

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

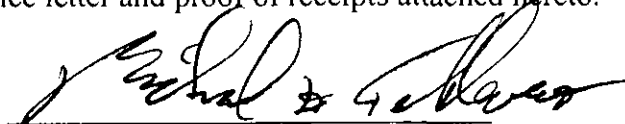
IN THE MATTER OF THE APPLICATION OF CHEVRON U.S.A. INC. FOR A NON-STANDARD SPACING AND PRORATION UNIT, AND COMPULSORY POOLING, LEAS COUNTY, NEW MEXICO.

CASE NO. 15160

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.

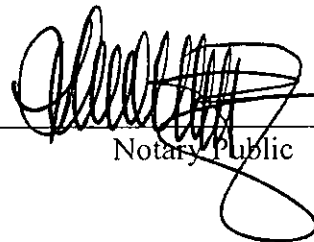


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 25th day of June 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. 4
Submitted by: CHEVRON U.S.A. INC.
Hearing Date: June 25, 2014



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

June 6, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: APPLICATION OF CHEVRON U.S.A. INC. FOR A NON-STANDARD
SPACING AND PRORATION UNIT, AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.
(Gramma Ridge 14-24-34-2H Well)**

Ladies & Gentlemen:

This letter is to advise you that Chevron U.S.A. Inc., 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 June 26, 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 19.15.4.13.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 Cody Cole, at (713) 372-1103 or ccole@chevron.com.

Sincerely,

Michael H. Feldewert

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

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

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



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

June 6, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

**TO: OFFSETTING LESSEES AND
OPERATORS**

**RE: APPLICATION OF CHEVRON U.S.A. INC. FOR A NON-STANDARD
SPACING AND PRORATION UNIT, AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

This letter is to advise you that Chevron U.S.A. Inc. 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 June 26, 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 19.15.4.13.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 Cody Cole at (713) 372-1103 or ccole@chevron.com.

Sincerely,

Michael H. Feldewert

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

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

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

CHEVRON
GRAMMA RIDGE 14-24-34-2H WELL

POOLED PARTIES:

Burlington Resources Oil & Gas
Company
ATTN: Ashley Manning-Dyke
601 N. Dairy Ashford Rd
P10-5-Office 5027
Houston, TX 77080

Crown Oil Partners IV, LP
ATTN: Brian Hall
P.O. Box 50821
Midland, Texas 79711

Crump Energy Partners, LLC
ATTN: Brian Hall
P.O. Box 50821
Midland, Texas 79711

Energex, LLC
ATTN: Tim Lilley
4426 98th St., Ste 201
Lubbock, TX 79425

N.M. Depart. of Transportation
ATTN: John Lopez
PO Box 1150
Santa Fe, NM 87505

OFFSETS:

Roy G. Barton, Jr. Trustee of the
Roy G. Barton, Sr. and Opal
Barton Revocable Trust
3114 Kansas
Hobbs, NM 88242

Energex, LLC
ATTN: Tim Lilley
4425 98th St., Ste 200
Lubbock, TX 79424

Randall F. Montgomery
Box 2414
Hobbs, NM 88240

William Cecil Grimes Maddox
6711 Cleon Ave.
Hollywood, CA 91606

Mary Evelyn Grimes Maddox
P. O. Box 1643
Brenham, TX 77833
Roswell NM 88203

Clifford Cone
P.O. Box 1629
Lovington, NM 88260

Clifford Cone
112 S. Main St.
Lovington, NM "

Marilyn Cone, Trustee fo D. C.
Trust
P. O. Box 64244
Lubbock, TX 79464

Colossal Energy, LLC
1001 Main St. #608
Lubbock TX 79401

Kenneth Cone
400 Illinois Ave
Midland TX 79702

West Texas State University
Leased under West Texas A&M
University
2403 Russell Long Blvd.
Canyon, TX 79016

Ohio State University
2200 Olentangy River Road
Columbus, OH 43210

Bergfeld Land & Minerals
Group
305 S. Broadway, Ste 304
Tyler TX 75702

Artesia Oil and Gas LLC
PO Box 647
Artesia, NM 88211

Frannk M. Johnson, Jr. and
wife, Harriet Johnson
315 E. Orchard Park
Dexter, NM 88230

CHEVRON
GRAMMA RIDGE 14-24-34-2H WELL

Clora Meadows
700 South Ohio
Roswell, NM 88201

Roy Barton, Jr.
PO Box 978
Hobbs, NM 88241

Norma J. Barton
PO Box 728
Hobbs, NM 88241

Burlington Resources
5051 Westeimer, Suite 1400
Houston, TX 77056

Clora Meadows
700 South Ohio
Roswell, NM 88201

Roy G. Barton, Jr
PO Box 978
Hobbs, NM 88241

Norma J. Barton
PO Box 728
Hobbs, NM 88241

Energex, LLC
ATTN: Tim Lilley
4425 98th St., Ste 200
Lubbock, TX 79424

Crump Energy Partners, LLC
ATTN: Brian Hall
P.O. Box 50820
Midland, Texas 79710

Crown Oil Partners IC, LP
Attn: Brian Hall
P.O. Box 50820
Midland, Texas 79710

Southwest Petroleum Land
Services, LLC
100 North Pennsylvania Ave
Roswell NM 88203

7551 4551 6376 2760 0001 0006

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	
CHEVRON/ GRAMMA RIDGE	
Postage \$	48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.48
Postmark Here JUN 6 2014	
Sent To	Burlington Resources Oil & Gas Company
Street, or P.O.	ATTN: Ashley Manning-Dyke
City, St.	601 N. Dairy Ashford Rd P10-5-Office 5027 Houston, TX 77080
PS Form	3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
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:	
Burlington Resources Oil & Gas Company ATTN: Ashley Manning-Dyke 601 N. Dairy Ashford Rd P10-5-Office 5027 Houston, TX 77080	
2. Article Number (Transfer from service label)	
7006 2760 0001 6376 4551	
PS Form 3811, February 2004 Domestic Return Receipt	
595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☐ Addressee
B. Received by (Printed Name)	Date of Delivery
C. 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	

9561 4568 6376 2760 0001 0006

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	
CHEVRON/ GRAMMA RIDGE	
Postage \$	48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.48
Postmark Here JUN 6 2014	
Sent To	Crown Oil Partners IV, LP
Street, or P.O.	ATTN: Brian Hall
City, St.	P.O. Box 50821 Midland, Texas 79711
PS Form	3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
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:	
Crown Oil Partners IV, LP ATTN: Brian Hall P.O. Box 50821 Midland, Texas 79711	
2. Article Number (Transfer from service label)	
7006 2760 0001 6376 4568	
PS Form 3811, February 2004 Domestic Return Receipt	
102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☐ Addressee
B. Received by (Printed Name)	Date of Delivery
C. Is delivery address different from item 1? If YES, enter delivery address below:	☒ Yes ☐ No
PO 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	

7006 2760 0001 6376 4575

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

For delivery information visit **CHEVRON/GRAMMA RIDGE OFFICE**

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
 JUN 6 2014

Sent To: Crump Energy Partners, LLC
 Street, or PO Box: ATTN: Brian Hall
 City, State: P.O. Box 50821
 Midland, Texas 79711

PS Form 3811, February 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:
 Crump Energy Partners, LLC
 ATTN: Brian Hall
 P.O. Box 50821
 Midland, Texas 79711

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 4575

ON DELIVERY

A. Signature: *Linda Greer* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Linda Greer* C. Date of Delivery: *6/10/14*

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

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

7006 2760 0001 6376 4582

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

For delivery information visit **CHEVRON/GRAMMA RIDGE OFFICE**

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
 JUN 6 2014

Sent To: Energex, LLC
 Street, or P.O. Box: ATTN: Tim Lilley
 City, State: 4426 98th St., Ste 201
 Lubbock, TX 79425

PS Form 3811, February 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:
 Energex, LLC
 ATTN: Tim Lilley
 4426 98th St., Ste 201
 Lubbock, TX 79425

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 4582

ON DELIVERY

A. Signature: *Tim Lilley* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Tim Lilley* C. Date of Delivery: *6/10/14*

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 4599

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICE**

**CHEVRON/
GRAMMA RIDGE**

Postage \$ 48
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 648

Postmark Here
JUN -6 2014

Sent To
 Street, Apt. or PO Box
 City, State
 N.M. Depart. of Transportation
 ATTN: John Lopez
 PO Box 1150
 Santa Fe, NM 87505

PS Form 3811, February 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:

N.M. Depart. of Transportation
 ATTN: John Lopez
 PO Box 1150
 Santa Fe, NM 87505

2. Article Number
(Transfer from service label)

7006 2760 0001 6376 4599

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
JOHN LOPEZ C. Date of Delivery
JUN 10 2014

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 2760 0001 6376 4605

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit **OFFICE**

**CHEVRON/
GRAMMA RIDGE**

Postage \$ 48
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 648

Postmark Here
JUN -6 2014

Sent To
 Street, Apt. or PO Box
 City, State
 Roy G. Barton, Jr. Trustee of the
 Roy G. Barton, Sr. and Opal
 Barton Revocable Trust
 3114 Kansas
 Hobbs, NM 88242

PS Form 3811, February 2004

7006 2760 0001 6376 4612

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Provided)	
For delivery information visit CHEVRON/GRAMMA RIDGE OFFICE	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648
Sent To Street, A or PO Box City, State PS Form	
Energex, LLC ATTN: Tim Lilley 4425 98th St., Ste 200 Lubbock, TX 79424	

Postmark Here JUN - 6 2014

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>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Energex, LLC ATTN: Tim Lilley 4425 98th St., Ste 200 Lubbock, TX 79424		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>69</i> Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
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		5. Date of Delivery	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 4629

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Provided)	
For delivery information visit CHEVRON/GRAMMA RIDGE OFFICE	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648
Sent To Street, A or PO Box City, State PS Form	
Randall F. Montgomery Box 2414 Hobbs, NM 88240	

Postmark Here JUN - 6 2014

Returned

7006 2760 0001 6376 4636

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit usps.com

CHEVRON/GRAMMA RIDGE

OFFICE

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
 JUN 6 2014

Sent To
 William Cecil Grimes Maddox
 6711 Cleon Ave.
 Hollywood, CA 91606

PS Form 3800, August 2006 See Reverse for Instructions

Returned

7006 2760 0001 6376 4643

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit usps.com

CHEVRON/GRAMMA RIDGE

OFFICE

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
 JUN 5 2014

Sent To
 Mary Evelyn Grimes Maddox
 P. O. Box 1643
 Brenham, TX 77833
 Roswell NM 88203

PS Form 3800, August 2006 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 X <i>Albert Garcia</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Albert Garcia</i> C. Date of Delivery <i>6-10-14</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Mary Evelyn Grimes Maddox P. O. Box 1643 Brenham, TX 77833 Roswell NM 88203	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 4643

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

2544 9439 1000 0001 6376 4452
7006 2760 0001 6376 4452

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Sent To
Street, Apt.
or PO Box
City, State

Clifford Cone
P.O. Box 1629
Lovington, NM 88260

PS Form 3800, August 2005 See Reverse for Instructions

Postmark
Here
JUN - 6 2014

6944 9439 1000 0001 6376 4452
7006 2760 0001 6376 4452

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Sent To
Street, Apt.
or PO Box
City, State

Clifford Cone
112 S. Main St.
Lovington, NM "

PS Form 3800, August 2005 See Reverse for Instructions

Postmark
Here
JUN 6 2014

Returned

7006 2760 0001 6376 4476

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **CHEVRON/GRAMMA RIDGE**
OFFIC

Postage \$ 48
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 648

Postmark Here
 JUN - 6 2014

Sent To

Street, Apt.
 or PO Box
 City, State

Marilyn Cone, Trustee fo D. C.
 Trust
 P. O. Box 64244
 Lubbock, TX 79464

PS Form

See Reverse for Instructions

7006 2760 0001 6376 4483

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **CHEVRON/GRAMMA RIDGE**
OFFIC

Postage \$ 48
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 648

Postmark Here
 JUN - 6 2014

Sent To

Street,
 or PO Box
 City, State

Colossal Energy, LLC
 1001 Main St. #608
 Lubbock TX 79401

PS Form

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 X <u>Taylor L. Fidal</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Colossal Energy, LLC 1001 Main St. #608 Lubbock TX 79401		B. Received by (Printed Name) <u>TAYLOR L. FIDAL</u> C. Date of Delivery <u>5/9/2014</u>	
2. Article Number (Transfer from service label)		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

595-02-M-1540

7006 2760 0001 6376 4490

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit	CHEVRON/ GRAMMA RIDGE
OFFICE	
Postage \$	48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	648
Sent Street or P.O. City	
Kenneth Cone 400 Illinois Ave Midland TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

Returned

7006 2760 0001 6376 4506

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information visit	CHEVRON/ GRAMMA RIDGE
OFFICE	
Postage \$	48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	648
Sent Street or P.O. City	
West Texas State University Leased under West Texas A&M University 2403 Russell Long Blvd. Canyon, TX 79016	
PS Form 3811, February 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:

West Texas State University
 Leased under West Texas A&M
 University
 2403 Russell Long Blvd.
 Canyon, TX 79016

2. Article Number (Transfer from service label)

7006 2760 0001 6376 4506

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Cassidy Doak ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Cassidy Doak 6-9-14

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6376 4513

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICIAL	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN 6 2014

Sent by _____
Street or PO _____
City _____

Ohio State University
2200 Olentangy River Road
Columbus, OH 43210

PS Form 3800, August 2006 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 X <i>Richard Sizemore</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Richard Sizemore</i> C. Date of Delivery <i>6/9/14</i> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Ohio State University 2200 Olentangy River Road Columbus, OH 43210		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 4513		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 4520

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit OFFICIAL	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN 6 2014

Sent by _____
Street or PO _____
City _____

Bergfeld Land & Minerals Group
305 S. Broadway, Ste 304
Tyler TX 75702

PS Form 3800, August 2006 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>Arson Fencis</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Bergfeld Land & Minerals Group 305 S. Broadway, Ste 304 Tyler TX 75702		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 4520		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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

For delivery information visit **CHEVRON/GRAMMA RIDGE OFFICE**

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
 JUN 10 2014

Sent to:
 Artesia Oil and Gas LLC
 PO Box 647
 Artesia, NM 88211

PS Form 3800, August 2005 See Reverse for Instructions

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

For delivery information visit **CHEVRON/GRAMMA RIDGE OFFICE**

Postmark Here
 JUN 10 2014

Sent to:
 Artesia Oil and Gas LLC
 PO Box 647
 Artesia, NM 88211

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Artesia Oil and Gas LLC
 PO Box 647
 Artesia, NM 88211

2. Article Number (Transfer from service label): 7006 2760 0001 6376 4537

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Signature
 X *Kandice Duncan*
☒ Agent
☐ Addressee

6. Received by (Printed Name): *Kandice Duncan*

7. Date of Delivery: JUN 10 2014

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

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

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

For delivery information visit **CHEVRON/GRAMMA RIDGE OFFICE**

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
 JUN 16 2014

Sent to:
 Frank M. Johnson, Jr. and wife, Harriet Johnson
 315 E. Orchard Park
 Dexter, NM 88230

PS Form 3800, August 2005 See Reverse for Instructions

Returned

7006 2760 0001 6376 4391

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit CHEVRON/GRAMMA RIDGE	
OFFIC	
Postage \$	48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	648
Postmark Here	
Sent To	
Street, Apt. or PO Box	
City, State	
Clara Meadows 700 South Ohio Roswell, NM 88201	
PS Form 3800, August 2006 See Reverse for Instructions	

7006 2760 0001 6376 4353

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit CHEVRON/GRAMMA RIDGE	
OFFIC	
Postage \$	48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	648
Postmark Here	
Sent To	
Street, Apt. or PO Box	
City, State	
Roy Barton, Jr. PO Box 978 Hobbs, NM 88241	
PS Form 3800, August 2006 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>Clara Meadows</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>C Meadows</i> C. Date of Delivery <i>6-9-14</i>	
Clara Meadows 700 South Ohio Roswell, NM 8820		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
2. Article Number <i>7006 2760 0001 6376 4391</i> (Transfer from service label)		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	
Domestic Return Receipt		102595-02-M-1540	

Returned

7006 2760 0001 6376 4360

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

For delivery information visit **OFFICIAL**

CHEVRON/GRAMMA RIDGE

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN - 6 2014

Sent To
 Street or P.O. Box
 City, State, ZIP+4®
 Norma J. Barton
 PO Box 728
 Hobbs, NM 88241

PS Form 3800, August 2006 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:
 Norma J. Barton
 PO Box 728
 Hobbs, NM 88241

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 4360

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Norma J. Barton

B. Received by (Printed Name)
 Norma J. Barton

C. Date of Delivery
 6-11-14

D. Is delivery address different from item 1? 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

102595-02-M-1540

7006 2760 0001 6376 4364

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

For delivery information visit **OFFICIAL**

CHEVRON/GRAMMA RIDGE

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN - 6 2014

Sent To
 Street, P.O. Box, or POE
 City, State, ZIP+4®
 Burlington Resources
 5051 Westeimer, Suite 1400
 Houston, TX 77056

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 4377

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

For delivery information visit us at **OFFICIAL**

CHEVRON/GRAMMA RIDGE

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN 6 2014

Sent to:
 Street or PO City, State
 Clora Meadows
 700 South Ohio
 Roswell, NM 88201

PS Form 3811, February 2004 See Reverse for Instructions

SENDER COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE, 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:

Clora Meadows
 700 South Ohio
 Roswell, NM 88201

2. Article Number (Transfer from service label): 7006 2760 0001 6376 4377

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Clora Meadows

B. Received by (Printed Name) C. Date of Delivery
 Clora Meadows 6-9-14

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 102585-02-M-1540

7006 2760 0001 6376 4407

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

For delivery information visit us at **OFFICIAL**

CHEVRON/GRAMMA RIDGE

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN - 6 2014

Sent to:
 Street or PO City, State
 Roy G. Barton, Jr
 PO Box 978
 Hobbs, NM 88241

PS Form 3811, February 2004 See Reverse for Instructions

Returned

7006 2760 0001 6376 4414

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

For delivery information visit **CHEVRON/GRAMMA RIDGE OFFICE**

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN - 6 2014

Sent to:
 Norma J. Barton
 PO 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
 PO Box 728
 Hobbs, NM 88241

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 4414

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Norma J. Barton ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Norma J. Barton

C. Date of Delivery
 6-11-14

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 4421

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

For delivery information visit **CHEVRON/GRAMMA RIDGE OFFICE**

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

Postmark Here
JUN - 6 2014

Sent to:
 Energex, LLC
 ATTN: Tim Lilley
 4425 98th St., Ste 200
 Lubbock, TX 79424

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:
 Energex, LLC
 ATTN: Tim Lilley
 4425 98th St., Ste 200
 Lubbock, TX 79424

2. Article Number
 (Transfer from service label) 7006 2760 0001 6376 4421

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 6-9

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

9244 9249 1000 0922 9000

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
CHEVRON/ GRAMMA RIDGE	
OFFICE	
Postage \$	48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	648
Sent To: Crump Energy Partners, LLC Street or P.O. Box: ATTN: Brian Hall City: P.O. Box 50820 State: Midland, Texas 79710	

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:	
Crump Energy Partners, LLC ATTN: Brian Hall P.O. Box 50820 Midland, Texas 79710	
2. Article Number (Transfer from service label)	
7006 2760 0001 6376 4438	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☒ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
Linda Gregg	6/10/14
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	

5444 9249 1000 0922 9000

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
CHEVRON/ GRAMMA RIDGE	
OFFICE	
Postage \$	48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	648
Sent To: Crown Oil Partners IC, LP Street or P.O. Box: Attn: Brian Hall City: P.O. Box 50820 State: Midland, Texas 79710	

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:	
Crown Oil Partners IC, LP Attn: Brian Hall P.O. Box 50820 Midland, Texas 79710	
2. Article Number (Transfer from service label)	
7006 2760 0001 6376 4445	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☒ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
Linda Gregg	6/10/14
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	

7006 2760 0001 6376 4841

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
For delivery information visit	CHEVRON/ GRAMMA RIDGE
OFFIC	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648
Sent To Street, Ap or PO Box City, State PS Form	
Southwest Petroleum Land Services, LLC 100 North Pennsylvania Ave Roswell NM 88203	



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 ☐ Agent ☐ Addressee	
1. Article Addressed to: Southwest Petroleum Land Services, LLC 100 North Pennsylvania Ave Roswell NM 88203		B. Received by (Printed Name) Michael Scholtz 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:	
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	

