

hinklelawfirm.com

HINKLE SHANOR LLP

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SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

WRITER:

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

April 23, 2015

VIA CERTIFIED MAIL

Michael Harrison Moore
c/o MHM Resources, LP
P.O. Box 51570
Midland, TX 79710

Re: COG Operating LLC NMOCD Application

Dear Mr. Moore:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed non-standard spacing and proration unit is comprised of the W/2 W/2 of Section 21, Township 25 South, Range 35 East, N.M.P.M., Lea County, New Mexico.

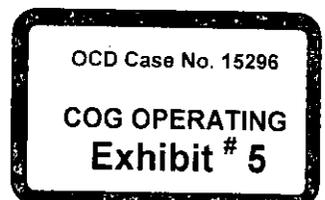
This matter (Division Case No. 15296) is scheduled for hearing at 8:15 a.m. on Thursday, May 14, 2015 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday May 7, 2015. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson



GWL:rc
Enclosure

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

Coachman Fee Com #4H

Mineral Interest Owners:

Richard Lyons Moore
Mica Rathes @ Moore Minerals
1204 W. 7th, Suite 200
Ft. Worth, TX 76102

Michael Harrison Moore
c/o MHM Resources, LP
P.O. Box 51570
Midland, TX 79710

Michael Harrison Moore
MHM Resources, LP
10 Desta Dr. #675
Midland, TX 79705

Kevin Moore SSMTT GST Exempt Trust
Mica Rathes @ Moore Minerals
1204 W. 7th, Suite 200
Ft. Worth, TX 76102

Kevin Moore SSMTT GST Non-Exempt Trust
Mica Rathes @ Moore Minerals
1204 W. 7th, Suite 200
Ft. Worth, TX 76102

Ryan Moore SSMTT GST Exempt Trust
Mica Rathes @ Moore Minerals
1204 W. 7th, Suite 200
Ft. Worth, TX 76102

Ryan Moore SSMTT Non-Exempt Trust
Mica Rathes @ Moore Minerals
1204 W. 7th, Suite 200
Ft. Worth, TX 76102

Beulah M Baird Trust, dated 7/6/90
c/o Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

Jeanene Hollis Hall
P.O. Box 888
Socorro, NM 87801

Edge Petroleum Exploration Co.
1301 Travis St., Suite 200
Houston, TX 77002

Elliott Industries
405-B Paseo De Peralta
Santa Fe, NM 87501

Elliott Industries
P.O. Box 1355
Roswell, NM 88202

Elliott-Hall Co
P.O. Box 1231
Ogden UT 84402

Chisos, Ltd.
670 Dona Ana Road SW
Deming, NM 88030

Pure Energy Group, Inc.
c/o Red Mountain Resources, Inc.
2515 McKinney Ave., Suite 900
Dallas, TX 75201
Attn: Robert Wilson

Texas Technological University
2500 Broadway
Lubbock, TX 79409

Ohio State University
281 W Lane Ave.
Columbus, OH 43210

West Texas State University
2501 4th Ave.
Canyon, TX 79016

Southwestern Baptist Theological Seminary
1601 Elm Street, Suite 1700
Dallas, Texas 75201

University of the Southwest
6610 N Lovington Hwy
Hobbs, NM 88242

Easley Family Futures, LLC
2700 Vista Grande NW # 96
Albuquerque, NM 87120

Robert & Jeanine Byron Revocable Trust
P.O. Box 1562
Roswell, NM 88202

Chance C Barton
1919 N Turner St.
Hobbs, NM 88240

Endurance Resources
203 West Wall
Suite 1000
Midland, TX 79701

Apache Corporation
303 Veterans Airpark Ln., #600
Midland, TX 79705

Record Mineral Interest Owners COG Was Unable to Locate:

Thomas W. Butler (deceased)

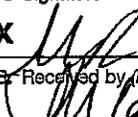
Dr. Guy J. Nations (deceased)

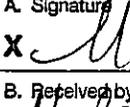
Anna Marie Patterson

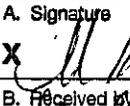
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>M. Rath</i>	
1. Article Addressed to: Richard Lyons Moore Mica Rath's @ Moore Minerals 1204 W 7th Suite 200 Ft. Worth, TX 76102	B. Received by (Printed Name) <i>M. Rath's</i>	C. Date of Delivery <i>4/29/15</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7013 3020 0000 4640 3337		
PS Form 3811, July 2013 Domestic Return Receipt		

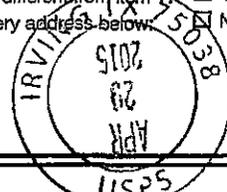
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Terri Turner</i>	
1. Article Addressed to: Michael Harrison Moore c/o MHM Resources, LP P.O. Box 51570 Midland, TX 79710	B. Received by (Printed Name) <i>Terri Turner</i>	C. Date of Delivery <i>4/27/15</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7013 3020 0000 4639 4314		
PS Form 3811, July 2013 Domestic Return Receipt		

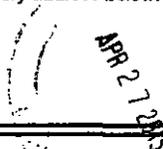
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>M. Rath</i>	
1. Article Addressed to: Kevin Moore SSKTT GST Exempt Trust Mica Rath's Moore Minerals 1204 W. 7th, S6 200 Ft. Worth, TX 76102	B. Received by (Printed Name) <i>M. Rath's</i>	C. Date of Delivery <i>4/27/15</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
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PS Form 3811, July 2013 Domestic Return Receipt		

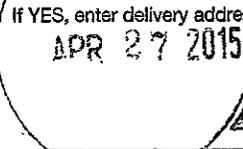
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/>  <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery M. Rath 5/1/15
1. Article Addressed to: Kevin Moore SSMTT GST Non-Exempt Trust Mica Rath@ Moore Minerals 1204 W. 7th Suite 200 Ft. Worth, TX 76102	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 3020 0000 4639 4307
PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/>  <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery M. Rath 4/29/15
1. Article Addressed to: Ryan Moore SSMTT GST Non-Exempt Trust Mica Rath@ Moore Minerals 1204 W. 7th, Suite 200 Ft. Worth, TX 76102	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 3020 0000 4639 4321
PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/>  <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery M. Rath 4/29/15
1. Article Addressed to: Ryan Moore SSMTT Non-Exempt Trust Mica Rath@ Moore Minerals 1204 W. 7th, Suite 200 Ft. Worth, TX 76102	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 3020 0000 4639 3799
PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X <i>Norma Loring</i> B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: <i>Benlah M Baird Trust, dated 7/6/90 Clo Norma Baird Loring 2009 Crockett Court Irving, TX 75038</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7008 0500 0001 4690 2301 PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>David Hall</i> B. Received by (Printed Name) C. Date of Delivery <i>David Hall</i> <i>4/27/15</i>
1. Article Addressed to: <i>Jeanene Hollis Hall P.O. Box 888 Socorro, NM 87801</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7012 0470 0001 5963 5466 PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i> B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> <i>2/10</i>
1. Article Addressed to: <i>Elliott Industries 405-B Paseo De Peralta Santa Fe, NM 87501</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7008 0500 0001 4690 2332 PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Elliott-Hall Co P.O. Box 1231 Ogden, UT 84402	J. Laiba	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0001 4690 2356		
PS Form 3811, July 2013 Domestic Return Receipt		

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1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Chisos, Ltd. Sue Ann Craddock, President 670 Dona Ana Road SW Deming, NM 88030	L. Smith	4-25-15
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0001 4690 2363		
PS Form 3811, July 2013 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Texas Technology University 2500 Broadway Lubbock, TX 79409	Henry Sandoz	4/27/15
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0001 4690 2387		
PS Form 3811, July 2013 Domestic Return Receipt		

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>OSU SAS</i> C. Date of Delivery <i>4/29/13</i>
1. Article Addressed to: <i>Ohio State University 281 W Lane Ave. Columbus, OH 43210</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	7010 3090 0000 2340 2676

PS Form 3811, July 2013

Domestic Return Receipt

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Cassidy Dooks</i> C. Date of Delivery <i>4-27-13</i>
1. Article Addressed to: <i>West Texas State University 2501 4th Ave. Canyon, TX 79016</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	7013 3020 0000 4641 2063

PS Form 3811, July 2013

Domestic Return Receipt

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>J. GAFFIN</i> C. Date of Delivery <i>APR 28 2013</i>
1. Article Addressed to: <i>University of the Southwest 6610 N. Lovington Highway Hobbs, NM 88242</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	7013 3020 0000 4640 3108

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Sharon Howell</i></p> <p>B. Received by (Printed Name) SHARON HOWELL</p> <p>C. Date of Delivery 02/23/15</p>
<p>1. Article Addressed to: Robert + Jeanine Byron Revocable Trust P.O. Box 1562 Roswell, NM 88240</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7013 3020 0000 4640 3122</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Joan Isbell</i></p> <p>B. Received by (Printed Name) Joan Isbell</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: Chance C. Barton 1919 N. Turner St. Hobbs, NM 88240</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7013 3020 0000 4640 3139</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>P.A. Redman</i></p> <p>B. Received by (Printed Name) P.A. Redman</p> <p>C. Date of Delivery 4-29-15</p>
<p>1. Article Addressed to: Endurance Resources Attn: Jason Smith 203 West Wall, Ste. 1000 Midland, TX 79701</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7013 3020 0000 4640 3146</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	