

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

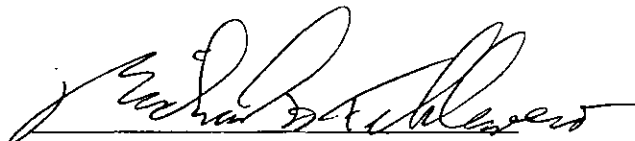
APPLICATIONS OF COG OPERATING LLC  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT, AND COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO

CASE NOS. 15096 & 15097

AFFIDAVIT

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

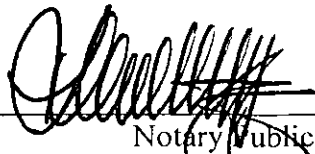
Michael H. Feldewert, attorney in fact and authorized representative of COG OPERATING LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Applications have been provided under the notice letters and proof of receipts attached hereto.

  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 19th day of March 2014 by Michael H. Feldewert.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 04/14/15

  
Notary Public

BEFORE THE OIL CONSERVATION  
DIVISION  
Santa Fe, New Mexico  
Exhibit No. 7  
Submitted by: COG OPERATING LLC  
Hearing Date: March 20, 2014

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

February 14, 2014

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

**Re: Application of COG Operating LLC for A Non-Standard Spacing And Proration  
Unit, and Compulsory Pooling, Lea County, New Mexico.  
Case No. 15096: Sebastian Federal Com No. 1H Well**

**Application of COG Operating LLC for A Non-Standard Spacing And Proration  
Unit, and Compulsory Pooling, Lea County, New Mexico.  
Case No. 15097: Sebastian Federal Com No. 2H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on March 6, 2014. 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 Mike Wallace at (432) 221-0465.

Sincerely,

Michael H. Feldewert  
ATTORNEY FOR COG OPERATING LLC

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Denver Aspen Boulder Colorado Springs Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Salt Lake City Santa Fe Washington, D.C. ☎

**HOLLAND & HART**



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

February 14, 2014

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of COG Operating LLC For A Non-Standard Spacing And Proration  
Unit, And Compulsory Pooling, Lea County, New Mexico.  
Case No. 15096: Sebastian Federal Com No. 1H Well**

**Application of COG Operating LLC For A Non-Standard Spacing And Proration  
Unit, And Compulsory Pooling, Lea County, New Mexico.  
Case No. 15097: Sebastian Federal Com No. 2H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on March 6, 2014. 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.

If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465.

Sincerely,

**Michael H. Feldewert**  
**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Denver Aspen Boulder Colorado Springs Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Salt Lake City Santa Fe Washington, D.C. ☐

**COG OPERATING LLC  
SEBASTIAN 1H & 2H  
POOLED PARTIES**

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)**

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

Rcaleza Del Spear, LP  
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

N.M.Department of Transportation  
1120 Cerrillos Rd.  
Santa Fe, NM 87504  
Attn: Mr. Clyde Archibeque

**OFFSETS**

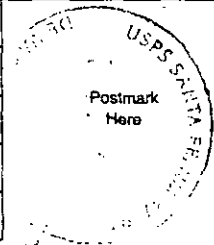
Kaiser Francis  
P.O. Box 21468  
Tulsa, OK 74121

Kaiser Francis  
P.O. Box 21468  
Tulsa, OK 74121

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

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

7006 0100 0005 5771 5138

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>OFFICIAL SEALS E-2</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90
Joel Talley c/o Tacor Resources Inc. 600 N. Marienfeld St., Ste 807 Midland, TX 79701	
PS Form 3800, June 2004 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:

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

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joel Talley C. Date of Delivery 8/21/14

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.

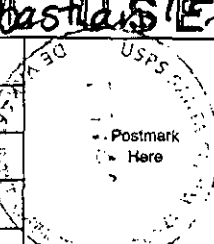
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5771 5138

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5771 5121

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>OFFICIAL SEALS E-2</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90
A&P Family Partnership, LP P.O. Box 1046 Eunice, NM 88231	
PS Form 3800, June 2004 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:

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

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. McKeon C. Date of Delivery 8/21/14

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 5771 5121

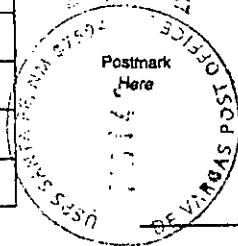
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5771 5114

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>OFFICIAL SUBSTANCE 2</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90
George L. Sims P.O. Box 34 Mayhill, NM 88339	
(See Reverse for Instructions)	

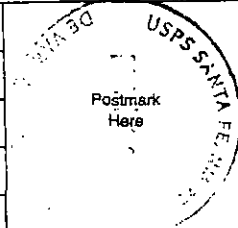


SENDER: C		<b>CERTIFIED MAIL</b>		TION ON DELIVERY	
Complete item 4 if Restricted Delivery is desired: Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.					
1. Article Addressed to:			B. Received by (Printed Name) Crystal Sears		
George L. Sims P.O. Box 34 Mayhill, NM 88339			C. Date of Delivery 18 Feb 14		
2. Article Number (Transfer from service label)			D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt					
7006 0100 0005 5771 5114					

102595-02-M-1540

7006 0100 0005 5771 5114

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>OFFICIAL SUBSTANCE 2</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90
Barbara A. Sims 1004 Carter Ave. Lovington, NM 88260	
(See Reverse for Instructions)	



7006 0100 0005 5771 5091

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

**OFFICE OF THE ATTORNEY GENERAL**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.90

Postmark Here

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

See Reverse for Instructions

**SENDER: COM**

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:

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 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**ON DELIVERY**

A. Signature: Denise Albertson

B. Received by (Printed Name): Denise Albertson

C. Date of Delivery: 2-19-14

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 5771 5084

**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)

**OFFICE OF THE ATTORNEY GENERAL**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.90

Postmark Here

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

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:

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

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**ON DELIVERY**

A. Signature: Denise Albertson

B. Received by (Printed Name): Denise Albertson

C. Date of Delivery: 2-19-14

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

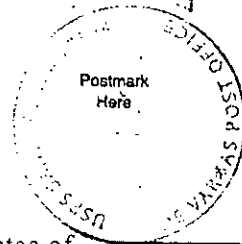
7006 0100 0005 5771 5077

**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	\$ 6.90



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

See Reverse for Instructions

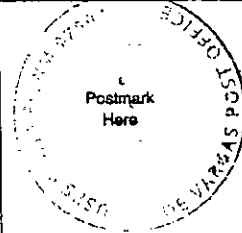
7006 0100 0005 5771 5053

**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	\$ 6.90



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

PS Form 3800, June 2002 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** *Sebastian*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

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

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPL**

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:

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

2. Article Number (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: *Chelsea Sosa*  
☐ Agent ☐ Addressee

B. Received by (Printed Name): *Chelsea Sosa*  
 C. Date of Delivery: *2/2/14*

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

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** *Sebastian*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

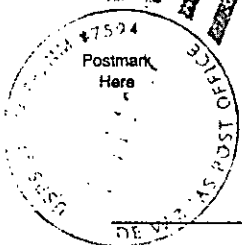
Postmark Here

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

PS Form 3800, June 2002 See Reverse for Instructions

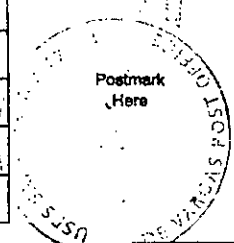
**Returned**

7006 0100 0005 5771 5039

U.S. Postal Service <sup>TM</sup>	
<b>CERTIFIED MAIL<sup>TM</sup> 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>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90
Betty Gray P.O. Box 1380 Silver City, NM 88061	
PS Form 3800, June 2002 See Reverse for Instructions	

# Returned

7006 0100 0005 5771 4964

U.S. Postal Service <sup>TM</sup>	
<b>CERTIFIED MAIL<sup>TM</sup> 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>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90
Imogene Hanners 1004 W. Ave N Lovington, NM 88260	
PS Form 3800, June 2002 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>DELIVERY</b>	
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.		A. Signature X <i>Imogene Hanners</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>JH</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Imogene Hanners 1004 W. Ave N Lovington, NM 88260		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 5771 4964	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5771 4971

**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** *Sebastian 542*

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.90

Postmark Here

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

PS Form 3800, June 2002 See Reverse for Instructions

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

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:

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

2. Article Number  
 (Transfer from service label)

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

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

A. Signature *Imogene Hanners* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) C. Date of Delivery

7006 0100 0005 5771 4971

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

7006 0100 0005 5771 4957

**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** *Sebastian 542*

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.90

Postmark Here

N.M. Department of Transportation  
 1120 Cerrillos Rd.  
 Santa Fe, NM 87504  
 Attn: Mr. Clyde Archibeque

PS Form 3800, June 2002 See Reverse for Instructions

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

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:

N.M. Department of Transportation  
 1120 Cerrillos Rd.  
 Santa Fe, NM 87504  
 Attn: Mr. Clyde Archibeque

2. Article Number  
 (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 *Mr. Archibeque* ☐ 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

SANTA FE, NM 87501-0898  
 FEB 18 2014

7006 0100 0005 5771 4957

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

7006 0100 0005 5771 4940

**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)

**OFFICE** *Sokashas SE2*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.90	

Kaiser Francis  
 P.O. Box 21468  
 Tulsa, OK 74121

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: COMPLETE THIS SECTION 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.

A. Signature *Kaiser Francis* ☐ 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

**FEB 19 2014**

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 Addressed to:  
 Kaiser Francis  
 P.O. Box 21468  
 Tulsa, OK 74121

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 4940

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

7006 0100 0005 5771 4933

**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)

**OFFICE** *Sokashas SE2*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.90	

Kaiser Francis  
 P.O. Box 21468  
 Tulsa, OK 74121

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: COMPLETE THIS SECTION 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.

A. Signature *Kaiser Francis* ☐ 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

**FEB 19 2014**

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 5771 4933

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

7006 0100 0005 5771 4926

**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	\$ 6.90

Postmark Here

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

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)

**COMPLETE THIS SECTION**

1. Article Addressed to:  
 EOG Resources, Inc.  
 509 Champions Dr.  
 Midland, TX 79706

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 4926

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Signature  
 X Robert Foree ☐ Agent ☐ Addressee

6. Received by (Printed Name)  
 R. Foree

7. Date of Delivery  
 2-20-14

8. Is delivery address different from item 1? ☒ Yes  
 If YES, enter delivery address below:  
 Correct  
 P.O. Box 2267  
 Midland TX 79702

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

7006 0100 0005 5771 4919

**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	\$ 6.90

Postmark Here

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

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)

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 EOG Resources, Inc.  
 P.O. Box 4362  
 Houston, TX 77210

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 4919

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Signature  
 X M. Carter ☐ Agent ☐ Addressee

6. Received by (Printed Name)  
 M. Carter

7. Date of Delivery  
 Feb 20 2014

8. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below:

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