

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

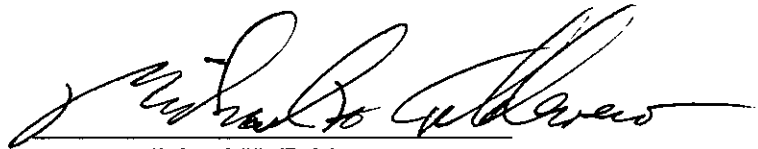
**APPLICATION OF XTO ENERGY, INC.
FOR A NON-STANDARD SPACING AND
PRORATION UNIT, AND COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO.**

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

AFFIDAVIT

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

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

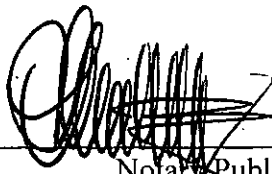


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 1st day of October 2014 by Michael H. Feldewert.



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



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 12
Submitted by: XTO ENERGY, INC.
Hearing Date: October 1, 2014**

XTO ENERGY INC.
PERLA VERDE 31 STATE 1H WELL

POOLED PARTIES:

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

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

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

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

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

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

BTA 692 Ltd.
104 South Pecos
Midland, TX 79701

OFFSETS:

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

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

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

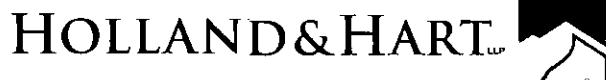
MACK ENERGY/CHASE OIL
P.O. Box 960
Artesia, NM 88211

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

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

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

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



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

September 12, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: POOLED PARTIES

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

Dear Sir or Madam:

This letter is to advise you that XTO Energy, Inc., has filed the enclosed amended application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

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

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. ☺



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,

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

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)	
MHF/XTO	
For delivery information visit PERLA VERDE	
OFFICE	
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)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sheila Treat*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sheila Treat

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 5199

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/XTO	
For delivery information visit PERLA VERDE	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 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	

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)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *P. Schieffer*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 1818

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

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

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

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

PS Form 3800, August 2005 See Reverse for Instructions

7006 2760 0001 6377 1818

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

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

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

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

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6377 7414

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

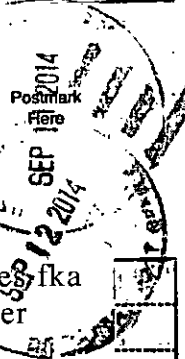
For delivery information visit **MHF/XTO**
OFFICE PERLA VERDE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
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 3800, August 2006

See Reverse for Instructions



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	\$ 6.69

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

PS Form 3800, August 2006

See Reverse for Instructions



7006 2760 0001 6377 1825

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 7414

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jan Sims* ☐ Agent ☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 1825

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jan Sims* ☐ Agent ☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 1832

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

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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**

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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 2082

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

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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**

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

THIS SECTION ON DELIVERY

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

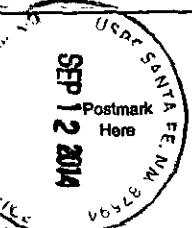
B. Received by (Printed Name) **LUIS SOSA** C. Date of Delivery **9-16-14**

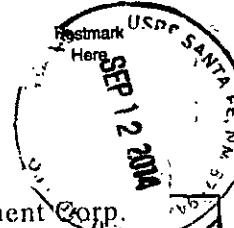
D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

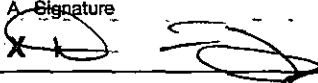
4. Restricted Delivery? (Extra Fee) ☐ Yes

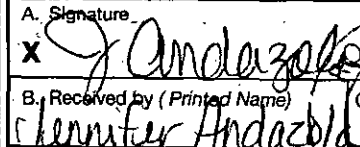
7006 2760 0001 6377 2075

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No		MHF/XTO	
For delivery information visit		PERLA VERDE 1H	
OFFIC			
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)	609		
Total F			
Sent To			
1 Concho Center			
600 W. Illinois Ave.			
Midland, TX 79701			

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No		MHF/XTO	
For delivery information visit		PERLA VERDE 1H	
OFFIC			
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)	609		
Total Postage			
Sent To			
Featherstone Development Corp.			
P.O. Box 429			
Roswell, NM 88202			

7006 2760 0001 6377 2066

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>D. T. Jones</u> C. Date of Delivery <u>SEP 12 2004</u> 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: COG OPERATING LLC 1 Concho Center 600 W. Illinois Ave. Midland, TX 79701		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) <u>7006 2760 0001 6377 2075</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Jennifer Andazola</u> C. Date of Delivery <u>SEP 16 2004</u> 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: Featherstone Development Corp. P.O. Box 429 Roswell, NM 88202		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) <u>7006 2760 0001 6377 2066</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

1502 2237 1000 0927 9006 2760 0001 6377 2051

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

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

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

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

Postmark: SEP 12 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Transfer from service label): **7006 2760 0001 6377 2051**

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): **KATHY BEAUREGARD**
 C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

1502 2237 1000 0927 9006 2760 0001 6377 2044

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

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

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

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

Postmark: SEP 2 2004

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

Postmark
 SEP 11 2014

Sent To
 Street, Apt. 1
 City, State

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

PS Form

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

Postmark
 SEP 11 2014

Sent To
 Street, Apt. 1
 City, State, ZIP

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

PS Form 3811, February 2004

See Reverse for Instructions

7006 2760 0001 6377 5229

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Gary Green

B. Received by (Printed Name) Gary 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

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

SENDER: COMPLETE THIS SECTION

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 5229

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X S. Chaffin

B. Received by (Printed Name) S. Chaffin C. Date of Delivery 9/17/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6377 2945

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Coverage Provided)
 For delivery information: **MHF/XTO**
OFF PERLA VERDE 1H

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

Sent To: **XTO ENERGY, INC.**
 Street or PO Box: **810 Houston Street**
 City, State, ZIP+4: **Ft. Worth, TX 76102**

Postmark Here: **SEP 11 2014**

PS Form 3811, February 2004

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**

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): **SEP 15 2014**

C. Date of Delivery: **SEP 15 2014**

D. Is delivery address different from item 1? ☐ Yes ☐ No

E. 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

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**

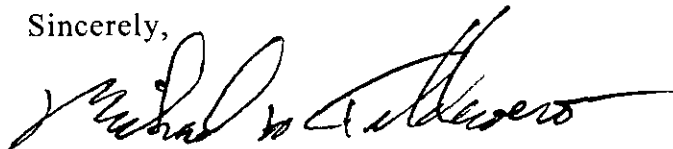
This letter is to advise you that XTO Energy, Inc. has filed the enclosed amended application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information: **MHF/XTO**
OFFICIAL PERLA VERDE 2H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 0
 Total Postage & Fees \$ 669

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

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) 70061276010001637617569

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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 ☐ 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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information: **MHF/XTO**
OFFICIAL PERLA VERDE 2H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 0
 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

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) 70061276010001637617576

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Patricia Schieffer ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Patricia Schieffer C. Date of Delivery SEP 15 2014
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 0248

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

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

Total Postage & Fees 1069

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

Postmark: **SEP 12 2014**

PS Form 3800, August 2006 See Reverse for Instructions

Return

7006 2760 0001 6377 0231

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

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

Total Postage & Fees 1069

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

Postmark: **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 <u>Lee Wood</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Lee Wood</u> C. Date of Delivery <u>9/17/14</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Leslie Hendrix Wood, husband Lee F. Wood, Jr. Four W Properties, LLC P.O. Box 11364 Midland, TX 79702</p>		<p>3. Service Type</p> <p><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.</p>	
<p>2. Article Number (Transfer from service label) <u>7006 2760 0001 6377 0231</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

7006 2760 0001 6377 2501

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information: **MHF/XTO**
OFFICIAL 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 PO: P.O. Box 3040
 City, St: Midland, TX 79702

Postmark: SEP 12 2004

PS Form 3811, February 2004

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

THIS SECTION ON DELIVERY

A. Signature: X. Jansen ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jansen Date of Delivery: 09/18/04

D. Is delivery address different from item 1? ☐ Yes ☐ 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

2. Article Number: 7006 2760 0001 6377 2501
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

5642 2269 1000 0920 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information: **MHF/XTO**
OFFICIAL 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 PO: P.O. Box 3040
 City, St: Midland, TX 79702

Postmark: SEP 12 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X. Jansen ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jansen Date of Delivery: 09/18/04

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 Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
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
SEP 12 2004 Postmark Here	
Sent To: CHEVRON USA, INC. Street, or P.O. Box: P.O. Box 1635 City, State, ZIP+4: Houston, TX 77252	

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

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

7006 2760 0001 6377 2471

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
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
SEP 12 2004 Postmark Here	
Sent To: Cimarex Energy Co. of Colorado Street, or P.O. Box: 1700 Lincoln Street City, State, ZIP+4: Denver, CO 80203	

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

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

4942 2267 1000 0926 9006

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

Postage \$ 69
 Certified Fee 338
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total F 669

Sent To **Featherstone Development Corp.**
 Street, or P.O. Box **P.O. Box 429**
 City, State **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 2464**

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

2452 2267 1000 0926 9006

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

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

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

Postmark Here **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:
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 D. Trejo** ☐ Agent ☒ Addressee
 B. Received by (Printed Name) **D. Trejo** C. Date of Delivery **SEP 18 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 **OFFICIAL MAIL SERVICE**
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
 SANTA FE, NM 87504

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

PS Form 3811, February 2004

7006 2760 0001 6377 2297

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

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

SEP 12 2004
 Postmark
 SANTA FE, NM 87504

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

PS Form 3800, August 2005

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFICIAL MAIL SERVICE**
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
 SANTA FE, NM 87504

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

PS Form 3811, February 2004

THIS SECTION ON DELIVERY

A. Signature Kathy Beauregard
☐ Agent
☐ Addressee

B. KATHY BEAUREGARD
 C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7006 2760 0001 6377 2297
 (Transfer from service label)

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 Insurance Coverage Provided)

For delivery information visit

MHF/XTO

OFFICE PERLA VERDE 2H

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

Sent To: **XTO ENERGY, INC.**
 Street, Apt. or PO Box: **810 Houston Street**
 City, State: **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 2014Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

BTA 692 Ltd.
104 South Pecos
Midland, TX 79701

OFFSETS:

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

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

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

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

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

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



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

September 12, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: POOLED PARTIES

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

Dear Sir or Madam:

This letter is to advise you that XTO Energy, Inc., has filed the enclosed amended application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

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

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 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 0000 0927 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

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 SAN ANTONIO, TX 78201

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 0000 0927 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 0000 0927 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

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 SAN ANTONIO, TX 78201

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 0000 0927 2259

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 P. Schieffer ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Patricia Penrose 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

Postmark: SEP 1 2 2014

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

Postmark: SEP 12 2014

PS Form 3811, February 2004

SEND TO ADDRESSEE (PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE)

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 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) 6.69
 Total Postage & Fees 14.26

Sent To
 Street, Apt. or PO Box
 City, State
 Kristen Lee Hendrix Hayes fka
 Kristen Lee Hendrix Miller
 P.O. Box 3040
 Midland, TX 79702

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 2433

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jan Sim ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Jan Sim ☐ Date of Delivery
09/18/14

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

3. Service Type

☒ Certified Mail ☐ 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) 6.69
 Total Postage & Fees 14.26

Sent To
 Street, Apt. or PO Box
 City, State
 Karmen Hendrix Bryant fka
 Karment Marie Hendrix
 P.O. Box 3040
 Midland, TX 79702

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 2426

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jan Sim ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Jan Sim ☐ Date of Delivery
09/18/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

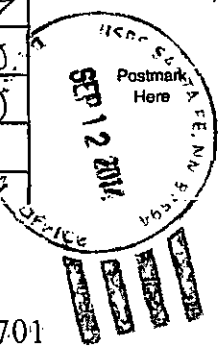
7006 2760 0001 6377 2419

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

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

Sent To: **BTA 692 Ltd.**
 Street, Apt. or PO Box: **104 South Pecos**
 City, State: **Midland, TX 79701**

PS Form 3811, February 2004



COMPLETE THIS SECTION ON DELIVERY

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *[Signature]*
☒ Agent ☐ Addressee
 B. Received by (Printed Name): **LOIS SOSA**
 C. Date of Delivery: **9-15-04**
 D. 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

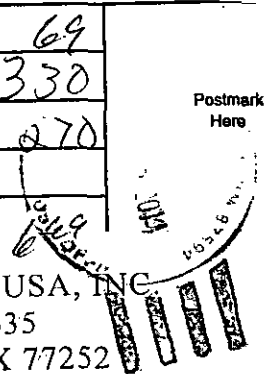
7006 2760 0001 6377 2402

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

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

Sent To: **CHEVRON USA, INC.**
 Street, Apt. or PO Box: **P.O. Box 1635**
 City, State: **Houston, TX 77252**

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 **offic.perlaverde3h.com**

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

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

Postmark Here
 SEP 1 2014
 OFFICE OF SANTA E. NM 9774

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

PS Form 3811, February 2004

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

SENDER: COMPLETE THIS SECTION

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

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

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

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

THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) D. Trejo-Ruiz 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 2396

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information, visit **offic.perlaverde3h.com**

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

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

Postmark Here
 SEP 12 2014
 OFFICE OF SANTA E. NM 9774

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

PS Form 3811, February 2004

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
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 8/28/14

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 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**
 P.O. Box 960
 Artesia, NM 88211

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

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

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): **KATHY BEAUREGARD** C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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**
 2700 Post Oak Boulevard,
 Suite 1000
 Houston, TX 77056

PS Form 3811, February 2004

7006 2760 0001 6377 2358

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	6.09

Postmark
 SEP 2 2014
 U.S. POSTAL SERVICE
 SANTA FE, NM 87504

Sent To
 Street, or P.O. Box
 City, State, ZIP+4®
XTO ENERGY, INC.
810 Houston Street
Ft. Worth, TX 76102

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 2358**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Yea

C. Date of Delivery
SEP 15 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

XTO ENERGY INC.
PERLA VERDE 31 STATE 4H WELL

POOLED PARTIES:

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

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

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

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

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

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

OFFSETS:

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

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

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

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

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

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

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

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



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

September 12, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: POOLED PARTIES

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

Dear Sir or Madam:

This letter is to advise you that XTO Energy, Inc., has filed the enclosed amended application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

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

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. ☺



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 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)
 MHF/XTO
 For delivery information visit **OFFICER 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
 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
 X 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)
 MHF/XTO
 For delivery information visit **OFFICER 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
 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
 X 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

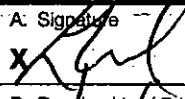
7006 2760 0001 6377 2341

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	

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	

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	
1. Article Addressed to:		B. Received by (Printed Name) <u>Lee Wood</u> On Date of Delivery <u>9/17/14</u>	
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 If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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 **usps.com**

OFFICE **MHF/XTO** **PERLA VERDE 4H**

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

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 **09/18/04**

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 2211

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

OFFICE **MHF/XTO** **PERLA VERDE 4H**

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

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 **09/18/04**

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

4022 2269 1000 0922 9002

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	669

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

Postmark Here: SEP 12 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 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: 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

9612 2269 1000 0922 9002

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	669

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

Postmark Here: SEP 12 2004

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Cimarex Energy Co. of Colorado
 1700 Lincoln Street
 Suite 1800
 Denver, CO 80203

2. Article Number (Transfer from service label): 7006 2760 0001 6377 2098

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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6377 2181

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit MHF/XTO	
OFFICE PERLA VERDE 4H	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
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 3811, February 2004



7006 2760 0001 6377 2184

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 Office Post Office Box 1148 Santa Fe, New Mexico 87504	

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:

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

102595-02-M-1540

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

Xa. Benker ☒ Agent ☐ Addressee

B. Received by (Printed Name)

A. Benker ☒ **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 2167

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) No
 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 \$ 669

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

Postmark: 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 Golun Lujan ☐ Agent ☐ Addressee
 B. Received by (Printed Name) _____ 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

7006 2760 0001 6377 2150

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) No
 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 \$ 669

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

Postmark: 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

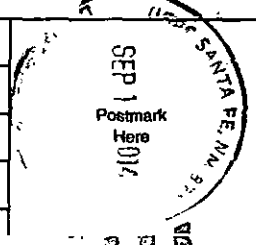
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2150

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

COMPLETE THIS SECTION ON DELIVERY

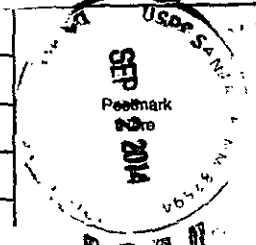
A. Signature J Andazola ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Jennifer Andazola C. Date of Delivery SEP 16 2014
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: _____
 3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt 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 OFFICIAL MAIL PERLA VERDE 4H		MHF/XTO	
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)	669		
Total Postage			
Sent To COG OPERATING LLC 1 Concho Center 600 W. Illinois Ave. Midland, TX 79701			
Street, or PO Box City, State			
PS Form			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X D. Trejo-Alcala	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> COG OPERATING LLC 1 Concho Center 600 W. Illinois Ave. Midland, TX 79701 </div>		B. Received by (Printed Name) [Signature]	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2143		C. Date of Delivery SEP 15 2014	
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6377 2099

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)			
For delivery information, visit OFFICIAL MAIL PERLA VERDE 4H		MHF/XTO	
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)	669		
Total Postage			
Sent To XTO ENERGY, INC. 810 Houston Street Ft. Worth, TX 67102			
Street, or PO Box City, State			
PS Form			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X [Signature]	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> XTO ENERGY, INC. 810 Houston Street Ft. Worth, TX 67102 </div>		B. Received by (Printed Name) [Signature]	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 2099		C. Date of Delivery SEP 15 2014	
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			