

**COG OPERATING LLC
PAN HEAD FEE NO. 12H WELL
SUPPLEMENTAL NOTICE SENT 01/16/15**

Ray Devoe Taylor
P.O. Box 723
Tatum, NM 88267

Linn Energy Holdings, LLC
600 Travis Street, Suite 5100
Houston, TX 76102

Melanie J. Parker
P.O. Box 1692
Artesia, NM 88211

H Wade White
1404 W. Thomas
Carlsbad, NM 88220

H Wade White
1404 West Riverside
Carlsbad, NM 88220

Perry L. Hughes
1724 Guadalupe
Carlsbad, NM 88220

Perry L. Hughes
1909 Gwenda
Carlsbad, NM 88220

B.G. Davis
2021 North Vega
Hobbs, NM 88240

R.M. Williams
P.O. Box 854
Hobbs, NM 88241

Barry L. Antweil
P.O. Box 250
Hobbs, NM 88241

Barry L. Antweil
12610 Stillwood
Cypress, TX 77433

Mary Francis Antweil
5410 Ledgestone Drive
Fort Worth, TX 76132

Nettie Cecilia Aymond
9644 Arbor Hill Drive
Dallas, TX 75249

Alice Crouch
4508 Banister Lane
Austin, TX 78745

Druella Wilbanks
PO. Box 84
Maljamar, NM 88264

Christian Martin Masters, Domiciliary
Foreign Personal Representative of the
Estate of Ruth E. Baish, Deceased
3020 Fishing Creek Valley Road,
Harrisburg, PA 17112

The First National Bank, Trustee of the
Mary Anne Berliner Foundation
Established under Trust Agreement
dated February 1, 2000,
P.O. Box AA,
Artesia, New Mexico 88211-7526

Estate of Lillie M. Yates
P.O. Box 840
Artesia, New Mexico 88211-
0840

Asa G. Ashworth, Individually and
as Heir and Executor of the Julia
Miller Burnham Estate
154 Hornell St.,
Hornell, NY 14843



January 16, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.
Pan Head Fee No. 12H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on February 5, 2015. 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 Joseph Scott, at (432) 688-6601 or jscott@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

7006 2760 0001 6381 9572

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, Not for International Mail)
 MHF/COG
 For delivery information visit **PANHEAD 12H OFFICE**

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

Sent To: **Ray Devoe Taylor**
 P.O. Box 723
 Tatum, NM 88267

Postmark: JAN 16

PS Form 3811, July 2013

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:
 Ray Devoe Taylor
 P.O. Box 723
 Tatum, NM 88267

2. Article Number (Transfer from service label): 7006 2760 0001 6381 9572

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sherry Taylor* Agent Addressee

B. Received by (Printed Name): **Sherry Taylor** 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6381 9565

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, Not for International Mail)
 MHF/COG
 For delivery information visit **PANHEAD 12H OFFICE**

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

Sent To: **Linn Energy Holdings, LLC**
 600 Travis Street, Suite 5100
 Houston, TX 76102

Postmark: JAN 16

PS Form 3811, July 2013 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:
 Linn Energy Holdings, LLC
 600 Travis Street, Suite 5100
 Houston, TX 76102

2. Article Number (Transfer from service label): 7006 2760 0001 6381 9565

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Linn Energy* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: **MAY 30 2016**

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6381 9558

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Permits)
 For delivery information visit **OFFIC**
 MHF/COG
 PANHEAD 12H

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

Sent To: Melanie J. Parker
 P.O. Box 1692
 Artesia, NM 88211

Postmark: JAN 9 2013 USPS SANTA FE

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE OR PRINT THIS LINE OF THE RETURN ADDRESS FOLD AND ATTACH TO THE FRONT OF THE ENVELOPE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
<p>Melanie J. Parker P.O. Box 1692 Artesia, NM 88211</p>	
2. Article Number	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(Transfer from service label) 7006 2760 0001 6381 9558</p>	

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6381 9541

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Permits)
 For delivery information visit **OFFIC**
 MHF/COG
 PANHEAD 12H

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

Sent To: H Wade White
 1404 W. Thomas
 Carlsbad, NM 88220

Postmark: JAN 9 2013 USPS SANTA FE

PS Form 3811, July 2013

7006 2760 0001 6381 9534

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

MHF/COG
PANHEAD 12H

For delivery information visit **OFFICE**

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

Postmark Here

Sent To H Wade White
Street, or P.O. Box 1404 West Riverside
City, State Carlsbad, NM 88220

PS Form Instructions

7006 2760 0001 6381 9527

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

MHF/COG
PANHEAD 12H

For delivery information visit **OFFICE**

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

Postmark Here

Sent To Perry L. Hughes
Street, A or P.O. Box 1724 Guadalupe
City, State Carlsbad, NM 88220

PS Form Instructions

7006 2760 0001 6381 9511

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

For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

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

Postmark Here
 JAN 1
 PANHEAD 12H

Sent **Perry L. Hughes**
 Street or PO **1909 Gwenda**
 City **Carlsbad, NM 88220**

PS Form 3800, June 2009

7006 2760 0001 6381 9503

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

For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

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

Postmark Here
 JAN 6
 PANHEAD 12H

Sent **B.G. Davis**
 Street or PO **2021 North Vega**
 City **Hobbs, NM 88240**

PS Form 3800, June 2009

7006 2760 0001 6381 9497

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

For delivery information visit **MHF/COG**
OFFIC PANHEAD 12H

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

USPS SANTA FE
JAN 16
 Postmark Here

Sent To: R.M. Williams
 Street, Apt. or PO Box: P.O. Box 854
 City, State: Hobbs, NM 88241

PS Form 3800

7006 2760 0001 6381 9640

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

For delivery information visit **MHF/COG**
OFFIC PANHEAD 12H

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

USPS SANTA FE
JAN 16
 Postmark Here

Sent To: Barry L. Antweil
 Street, Apt. or PO Box: P.O. Box 250
 City, State, ZIP: Hobbs, NM 88241

PS Form 3800

7006 2760 0001 6381 9626

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

For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

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

Postmark Here

Sent To: Barry L. Antweil
 Street, Apt. or PO Box: 12610 Stillwood
 City, State: Cypress, TX 77433

PS Form 3811, July 2013

7006 2760 0001 6381 9633

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

For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

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

Postmark Here

Sent To: Mary Francis Antweil
 Street, Apt. or PO Box: 5410 Ledgestone Drive
 City, State: Fort Worth, TX 76132

PS Form 3811, July 2013

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>MARYO ANTWEIL 7-25-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mary Francis Antweil 5410 Ledgestone Drive Fort Worth, TX 76132</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 2760 0001 6381 9633</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6381 9619

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No In-Transit Service Provided)
 For delivery information visit usps.com
MHF/COG
PANHEAD 12H
OFFIC

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

Sent To: Nettie Cecilia Aymond
 9644 Arbor Hill Drive
 Dallas, TX 75249

PS Form 3811, August 2006 See Reverse for Instructions

Returned

7006 2760 0001 6381 9602

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No In-Transit Service Provided)
 For delivery information visit usps.com
MHF/COG
PANHEAD 12H
OFFIC

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

Sent To: Alice Crouch
 4508 Banister Lane
 Austin, TX 78745

PS Form 3811, August 2006 See Reverse for Instructions

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

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:
 Alice Crouch
 4508 Banister Lane
 Austin, TX 78745

2. Article Number (Transfer from service label)
 7006 2760 0001 6381 9602

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Alice Crouch 1/22/15
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

9596 1989 0001 6381

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

For delivery information visit **OFFICIAL MAIL SERVICE**
OFFICIAL MAIL SERVICE
OFFICIAL MAIL SERVICE

MHF/COG
 PANHEAD 12H

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

Postmark Here
 JAN 16 11 16 AM '09

Sent To
 Druella Wilbanks
 PO. Box 84
 Maljamar, NM 88264

PS Form 3811, July 2013

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:
 Druella Wilbanks
 PO. Box 84
 Maljamar, NM 88264

2. Article Number (Transfer from service label)
 7006 2760 0001 6381 9596

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Druella Wilbanks Agent Addressee

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

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

9596 1989 0001 6381

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

For delivery information visit **OFFICIAL MAIL SERVICE**
OFFICIAL MAIL SERVICE
OFFICIAL MAIL SERVICE

MHF/COG
 PANHEAD 12H

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

Postmark Here
 JAN 16 11 16 AM '09

Sent To
 Christian Martin Masters, Domiciliary Foreign Personal Representative of the Estate of
 Ruth E. Baish, Deceased,
 3020 Fishing Creek Valley Road
 Harrisburg, PA 17112

PS Form 3811, July 2013 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:
 Christian Martin Masters, Domiciliary Foreign Personal Representative of the Estate of
 Ruth E. Baish, Deceased,
 3020 Fishing Creek Valley Road
 Harrisburg, PA 17112

2. Article Number (Transfer from service label)
 7006 2760 0001 6381 9596

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

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

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0003 6381 9695

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Postmark Here
 JAN 16 2010
 USPS SANTA FE, NM

Sent To: The First National Bank, Trustee of the Mary Anne Berliner Foundation. Established under Trust Agreement dated February 1, 2000, P.O. Box AA, Artesia, New Mexico 88211-7526

Sent 1
 Street, or PO E
 City, St

PS Form 3811, July 2013

SEND PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, 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:
 The First National Bank, Trustee of the Mary Anne Berliner Foundation
 Established under Trust Agreement dated February 1, 2000,
 P.O. Box AA,
 Artesia, New Mexico 88211-7526

2. Article Number (Transfer from service label)
 7006 2760 0003 6381 9695

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 Agent
 Addressee
Phillip Lawson

B. Received by (Printed Name)
 Phillip Lawson

C. Date of Delivery
 1-20-15

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6381 9695

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total F	\$ 1338

Postmark Here
 JAN 16 2010
 USPS SANTA FE, NM

Sent To: Estate of Lillie M. Yates, P.O. Box 840, Artesia, New Mexico 88211

Sent 1
 Street, or PO E
 City, St

PS Form 3811, July 2013

SEND PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, 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:
 Estate of Lillie M. Yates
 P.O. Box 840
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label)
 7006 2760 0001 6381 9688

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 Agent
 Addressee
Lillie Yates

B. Received by (Printed Name)
 Lillie Yates

C. Date of Delivery
 1-21-15

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6381 9671

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

MHF/COG
PANHEAD 12H

For delivery information
OFFI

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

Postmark Here
 JAN 16
 U.S.P.S. SANTA ISABEL CA 95050

Sent To: Asa G. Ashworth, Individually and as
 Heir and Executor
 of the Julia Miller Burnham Estate,
 154 Hornell St.,
 Hornell, NY 14843

PS Form

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Tracy Chapman <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tracy Chapman</p> <p>C. Date of Delivery 1-20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Asa G. Ashworth, Individually and as Heir and Executor of the Julia Miller Burnham Estate, 154 Hornell St., Hornell, NY 14843</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 2760 0001 6381 9671</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**COG OPERATING LLC
PAN HEAD FEE NO. 12H WELL**

POOLED PARTIES:

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

Lazy S. Minerals, LLC
P.O. Box 100493
Fort Worth, TX 76185

Chevron Oil Company
1400 Smith Street, Ste. 3600
Houston, TX 77002-7342

Vanguard Permian, LLC
5847 San Felipe, Suite 3000
Houston, TX 77057

Halcon Resources Operating
Company, Inc.
Meridian Towers, Ste. 650
Tulsa, OK 74135

Energyquest II, LLC
4526 Research Forest Drive,
Suite 200
The Woodlands, TX 77381

Range Operating New Mexico, LLC
100 Throckmorton Street
Suite 1200
Fort Worth, TX 76102

OFFSETS:

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

Legacy Reserves Operating LP
P.O. Box 10848
Midland, TX 79702

Pendragon Oil, LLC
309 West 7th Street, Suite 500
Fort Worth, TX 76102

Kamimac, LLC
309 West 7th Street, Suite 500
Fort Worth, TX 76102

Lazy S. Minerals, LLC
P.O. Box 100493
Fort Worth, TX 76185

Chevron Oil Company
1400 Smith Street, Ste. 3600
Houston, TX 77002-7342

Vanguard Permian, LLC
5847 San Felipe, Suite 3000
Houston, TX 77057

Halcon Resources Operating
Company, Inc.
Meridian Towers, Ste. 650
Tulsa, OK 74135

Occidental Permian Limited
Partnership
P.O. Box 4294
Houston, TX 77210

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252-2197

Patterson Petroleum, LLC
P.O. Drawer 1416
Snyder, TX 79550

Ventana Exploration, Inc.
7903 Purdue Avenue
Dallas, TX 75225

Highland (Texas) Energy
Company
7557 Rambler Road, Suite 918
Dallas, TX 75231

Energyquest II, LLC
4526 Research Forest Drive,
Suite 200
The Woodlands, TX 77381

Range Operating New Mexico, LLC
100 Throckmorton Street
Suite 1200
Fort Worth, TX 76102



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - Oil and Gas Law
- New Mexico Board of Legal
Specialization
mfeldewert@hollandhart.com

December 19, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Pan Head Fee No. 12H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on January 8, 2015. 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 Joseph Scott, at (432) 688-6601 or jscott@concho.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael H. Feldewert".

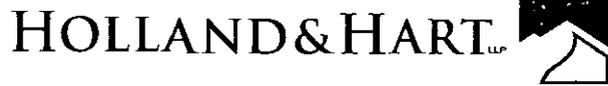
Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

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

December 19, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET PARTIES

**RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.
Pan Head Fee No. 12H**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on January 8, 2015. 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 Joseph Scott, at (432) 688-6601 or jscott@concho.com.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

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 6382 0196

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

For delivery information: **OFFICE** MHF/COG PAN HEAD

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

Postmark Here: **DEC 19 2013**

Chevron Oil Company
 1400 Smith Street, Ste. 3600
 Houston, TX 77002-7342

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 Oil Company
 1400 Smith Street, Ste. 3600
 Houston, TX 77002-7342

2. Article Number (Transfer from service label): 7006 2760 0001 6382 0196

PS Form 3811, July 2013 Domestic Return Receipt

SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

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

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

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6382 0202

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

For delivery information: **OFFICE** MHF/COG PAN HEAD

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

Postmark Here: **DEC 19 2013**

Vanguard Permian, LLC
 5847 San Felipe, Suite 3000
 Houston, TX 77057

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:

Vanguard Permian, LLC
 5847 San Felipe, Suite 3000
 Houston, TX 77057

2. Article Number (Transfer from service label): 7006 2760 0001 6382 0202

PS Form 3811, July 2013 Domestic Return Receipt

SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

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

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

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6382 0332

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

For delivery information: MHF/COG PAN HEAD OFFICIAL

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

Postmark Here: DEC 19 2014

Halcon Resources Operating Company, Inc.
 Meridian Towers, Ste. 650
 Tulsa, OK 74135

for instructions

7006 2760 0001 6378 4405

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

For delivery information: MHF/COG PAN HEAD OFFICIAL

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

Total Postage & Fees

Postmark Here: DEC 19 2014

Energyquest II, LLC
 4526 Research Forest Drive,
 Suite 200
 The Woodlands, TX 77381

for instructions

U.S. MAIL
 SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Halcon Resources Operating Company, Inc.
 Meridian Towers, Ste. 650
 Tulsa, OK 74135

2. Article Number (Transfer from service label): 7006 2760 0001 6382 0332

3. Service Type:
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Donna Dozer* Agent Addressee
 B. Received by (Printed Name):
 C. Date of Delivery:

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

PS Form 3811, July 2013 Domestic Return Receipt

U.S. MAIL
 SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Energyquest II, LLC
 4526 Research Forest Drive,
 Suite 200
 The Woodlands, TX 77381

2. Article Number (Transfer from service label): 7006 2760 0001 6378 4405

3. Service Type:
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Erika Perez* Agent Addressee
 B. Received by (Printed Name): ERIKA PEREZ
 C. Date of Delivery:

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6378 4658

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

For delivery information visit **OFFICIAL MAIL HEADLINE**

Postage \$ _____
 Certified Fee \$ 3.30
 Return Receipt Fee (Endorsement Required) \$ 2.70
 Restricted Delivery Fee (Endorsement Required) \$ _____
 Total Postage & Fees \$ _____

Range Operating New Mexico, LLC
 100 Throckmorton Street
 Suite 1200
 Fort Worth, TX 76102

Postmark Here
 DEC 19 2013

for instructions

SENDER: COMPLETE THIS SECTION **ATTENTION ON DELIVERY**

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

1. Article Addressed to:
 Range Operating New Mexico, LLC
 100 Throckmorton Street
 Suite 1200
 Fort Worth, TX 76102

2. Article Number (transfer from service label) **7006 2760 0001 6378 4658**

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: Agent Addressee
 X *D. Levinson*

B. Received by (Printed Name) *D. LEVINSON* C. Date of Delivery _____

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

7006 2760 0001 6382 0141

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

MHF/COG
PAN HEAD

OFFICIAL

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

Postmark Here
DEC 1 9 2014

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

PS Form 3811, July 2013 Domestic Return Receipt

8510 2760 0001 6382 0158

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

MHF/COG
PAN HEAD

OFFICIAL

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

Postmark Here
DEC 1 9 2014

Legacy Reserves Operating LP
P.O. Box 10848
Midland, TX 79702

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label): 7006 2760 0001 6382 0141

RECIPIENT INFORMATION ON DELIVERY

A. Signature: *David Corzillo* Agent Addressee

B. Received by (Printed Name): *David Corzillo* C. Date of Delivery: DEC 22 2014

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

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Legacy Reserves Operating LP
 P.O. Box 10848
 Midland, TX 79702

2. Article Number (Transfer from service label): 7006 2760 0001 6382 0158

RECIPIENT INFORMATION ON DELIVERY

A. Signature: *Andy Guellek* Agent Addressee

B. Received by (Printed Name): *Andy Guellek* C. Date of Delivery: 12-26-14

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

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 0165

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

For delivery information visit **OFFICIAL MAIL HEAD**

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

Postmark Here
 DEC 19 2014

Pendragon Oil, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

For Instructions

7006 2760 0001 6382 0172

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

For delivery information visit **OFFICIAL MAIL HEAD**

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

Postmark Here
 DEC 1 2014

Kamimac, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

For Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Pendragon Oil, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0165

PS Form 3811, July 2013 Domestic Return Receipt

RECEIVED BY ADDRESSEE

A. Signature: *PB Dewbody* Agent Addressee
 B. Received by (Printed Name): *PATRICIA Dewbody*
 C. Date of Delivery: *12-27-14*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Kamimac, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0172

PS Form 3811, July 2013 Domestic Return Receipt

RECEIVED BY ADDRESSEE

A. Signature: *PB Dewbody* Agent Addressee
 B. Received by (Printed Name): *PATRICIA Dewbody*
 C. Date of Delivery: *7-22-14*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6382 0189

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

For delivery information: **MHF/COG PAN HEAD**

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1000

Postmark Here
 DEC 1 9 2013
 U.S. POSTAL SERVICE

Lazy S. Minerals, LLC
 P.O. Box 100493
 Fort Worth, TX 76185

PS Form 3811, July 2013. 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:

Lazy S. Minerals, LLC
 P.O. Box 100493
 Fort Worth, TX 76185

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0189

PS Form 3811, July 2013. Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Colin M. [Signature]* 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 4627

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

For delivery information: **MHF/COG PAN HEAD**

OFFICE

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

Postmark Here
 DEC 1 9 2013
 U.S. POSTAL SERVICE

Chevron Oil Company
 1400 Smith Street, Ste. 3600
 Houston, TX 77002-7342

PS Form 3811, July 2013. 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 Oil Company
 1400 Smith Street, Ste. 3600
 Houston, TX 77002-7342

2. Article Number (Transfer from service label) 7006 2760 0001 6378 4627

PS Form 3811, July 2013. Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

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

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 4610

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *Mail Insurance Coverage Provided*)
 MHF/COG PAN HEAD
 For delivery information OFFI

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

Postmark Here
 DEC 19 2014
 DE

Vanguard Permian, LLC
 5847 San Felipe, Suite 3000
 Houston, TX 77057

for instructions

U.S. POSTAL SERVICE
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *Mail Insurance Coverage Provided*)
 MHF/COG PAN HEAD
 For delivery information OFFI

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:
 Vanguard Permian, LLC
 5847 San Felipe, Suite 3000
 Houston, TX 77057

2. Article Number (Transfer from service) 7006 2760 0001 6378 4610

PS Form 3811, July 2013 Domestic Return Receipt

RECIPIENT ACTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6382 0264

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *Mail Insurance Coverage Provided*)
 MHF/COG PAN HEAD
 For delivery information OFFI

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		169
Total Postage & Fees	\$	

Postmark Here
 DEC 19 2014
 DE

Halcon Resources Operating
 Company, Inc.
 Meridian Towers, Ste. 650
 Tulsa, OK 74135

See Reverse for Instructions

U.S. POSTAL SERVICE
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *Mail Insurance Coverage Provided*)
 MHF/COG PAN HEAD
 For delivery information OFFI

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:
 Halcon Resources Operating
 Company, Inc.
 Meridian Towers, Ste. 650
 Tulsa, OK 74135

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0264

PS Form 3811, July 2013 Domestic Return Receipt

RECIPIENT ACTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6382 0257

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

For delivery information visit **OFFICE**

MHF/COG
PAN HEAD

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees 1338

Postmark Here
DEC 19 2014

Occidental Permian Limited
 Partnership
 P.O. Box 4294
 Houston, TX 77210

See Reverse for Instructions

7006 2760 0001 6382 0240

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, Insurance Coverage Provided)

For delivery information visit **OFFICE**

MHF/COG
PAN HEAD

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees 1338

Postmark Here
DEC 19 2014

ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252-2197

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:
 Occidental Permian Limited
 Partnership
 P.O. Box 4294
 Houston, TX 77210

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0257

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery DEC 19 2014

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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:
 ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252-2197

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0240

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery DEC 19 2014

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

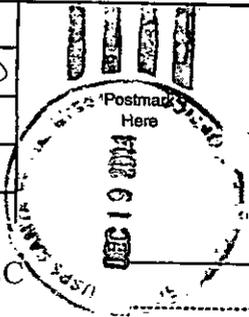
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 4436

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)™
 For delivery information, visit usps.com
OFFICIAL MHF/COG PAN HEAD

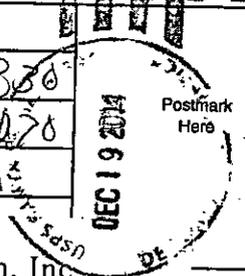
Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



Patterson Petroleum, LLC
 P.O. Drawer 1416
 Snyder, TX 79550

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)™
 For delivery information, visit usps.com
OFFICIAL MHF/COG PAN HEAD

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



Ventana Exploration, Inc.
 7903 Purdue Avenue
 Dallas, TX 75225

7006 2760 0001 6378 4429

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:

Patterson Petroleum, LLC
 P.O. Drawer 1416
 Snyder, TX 79550

2. Article Number (Transfer from service label): 7006 2760 0001 6378 4436

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *A. Steelman* Agent Addressee

B. Received by (Printed Name): *A. Steelman* 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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:

Ventana Exploration, Inc.
 7903 Purdue Avenue
 Dallas, TX 75225

2. Article Number (Transfer from service label): 7006 2760 0001 6378 4429

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *12-22*

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 4412

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

For delivery information visit **OFFIC**

MHF/COG
 PAN HEAD

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

Postmark Here
 DEC 19 2014

Highland (Texas) Energy Company
 7557 Rambler Road, Suite 918
 Dallas, TX 75231

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 0325

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

For delivery information visit **OFFIC**

MHF/COG
 PAN HEAD

Postage \$ 690
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 600

Postmark Here
 DEC 19 2014

Energyquest II, LLC
 4526 Research Forest Drive,
 Suite 200
 The Woodlands, TX 77381

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Highland (Texas) Energy Company
 7557 Rambler Road, Suite 918
 Dallas, TX 75231

2. Article Number 7006 2760 0001 6378 4412
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

ION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Truitt Matthews
 C. Date of Delivery 12/22/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Energyquest II, LLC
 4526 Research Forest Drive
 Suite 200
 The Woodlands, TX 77381

2. Article Number 7006 2760 0001 6382 0325
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

ION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) ERIKA PEREZ
 C. Date of Delivery 12/23/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6382 0318

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 & Fees		669



Range Operating New Mexico, LLC
100 Throckmorton Street
Suite 1200
Fort Worth, TX 76102

for instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Range Operating New Mexico, LLC
100 Throckmorton Street
Suite 1200
Fort Worth, TX 76102

2. Article Number
(Transfer from service label) 7006 2760 0001 6382 0318

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 D. Levinson Agent
 Addressee

B. Received by (Printed Name) *D. LEVINSON* 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes