

**COG OPERATING LLC
VAN GOUGH FEE 1H & 2H**

POOLED PARTY:

Chevron USA Inc.
1400 Smith Street
Houston, TX 79707
Attn: Jason Levine

OFFSETS:

Chevron USA Inc.
1400 Smith Street
Houston, TX 79707
Attn: Jason Levine

EOG Resources
P.O. Box 840319
Dallas, TX 75284

Asher Enterprises Ltd. Co.
12808 Loren Way
Oklahoma City, OK 73170

Henry D. Bedford II
664 Fattig Creek Rd.
Roundup, MT 59072

K&K Minerals, LLC
J P Morgan Bank, NA, Agent
Oil & Gas Group
TX1-1318
P. O. Box 2605
Fort Worth, Texas 76113

Conoco Phillips
600 N. Dairy Ashford Rd.
Houston, TX 77079

Energex, LLC
4425 98th Street
Lubbock, TX 79424

Crown Oil Partners
P.O. Box 50820
Midland, TX 79710

Ross Duncan Properties
1717 Northgate Pl
Artesia, NM 88210

White Gold Corp
P.O. Box 730
Roswell, NM 88202

Sandi Miller
1015 Fern Dr.
Roswell, NM 88203

James L. Falgout, Trustee
Michael Herd Moore Irrevocable Trust
2929 N. Central Expressway, STE 235
Richardson, TX 75080

David H. Arrington
500 W. Wall St., STE 300
Midland, TX 79701

Mary Ellen Johnston
2715 North Kentucky, Unit 16
Roswell, NM 88201

Bergfeld Land & Minerals
Group, LLC
305 South Broadway, Suite 304
Tyler, Texas 75702

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

April 10, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: PARTIES 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.
Van Gogh Fee No. 1H Well

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 April 30, 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 Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler

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, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

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

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Associate
Phone (505) 988-4421
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JLKessler@hollandhart.com

April 10, 2015

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.
Van Gogh Fee No. 1H Well

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 April 30, 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.

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

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Associate
Phone (505) 988-4421
Fax (505) 983-6043
JKessler@hollandhart.com

April 10, 2015

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.
Van Gogh Fee No. 2H Well

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.

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

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April 10, 2015

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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- 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 Agent
 Addressee
Jason Levine

B. Received by (Printed Name) Agent
Jason Levine C. Date of Delivery *4-20-15*

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

1. Article Addressed to:

Chevron USA Inc.
1400 Smith Street
Houston, TX 79707
Attn: Jason Levine

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

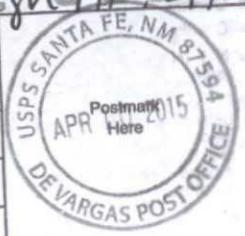
2. Article Number *7006 2760 0001 6377 4963*
(Transfer from service label)

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Return Receipt Fee (Endorsement Required)		<i>270</i>
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



Chevron USA Inc.
 1400 Smith Street
 Houston, TX 79707
 Attn: Jason Levine

for Instructions

7006 2760 0001 6377 4970

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



Chevron USA Inc.
 1400 Smith Street
 Houston, TX 79707
 Attn: Jason Levine

for Instructions

7006 2760 0001 6377 4949

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



Asher Enterprises Ltd. Code
 12808 Loren Way
 Oklahoma City, OK 73170

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



Bergfeld Land & Minerals
 Group, LLC
 305 South Broadway, Suite 304
 Tyler, Texas 75702

7006 2760 0001 6377 4895

SENDER: CO

ION 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
Susan Pencilis Agent Addressee
 B. Received by (Printed Name)
 SUSAN PENCILIS
 C. Date of Delivery
 4-13-15

1. Article Addressed to:
 Bergfeld Land & Minerals
 Group, LLC
 305 South Broadway, Suite 304
 Tyler, Texas 75702

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
 (Transfer from service label) 7006 2760 0001 6377 4895

7006 2760 0001 6377 4918

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



Conoco Phillips
600 N. Dairy Ashford Rd.
Houston, TX 77079

for instructions

SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

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

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:
Conoco Phillips
600 N. Dairy Ashford Rd.
Houston, TX 77079

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4918

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *[Signature]*
C. Date of Delivery 4/10

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

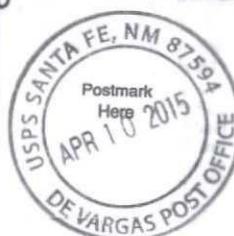
7006 2760 0001 6377 4833

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Van King #24

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



Crown Oil Partners
P.O. Box 50820
Midland, TX 79710

for instructions

SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

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

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:
Crown Oil Partners
P.O. Box 50820
Midland, TX 79710

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4833

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *[Signature]*
C. Date of Delivery 4-14-15

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 4871

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



David H. Arrington
 500 W. Wall St., STE 300
 Midland, TX 79701

PS Form 3811, February 2004 See reverse for instructions

CERTIFIED MAIL

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

SENDER'S COPY 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:
 David H. Arrington
 500 W. Wall St., STE 300
 Midland, TX 79701

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4871

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 Agent Addressee
 X Kasie McDuffey

B. Received by (Printed Name) Kasie McDuffey C. Date of Delivery 4/15/15

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

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Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
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Energex, LLC
 4425 98th Street
 Lubbock, TX 79424

PS Form 3811, February 2004 See reverse for instructions

CERTIFIED MAIL

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

SENDER'S COPY 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:
 Energex, LLC
 4425 98th Street
 Lubbock, TX 79424

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4826

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 Agent Addressee
 X [Signature]

B. Received by (Printed Name) T. Kelly C. Date of Delivery 4-13

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 4956

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Van Gough SHE 2H

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



EOG Resources
P.O. Box 840319
Dallas, TX 75284

See reverse for instructions

7006 2760 0001 6377 4932

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OFFICIAL USE
Van Gough SHE 2H

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



Henry D. Bedford II
664 Fattig Creek Rd.
Roundup, MT 59072

PS Form 3811, February 2004

See reverse for instructions

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SENDER: COMPLETE THIS SECTION ON DELIVERY

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

EOG Resources
P.O. Box 840319
Dallas, TX 75284

2. Article Number
(Transfer from service label) 7006 2760 0001 6377 4956

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
 Steve Pruss Agent
 Addressee

B. Received by (Printed Name) *Steve Pruss* C. Date of Delivery **APR 12 2015**

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 4864

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OFFICE *Van Hough UH 2H*

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



James L. Falgout, Trustee
 Michael Herd Moore Irrevocable Trust
 2929 N. Central Expressway, STE 235
 Richardson, TX 75080

SENDER

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 *[Signature]* Agent Addressee

B. Received by (Printed Name) *J. L. Linde* C. Date of Delivery *4/13/15*

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

1. Article Addressed to:
 James L. Falgout, Trustee
 Michael Herd Moore Irrevocable Trust
 2929 N. Central Expressway, STE 235
 Richardson, TX 75080

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 (Transfer from service label) 7006 2760 0001 6377 4864

7006 2760 0001 6377 4925

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OFFICE *Van Hough UH 2H*

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



K&K Minerals, LLC
 J P Morgan Bank, NA, Agent
 Oil & Gas Group
 TX1-1318
 P. O. Box 2605
 Fort Worth, Texas 76113

SENDER

SECTION ON DELIVERY

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

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Robert Boyle* C. Date of Delivery *APR 13 2015*

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

1. Article Addressed to:
 K&K Minerals, LLC
 J P Morgan Bank, NA, Agent
 Oil & Gas Group
 TX1-1318
 P. O. Box 2605
 Fort Worth, Texas 76113

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 (Transfer from service label) 7006 2760 0001 6377 4925

7006 2760 0001 6377 4888

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OFFICIAL *VanGough #2H*

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



Mary Ellen Johnston
2715 North Kentucky, Unit 16
Roswell, NM 88201
See reverse for instructions

7006 2760 0001 6377 4901

U.S. Postal Service™
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For delivery information visit our website at www.usps.com
OFFICIAL *VanGough #2H*

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



Ross Duncan Properties
1717 Northgate Pl
Artesia, NM 88210
See reverse for instructions

CERTIFIED MAIL

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

SENDER: COMPLETE THIS SECTION		ACTION 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 <i>Mary E. Johnston</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mary E. Johnston</i></p> <p>C. Date of Delivery <i>APR 14 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Mary Ellen Johnston 2715 North Kentucky, Unit 16 Roswell, NM 88201</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 2760 0001 6377 4888</p>			

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

7006 2760 0001 6377 4857

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 *Van Brough H 2H*

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



Sandi Miller
 1015 Fern Dr.
 Roswell, NM 88203

See Reverse for Instructions

7006 2760 0001 6377 4840

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 *Van Brough H 2H*

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



White Gold Corp
 P.O. Box 730
 Roswell, NM 88202

See Reverse for Instructions

SENDER

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 *Jane Miller* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 4/14/15

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

1. Article Addressed to:

Sandi Miller
 1015 Fern Dr.
 Roswell, NM 88203

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

(Transfer from service label)

7006 2760 0001 6377 4857

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER

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 *Mark MacKellay* Agent Addressee

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

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

1. Article Addressed to:

White Gold Corp
 P.O. Box 730
 Roswell, NM 88202

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

(Transfer from service label)

7006 2760 0001 6377 4840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540