

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

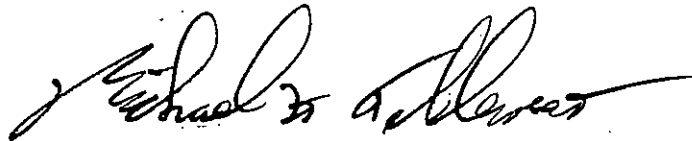
**APPLICATION OF MATADOR PRODUCTION
COMPANY FOR COMPULSORY POOLING
AND AN UNORTHODOX WELL LOCATION,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 15190

AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of Matador Production Company, 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.

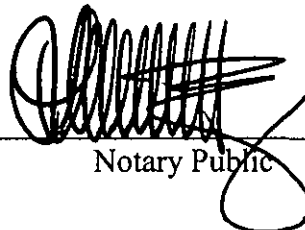


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of August 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. 4
Submitted by: **MATADOR PRODUCTION CO**
Hearing Date: September 4, 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

August 6, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING AFFECTED PERSONS

**RE: Application of Matador Production Company for compulsory pooling, and
unorthodox well location, Eddy County, New Mexico.
Tiger 14-24S-28E RB #224H Well**

On August 1, 2014, notice was provided to you of Matador Production Company's application for compulsory pooling and an unorthodox well location. It has come to our attention that the application attached to the notice was not for the Tiger 14-24S-28E RB #224H well. Included with this letter is the correct application. In order to give you an opportunity to review the application, Matador will be continuing the hearing until September 4, 2014. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit and due to the proposed unorthodox well location.

This application will be heard by a Division Examiner at 8:15 AM on September 4, 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 Clayton Sporich, at (972) 371-5405 or csporich@matadorresources.com.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

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

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

August 6, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of Matador Production Company for compulsory pooling, and
unorthodox well location, Eddy County, New Mexico.
Tiger 14-24S-28E RB #224H Well**

Ladies & Gentlemen:

On August 1, 2014, notice was provided to you of Matador Production Company's application for compulsory pooling and unorthodox well location. It has come to our attention that the application attached to the notice was not for the Tiger 14-24S-28E RB #224H well. Included with this letter is the correct application. In order to give you an opportunity to review the application, Matador will be continuing the hearing until September 4, 2014. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 4, 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 Clayton Sporich, at (972) 371-5405 or csporich@matadorresources.com.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR MATADOR PRODUCTION COMPANY

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

San Francisco, CA Dallas, TX Denver, CO Albuquerque, NM Salt Lake City, UT Jackson Hole, WY Santa Fe, NM Washington, D.C.

**MATADOR PRODUCTION COMPANY
TIGER 14-24S-28E RB #224H WELL**

POOLED PARTIES:

M. Brad Bennett
4904 Heather Rd.
Midland, TX 79705-2820

ConocoPhillips Company
P.O. Box 51810
Midland, TX 79710-1810

Devon Energy Production
Company, LP
333 W. Sheridan Avenue
Oklahoma City, OK 73102

Gahr Energy Company
P.O. Box 1889
Midland, TX 79702

OXY USA, INC
P.O. Box 4294
Houston, TX 77210

Paw Prints Oil and Gas
605 Canon Ridge Trail
Canon City, CO 81212-6201

William H. Bennett
100 The High Road
Santa Fe, NM 87507-9678

OFFSETS:

Guardian Operating
Corporation
6824 Island Circle
Midland, Texas 79707

Devon Energy Production
Company LP
P.O. Box 108838
Oklahoma City, OK 73101

The Estate of Addie Swearingen, et al
Devon Energy Production Co., L.P.
20 North Broadway
Oklahoma City, OK 73102

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121

Saber Oil & Gas Ventures, LLC
400 West Illinois Street, Suite 950
Midland, Texas 79701

Dinero Operating Company
P.O. Box 10505
Midland, Texas 79702

Dinero Operating Company
1004 N. Big Spring Street
Midland, Texas 79701

EOG Resources
P.O. Box 2267
Midland, Texas 79702

The Allar Company
735 Elm Street
Graham, TX 76450

OXY USA, Inc.
P.O. Box 50250
Midland, Texas 79710

Gahr Energy Company
P.O. Box 1889
Midland, TX 79702

HHC Consulting &
Investments, LLC
2889 N. Garfield
Midland, TX 79702

Denmar Properties, LLC
3412 Shell
Midland, TX 79702

Devon Energy Production
Company, LP
20 North Broadway
Oklahoma City, OK 73102

Nadel and Gussman Permian, LLC
601 Marienfeld St.
Midland, TX 79701

MATADOR PRODUCTION COMPANY
TIGER 14-24S-28E RB #224H WELL

Pyote Well Service, LLC
400 W. Illinois Ave., Suite 950
Midland, TX 79701

Robert H. Forrest Jr. Oil, LLC
609 Elora Drive
Carlsbad, NM 88220

Pardue Limited
EXPLOR Resources LLC
1104 N. Shore Drive
Carlsbad, NM 88220

The Conquistador Council Boy
Scouts of America
2603 North Aspen Avenue
Roswell, NM 88201

PPC Operating Company LLC
P.O. Box 10505
Midland, TX 79702

7006 2760 0001 6377 2976

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MRC/Tiger 224H(2)**
OFFIC

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69



M. Brad Bennett
 4904 Heather Rd.
 Midland, TX 79705-2820

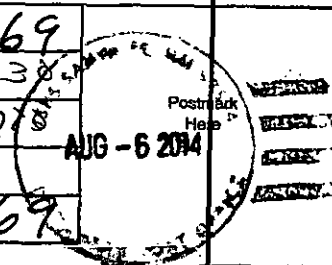
PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6377 2983

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MRC/Tiger 224H(2)**
OFFIC

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69



ConocoPhillips Company
 P.O. Box 51810
 Midland, TX 79710-1810

PS Form 3800, August 2006

See Reverse for Instructions

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

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.

Article Addressed to:

ConocoPhillips Company
 P.O. Box 51810
 Midland, TX 79710-1810

RECIPIENT: COMPLETE THIS SECTION

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

B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery *8/11/14*

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

2. Article Number *7006 2760 0001 6377 2983*
 (Transfer from service label)

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

7006 2760 0001 6377 2990

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information **MRC/Tiger 224H(2)**
OFFICIAL

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
AUG - 6 2014

Devon Energy Production Company, LP
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 3003

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information **MRC/Tiger 224H(2)**
OFFICIAL

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
AUG - 6 2014

Gahr Energy Company
 P.O. Box 1889
 Midland, TX 79702

for Instructions

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

SENDER: COMPLETE THIS SECTION

1. 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.

Article Addressed to:
 Devon Energy Production Company, LP
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102

2. Article Number (Transfer from service label) 7006 2760 0001 6377 2990

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

SECTION ON DELIVERY

A. Signature *x H. Cays* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Aug 11* 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

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

SENDER: COMPLETE THIS SECTION

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.

Article Addressed to:
 Gahr Energy Company
 P.O. Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label) 7006 2760 0001 6377 3003

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

SECTION ON DELIVERY

A. Signature *x Andree Alvarado* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Andrea Alvarado* C. Date of Delivery *8-8-14*

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 6377 3010

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery information **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
 AUG - 6 2014

OXY USA, INC
P.O. Box 4294
Houston, TX 77210

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 3027

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery information **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
 AUG - 6 2014

Paw Prints Oil and Gas
605 Canon Ridge Trail
Canon City, CO 81212-6201

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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:
OXY USA, INC
P.O. Box 4294
Houston, TX 77210

2. Article Number:
 (Transfer from service label) **7006 2760 0001 6377 3010**

PS Form 3811 February 2004 Domestic Return Receipt 2595-02-M-1540

ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
JOE BARR

C. Date of Delivery
AUG 1 2014

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 6377 3034

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

For delivery information: **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

AUG - 6 2014
Postmark Here

William H. Bennett
 100 The High Road
 Santa Fe, NM 87507-9678

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 3256

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

AUG - 6 2014
Postmark Here

Guardian Operating Corporation
 6824 Island Circle
 Midland, Texas 79707

(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:

Guardian Operating Corporation
 6824 Island Circle
 Midland, Texas 79707

2. Article Number (Transfer from service label): 7006 2760 0001 6377 3256

SECTION ON DELIVERY

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

B. Received by (Printed Name): *Zach Carter*

C. Date of Delivery: *8/8*

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 6377 3263

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MRC/Tiger 224H(2)**

OFFICE

Postage	\$.69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69



Devon Energy Production
 Company LP
 P.O. Box 108838
 Oklahoma City, OK 73101

See Reverse for Instructions

7006 2760 0001 6377 3270

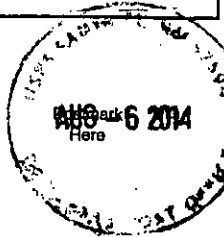
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MRC/Tiger 224H(2)**

OFFICE

Postage	\$.69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69



The Estate of Addie Swearingen, et al
 Devon Energy Production Co., L.P.
 20 North Broadway
 Oklahoma City, OK 73102

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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:

Devon Energy Production
 Company LP
 P.O. Box 108838
 Oklahoma City, OK 73101

2. Article Number: 7006 2760 0001 6377 3263
 (Transfer from service label)

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

SECTION ON DELIVERY

A. Signature: *X K. Caus* Agent
 B. Received by (Printed Name): *K. Caus* Date of Delivery: *AUG 11 2014*
 C. 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

SENDER: COMPLETE THIS SECTION

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:

The Estate of Addie Swearingen, et al
 Devon Energy Production Co., L.P.
 20 North Broadway
 Oklahoma City, OK 73102

2. Article Number: 7006 2760 0001 6377 3270
 (Transfer from service label)

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

SECTION ON DELIVERY

A. Signature: *X K. Caus* Agent
 B. Received by (Printed Name): *K. Caus* Date of Delivery: *AUG 11 2014*
 C. 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 6377 3267

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only)

For delivery information MRC/Tiger 224H(2)

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

AUG - 6 2014

Postmark

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6377 3294

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only)

For delivery information MRC/Tiger 224H(2)

OFFICIAL

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

AUG - 6 2014

Saber Oil & Gas Ventures, LLC
400 West Illinois Street, Suite 950
Midland, Texas 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:

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 3267

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

X **A MAIL CALL SERVICE INC**☐ Agent☐ Addressee

B. Received by (Printed Name)

MORIMONT

C. Date of Delivery

AUG 11 2014

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Saber Oil & Gas Ventures, LLC
400 West Illinois Street, Suite 950
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 3294

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature

X **A CAMPBELL**☐ Agent☐ Addressee

B. Received by (Printed Name)

A CAMPBELL

C. Date of Delivery

8-8-14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 3300

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)

For delivery information **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

AUG - 6 2004

Dinero Operating Company
 P.O. Box 10505
 Midland, Texas 79702

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6377 3317

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)

For delivery information **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark
 Here
 AUG - 6 2014

Dinero Operating Company
 1004 N. Big Spring Street
 Midland, Texas 79701

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Dinero Operating Company 1004 N. Big Spring Street Midland, Texas 79701</p>		<p>B. Received by (Printed Name) <i>MMattre</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number: 7006 2760 0001 6377 3317 (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type <input 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.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 3324

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information MRC/Tiger 224H(2)	
OFFICIAL	
Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
AUG - 6 2014

EOG Resources
P.O. Box 2267
Midland, Texas 79702

PS Form 3800, August 2006- See Reverse for Instructions

7006 2760 0001 6377 3331

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage)	
For delivery information MRC/Tiger 224H(2)	
OFFICIAL	
Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
AUG - 6 2014

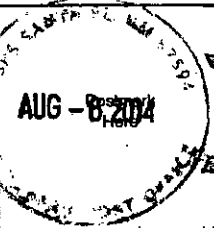
The Allar Company
735 Elm Street
Graham, TX 76450

PS Form 3800, August 2006- See Reverse for Instructions

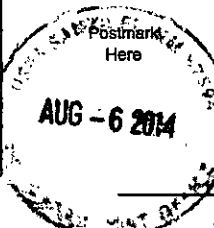
SENDER: COMPLETE THIS SECTION		NOTATION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>8-11-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>EOG Resources P.O. Box 2267 Midland, Texas 79702</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <i>7006 2760 0001 6377 3324</i></p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			


SENDER: COMPLETE THIS SECTION		NOTATION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>8-9-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>The Allar Company 735 Elm Street Graham, TX 76450</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <i>7006 2760 0001 6377 3331</i></p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			


7006 2760 0001 6377 3348

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No)	
For delivery information visit MRC/Tiger 224H(2)	
OFFICIAL	
Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
	
OXY USA, Inc. P.O. Box 50250 Midland, Texas 79710	
PS Form 3800, August 2006 See Reverse for Instructions	

7006 2760 0001 6377 3355

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No)	
For delivery information visit MRC/Tiger 224H(2)	
OFFICIAL	
Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
	
Gahr Energy Company P.O. Box 1889 Midland, TX 79702	
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.		COMPLETE THIS SECTION ON DELIVERY A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Ashland Maron</u> C. Date of Delivery <u>8/12/14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: OXY USA, Inc. P.O. Box 50250 Midland, Texas 79710		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 2760 0001 6377 3348 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Andrea Alind</u> C. Date of Delivery <u>8-8-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: Gahr Energy Company P.O. Box 1889 Midland, TX 79702		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 2760 0001 6377 3355 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

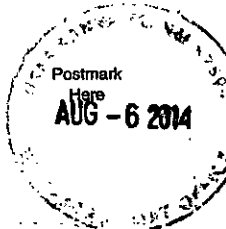
7006 2760 0001 6377 3362

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No

For delivery information visit **MRC/Tiger 224H(2)****OFFIC**

Postage	\$.69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69



HHC Consulting &
Investments, LLC
2889 N. Garfield
Midland, TX 79702

PS Form 3800, August 2006

Int. Instructions

Returned

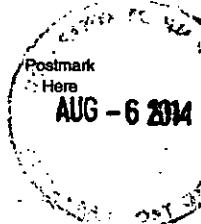
7006 2760 0001 6377 3379

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No

For delivery information visit **MRC/Tiger 224H(2)****OFFIC**

Postage	\$.69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69



Denmar Properties, LLC
3412 Shell
Midland, TX 79702

PS Form 3800, August 2006

See Reverse for Instructions

Returned

7006 2760 0001 6377 3386

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information MRC/Tiger 224H(2)	
OFFI	
Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
Devon Energy Production Company, LP 20 North Broadway Oklahoma City, OK 73102	
PS Form 3811, August 2006 See Reverse for Instructions	

7006 2760 0001 6377 3393

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information MRC/Tiger 224H(2)	
OFFI	
Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
Nadel and Gussman Permian, LLC 601 Marienfeld St. Midland, TX 79701	
PS Form 3811, August 2006 See Reverse for Instructions	

CERTIFIED MAIL PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		ACTION ON DELIVERY	
SENDER: 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>xh Camp</i>	
B. Received by (Printed Name) Devon Energy Production Company, LP 20 North Broadway Oklahoma City, OK 73102		C. Date of Delivery AUG 11 2014 USPS	
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Article Addressed to:		Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6377 3386	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

CERTIFIED MAIL PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		ACTION ON DELIVERY	
SENDER: 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>xh Camp</i>	
B. Received by (Printed Name) Susyn Charchom		C. Date of Delivery 8-11-14	
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Article Addressed to:		Suite 508	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7006 2760 0001 6377 3393	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6377 3409

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MRC/Tiger 224H(2)**
OFFICE

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
AUG - 6 2014

Pyote Well Service, LLC
 400 W. Illinois Ave., Suite 950
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 3416

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MRC/Tiger 224H(2)**
OFFICE

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark Here
AUG 8 2014

Robert H. Forrest Jr. Oil, LLC
 609 Elora Drive
 Carlsbad, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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:
 Pyote Well Service, LLC
 400 W. Illinois Ave., Suite 950
 Midland, TX 79701

2. Article Number (Transfer from service label): 7006 2760 0001 6377 3409

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *A Campbell*
☒ Agent ☐ Addressee

B. Received by (Printed Name): *A CAMPBELL* C. Date of Delivery: *8/6/14*

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

SENDER: COMPLETE THIS SECTION

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:
 Robert H. Forrest Jr. Oil, LLC
 609 Elora Drive
 Carlsbad, NM 88220

2. Article Number (Transfer from service label): 7006 2760 0001 6377 3416

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *R H Forrest Jr*
☒ Agent ☐ Addressee

B. Received by (Printed Name): *R H Forrest Jr* C. Date of Delivery: *8/6/14*

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 2760 0001 6377 2914

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery Information vi **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$.69
Certified Fee	530
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark: **AUG - 6 2014**

Pardue Limited
 EXPLOR Resources LLC
 1104 N. Shore Drive
 Carlsbad, NM 88220

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:

Pardue Limited
 EXPLOR Resources LLC
 1104 N. Shore Drive
 Carlsbad, NM 88220

2. Article Number: 7006 2760 0001 6377 2914
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *Mike Hyden*

C. Date of Delivery: *AUG 11 2014*

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 6377 2921

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery Information **MRC/Tiger 224H(2)**

OFFICIAL

Postage	\$.69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark: **AUG 6 2014**

The Conquistador Council Boy
 Scouts of America
 2603 North Aspen Avenue
 Roswell, NM 88201

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:

The Conquistador Council Boy
 Scouts of America
 2603 North Aspen Avenue
 Roswell, NM 88201

2. Article Number: 7006 2760 0001 6377 2921
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *James*

C. Date of Delivery: *8-8*

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 6377 2938

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information MRC/Tiger 224H(2)	
OFFICIAL	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

Postmark
Here
AUG - 6 2014

PPC Operating Company LLC
P.O. Box 10505
Midland, TX 79702

See Reverse for Instructions