES 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