

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

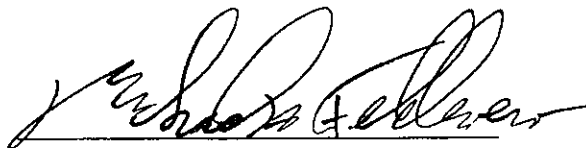
IN THE MATTER OF THE APPLICATION
OF CHEVRON U.S.A. INC. FOR A
NON-STANDARD SPACING AND
PRORATION UNIT, AND COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO.

CASE NO. 15167

AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of Chevron U.S.A. Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letter and proof of receipts attached hereto.

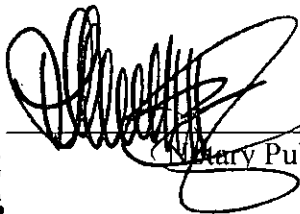


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 9th day of July 2014 by Michael H. Feldewert.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 5
Submitted by: CHEVRON U.S.A., INC.
Hearing Date: July 10, 2014

7006 2760 0001 6376 4223

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/GRAMMA 1H	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here 19 20.9	
Carter Legacy, LLC 5331 85th St. Lubbock, TX 79424"	
PS Form 3800, August 2005 See Reverse for Instructions	

7006 2760 0001 6376 4230

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/GRAMMA 1H	
OFFIC	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here 19 20.9	
Debra D. Dye P.O. Box 834 La Porte, TX 77572"	
for instructions	

7006 2760 0001 6376 4247

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
For delivery information visit MHF/GRAMMA 1H	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Burlington Resources Oil & Gas Company, LP P.O. Box 2267 Midland, TX 79702"	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>x Robert Foree</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>R. Foree</i> C. Date of Delivery <i>6-24-14</i>	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Burlington Resources Oil & Gas Company, LP P.O. Box 2267 Midland, TX 79702"		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number. (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7006 2760 0001 6376 4247			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 3950

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
For delivery information visit MHF/GRAMMA 1H	
OFFIC	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
William S. Nichols 309 Montclair N.E. Albuquerque, NM 87108	
See Reverse for Instructions	

Returned

7006 2760 0001 6376 3967

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit www.usps.com	
OFFICE MHF/GRAMMA 1H	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
19 Aug 04

87501-9998

Flo Scott Brown
8610 Miami
Lubbock, TX 79423"

PS Form 3800, August 2006 See reverse for instructions

7006 2760 0001 6376 3974

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit www.usps.com	
OFFICE MHF/GRAMMA 1H	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
20 Aug 04

87501-9998

Estate of Lawrence Gordon
Dotson
P.O. Box 556
Sierra Blanca, TX 79851"

See reverse for instructions

Returned

7006 2760 0001 6376 3961

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/GRAMMA 1H	
OFFICE	
Postage	\$1
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Charee Joe Dotson Box 510 Aurila, AZ 85320	
PS Form 3800, August 2006 See Reverse for Instructions	

Returned

7006 2760 0001 6376 3998

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/GRAMMA 1H	
OFFICE	
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Charlee Jessica Dotson Box 662 Summerset, TX 78060	
PS Form 3800, August 2006 See Reverse for Instructions	

7006 2760 0001 6376 4001

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com or call 1-800-ASK-GRAMMA 1H	
OFFICE	
Postage	\$ 3.30
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.00
Postmark Here JUN 19 2014	
87501-9998	
Sandi Miller 1015 Fern Dr. Roswell, NM 88203	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature x <i>S. Miller</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
Sandi Miller 1015 Fern Dr. Roswell, NM 88203		C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
7006 2760 0001 6376 4001		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	

7006 2760 0001 6376 4018

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com or call 1-800-ASK-GRAMMA 1H	
OFFICE	
Postage	\$ 3.30
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.00
Postmark Here JUN 19 2014	
87501-9997	
David H. Arrington P.O. Box 2071 Midland, TX 79702	
PS Form 3800, August 2006	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature x <i>D. Arrington</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
David H. Arrington P.O. Box 2071 Midland, TX 79702		C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
7006 2760 0001 6376 4018		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	

7006 2760 0001 6376 4025

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland International Mail)

For delivery information visit **MHF/GRAMMA 1H**

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Robert E. Landreth
 1600 Country Club Dr.
 Midland, TX 79701

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:

Robert E. Landreth
 1600 Country Club Dr.
 Midland, TX 79701

2. Article Number (Transfer from service label) 7006 2760 0001 6376 4025

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) LINDA CARTER C. Date of Delivery 6-23-14

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 2760 0001 6376 4032

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland International Mail)

For delivery information visit **MHF/GRAMMA 1H**

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Carl A. Schellinger
 PO Box 447
 Roswell, NM 88202

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:

Carl A. Schellinger
 PO Box 447
 Roswell, NM 88202

2. Article Number (Transfer from service label) 7006 2760 0001 6376 4032

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 6-23-14

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 2760 0001 6376 4049

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 MHF/GRAMMA 1H
 For delivery information

OFFICIAL USE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 218 2014
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 87501-9998

Artesia Oil and Gas LLC
 P.O. Box 647
 Artesia, New Mexico 88211

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:
 Artesia Oil and Gas LLC
 P.O. Box 647
 Artesia, New Mexico 88211

2. Article Number 7006 2760 0001 6376 4049
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kandice Duncanson*
☐ Agent
☐ Addressee

B. Received by (Printed Name) *Kandice Duncanson*
 C. Date of Delivery *JUN 21 2014*

D. Is delivery address different from item 1?
 If 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

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

7006 2760 0001 6376 4056

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 MHF/GRAMMA 1H
 For delivery information

OFFICIAL USE

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 JUN 19 2014
 87501-9998

Frank M. Johnson, Jr.
 Wife, Harriet Johnson
 315 East Orchard Park
 Dexter, NM 88230

for instructions

7006 2760 0001 6376 4063

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit MHE/GRAMMA 1H	
OFFICE	
Postage \$	338
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here
JUN 19 2014
87501-9998

Clara Meadows
700 South Ohio
Roswell, NM 88201

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		ACTION 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 X <i>[Signature]</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Clara Meadows</i> C. Date of Delivery <i>6-21-09</i>	
Clara Meadows 700 South Ohio Roswell, NM 88201		D. Is delivery address different from Item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7006 2760 0001 6376 4063		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) ☐ Yes	

7006 2760 0001 6376 4070

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit MHE/GRAMMA 1H	
OFFICE	
Postage \$	338
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here
JUN 19 2014
87501-9998

Roy Barton, Jr.
P.O. Box 978
Hobbs, NM 88241

PS Form 3800, August 2005 See Reverse for Instructions

102595-02-M-15401

7006 2760 0001 6376 4087

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit USPS.gov	
Postage	\$ 3.30
Certified Fee	0.60
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.90

Postmark Here
JUN 19 2014
87501-9998

Norma J. Barton
P.O. Box 728
Hobbs, NM 88241

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:

Norma J. Barton
P.O. Box 728
Hobbs, NM 88241

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 4087

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Norma J. Barton

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Norma J. Barton

C. Date of Delivery

6/26/14

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 4094

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit USPS.gov	
Postage	\$ 3.30
Certified Fee	0.60
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.60

Postmark Here
JUN 19 2014
87501-9998

Burlington Resources
5051 Westheimer, Suite 1400
Houston, TX 77056

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 4100

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit www.usps.com MHF/GRAMMA 1H	
OFFICE	
Postage	\$
Certified Fee	3.30 19
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.7501-9998
Roy G. Barton, Jr. P.O. Box 978 Hobbs, NM 88241	

Postmark Here

PS Form 3811, August 2004 See Reverse for Instructions

7006 2760 0001 6376 4117

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit www.usps.com MHF/GRAMMA 1H	
OFFICE	
Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1
Total Postage & Fees	\$ 8.7501-9998
Norma J. Barton P.O. Box 728 Hobbs, NM 88241	

Postmark Here

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		ACTION 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 <i>*Norma J. Barton</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Norma J. Barton</i> C. Date of Delivery <i>6/26/14</i> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Norma J. Barton P.O. Box 728 Hobbs, NM 88241		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number <i>7006 2760 0001 6376 4117</i> (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

7006 2760 0001 6376 4124

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No)	
For delivery information visit MHF/GRAMMA 1H	
OFFICIAL	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here 19 JUN 4 87501-9998	
Energex, LLC Attn.: Tim Lilley 4425 98th Street, Ste. 200 Lubbock, TX 79424	
PS Form 3811, August 2004 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.		SECTION ON DELIVERY A. Signature X <i>James King</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>James King</i> C. Date of Delivery <i>6-21</i> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Energex, LLC Attn.: Tim Lilley 4425 98th Street, Ste. 200 Lubbock, TX 79424		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 2760 0001 6376 4124	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 4131

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No)	
For delivery information visit MHF/GRAMMA 1H	
OFFICIAL	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here 27 JUN 2014	
Crump Energy Partners, LLC Attn: Brian Hall P.O. Box 50820 Midland, TX 79710	
PS Form 3811, August 2004 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.		SECTION ON DELIVERY A. Signature X <i>R. Pando</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>R. Pando</i> C. Date of Delivery <i>6-23-14</i> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Crump Energy Partners, LLC Attn: Brian Hall P.O. Box 50820 Midland, TX 79710		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 2760 0001 6376 4131	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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

For delivery information MHF/GRAMMA IH
OFFI

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here
19 2004
87501-9991

Crown Oil Partners IV, L.P.
Attn: Brian Hall
P.O. Box 50820
Midland, TX 79710

for instructions

7006 2760 0001 6376 4146