

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

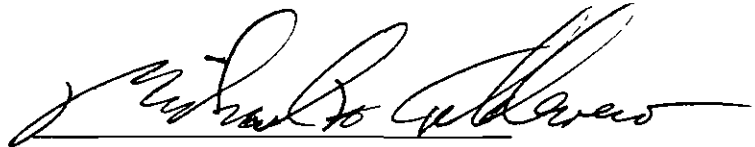
**APPLICATION OF XTO ENERGY, INC.  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT, AND COMPULSORY  
POOLING, LEA COUNTY, NEW MEXICO.**

**CASE NOS. 15206, 15207,  
15208, AND 15209**

**AFFIDAVIT**

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

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

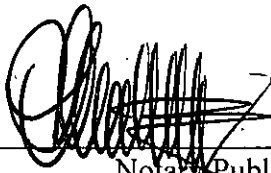


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 1st day of October 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. 12  
Submitted by: XTO ENERGY, INC.  
Hearing Date: October 1, 2014**

XTO ENERGY INC.  
PERLA VERDE 31 STATE 1H WELL

POOLED PARTIES:

Apache Corporation  
303 Veterans Airpark Lane  
Suite 300  
Midland, TX 79704

Patricia Penrose Schieffer  
Testamentary Trust  
Bank of America, N.A. Agent  
P.O. Box 2546  
Fort Worth, Texas 76113

JM Zacahary, wife Lola  
307 West 7th Street  
Suite 1910  
Fort Worth, TX 76113

Leslie Hendrix Wood, husband  
Lee F. Wood, Jr.  
Four W Properties, LLC  
P.O. Box 11364  
Midland, TX 79702

Kristen Lee Hendrix Hayes fka  
Kristen Lee Hendrix Miller  
P.O. Box 3040  
Midland, TX 79702

Karmen Hendreix Bryant fka  
Karment Marie Hendrix  
P.O. Box 3040  
Midland, TX 79702

BTA 692 Ltd.  
104 South Pecos  
Midland, TX 79701

OFFSETS:

CHEVRON USA, INC.  
P.O. Box 1635  
Houston, TX 77252

COG OPERATING LLC  
1 Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

Featherstone Development Corp.  
P.O. Box 429  
Roswell, NM 88202

MACK ENERGY/CHASE OIL  
P.O. Box 960  
Artesia, NM 88211

Tandem Energy Corporation  
2700 Post Oak Boulevard,  
Suite 1000  
Houston, TX 77056

RUBICON OIL & GAS II LP  
508 Wall Street, Suite 500  
Midland, TX 79701

Cimarex Energy Co. of Colorado  
1700 Lincoln Street  
Suite 1800  
Denver, CO 80203

XTO ENERGY, INC.  
810 Houston Street  
Ft. Worth, TX 67102



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

September 12, 2014

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

**TO: POOLED PARTIES**

**Re: Application of XTO Energy, Inc. for a non-standard spacing and  
proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 1H Well**

Dear Sir or Madam:

This letter is to advise you that XTO Energy, Inc., has filed the enclosed amended 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 October 2, 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 Keith Sawyer, at (817) 885-2905 or [Keith\\_Sawyer@xtoenergy.com](mailto:Keith_Sawyer@xtoenergy.com).

Sincerely,

*for* Michael H. Feldewert  
ATTORNEY FOR XTO ENERGY, INC.

**Holland & Hart LLP**

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

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

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

September 12, 2014

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

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: Application of XTO Energy, Inc. for a non-standard spacing and proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 1H Well**

This letter is to advise you that XTO Energy, Inc. has filed the enclosed amended application with the New Mexico Oil Conservation Division. *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 has been set for hearing before a Division Examiner at 8:15 AM on October 2, 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.

If you have any questions about this matter please contact Keith Sawyer, at (817) 885-2905 or Keith\_Sawyer@xtoenergy.com.

Sincerely,

*for* Michael H. Feldewert  
**ATTORNEY FOR XTO ENERGY, INC.**

**Holland & Hart LLP**

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

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

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

7006 2760 0001 6377 5205

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
MHF/XTO OFFICE PERLA VERDE IH	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
Sent To: Apache Corporation 303 Veterans Airpark Lane Suite 300 Midland, TX 79704	
Street, or P.O. Box City, State	
PS Form 3811, February 2004	

## 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:

Apache Corporation  
303 Veterans Airpark Lane  
Suite 300  
Midland, TX 79704

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6377 5205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Sheila Treat

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Sheila Treat

## C. Date of Delivery

9-15-14

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 5199

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
MHF/XTO OFFICE PERLA VERDE IH	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
Sent To: Patricia Penrose Schieffer Testamentary Trust Bank of America, N.A. Agent P.O. Box 2546 Fort Worth, Texas 76113	
Street, or P.O. Box City, State	
PS Form 3811, February 2004	

## 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:

Patricia Penrose Schieffer  
Testamentary Trust  
Bank of America, N.A. Agent  
P.O. Box 2546  
Fort Worth, Texas 76113

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6377 5199

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X P. Schieffer

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

SEP 15 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 6377 1801

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

For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 1H**

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

Sent To: JM Zacahary, wife Lola  
 Street or PO Box: 307 West 7th Street  
 City, State: Suite 1910  
 Fort Worth, TX 76113

PS Form 3800, August 2005 See Reverse for Instructions

7006 2760 0001 6377 1818

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

For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 1H**

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

Sent To: Leslie Hendrix Wood, husband  
 Lee F. Wood, Jr.  
 Street or PO Box: Four W Properties, LLC  
 City, State: P.O. Box 11364  
 Midland, TX 79702

PS Form 3800, August 2005 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:

Leslie Hendrix Wood, husband  
 Lee F. Wood, Jr.  
 Four W Properties, LLC  
 P.O. Box 11364  
 Midland, TX 79702

2. Article Number (Transfer from service label) 7006 2760 0001 6377 1818

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Addressee

B. Received by (Printed Name) Lee Wood C. Date of Delivery 9-17-14

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 6377 7414

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

For delivery information visit **OFFICIAL PERLA VERDE**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 699

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Kristen Lee Hendrix Hayes fka  
 Kristen Lee Hendrix Miller  
 P.O. Box 3040  
 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.

1. Article Addressed to:  
 Kristen Lee Hendrix Hayes fka  
 Kristen Lee Hendrix Miller  
 P.O. Box 3040  
 Midland, TX 79702

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 7414

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X. Jan Sim ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jan Sims C. Date of Delivery 09/18/14

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 1825

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

For delivery information visit **OFFICIAL PERLA VERDE**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 699

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Karmen Hendreix Bryant fka  
 Karment Marie Hendrix  
 P.O. Box 3040  
 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.

1. Article Addressed to:  
 Karmen Hendreix Bryant fka  
 Karment Marie Hendrix  
 P.O. Box 3040  
 Midland, TX 79702

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 1825

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X. Jan Sim ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jan Sims C. Date of Delivery 09/18/14

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 1832

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

For delivery information visit **OFFICIAL** **MHF/XTO** **PERLA VERDE 1H**

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

Sent To: **BTA 692 Ltd.**  
**104 South Pecos**  
**Midland, TX 79701**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**BTA 692 Ltd.**  
**104 South Pecos**  
**Midland, TX 79701**

2. Article Number (Transfer from service label) **7006 2760 0001 6377 1832**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** **Perla Verde** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **LUIS SOSA** C. Date of Delivery **9-15-14**

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 6377 2082

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

For delivery information visit **OFFICIAL** **MHF/XTO** **PERLA VERDE 1H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Tot	669

Sent To: **CHEVRON USA, INC.**  
**P.O. Box 1635**  
**Houston, TX 77252**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**CHEVRON USA, INC.**  
**P.O. Box 1635**  
**Houston, TX 77252**

2. Article Number (Transfer from service label) **7006 2760 0001 6377 2082**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** **Perla Verde** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **JORDAN POSEY** C. Date of Delivery **SEP 16 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 2075

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Return Receipt Provided)  
 For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 1H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>669</b>

**COG OPERATING LLC**  
 1 Concho Center  
 600 W. Illinois Ave.  
 Midland, TX 79701

Postmark Here: **SEP 12 2004**

PS Form 3811, February 2004

**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:  
**COG OPERATING LLC**  
 1 Concho Center  
 600 W. Illinois Ave.  
 Midland, TX 79701

2. Article Number (Transfer from service label) **7006 2760 0001 6377 2075**

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) **D. F. Jones** C. Date of Delivery **SEP 16 2004**

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 2068

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Return Receipt Provided)  
 For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 1H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>669</b>

**Featherstone Development Corp.**  
 P.O. Box 429  
 Roswell, NM 88202

Postmark Here: **SEP 12 2004**

PS Form 3811, February 2004

**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:  
**Featherstone Development Corp.**  
 P.O. Box 429  
 Roswell, NM 88202

2. Article Number (Transfer from service label) **7006 2760 0001 6377 2068**

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) **Jennifer Andazola** C. Date of Delivery **SEP 16 2004**

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 2051

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

For delivery information visit **OFFICIAL** **MHF/XTO**  
**PERLA VERDE 1H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669

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

**MACK ENERGY/CHASE OIL**  
**P.O. Box 960**  
**Artesia, NM 88211**

Postmark Here  
 SEP 12 2014

PS Form 3811

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:

**MACK ENERGY/CHASE OIL**  
**P.O. Box 960**  
**Artesia, NM 88211**

2. Article Number  
 (Transfer from service label)

**7006 2760 0001 6377 2051**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kathy Beauregard*

☐ Agent  
☐ Addressee

B. Received by (Printed Name) **KATHY BEAUREGARD**

C. Date of Delivery

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 6377 2044

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

For delivery information visit **OFFICIAL** **MHF/XTO**  
**PERLA VERDE 1H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage	669

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

**Tandem Energy Corporation**  
**2700 Post Oak Boulevard,**  
**Suite 1000**  
**Houston, TX 77056**

Postmark Here  
 SEP 2 2014

PS Form 3800, August 2005

7006 2760 0001 6377 5212

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage 669

Postmark  
 SEP 11 2014

Sent To  
 Street, Apt. 1  
 City, State, ZIP+4®  
 RUBICON OIL & GAS II LP  
 508 Wall Street, Suite 500  
 Midland, TX 79701

PS Form 3811, February 2004

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage 669

Postmark  
 SEP 11 2014

Sent To  
 Street, Apt. 1  
 City, State, ZIP+4®  
 Cimarex Energy Co. of Colorado  
 1700 Lincoln Street  
 Suite 1800  
 Denver, CO 80203

PS Form 3811, February 2004

See Reverse for Instructions

**INVOICE**

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

- 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:

RUBICON OIL & GAS II LP  
 508 Wall Street, Suite 500  
 Midland, TX 79701

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6377 5212

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.

1. Article Addressed to:

Cimarex Energy Co. of Colorado  
 1700 Lincoln Street  
 Suite 1800  
 Denver, CO 80203

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X S. Callaway ☐ Agent ☐ Addressee  
 B. Received by (Printed Name)  
S. Callaway  
 C. Date of Delivery  
9/17/14  
 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 6377 2945

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only) (Postage & Fees Provided)	
For delivery information	MHF/XTO
OFF	PERLA VERDE 1H
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.69
Sent To	XTO ENERGY, INC.
Street or PO Box	810 Houston Street
City, State	Ft. Worth, TX 76102

Postmark Here  
SEP 11 2014  
SEP 12 2014

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
XTO ENERGY, INC. 810 Houston Street Ft. Worth, TX 76102		C. Date of Delivery SEP 15 2014	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Transfer from service label)		YES, enter delivery address below:	
7006 2760 0001 6377 2945		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

XTO ENERGY INC.  
PERLA VERDE 31 STATE 2H WELL

POOLED PARTIES:

Apache Corporation  
303 Veterans Airpark Lane  
Suite 300  
Midland, TX 79704

Patricia Penrose Schieffer  
Testamentary Trust  
Bank of America, N.A. Agent  
P.O. Box 2546  
Fort Worth, Texas 76113

JM Zacahary, wife Lola  
307 West 7th Street  
Suite 1910  
Fort Worth, TX 76113

Leslie Hendrix Wood, husband  
Lee F. Wood, Jr.  
Four W Properties, LLC  
P.O. Box 11364  
Midland, TX 79702

Kristen Lee Hendrix Hayes fka  
Kristen Lee Hendrix Miller  
P.O. Box 3040  
Midland, TX 79702

Karmen Hendreix Bryant fka  
Karment Marie Hendrix  
P.O. Box 3040  
Midland, TX 79702

OFFSETS:

CHEVRON USA, INC.  
P.O. Box 1635  
Houston, TX 77252

Cimarex Energy Co. of Colorado  
1700 Lincoln Street  
Suite 1800  
Denver, CO 80203

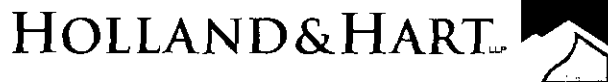
Featherstone Development Corp.  
P.O. Box 429  
Roswell, NM 88202

COG OPERATING LLC  
1 Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

MACK ENERGY/CHASE OIL  
P.O. Box 960  
Artesia, NM 88211

Tandem Energy Corporation  
2700 Post Oak Boulevard,  
Suite 1000  
Houston, TX 77056

XTO ENERGY, INC.  
810 Houston Street  
Ft. Worth, TX 67102



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

September 12, 2014

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

**TO: POOLED PARTIES**

**Re: Application of XTO Energy, Inc. for a non-standard spacing and  
proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 2H Well**

Dear Sir or Madam:

This letter is to advise you that XTO Energy, Inc., has filed the enclosed amended 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 October 2, 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 Keith Sawyer, at (817) 885-2905 or [Keith\\_Sawyer@xtoenergy.com](mailto:Keith_Sawyer@xtoenergy.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert".

Michael H. Feldewert  
ATTORNEY FOR XTO ENERGY, INC.

**Holland & Hart LLP**

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

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

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

September 12, 2014

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

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: Application of XTO Energy, Inc. for a non-standard spacing and proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 2H Well**

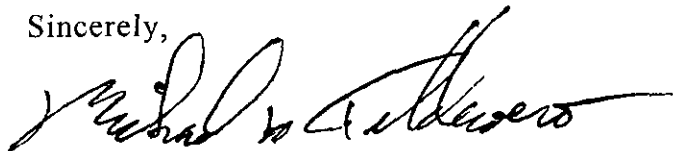
This letter is to advise you that XTO Energy, Inc. has filed the enclosed amended application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit and due to the proposed unorthodox well location.

This application has been set for hearing before a Division Examiner at 8:15 AM on October 2, 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.

If you have any questions about this matter please contact Keith Sawyer, at (817) 885-2905 or Keith\_Sawyer@xtoenergy.com.

Sincerely,



Michael H. Feldewert  
ATTORNEY FOR XTO ENERGY, INC.

7567 6376 0001 2760 0006

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance)	
For delivery information: <b>MHF/XTO PERLA VERDE 2H</b>	
<b>OFFICIAL</b>	
Postage \$	69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	69
Sent To	Apache Corporation
Street, Apt. No. or PO Box	303 Veterans Airpark Lane
City, State, Zip	Suite 300 Midland, TX 79704
PS Form 3811	

Postmark Here: SEP 12 2014

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>Sheila Treat</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Sheila Treat</i> C. Date of Delivery 9-15-14 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
Apache Corporation 303 Veterans Airpark Lane Suite 300 Midland, TX 79704		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7576 6376 0001 2760 0006

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance)	
For delivery information: <b>MHF/XTO PERLA VERDE 2H</b>	
<b>OFFICIAL</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	69
Sent To	Patricia Penrose Schieffer
Street, Apt. No. or PO Box No	Testamentary Trust
City, State, Zip	Bank of America, N.A. Agent P.O. Box 2546 Fort Worth, Texas 76113
PS Form 3800	

Postmark Here: SEP 12 2014

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>P. Schieffer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) SEP 15 2014 C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
Patricia Penrose Schieffer Testamentary Trust Bank of America, N.A. Agent P.O. Box 2546 Fort Worth, Texas 76113		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 2760 0001 6377 0248

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information: **MHF/XTO PERLA VERDE 2H**  
**OFFICIAL USE**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees 1069

Sent To: JM Zacahary, wife of Lola  
 307 West 7th Street  
 Suite 1910  
 Fort Worth, TX 76113

Postmark Here: SEP 12 2014

PS Form 3800, August 2006 See Reverse for Instructions

*Return*

7006 2760 0001 6377 0231

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information: **MHF/XTO PERLA VERDE 2H**  
**OFFICIAL USE**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees 1069

Sent To: Leslie Hendrix Wood, husband  
 Lee F. Wood, Jr.  
 Four W Properties, LLC  
 P.O. Box 11364  
 Midland, TX 79702

Postmark Here: SEP 12 2014

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <u>Lee Wood</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Lee Wood</u> C. Date of Delivery <u>9/17/14</u></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>Leslie Hendrix Wood, husband            Lee F. Wood, Jr.            Four W Properties, LLC            P.O. Box 11364            Midland, TX 79702</p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <u>7006 2760 0001 6377 0231</u></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 2501

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance)	
MHF/XTO	
For delivery information via <b>OFFICIAL PERLA VERDE 2H</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669
Sent To: Kristen Lee Hendrix Hayes fka Kristen Lee Hendrix Miller Street, or PO: P.O. Box 3040 City, St: Midland, TX 79702 PS Form:	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE <b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ 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>Jan Sim</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Kristen Lee Hendrix Hayes fka Kristen Lee Hendrix Miller P.O. Box 3040 Midland, TX 79702		B. Received by (Printed Name) <i>Jan Sim</i> C. Date of Delivery <i>07/18/14</i>	
2. Article Number (Transfer from service label) <i>7006 2760 0001 6377 2501</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

5642 2263 1000 6377 2495

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance)	
MHF/XTO	
For delivery information via <b>OFFICIAL PERLA VERDE 2H</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669
Sent To: Karmen Hendreix Bryant fka Karment Marie Hendrix Street, or PO: P.O. Box 3040 City, St: Midland, TX 79702 PS Form:	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ 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>Jan Sim</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Karmen Hendreix Bryant fka Karment Marie Hendrix P.O. Box 3040 Midland, TX 79702		B. Received by (Printed Name) <i>Jan Sim</i> C. Date of Delivery <i>07/18/14</i>	
2. Article Number (Transfer from service label) <i>7006 2760 0001 6377 2495</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 2488

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No International)	
MHF/XTO OFFICE PERLA VERDE 2H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669
Sent To: CHEVRON USA, INC. Street, or P.O.: P.O. Box 1635 City, State: Houston, TX 77252	

Postmark Here: SEP 12 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to:  CHEVRON USA, INC. P.O. Box 1635 Houston, TX 77252		A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
2. Article Number: 7006 2760 0001 6377 2488 (Transfer from service label)		B. Received by (Printed Name): <i>[Signature]</i> C. Date of Delivery: <i>[Signature]</i>	
3. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

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

7006 2760 0001 6377 2471

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No International)	
MHF/XTO OFFICE PERLA VERDE 2H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669
Sent To: Cimarex Energy Co. of Colorado Street, or P.O. Box: 1700 Lincoln Street City, State: Suite 1800 Denver, CO 80203	

Postmark Here: SEP 12 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to:  Cimarex Energy Co. of Colorado 1700 Lincoln Street Suite 1800 Denver, CO 80203		A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
2. Article Number: 7006 2760 0001 6377 2471 (Transfer from service label)		B. Received by (Printed Name): <i>[Signature]</i> C. Date of Delivery: 9/12/04	
3. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

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

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OFFICIAL MAIL™**  
**PERLA VERDE 2H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 609  
 Total F 609

Sent To **Featherstone Development Corp.**  
 P.O. Box 429  
 Roswell, NM 88202

Postmark Here  
 SEP 12 2014  
 SANTA FE, NM 87507

PS Form 3811, February 2004

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:  
**Featherstone Development Corp.**  
**P.O. Box 429**  
**Roswell, NM 88202**

2. Article Number: 7006 2760 0001 6377 2464  
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature J. Andazola ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) Jennifer Andazola C. Date of Delivery SEP 16 2014  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below: 88201

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OFFICIAL MAIL™**  
**PERLA VERDE 2H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 609  
 Total P 609

Sent To **COG OPERATING LLC**  
**1 Concho Center**  
**600 W. Illinois Ave.**  
**Midland, TX 79701**

Postmark Here  
 SEP 2 2014  
 SANTA FE, NM 87507

PS Form 3811, February 2004

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:  
**COG OPERATING LLC**  
**1-Concho Center**  
**600 W. Illinois Ave.**  
**Midland, TX 79701**

2. Article Number: 7006 2760 0001 6377 2457  
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature D. Trejo ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) D. Trejo C. Date of Delivery SEP 16 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 2297

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **OFFICIAL** **MHF/XTO**  
**PERLA VERDE 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

**SEP 12 2004**  
 Postmark Here

Sent To: **MACK ENERGY/CHASE OIL**  
 Street, or P.O. Box: **P.O. Box 960**  
 City, State: **Artesia, NM-88211**

PS Form 3811, February 2004

7006 2760 0001 6377 2297

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **OFFICIAL** **MHF/XTO**  
**PERLA VERDE 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total F	\$ 669

**SEP 12 2004**  
 Postmark Here

Sent To: **Tandem Energy Corporation**  
 Street, or P.O. Box: **2700 Post Oak Boulevard, Suite 1000**  
 City, State: **Houston, TX 77056**

PS Form 3800, August 2003

**U.S. MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SEND TO ADDRESSEE**

**THIS SECTION ON DELIVERY**

A. Signature: **Kathy Beauregard**  
☐ Agent  
☐ Addressee

B. **KATHY BEAUREGARD**  
 (Print name of Addressee)

C. Date of Delivery

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

1. Article Addressed to:  
**MACK ENERGY/CHASE OIL**  
**P.O. Box 960**  
**Artesia, NM 88211**

2. Article Number: **7006 2760 0001 6377 2297**  
 (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

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

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

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit: **MHF/XTO**  
**OFFICE PERLA VERDE 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	276
Restricted Delivery Fee (Endorsement Required)	
Total Price	669

Sent To: **XTO ENERGY, INC.**  
810 Houston Street  
Ft. Worth, TX 67102

Postmark Here: **SEP 12 2014**

PS Form 3811, February 2004

**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:

**XTO ENERGY, INC.**  
**810 Houston Street**  
**Ft. Worth, TX 67102**

2. Article Number

(Transfer from service label)

11170061276000163772310

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

**SEP 15 2014**

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

Domestic Return Receipt

102595-02-M-1540

XTO ENERGY INC.  
PERLA VERDE 31 STATE 3H WELL

POOLED PARTIES:

Apache Corporation  
303 Veterans Airpark Lane  
Suite 300  
Midland, TX 79704

Patricia Penrose Schieffer  
Testamentary Trust  
Bank of America, N.A. Agent  
P.O. Box 2546  
Fort Worth, Texas 76113

JM Zacahary, wife Lola  
307 West 7th Street  
Suite 1910  
Fort Worth, TX 76113

Leslie Hendrix Wood, husband  
Lee F. Wood, Jr.  
Four W Properties, LLC  
P.O. Box 11364  
Midland, TX 79702

Kristen Lee Hendrix Hayes fka  
Kristen Lee Hendrix Miller  
P.O. Box 3040  
Midland, TX 79702

Karmen Hendreix Bryant fka  
Karment Marie Hendrix  
P.O. Box 3040  
Midland, TX 79702

BTA 692 Ltd.  
104 South Pecos  
Midland, TX 79701

OFFSETS:

CHEVRON USA, INC.  
P.O. Box 1635  
Houston, TX 77252

COG OPERATING LLC  
1 Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

Featherstone Development Corp.  
P.O. Box 429  
Roswell, NM 88202

MACK ENERGY/CHASE OIL  
P.O. Box 960  
Artesia, NM 88211

Tandem Energy Corporation  
2700 Post Oak Boulevard,  
Suite 1000  
Houston, TX 77056

XTO ENERGY, INC.  
810 Houston Street  
Ft. Worth, TX 67102



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

September 12, 2014

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

**TO: POOLED PARTIES**

**Re: Application of XTO Energy, Inc. for a non-standard spacing and  
proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 3H Well**

Dear Sir or Madam:

This letter is to advise you that XTO Energy, Inc., has filed the enclosed amended 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 October 2, 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 Keith Sawyer, at (817) 885-2905 or [Keith\\_Sawyer@xtoenergy.com](mailto:Keith_Sawyer@xtoenergy.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert", with a stylized flourish at the end.

Michael H. Feldewert  
ATTORNEY FOR XTO ENERGY, INC.

**Holland & Hart LLP**

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

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

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

September 12, 2014

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

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: Application of XTO Energy, Inc. for a non-standard spacing and proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 3H Well**

This letter is to advise you that XTO Energy, Inc. has filed the enclosed amended application with the New Mexico Oil Conservation Division. *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 has been set for hearing before a Division Examiner at 8:15 AM on October 2, 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.

If you have any questions about this matter please contact Keith Sawyer, at (817) 885-2905 or Keith\_Sawyer@xtoenergy.com.

Sincerely,



Michael H. Feldewert  
ATTORNEY FOR XTO ENERGY, INC.

7006 2760 0001 6377 2266

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

For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 3H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees 1069

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

Apache Corporation  
 303 Veterans Airpark Lane  
 Suite 300  
 Midland, TX 79704

Postmark Here  
 SEP 12 2014

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Apache Corporation  
 303 Veterans Airpark Lane  
 Suite 300  
 Midland, TX 79704

2. Article Number (Transfer from service label)  
 11111 11111 11111 11111 117006 2760 0001 6377 2266

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Sheila Treat ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Sheila Treat C. Date of Delivery 9-18-14  
 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 6377 2259

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

For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 3H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees 1069

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

Patricia Penrose Schieffer  
 Testamentary Trust  
 Bank of America, N.A. Agent  
 P.O. Box 2546  
 Fort Worth, Texas 76113

Postmark Here  
 SEP 12 2014

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Patricia Penrose Schieffer  
 Testamentary Trust  
 Bank of America, N.A. Agent  
 P.O. Box 2546  
 Fort Worth, Texas 76113

2. Article Number (Transfer from service label)  
 11111 11111 11111 11111 117006 2760 0001 6377 2259

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Patricia Schieffer ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Patricia Schieffer C. Date of Delivery SEP 15 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 2242

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

For delivery information visit **OFFICIAL** **MHF/XTO**  
**PERLA VERDE 3H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>669</b>



Sent JM Zacahary, wife Lola  
 307 West 7th Street  
 Suite 1910  
 Fort Worth, TX 76113

PS Form 3811, February 2004 See Reverse for Instructions

# Return

7006 2760 0001 6377 2440

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

For delivery information visit **OFFICIAL** **MHF/XTO**  
**PERLA VERDE 3H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>669</b>



Sent Leslie Hendrix Wood, husband  
 Lee F. Wood, Jr.  
 Four W Properties, LLC  
 P.O. Box 11364  
 Midland, TX 79702

PS Form 3811, February 2004 See Reverse for Instructions

**SEND**

- 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:

Leslie Hendrix Wood, husband  
 Lee F. Wood, Jr.  
 Four W Properties, LLC  
 P.O. Box 11364  
 Midland, TX 79702

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6377 2440

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SECTION ON DELIVERY**

- A. Signature ☒ Agent  
☒ Addressee  
 B. Received by (Printed Name) Lee Wood  
 C. Date of Delivery 9-17-14  
 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 2433

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

For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 3H**

Postage	\$ 6.9
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.78
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.9

Sent To: Kristen Lee Hendrix Hayes fka  
 Kristen Lee Hendrix Miller  
 P.O. Box 3040  
 Midland, TX 79702

PS Form 3811, February 2004

**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:

Kristen Lee Hendrix Hayes fka  
 Kristen Lee Hendrix Miller  
 P.O. Box 3040  
 Midland, TX 79702

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6377 2433

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

Jan Sim

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

Jan Sims

## C. Date of Delivery

09/18/14

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 2426

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

For delivery information visit **MHF/XTO**  
**OFFICE PERLA VERDE 3H**

Postage	\$ 6.9
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.78
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.9

Sent To: Karmen Hendrix Bryant fka  
 Karment Marie Hendrix  
 P.O. Box 3040  
 Midland, TX 79702

PS Form 3811, February 2004

**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:

Karmen Hendrix Bryant fka  
 Karment Marie Hendrix  
 P.O. Box 3040  
 Midland, TX 79702

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6377 2426

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

Jan Sim

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

Jan Sims

## C. Date of Delivery

09/18/14

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 2419

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No MF/H/XTO)  
 For delivery information visit **PERLA VERDE 3H**  
**OFFIC**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

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

BTA 692 Ltd.  
 104 South Pecos  
 Midland, TX 79701

Postmark Here  
 SEP 12 2004

PS Form 3811

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

**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 *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *LUIS SOSA* C. Date of Delivery *9-15-14*

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

1. Article Addressed to:  
 BTA 692 Ltd.  
 104 South Pecos  
 Midland, TX 79701

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 2419

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 2402

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No MF/H/XTO)  
 For delivery information visit **PERLA VERDE 3H**  
**OFFIC**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

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

CHEVRON USA, INC.  
 P.O. Box 1635  
 Houston, TX 77252

Postmark Here  
 SEP 12 2004

PS Form 3811

7006 2760 0001 6377 2396

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OFFICIAL MAIL PERLA VERDE 3H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total 669

Postmark Here  
 SEP 1 2004  
 MADE IN SANTA FE, NM 97544

Sent To  
 Street, or PO Box  
 City, State  
**COG OPERATING LLC**  
**1 Concho Center**  
**600 W. Illinois Ave.**  
**Midland, TX 79701**

PS Form 3811, February 2004

7006 2760 0001 6377 2396

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OFFICIAL MAIL PERLA VERDE 3H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total 669

Postmark Here  
 SEP 12 2004  
 MADE IN SANTA FE, NM 97544

Sent To  
 Street, or PO Box  
 City, State  
**Featherstone Development Corp.**  
**P.O. Box 429**  
**Roswell, NM 88202**

PS Form 3811, February 2004

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**COG OPERATING LLC**  
**1 Concho Center**  
**600 W. Illinois Ave.**  
**Midland, TX 79701**

2. Article Number (Transfer from service label) **7006 2760 0001 6377 2396**

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

**THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) D. Trujillo Date of Delivery 9/15/04

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**

- 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:  
**Featherstone Development Corp.**  
**P.O. Box 429**  
**Roswell, NM 88202**

2. Article Number (Transfer from service label) **7006 2760 0001 6377 2396**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Jennifer Andazola Date of Delivery 9/15/04

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 2372

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

For delivery information: **MHF/XTO**

**OFFICIAL PERLA VERDE 3H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669

Postmark: SEP 12 2004 SANTA FE, NM 87404

Sent To: **MACK ENERGY/CHASE OIL**  
 Street, Apt. or PO Box: **P.O. Box 960**  
 City, State: **Artesia, NM 88211**

PS Form 3811, February 2004

**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:

**MACK ENERGY/CHASE OIL**  
**P.O. Box 960**  
**Artesia, NM 88211**

2. Article Number: 1 7006 2760 0001 6377 2372  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Kathy Beauregard* ☐ Agent ☐ Addressee

B. Received by (Printed Name): **KATHY BEAUREGARD** 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

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

5932 2237 0000 1000 0922

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

For delivery information: **MHF/XTO**

**OFFICIAL PERLA VERDE 3H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669

Postmark: SEP 12 2004 SANTA FE, NM 87404

Sent To: **Tandem Energy Corporation**  
 Street, Apt. or PO Box: **2700 Post Oak Boulevard,**  
 City, State: **Suite 1000 Houston, TX 77056**

PS Form 3811, February 2004

9532 22E9 1000 0922 9002

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

For delivery information: **MHF/XTO**  
**OFFICIAL PERLA VERDE 3H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>6.09</b>

**Sent To** XTO ENERGY, INC.  
 810 Houston Street  
 Ft. Worth, TX 67102

**Postmark** SEP 2 2014  
 U.S. POSTAL SERVICE  
 SANTA FE, NM 87501

PS Form 3811, February 2004

**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:  
 XTO ENERGY, INC.  
 810 Houston Street  
 Ft. Worth, TX 67102

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 2358

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery **SEP 15 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

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

XTO ENERGY INC.  
PERLA VERDE 31 STATE 4H WELL

POOLED PARTIES:

Apache Corporation  
303 Veterans Airpark Lane  
Suite 300  
Midland, TX 79704

Patricia Penrose Schieffer  
Testamentary Trust  
Bank of America, N.A. Agent  
P.O. Box 2546  
Fort Worth, Texas 76113

JM Zacahary, wife Lola  
307 West 7th Street  
Suite 1910  
Fort Worth, TX 76113

Leslie Hendrix Wood, husband  
Lee F. Wood, Jr.  
Four W Properties, LLC  
P.O. Box 11364  
Midland, TX 79702

Kristen Lee Hendrix Hayes fka  
Kristen Lee Hendrix Miller  
P.O. Box 3040  
Midland, TX 79702

Karmen Hendreix Bryant fka  
Karment Marie Hendrix  
P.O. Box 3040  
Midland, TX 79702

OFFSETS:

CHEVRON USA, INC.  
P.O. Box 1635  
Houston, TX 77252

Cimarex Energy Co. of Colorado  
1700 Lincoln Street  
Suite 1800  
Denver, CO 80203

Xeric Oil & Gas Corp.  
14781 Memorial Drive  
Suite 175  
Houston, Texas 77079

New Mexico State Land Office  
Post Office Box 1148  
Santa Fe, New Mexico 87504

Bureau of Land Management  
301 Dinosaur Trail  
Santa Fe, New Mexico 87508

Featherstone Development Corp.  
P.O. Box 429  
Roswell, NM 88202

COG OPERATING LLC  
1 Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

XTO ENERGY, INC.  
810 Houston Street  
Ft. Worth, TX 67102



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

September 12, 2014

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

**TO: POOLED PARTIES**

**Re: Application of XTO Energy, Inc. for a non-standard spacing and  
proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 4H Well**

Dear Sir or Madam:

This letter is to advise you that XTO Energy, Inc., has filed the enclosed amended 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 October 2, 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 Keith Sawyer, at (817) 885-2905 or [Keith\\_Sawyer@xtoenergy.com](mailto:Keith_Sawyer@xtoenergy.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert".

Michael H. Feldewert  
ATTORNEY FOR XTO ENERGY, INC.

**Holland & Hart LLP**

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

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

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

September 12, 2014

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

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: Application of XTO Energy, Inc. for a non-standard spacing and proration unit, and compulsory pooling, Lea County, New Mexico.  
Perla Verde 31 State 4H Well**

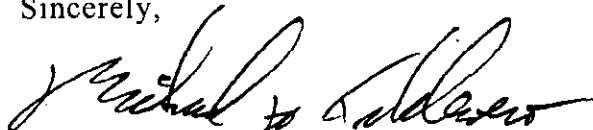
This letter is to advise you that XTO Energy, Inc. has filed the enclosed amended application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit and due to the proposed unorthodox well location.

This application has been set for hearing before a Division Examiner at 8:15 AM on October 2, 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.

If you have any questions about this matter please contact Keith Sawyer, at (817) 885-2905 or [Keith\\_Sawyer@xtoenergy.com](mailto:Keith_Sawyer@xtoenergy.com).

Sincerely,



Michael H. Feldewert  
ATTORNEY FOR XTO ENERGY, INC.

7006 2760 0001 6377 2327

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)  
 MHF/XTO  
 For delivery information visit [www.usps.com](http://www.usps.com)  
**OFFIC PERLA VERDE 4H**

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

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Apache Corporation  
 303 Veterans Airpark Lane  
 Suite 300  
 Midland, TX 79704

Postmark Here  
 SEP 12 2014

PS Form 3811, February 2004 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:  
 Apache Corporation  
 303 Veterans Airpark Lane  
 Suite 300  
 Midland, TX 79704

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 2327

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Sheila Treat ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Sheila Treat C. Date of Delivery  
9-15-14

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 6377 2334

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)  
 MHF/XTO  
 For delivery information visit [www.usps.com](http://www.usps.com)  
**OFFIC PERLA VERDE 4H**

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

Sent To  
 Street, Apt. or PO Box  
 City, State  
 Patricia Penrose Schieffer  
 Testamentary Trust  
 Bank of America, N.A. Agent  
 P.O. Box 2546  
 Fort Worth, Texas 76113

Postmark Here  
 SEP 12 2014

PS Form 3811, February 2004 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:  
 Patricia Penrose Schieffer  
 Testamentary Trust  
 Bank of America, N.A. Agent  
 P.O. Box 2546  
 Fort Worth, Texas 76113

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 2334

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
[Name] C. Date of Delivery  
SEP 15 2014

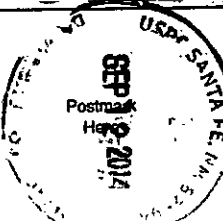
D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit <b>PERLA VERDE 4H</b>	
<b>OFFICE</b>	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	669
JM Zacahary, wife Dola 307 West 7th Street Suite 1910 Fort Worth, TX 76113	
Sent Street or PO City	SEP 12 2014 SANTA ANA, N.M. 89763

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No International Mail)</i>	
For delivery information visit <b>OFFICIAL</b>	<b>MHF/XTO</b> <b>PERLA VERDE 4H</b>
Postage \$ <b>69</b>	
Certified Fee <b>330</b>	
Return Receipt Fee (Endorsement Required) <b>270</b>	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees <b>699</b>	
Addressee: <b>Leslie Hendrix Wood, husband</b> <b>Lee F. Wood, Jr.</b> <b>Four W Properties, LLC</b> <b>P.O. Box 14364</b> <b>Midland, TX 79702</b>	
Sent To Street, Apt. or PO Box City, State	PS Form 3840, June 2013 Instructions

# Return

PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540	
<p style="text-align: center; font-weight: bold;">SENDER: COMPLETE THIS SECTION</p> <p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">           Leslie Hendrix Wood, husband            Lee F. Wood, Jr.            Four W Properties, LLC            P.O. Box 11364            Midland, TX 79702         </div> <p>2. Article Number</p> <p style="font-size: small;">(Transfer from service label)</p>	<p style="text-align: center; font-weight: bold;">COMPLETE THIS SECTION ON DELIVERY</p> <p>           A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>[Signature]</i> </p> <p>           B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Lee Wood</i> <span style="float: right;"><i>9-17-14</i></span> </p> <p>           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </p> <p>           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.         </p> <p>           4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes         </p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           7006 12760 0001 6377 2235         </div>	

7006 2760 0001 6377 2228

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **OFFICIAL MAIL SERVICE**  
**PERLA VERDE 4H**

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

Sent To: **Kristen Lee Hendrix Hayes fka  
 Kristen Lee Hendrix Miller  
 P.O. Box 3040  
 Midland, TX 79702**

Postmark Here: **SEP 12 2014**

PS Form 3811, February 2004

**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:  
**Kristen Lee Hendrix Hayes fka  
 Kristen Lee Hendrix Miller  
 P.O. Box 3040  
 Midland, TX 79702**

2. Article Number (Transfer from service label): **7006 2760 0001 6377 2228**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X [Signature]** ☐ Agent ☐ Addressee  
 B. Received by (Printed Name): **Jansins** C. Date of Delivery: **09/18/14**  
 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 6377 2211

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **OFFICIAL MAIL SERVICE**  
**PERLA VERDE 4H**

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

Sent To: **Karmen Hendreix Bryant fka  
 Karmen Marie Hendrix  
 P.O. Box 3040  
 Midland, TX 79702**

Postmark Here: **SEP 12 2014**

PS Form 3811, February 2004

**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:  
**Karmen Hendreix Bryant fka  
 Karmen Marie Hendrix  
 P.O. Box 3040  
 Midland, TX 79702**

2. Article Number (Transfer from service label): **7006 2760 0001 6377 2211**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X [Signature]** ☐ Agent ☐ Addressee  
 B. Received by (Printed Name): **Jansins** C. Date of Delivery: **09/18/14**  
 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 6377 2204

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **MHF/XTO**  
**OFFICIAL PERLA VERDE 4H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>669</b>

Postmark Here  
 SEP 12 2004  
 66545

**SENT**  
 Street or PO  
 City: CHEVRON USA, INC.  
 P.O. Box 1635  
 Houston, TX 77252

PS Form 3811, February 2004

**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:  
 CHEVRON USA, INC.  
 P.O. Box 1635  
 Houston, TX 77252

2. Article Number (Transfer from service label)  
 7006 2760 0001 6377 2204

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

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name)  
 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 6377 2204

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **MHF/XTO**  
**OFFICIAL PERLA VERDE 4H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>669</b>

Postmark Here  
 SEP 12 2004  
 66545

**SENT**  
 Street or PO  
 City: Cimarex Energy Co. of Colorado  
 1700 Lincoln Street  
 Suite 1800  
 Denver, CO 80203

PS Form 3811, February 2004

**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:  
 Cimarex Energy Co. of Colorado  
 1700 Lincoln Street  
 Suite 1800  
 Denver, CO 80203

2. Article Number (Transfer from service label)  
 7006 2760 0001 6377 2298

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

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name)  
 C. Date of Delivery 9/12/04

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 2181

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

(Domestic Mail Only; No Insurance)

For delivery information visit

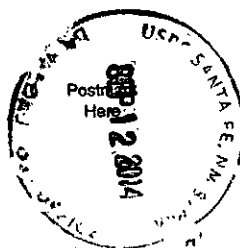
MHF/XTO

OFFICE PERLA VERDE 4H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>669</b>

Sent To  
Street, Apt. 1  
or PO Box 1  
City, State, ZIP

Xeric Oil & Gas Corp.  
14781 Memorial Drive  
Suite 175  
Houston, Texas 77079



PS Form 3800, August 2000

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:

Xeric Oil & Gas Corp.  
14781 Memorial Drive  
Suite 175  
Houston, Texas 77079

## 2. Article Number

(Transfer from service label)

111 17006 12760 10001 6377 2181

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

x a. Benke ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

a. Benke

## C. Date of Delivery

9/15/14

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 6377 2174

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

(Domestic Mail Only; No Insurance)

For delivery information visit

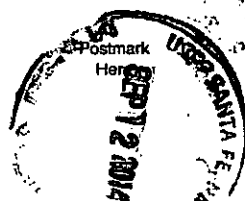
MHF/XTO

OFFICE PERLA VERDE 4H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>669</b>

Sent To  
Street, Apt. 1  
or PO Box 1  
City, State, ZIP

New Mexico State Land Offices  
Post Office Box 1148  
Santa Fe, New Mexico 87504



PS Form 3800

See Reverse for Instructions

7006 2760 0001 6377 2167

U.S. Postal Service <sup>™</sup>	
<b>CERTIFIED MAIL<sup>™</sup> RECEIPT</b>	
(Domestic Mail Only; No	
MHF/XTO	
For delivery information visit <b>PERLA VERDE 4H</b>	
<b>OFFICE</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	
Sent To Bureau of Land Management	
301 Dinosaur Trail	
Santa Fe, New Mexico 87508	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service <sup>™</sup>	
<b>CERTIFIED MAIL<sup>™</sup> RECEIPT</b>	
(Domestic Mail Only; No	
MHF/XTO	
For delivery information visit <b>PERLA VERDE 4H</b>	
<b>OFFICE</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	
Sent To Bureau of Land Management	
301 Dinosaur Trail	
Santa Fe, New Mexico 87508	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	
1. Article Addressed to:	
Bureau of Land Management 301 Dinosaur Trail Santa Fe, New Mexico 87508	
2. Article Number (Transfer from service label)	
7006 2760 0001 6377 2167	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:	
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	

7006 2760 0001 6377 2150

U.S. Postal Service <sup>™</sup>	
<b>CERTIFIED MAIL<sup>™</sup> RECEIPT</b>	
(Domestic Mail Only; No	
MHF/XTO	
For delivery information visit <b>PERLA VERDE 4H</b>	
<b>OFFICE</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total P	
Sent To Featherstone Development Corp.	
P.O. Box 429	
Roswell, NM 88202	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	
1. Article Addressed to:	
Featherstone Development Corp. P.O. Box 429 Roswell, NM 88202	
2. Article Number (Transfer from service label)	
7006 2760 0001 6377 2150	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:	
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	

7006 2760 0001 6377 2143

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

For delivery information: **MHF/XTO**  
**OFFICE PERLA VERDE 4H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage	669

Sent To: **COG OPERATING LLC**  
 1 Concho Center  
 600 W. Illinois Ave.  
 Midland, TX 79701

Postmark: **SEP 1 2014**

PS Form 3811, February 2004

**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:

**COG OPERATING LLC**  
 1 Concho Center  
 600 W. Illinois Ave.  
 Midland, TX 79701

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 2143

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X D. Trujillo** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **D. Trujillo** C. Date of Delivery: **9/18/14**

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 6377 2099

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

For delivery information: **MHF/XTO**  
**OFFICE PERLA VERDE 4H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage	669

Sent To: **XTO ENERGY, INC.**  
 810 Houston Street  
 Ft. Worth, TX 76102

Postmark: **SEP 2 2014**

PS Form 3811, February 2004

**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:

**XTO ENERGY, INC.**  
 810 Houston Street  
 Ft. Worth, TX 76102

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 2099

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **D. Brown** C. Date of Delivery: **SEP 15 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