

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

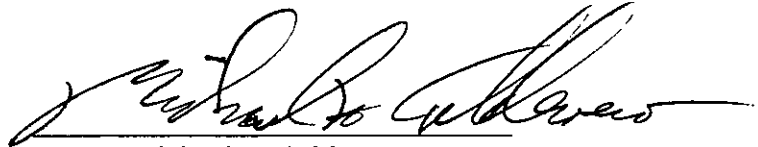
**APPLICATION OF XTO ENERGY, INC.
FOR A NON-STANDARD SPACING AND
PRORATION UNIT, AND COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO.**

**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.

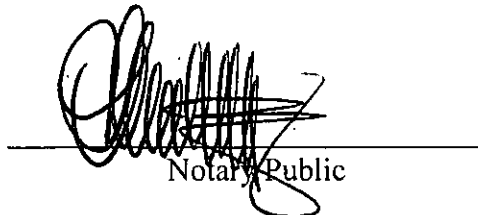


Michael H. Feldewert

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
Karmen 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

HOLLAND & HART ^{LLP}



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

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.

Sincerely,

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

Holland & Hart ^{LLP}

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

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

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

HOLLAND & HART LLP



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

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

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)	
For delivery information visit MHF/XTO	
OFFICIAL PERLA VERDE IH	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669
Sent To: Apache Corporation	
303 Veterans Airpark Lane	
Suite 300	
Midland, TX 79704	
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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**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)

P. Schieffer 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

7006 2760 0001 6377 5199

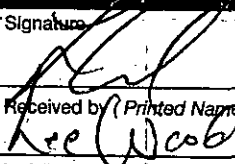
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/XTO	
OFFICIAL PERLA VERDE IH	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669
Sent To: Patricia Penrose Schieffer	
Testamentary Trust	
Bank of America, N.A. Agent	
P.O. Box 2546	
Fort Worth, Texas 76113	
PS Form 3811, February 2004 See Reverse for Instructions	

7006 2760 0001 6377 1801

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/XTO	
For delivery information visit	
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 307 West 7th Street	
City, St Suite 1910	
Fort Worth, TX 76113	
PS Form 3800, August 2006 See Reverse for Instructions	

7006 2760 0001 6377 1818

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/XTO	
For delivery information visit	
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	
Street Lee F. Wood, Jr.	
City, St Four W Properties, LLC	
P.O. Box 11364	
Midland, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to:		B. Received by (Printed Name) Lee F. Wood, Jr. C. Date of Delivery 9-17-14	
Leslie Hendrix Wood, husband Lee F. Wood, Jr. Four W Properties, LLC P.O. Box 11364 Midland, TX 79702		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 1818		3. Service Type <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.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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 MHF/XTO	
OFFICE PERLA VERDE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669
Sent To	Kristen Lee Hendrix Hayes fka Kristen Lee Hendrix Miller P.O. Box 3040 Midland, TX 79702
Street, Apt. or PO Box City, State	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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>Jon Sims</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Jon Sims</i> C. Date of Delivery <i>09/18/14</i> 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: Kristen Lee Hendrix Hayes fka Kristen Lee Hendrix Miller P.O. Box 3040 Midland, TX 79702		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6377 7414			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6377 1825

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/XTO	
OFFICE PERLA VERDE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669
Sent To	Karmen Hendreix Bryant fka Karmen Marie Hendrix P.O. Box 3040 Midland, TX 79702
Street, Apt. or PO Box City, State	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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>Jon Sims</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Jon Sims</i> C. Date of Delivery <i>09/18/14</i> 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: Karmen Hendreix Bryant fka Karmen Marie Hendrix P.O. Box 3040 Midland, TX 79702		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6377 1825			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6377 1832

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

For delivery information visit **OFFICIAL** **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

BTA 692 Ltd.
 104 South Pecos
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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 [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:

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** **PERLA VERDE 1H**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total 669

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

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

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:

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

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

THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ 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™
CERTIFIED MAIL™ 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)	
Total	669

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

PS Form 3811, February 2004 See reverse for instructions

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *D. Taylor* C. Date of Delivery *SEP 12 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

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

2. Article Number (Transfer from service label) *1111* **7006 2760 0001 6377 2075**

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

7006 2760 0001 6377 2068

U.S. Postal Service™
CERTIFIED MAIL™ 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)	
Total	669

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

PS Form 3811, February 2004 See reverse for instructions

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

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) *1111* **7006 2760 0001 6377 2068**

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

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

7006 2760 0001 6377 2051

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

For delivery information visit **OFFICIAL** **PERLA VERDE 1H**

MHF/XTO

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

PS Form 3811

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

KATHY BEAUREGARD
 Received by (Printed Name)

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** **PERLA VERDE 1H**

MHF/XTO

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

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

PS Form 3800, August 2006

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

OFFICIAL USE

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

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

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:
 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gay Green* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Gay Green* 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

7006 2760 0001 6377 5229

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: Cimaxex Energy Co. of Colorado
 Street, Apt. 1: 1700 Lincoln Street
 City, State: 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:
 Cimaxex Energy Co. of Colorado
 1700 Lincoln Street
 Suite 1800
 Denver, CO 80203

2. Article Number (Transfer from service label): 7006 2760 0001 6377 5229

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *S. Challa* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *S. Challa* 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

7006 2760 0001 6377 2945

U.S. Postal Service	
CERTIFIED MAIL™ RECEIPT	
(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
Postmark Here	SEP 11 2014
Sent To Street or PO Box City, State ZIP+4®	
XTO ENERGY, INC. 810 Houston Street Ft. Worth, TX 76102	
PS Form	Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.	
SENDER: COMPLETE THIS SECTION	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
XTO ENERGY, INC. 810 Houston Street Ft. Worth, TX 76102	
2. Article Number	
(Transfer from service label) 7006 2760 0001 6377 2945	
PS Form 3811, February 2004	
Domestic Return Receipt	
102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	
X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
	SEP 15 2014
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If yes, enter delivery address below: <input type="checkbox"/> No	
E. 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	

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

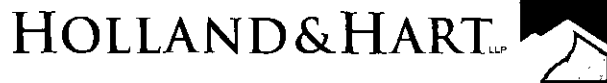
Featherstone Development Corp.
P.O. Box 429
Roswell, NM 88202

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.

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

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.

7006 2760 0001 6377 0248

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
MHF/XTO	
For delivery information PERLA VERDE 2H	
OFFICIAL USE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669
Sent To	JM Zacahary, wife of
Street, Apt. or PO Box	307 West 7th Street
City, State	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 TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
MHF/XTO	
For delivery information PERLA VERDE 2H	
OFFICIAL USE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	669
Sent To	Leslie Hendrix Wood, husband
Street, Apt. or PO Box	Lee F. Wood, Jr.
City, State	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"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input 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 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</p> <p><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>2. Article Number (Transfer from service label)</p> <p>7006 2760 0001 6377 0231</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 2760 0001 6377 2501

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
MHF/XTO
 For delivery information: **OFFICE PERLA VERDE 2H**

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 P.O.: P.O. Box 3040
 City, St: Midland, TX 79702

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
MHF/XTO
 For delivery information: **OFFICE PERLA VERDE 2H**

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 P.O.: P.O. Box 3040
 City, St: 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 2501

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): Jansins C. Date of Delivery: 07/18/04

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

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

5642 2263 0001 6377 2495

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
MHF/XTO
 For delivery information: **OFFICE PERLA VERDE 2H**

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 P.O.: P.O. Box 3040
 City, St: Midland, TX 79702

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
MHF/XTO
 For delivery information: **OFFICE PERLA VERDE 2H**

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 P.O.: P.O. Box 3040
 City, St: 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 Hendreix Bryant fka
 Karment Marie Hendrix
 P.O. Box 3040
 Midland, TX 79702

2. Article Number (Transfer from service label): 7006 2760 0001 6377 2495

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): Jansins C. Date of Delivery: 07/18/04

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

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

7006 2760 0001 6377 2488

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

MHF/XTO

OFFICE PERLA VERDE 2H

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

 SEP 12 2004
 Postmark Here

 Sent To
 Street, or P.O.
 City, State
 PS Form

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

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:

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

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 2488

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) *[Signature]* 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 2471

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

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

 SEP 12 2004
 Postmark Here

 Sent To
 Street, or P.O.
 City, State
 PS Form

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

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:

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

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 2471

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) *[Signature]* 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 2457

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

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

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X [Signature]** ☐ 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

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

7006 2760 0001 6377 2457

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

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

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X [Signature]** ☐ Agent ☒ Addressee
 B. Received by (Printed Name) **D. Trejone** 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 2297

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

Sent To
Street, or P.O. Box
City, State
PS Form 3811, February 2004

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

Postmark Here
SEP 12 2004
USPS SANTA FE, NM 87406

7006 2760 0001 6377 2297

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

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

Sent To
Street, or P.O. Box
City, State
PS Form 3800, August 2006

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

Postmark Here
SEP 12 2004
USPS SANTA FE, NM 87406

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

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 2297

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

5. Signature
Kathy Beauregard
☐ Agent
☐ Addressee

6. Date of Delivery
SEP 12 2004

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

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

7006 2760 0001 6377 2310

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only, No International)
 For delivery information visit usps.com

OFFICE MHF/XTO 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)

7006 2760 0001 6377 2310

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

PS Form 3811, February 2004 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
Karmen 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

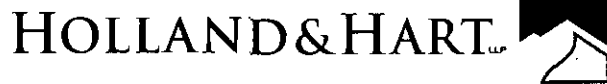
COG OPERATING LLC
1 Concho Center
600 W. Illinois Ave.
Midland, TX 79701

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.

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

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 669

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

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

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

2. Article Number (Transfer from service label)
 7006 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
 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 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 669

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

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:
 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 2259

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 P. Schieffer ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 P. Schieffer

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

7006 2760 0001 6377 2242

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

For delivery information visit **OFFICIAL** **PERLA VERDE 3H**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees 669

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

PS Form 3811, February 2004

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** **PERLA VERDE 3H**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees 669

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

SEND TO THE ADDRESSEE

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.

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature X Lee Wood ☐ 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

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

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	\$ 1.49
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.78
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.69

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

PS Form

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 Sim ☐ 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

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	\$ 1.49
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.78
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.69

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

PS Form

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 Sim ☐ 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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No MFH/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

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

A. 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:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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**

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No MFH/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

PS Form

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

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

Postmark Here
 SEP 1 2004
 Santa Fe, NM 87504

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

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

Postmark Here
 SEP 12 2004
 Santa Fe, NM 87504

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

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:
 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. Trejo-Muse Date of Delivery 8/15/04
 C. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

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

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 8/16/04
 C. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 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 1 2004 SANTA FE, NM 87504

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 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:

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

2. Article Number: 1 - 11111111 17006 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

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

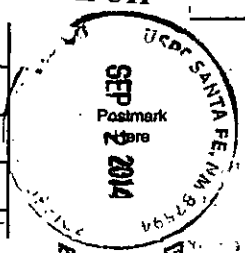
Postmark: SEP 1 2004 SANTA FE, NM 87504

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 See Reverse for Instructions

7006 2760 0001 6377 2358

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; 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 F	6.09
Sent To	XTO ENERGY, INC.
Street, or P.O. E	810 Houston Street
City, St	Ft. Worth, TX 67102
PS Form	Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
XTO ENERGY, INC. 810 Houston Street Ft. Worth, TX 67102			SEP 15 2014
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7006 2760 0001 6377 2358	
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.

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

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**

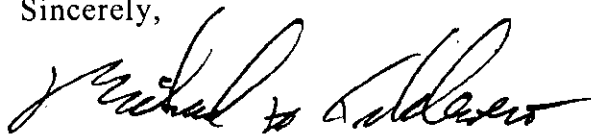
This letter is to advise you that XTO Energy, Inc. has filed the enclosed amended application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard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

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)

For delivery information visit **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

Postmark Here **SEP 12 2014**

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

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

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
Sheila Treat

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 2334

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

For delivery information visit **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

Postmark Here **SEP 12 2014**

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

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
Patricia Schieffer

B. Received by (Printed Name) Patricia Schieffer 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

7006 2760 0001 6377 2341

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
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)	
Total	669
Sent to JM Zacahary, wife Dola 307 West 7th Street Suite 1910 Fort Worth, TX 76113	
PS Form 3811, February 2004 See reverse for instructions	

RETURN

7006 2760 0001 6377 2235

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
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)	
Total Postage & Fees	669
Sent To 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	

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Lee Wood</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Lee Wood</i> Date of Delivery <i>9/11/14</i> 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: Leslie Hendrix Wood, husband Lee F. Wood, Jr. Four W Properties, LLC P.O. Box 11364 Midland, TX 79702		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2235			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6377 2228

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICE**
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 2004**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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: **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

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

7006 2760 0001 6377 2228

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICE**
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 2004**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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: **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

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

7006 2760 0001 6377 2204

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

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)	
Total	669

Postmark Here
 SEP 12 2004
 U.S. POSTAL SERVICE
 SAN ANTONIO, TX 78201

Sent CHEVRON USA, INC.
Street or PO P.O. Box 1635
City 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 2178

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

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)	
Total	669

Postmark Here
 SEP 12 2004
 U.S. POSTAL SERVICE
 SAN ANTONIO, TX 78201

Sent Cimarex Energy Co. of Colorado
Street or PO 1700 Lincoln Street
City 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 2178

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 *9/17/04*

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

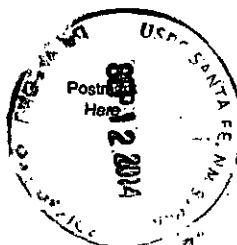
7006 2760 0001 6377 2181

**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)	
Total	669

Sent To
Street, Apt. 1
or PO Box #
City, State, ZIP+4®
Xeric Oil & Gas Corp.
14781 Memorial Drive
Suite 175
Houston, Texas 77079



PS Form 3800, August 2000

See Reverse for Instructions

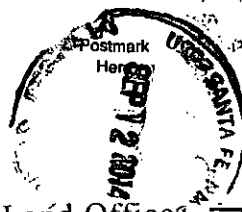
7006 2760 0001 6377 2174

**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)	
Total Postage	669

Sent To
Street, Apt. 1
or PO Box #
City, State, ZIP+4®
New Mexico State Land Offices
Post Office Box 1148
Santa Fe, New Mexico 87504



PS Form 3800

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 0001 6377 2181

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Xa. 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

102595-02-M-1540

7006 2760 0001 6377 2167

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No) MHF/XTO
 For delivery information visit PERLA VERDE 4H
OFFICE

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

Postmark Here: SEP 1 2014

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No) MHF/XTO
 For delivery information visit PERLA VERDE 4H
OFFICE

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

Postmark Here: SEP 1 2014

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:
 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: *Golman Lujan* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Golman Lujan* C. Date of Delivery: *SEP 15 2014*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 2150

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No) MHF/XTO
 For delivery information visit PERLA VERDE 4H
OFFICE

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

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

Postmark Here: SEP 12 2014

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No) MHF/XTO
 For delivery information visit PERLA VERDE 4H
OFFICE

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

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

Postmark Here: SEP 12 2014

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:
 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: *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? If YES, enter delivery address below: ☐ Yes ☒ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 2143

U.S. Postal Service™
CERTIFIED MAIL™ 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)	
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. Trejo-Mesa** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **D. Trejo-Mesa** 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 visit **MHF/XTO**
OFFICIAL 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) **B. 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