

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

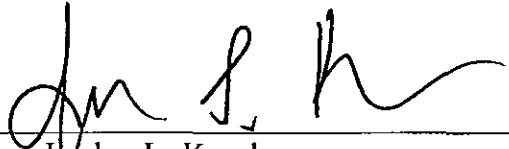
AMENDED APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND PRORATION
UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 15105(Re-Opened)

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letters attached hereto.

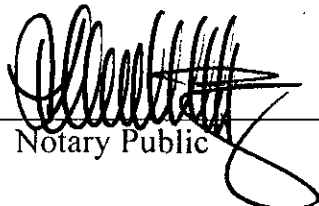


Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 13th day of May 2015 by Jordan L.
Kessler.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/19



Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 5
Submitted by: COG Operating LLC
Hearing Date: May 13, 2015

HOLLAND & HART LLP



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

April 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE SCHARB; BONE SPRING POOL

**Re: Amended Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Lea County, New Mexico.
Airstrip Fee Com No. 1H Well**

Dear Sir or Madam:

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.* You are receiving notice of this application because you own an interest from the surface to a depth of 10,331' in the Scharb; Bone Spring Pool that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Scharb; Bone Spring pool between 10,560'-10,790' total vertical depth.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 14, 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 Jeff Lierly, at (432) 221-0485 or jlierly@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. ☐

**COG OPERATING LLC
AIRSTRIIP FEE COM 1H WELL (A)**

John H Hendrix Corp
110 N. Marienfeld, Suite 400
Midland, TX 79701

John H Hendrix Corp
P.O. Box 3040
Midland, TX 79702

Michael L. Klein
500 West Texas Avenue, Suite
1230
Midland, TX 79701

Ronnie H. Westbrook
115 N Avenue C
Hobbs, New Mexico 88240-
6236

Daniel L. Veirs
110 N. Marienfeld Street
Midland, Texas 79701

ABC Rental Tool Company
324 N Turner
Hobbs, NM 88240

ABC Rental Tool Company
2200 Ave O
Eunice, NM 88231

Dasco Energy Corporation
509 West Wall St
Midland, TX 79701

Lowell B. Deckert (deceased?)
c/o John Deckert
3405 Woody Creek
Evergreen, CO 30439

Fonay Oil & Gas, LLC
5333 Baggett
Hobbs, NM 88242

Fonay Oil & Gas, LLC
306 E. Jemez St
Hobbs, NM 88240

Watson Oil & Gas, LLC
P.O. Box 10
Hobbs, NM 88240

Sue Stockard Schaefer
2001 Kirby Drive, Suite 510
Houston, TX 77019

Jan Stockard Cato
2001 Kirby Drive, Suite 510
Houston, TX 77019

W.A. Stockard Jr.
2001 Kirby Drive, Suite 510
Houston, TX 77019

7006 2760 0001 6377 4482

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

Postage \$ 3.30
Certified Fee \$ 2.70
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.00

Postmark Here
APR 22 1994
DE VARGAS SBPO

For delivery information, visit
OFFICE AIRSTRIP 1H (A)

Sent to
John H Hendrix Corp
Street, Apt 110 N. Marientfeld, Suite 400
City, State Midland, TX 79701

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

For delivery information, visit
OFFICE AIRSTRIP 1H (A)

Postage \$ 3.30
Certified Fee \$ 2.70
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.00

Postmark Here
APR 22 1994
DE VARGAS SBPO

Sent to
John H Hendrix Corp
Street, Apt 110 N. Marientfeld, Suite 400
City, State Midland, TX 79702

7006 2760 0001 6377 4475

1. Article Addressed to:
John H. Hendrix Corp
110 N. Marientfeld, Suite 400
Midland, TX 79701

2. Article Number: 7006 2760 0001 6377 4482
(Transfer from service label)

3. Service Type:
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

Signature: Anita Henderson
Received by (Printed Name): Anita Henderson
Date of Delivery: 4/27/95

Agent: ☐ Agent
Address: ☐ Address

1. Article Addressed to:
John H. Hendrix Corp
110 N. Marientfeld, Suite 400
Midland, TX 79701

2. Article Number: 7006 2760 0001 6377 4482
(Transfer from service label)

3. Service Type:
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

Signature: Anita Henderson
Received by (Printed Name): Anita Henderson
Date of Delivery: 4/27/95

Agent: ☐ Agent
Address: ☐ Address

1. Article Addressed to:
John H. Hendrix Corp
110 N. Marientfeld, Suite 400
Midland, TX 79701

2. Article Number: 7006 2760 0001 6377 4482
(Transfer from service label)

3. Service Type:
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

Signature: Anita Henderson
Received by (Printed Name): Anita Henderson
Date of Delivery: 4/27/95

Agent: ☐ Agent
Address: ☐ Address

1. Article Addressed to:
John H. Hendrix Corp
110 N. Marientfeld, Suite 400
Midland, TX 79701

2. Article Number: 7006 2760 0001 6377 4482
(Transfer from service label)

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☒ Certified Mail
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☐ Insured Mail
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Midland, TX 79701

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(Transfer from service label)

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☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

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If YES, enter delivery address below:

Signature: Anita Henderson
Received by (Printed Name): Anita Henderson
Date of Delivery: 4/27/95

Agent: ☐ Agent
Address: ☐ Address

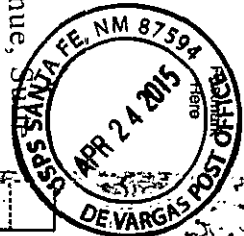
102595-02-M-1540

7006 2760 0001 6377 4451

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only)
MHF/COG
AIRSTRIP 1H (A)
For delivery information

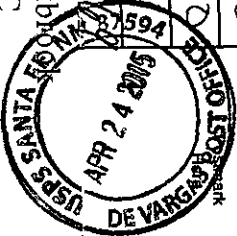
Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 699

Sent To
Michael L. Klein
500 West Texas Avenue,
1230
Midland, TX 79701



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only)
MHF/COG
AIRSTRIP 1H (A)
For delivery information

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 699



Sent To
Ronnie H. Westbrook
115 N Avenue C
Hobbs, New Mexico 88240-
6236

7006 2760 0001 6377 4451

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:
Ronnie H. Westbrook
115 N Avenue C
Hobbs, New Mexico 88240-
6236

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) [Signature] ☐ Addressee
C. Date of Delivery 4-27-15
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 ☐ No

2. Article Number 7006 2760 0001 6377 4451
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-00

Return

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

OFFICIAL AIRSTRIP 1H (A)

For delivery information: MHE/COG

Postage	\$ 6.41
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent to: Daniel L. Veirs
 Street, Apt. No. or PO Box No.: 110 N. Marlenfeld Street
 City, State, ZIP: Midland, Texas, 79701

PS Form 3801

Postmark: DE VARGAS, NM 87, APR 24 2004

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

OFFICIAL AIRSTRIP 1H (A)

For delivery information: MHE/COG

Postage	\$ 6.41
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent to: ABC Rental Tool Company
 Street, Apt. No. or PO Box No.: 324 N Turner
 City, State, ZIP: Hobbs, NM 88240

PS Form 3801

Postmark: DE VARGAS, NM 87, APR 24 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ABC Rental Tool Company
 324 N Turner
 Hobbs, NM 88240

2. Article Number (Transfer from service label): 7006 2760 0001 6377 4598

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name): Daniel L. Veirs C. Date of Delivery: 2-27-04

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

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

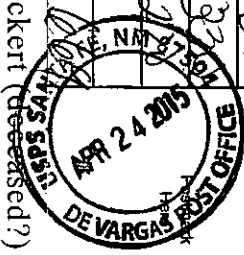
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

OFFICIAL AIRSTRIP IH (A)
 MHE/COG
 For delivery information visit usps.com

Postage \$ 64
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent to Lowell B. Decker (deceased?)
 Street, Apt. or PO Box c/o John Decker
 City, State, ZIP+4® 3405 Woody Creek
Evergreen, CO 30439



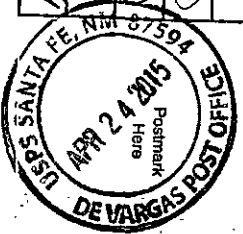
PS Form 3811

7006 2760 0001 6377 4567

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

OFFICIAL AIRSTRIP IH (A)
 MHE/COG
 For delivery information visit usps.com

Postage \$ 64
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 664



PS Form 3811

7006 2760 0001 6377 4550

Sent to Fonay Oil & Gas, LLC
 Street, Apt. or PO Box 5333 Baggett
 City, State, ZIP+4® Hobbs, NM 88242

SENDER: COMPLETE THIS SECTION
 UNITED STATES POSTAL SERVICE
 PLACE STICKER TOP OF MAIL AT RETURN ADDRESS

- 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:

Lowell B. Decker (deceased?)
c/o John Decker
3405 Woody Creek
Evergreen, CO 30439

2. Article Number 1111
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☒ Addressee
- B. Received by (Printed Name) EVERGREEN C. Date of Delivery MAY 01 2015
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered Mail ☐ Return Receipt for Merchandise
- ☐ Insured Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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:

Fonay Oil & Gas, LLC
5333 Baggett
Hobbs, NM 88242

2. Article Number 1111
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☒ Addressee
- B. Received by (Printed Name) EVERGREEN C. Date of Delivery MAY 01 2015
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

102595-02-M-1540

7006 2760 0001 6377 4536

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

OFFICIAL MAIL/COG AIRSTRIP 1H (A)

For delivery information visit usps.com

Sent To: Fonay Oil & Gas, LLC
Street, Apt. or PO Box: 306 E. Jemez St
City, State: Hobbs, NM 88240

Postage: \$ 69
Certified Fee: \$ 530
Return Receipt Fee (Endorsement Required): \$ 27
Restricted Delivery Fee (Endorsement Required): \$ 100
Total Postage & Fees: \$

Postmark: HOBBS NM APR 22 2004

PS Form 3811

7006 2760 0001 6377 4536

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

OFFICIAL MAIL/COG AIRSTRIP 1H (A)

For delivery information visit usps.com

Sent To: Watson Oil & Gas, LLC
Street, Apt. or PO Box: P.O. Box 10
City, State: Hobbs, NM 88240

Postage: \$ 69
Certified Fee: \$ 530
Return Receipt Fee (Endorsement Required): \$ 27
Restricted Delivery Fee (Endorsement Required): \$ 100
Total Postage & Fees: \$

Postmark: HOBBS NM APR 22 2004

PS Form 3811

Return

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Watson Oil & Gas, LLC
 P.O. Box 10
 Hobbs, NM 88240

2. Article Number: 7006 2760 0001 6377 4536
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *E. Navar* ☐ Agent
 B. Received by (Printed Name): E. NAVAR ☐ Addressee
 C. Date of Delivery: 4/28
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1504

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

For delivery information visit our
OFFICIAL AIRSTRIP™
MHF/COG

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 609
Total Postage & Fees \$ 1609



Sent To
Sue Stockard Schaefer
2001 Kirby Drive, Suite 510
Houston, TX 77019
City, State, ZIP

PS Form 3811

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

For delivery information visit our
OFFICIAL AIRSTRIP™
MHF/COG

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 609
Total Postage & Fees \$ 1609



Sent To
Jan Stockard Cato
2001 Kirby Drive, Suite 510
Houston, TX 77019
City, State, ZIP

PS Form 3811

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sue Stockard Schaefer
2001 Kirby Drive, Suite 510
Houston, TX 77019

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER

- Complete 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:

Jan Stockard Cato
2001 Kirby Drive, Suite 510
Houston, TX 77019

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2006 2760 0001 6377 4512

2006 2760 0001 6377 4529

HOLLAND & HART LLP



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

April 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE SCHARB; BONE SPRING POOL

**Re: Amended Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Lea County, New Mexico.
Airstrip Fee Com No. 1H Well**

Dear Sir or Madam:

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.* You are receiving notice of this application because you own an interest from the surface to a depth of 10,248' in the Scharb; Bone Spring Pool that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Scharb; Bone Spring pool between 10,560'-10,790' total vertical depth.

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If you have any questions about this matter please contact Jeff Lierly, at (432) 221-0485 or jlierly@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. ☐

COG OPERATING LLC
AIRSTRIIP FEE COM 1H WELL (B)

Read & Stevens, Inc.
P.O. Box 1518
Roswell, NM 88202

Neuhoff Oil & Gas, Inc
5949 Sherry Lane
Dallas, Texas 75225

Cactus Resources., Inc.
P.O. Box 71
San Angelo, TX 76901

Valko LLC
P.O. Box 1090
Roswell, NM 88202

Eako LLC
P.O. Box 1090
Roswell, NM 88202

Sunwest Bank of Albuquerque,
Agent for the Aston Partnership
303 Roma Avenue, N.W.
Albuquerque, NM 87103

CALCO LLC
P.O. Box 1090
Roswell, NM 88202

Tom P. Stephens Trust
c/o Plains Capital Bank
3707 Camp Blvd, Suite 220
Fort Worth, TX 76107

Tom P. Stephens Trust
c/o Plains Capital Bank
P.O. Box 1090
Roswell, NM 88202

Tom P. Stephens Trust
c/o Plains Capital Bank
3707 Camp Bowie Blvd, Suite 220
Fort Worth, TX 76107

Tom P. Stephens Trust
c/o Bank of America NA
P.O. Box 840738
Dallas, TX 75284

Canyon Exploration Company
600 S Tyler St, #12073
Amarillo, TX 79101

Baltic Properties LTD
540 E John Carpenter Freeway,
Suite 1530
Irving, TX 75062

S.D.H. Production Company
(SDH 2009 Investments, LP)
2906 University
Dallas, TX 75205

Gaynell P. Riffe
P.O. Box 316
Stratford, TX 79084

Duane and Yvonne Pittman
1214 NW 2nd Street
Stratford, Texas 79084

Marion J. Filippone
2401 W. Alabama Street
Houston, TX 77098

U.S. Postal ServiceTM RECEIPT

(Domestic Mail Only)
For delivery information
OFFICIAL AIRSTRIP 1H (B)

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



Sent to:
Read & Stevens, Inc.
P.O. Box 1518
Roswell, NM 88202

PS Form

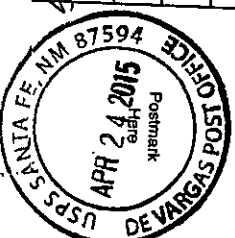
102595-02-M-1540

7006 2760 0001 6377 4505

U.S. Postal ServiceTM RECEIPT

(Domestic Mail Only)
For delivery information
OFFICIAL AIRSTRIP 1H (B)

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



Sent to:
Neuhoff Oil & Gas, Inc.
5949 Sherry Lane
Dallas, Texas 75225

PS Form

102595-02-M-1540

7006 2760 0001 6377 4123

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:

Read & Stevens, Inc.
P.O. Box 1518
Roswell, NM 88202

2. Article Number: 7006 2760 0001 6377 4505

PS Form 3811, February 2004 Domestic Return Receipt

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:

Neuhoff Oil & Gas, Inc.
5949 Sherry Lane
Dallas, Texas 75225

2. Article Number: 7006 2760 0001 6377 4123

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *[Signature]*
- B. Received by (Printed Name): *[Name]*
- C. Date of Delivery: *[Date]*
- D. Is delivery address different from item 1? If YES, enter delivery address below: *[Address]*

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Express Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *[Signature]*
- B. Received by (Printed Name): *[Name]*
- C. Date of Delivery: *[Date]*
- D. Is delivery address different from item 1? If YES, enter delivery address below: *[Address]*

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Express Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

U.S. Postal ServiceTM **CERTIFIED MAILTM RECEIPT**
 (Domestic Mail Only, No. 1) **MHF/COG**
OFFICIAL AIRSTRIP 1H (B)
 For delivery information visit www.usps.com

Postage	\$ 3.30
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.09

Sent to: Cactus Resources, Inc.
 P.O. Box 71
 San Angelo, TX 76901

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-40

7006 2760 0001 6377 4130

U.S. Postal ServiceTM **CERTIFIED MAILTM RECEIPT**
 (Domestic Mail Only, No. 1) **MHF/COG**
OFFICIAL AIRSTRIP 1H (B)
 For delivery information visit www.usps.com

Postage	\$ 3.30
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.09

Sent to: Valko LLC
 P.O. Box 1090
 Roswell, NM 88202

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-40

7006 2760 0001 6377 4147

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Cactus Resources, Inc.
 P.O. Box 71
 San Angelo, TX 76901

2. Article Number: 7006 2760 0001 6377 4130
 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-40

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *Andres M. F...* C. Date of Delivery: *4-28*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Valko LLC
 P.O. Box 1090
 Roswell, NM 88202

2. Article Number: 7006 2760 0001 6377 4147
 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-40

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *D. C. ...* C. Date of Delivery: *4-28*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)

For delivery information visit
OFFICE AIRSTRIP 1H (B)
MHF/COG

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

Sent To
Street A
or PO Box
City, State
CALCO LLC
P.O. Box 1090
Roswell, NM 88202

PS Form



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)

For delivery information visit
OFFICE AIRSTRIP 1H (B)
MHF/COG

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

Sent To
Street A
or PO Box
City, State
Tom P. Stephens Trust
c/o Plains Capital Bank
3707 Camp Blvd, Suite 220
Fort Worth, TX 76107

PS Form



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CALCO LLC
P.O. Box 1090
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) [Signature] ☐ Agent ☐ Addressee
- C. Date of Delivery 2-24-05
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number 7006 2760 0001 6377 4178
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tom P. Stephens Trust
c/o Plains Capital Bank
3707 Camp Blvd, Suite 220
Fort Worth, TX 76107

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) [Signature] ☐ Agent ☐ Addressee
- C. Date of Delivery 2-24-05
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number 7006 2760 0001 6377 4185
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 OFFICE AIRSTRIP 1H (B)
 MHF/COG

For delivery information visit www.usps.com

Sent To: Tom P. Stephens Trust
 Street, Apt. or PO Box: c/o Plains Capital Bank
 City, State: P.O. Box 1090
 Roswell, NM 88202

Postage: \$ 6.94
 Certified Fee: 3.30
 Return Receipt Fee (Endorsement Required): 2.70
 Restricted Delivery Fee (Endorsement Required): 1.64
 Total Post: 14.58

Postmark: FEB 22 2004
 DE VARGAS POST OFFICE
 ROSWELL, NM 87594

PS Form 3811, February 2004

U.S. Postal ServiceTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 OFFICE AIRSTRIP 1H (B)
 MHF/COG

For delivery information visit www.usps.com

Sent To: Tom P. Stephens Trust
 Street, Apt. or PO Box: c/o Plains Capital Bank
 City, State: 3707 Camp Bowie Blvd, Suite 220
 Fort Worth, TX 76107

Postage: \$ 6.94
 Certified Fee: 3.30
 Return Receipt Fee (Endorsement Required): 2.70
 Restricted Delivery Fee (Endorsement Required): 1.64
 Total Postage & Fees: \$ 14.58

Postmark: FEB 22 2004
 DE VARGAS POST OFFICE
 FORT WORTH, TX 76107

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Tom P. Stephens Trust
 c/o Plains Capital Bank
 3707 Camp Bowie Blvd, Suite 220
 Fort Worth, TX 76107

2. Article Number: 7006 2760 0001 6377 4208
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
 B. Received by (Printed Name): [Name]
 C. Date of Delivery: [Date]

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM RECEIPT
 (Domestic Mail Only; No International Mail)
OFFICE AIRSTRIP 1H (B)

For delivery information visit www.usps.com

Postage \$ 6.94
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 12.94

Sent to
 Street or P.O. Box
 City, State, ZIP+4[®]
 Tom P. Stephens Trust
 c/o Bank of America NA
 P.O. Box 840738
 Dallas, TX 75284

PS Form 3811, February 2004

U.S. Postal ServiceTM RECEIPT
 (Domestic Mail Only; No International Mail)
OFFICE AIRSTRIP 1H (B)

For delivery information visit www.usps.com

Postage \$ 6.94
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 12.94

Sent to
 Street or P.O. Box
 City, State, ZIP+4[®]
 Canyon Exploration Company
 600 S Tyler St, #12073
 Amarillo, TX 79101

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Canyon Exploration Company
 600 S Tyler St, #12073
 Amarillo, TX 79101

2. Article Number (Transfer from service label) - **7006 2760 0001 6377 4222**

PS Form 3811, February 2004 Domestic Return Receipt 102596-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] ☐ Agent ☐ Addressee

C. Date of Delivery 4/27/15

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

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

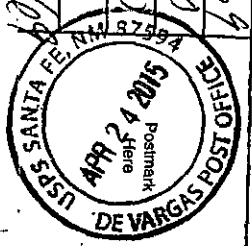
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFIC AIRSTRIP 1H (B)

Postage \$ 6.91
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 12.91



Sent to: Baltic Properties LTD
 540 E John Carpenter Freeway,
 Suite 1530
 Irving, TX 75062

PS Form 3811, February 2004

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFIC AIRSTRIP 1H (B)

Postage \$ 6.91
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 12.91



Sent to: S.D.H. Production Company
 (SDH 2009 Investments, LP)
 2906 University
 Dallas, TX 75205

PS Form 3811, February 2004

7006 2760 0001 6377 3973

THROUGH THE RETURN ADDRESS, FOLD TO THE RIGHT TO REUSE THE RETURN ADDRESS

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:

Baltic Properties LTD
 540 E John Carpenter Freeway,
 Suite 1530
 Irving, TX 75062

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) ST. ELIAS ☐ Addressee
- C. Date of Delivery 4-28
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: 545

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number

(Transfer from service label) 7006 2760 0001 6377 3973

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 3997

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only: No Insurance Coverage)
For delivery information visit our **OFFICIAL AIRSTRIP™ (B)**

Postage \$ 3.30
Certified Fee 270
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 270
Total Postage & Fees \$ 6.27

Sent to
Street, Apt. or PO Box
City, State
Gaynell P. Riffe
P.O. Box 316
Stratford, TX 79084

PS Form 3811, February 2004

Postmark Here
APR 22 2004
DE VARGAS NM 87594

7006 2760 0001 6377 4000

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only: No Insurance Coverage)
For delivery information visit our **OFFICIAL AIRSTRIP™ (B)**

Postage \$ 3.30
Certified Fee 270
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 270
Total Postage & Fees \$ 6.27

Sent to
Street, Apt. or PO Box
City, State
Duane and Yvonne Pittman
1214 NW 2nd Street
Stratford, Texas 79084

PS Form 3811, February 2004

Postmark Here
APR 22 2004
DE VARGAS NM 87594

SENDER: COMPLETE THIS SECTION
1. Article Addressed to:
Gaynell P. Riffe
P.O. Box 316
Stratford, TX 79084

COMPLETE THIS SECTION ON DELIVERY
A. Signature Gaynell P. Riffe
B. Received by (Printed Name) Gaynell P. Riffe
C. Date of Delivery 4/27/04
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: No

2. Article Number (Transfer from service label) 7006 2760 0001 6377 3997

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

COMPLETE THIS SECTION ON DELIVERY
A. Signature Duane Pittman
B. Received by (Printed Name) Duane Pittman
C. Date of Delivery 4/28/04
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION
1. Article Addressed to:
Duane and Yvonne Pittman
1214 NW 2nd Street
Stratford, Texas 79084

COMPLETE THIS SECTION ON DELIVERY
A. Signature Duane Pittman
B. Received by (Printed Name) Duane Pittman
C. Date of Delivery 4/28/04
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: No

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4000

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No International Mail)

For delivery information visit usps.com

OFFICIAL

AIRSTRIPE (B)

MAIL/COG

Postage	\$	64
Certified Fee		38
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	64



Sent To
Marion J. Filippone
Street A
2401 W. Alabama Street
City, State
Houston, TX 77098

PS Form

ctions

7006 2760 0001 6377 4017

HOLLAND & HART LLP



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

April 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE SCHARB; BONE SPRING POOL

**Re: Amended Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Lea County, New Mexico.
Airstrip Fee Com No. 1H Well**

Dear Sir or Madam:

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.* You are receiving notice of this application because you own an interest between 10,228' and below in the Scharb; Bone Spring Pool that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Scharb; Bone Spring pool between 10,560-10,790 total vertical depth.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 14, 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 Jeff Lierly, at (432) 221-0485 or jlierly@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. ☐

EXHIBIT

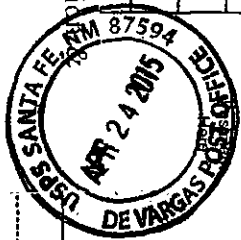
C

COG OPERATING LLC
AIRSTRIIP FEE COM 1H WELL (C)

ExxonMobil Exploration &
Producing
Attn: Keith Sawyer
810 Houston Street
Fort Worth, TX 76102

7006 2760 0001 6377 4758

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT	
<i>(Domestic Mail Only. Air Mail Insurance Coverage is optional.)</i>	
For delivery information	OFF AIRSTRIP 1H (C)
Postage	\$ <u>6.9</u>
Certified Fee	\$ <u>3.30</u>
Return Receipt Fee (Endorsement Required)	\$ <u>2.20</u>
Restricted Delivery Fee (Endorsement Required)	\$ <u>6.69</u>
Total Postage & Fees	\$ <u>19.09</u>
Sent To: ExxonMobil Exploration & Producing	
Street: Attn: Keith Sawyer	
City/State: 810 Houston Street	
City/State: Fort Worth, TX 76102	
PS Form 3811, February 2004	



SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to: ExxonMobil Exploration & Producing Attn: Keith Sawyer 810 Houston Street Fort Worth, TX 76102	
2. Article Number (Transfer from service label) 7006 2760 0001 6377 4758	
PS Form 3811, February 2004 Domestic Return Receipt	
COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Keith Sawyer</u> B. Received by (Printed Name) <u>Keith Sawyer</u> C. Date of Delivery <u>APR 27 2015</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

102595-02-M-1540