

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

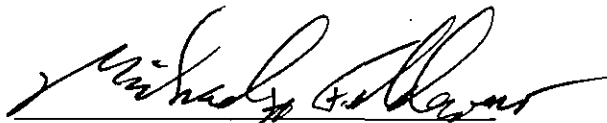
**APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 15282

AFFIDAVIT

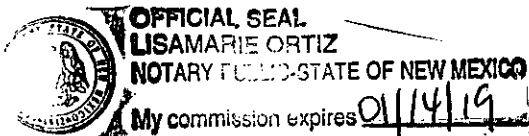
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

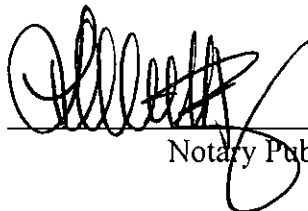
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letters and proof of receipts attached hereto.



Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 1st day of April 2015 by Michael H. Feldewert.





Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: COG Operating LLC
Hearing Date: April 2, 2015**

**COG OPERATING LLC
HALBERD 27 STATE COM NO. 1H WELL**

POOLED PARTIES:

Beverly Gooden
P.O. Box 173
Childress, TX. 79201-0173

Carolyn K. Lisle Trustee of the Carolyn
K. Lisle 1990 Revocable Trust
P.O. Box 21357
Oklahoma City, OK 73156

DMM Family, LLC
P.O. Box 101,
Midland, TX 79702

Clayton Williams Energy Inc.
6 Desta Drive, Suite 1100
Midland, TX 79705

DDM Properties, Ltd.,
P.O. Box 101
Midland, TX 79702

Debra Denise Latham Trustee of the
Latham Family Trust under the Will
of Lindley Paul Latham
3402 Chate Place
Midland, TX 79707

Doral Acquisition Corp
3300 N. "A" Street, Bldg. 2,
Ste. 218
Midland, TX 79705

Finwing Corporation
508 W. Wall Street| Midland
TX 79701

Finwing Corporation
P.O. Box 10886
Midland, TX 79702

GMSR, Ltd.
P.O. Box 113
Midland, TX 79702-0113

Joachim Marc Schmid
3315 Gentry Drive
West Lake Hills, TX 78746

John Kennedy,
6 Desta Drive, Ste. 3000
Midland, TX 79705

John Weldon Gilchrist,
102 S. Main
Thorndale, TX 76577

Judy F. Mulroy,
2231 Pine River Drive
Kingwood, TX 77330

Manta Oil & Gas Inc.,
508 W. Wall Street
Midland, TX 79701

Mark Tisdale,
6 Desta Drive, Ste. 3000
Midland, TX 79705

Marla Jo Moats Schmid,
5205 Rain Creek Parkway
Austin, TX 78759

Matt Swierc,
6 Desta Drive, Ste. 3000
Midland, TX 79705

Noble Energy Inc.,
1001 Noble Energy Way
Houston, TX 77070

Occidental Permian LP,
5 Greenway Plaza, Ste. 110
Houston, TX 77046-0526

Petratis Oil & Gas Inc.,
1603 Holloway Ave
Midland, TX 79701

Stacey Hutcherson,
112 Gainer Drive
Hutto, TX 78634

C. Kay Marcum
9425 Nix Road
Tolar, TX 76476

Wadi Petroleum Inc.,
4355 Sylvanfield Blvd
Houston, TX 77014

Ms. Michal Dedwylder, Trustee for
the Larry S. Marcum & Gordon G.
Marcum II Trust
P.O. Box 2350
Albany, TX 76430

**COG OPERATING LLC
HALBERD 27 STATE COM NO. 1H WELL**

OFFSETS:

Alamo Permian Resources, LLC
415 Wall Street
Midland, TX 79701

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

Apache Corporation
303 Veterans Airpark Lane
Midland, TX 79701

Breitburn Operating LP
600 Travis, Suite 4800
Houston, TX 77002

Matador Resources Company
P. O. Box 1936,
Roswell, NM 88201

Jalapeno Corp.
1429 Central Ave. NW
Albuquerque, NM 87104

John A. Yates
105 South Fourth Street
Artesia, NM 88210

Kerr McGee Oil & Gas
Onshore, LP
16666 Northchase Drive
Houston, TX 77060

Marigold LLLP
P.O. Box 1290
Artesia, NM 88211

Santa Legado LLP
101 South Fourth Street #B
Artesia, NM 88210

Sharbro Oil Ltd.
423 W. Main Street
Artesia, NM 88210

Tulipan LLC
P.O. Box 1020
Artesia, NM 88211-1020

Yates Energy Corporation
105 South Fourth Street
Artesia, NM 88210

Yates Industries LLC
105 South Fourth Street
Artesia, NM 88210

Matador Resources Company
P. O. Box 1936,
Roswell, NM 88201

Jalapeno Corp.
1429 Central Ave. NW
Albuquerque, NM 87104

John A. Yates
105 South Fourth Street
Artesia, NM 88210

Kerr McGee Oil & Gas
Onshore, LP
16666 Northchase Drive
Houston, TX 77060

Marigold LLLP
P.O. Box 1290
Artesia, NM 88211

Santa Legado LLP
101 South Fourth Street #B
Artesia, NM 88210

Sharbro Oil Ltd.
423 W. Main Street
Artesia, NM 88210

Tulipan LLC
P.O. Box 1020
Artesia, NM 88211-1020

Yates Energy Corporation
105 South Fourth Street
Artesia, NM 88210

Yates Industries LLC
105 South Fourth Street
Artesia, NM 88210

HOLLAND & HART



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

March 13, 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, Eddy County, New Mexico.
Halberd 27 State Com 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 2, 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 Dylan Park, at (432) 685-2539 or dpark@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. ☐

HOLLAND & HART LLP



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

March 13, 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, Eddy County, New Mexico. Halberd 27 State Com 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 2, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

If you have any questions about this matter please contact Dylan Park, at (432) 685-2539 or dpark@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

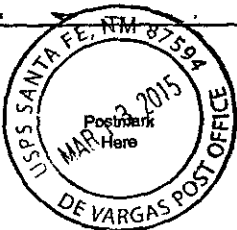
Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

7006 2760 0001 6382 8123

U.S. Postal Service	
CERTIFIED MAIL RECEIPT (Domestic Mail Only)	
For delivery information	
MHF/COG HALBERD 1H	
OFFICIAL	
Postage	\$ 69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Alamo Permian Resources, LLC
415 Wall Street
Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>C. Manning</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Alamo Permian Resources, LLC 415 Wall Street Midland, TX 79701		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8123		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

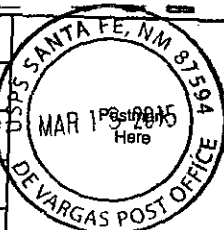
PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8130

U.S. Postal Service	
CERTIFIED MAIL RECEIPT (Domestic Mail Only)	
For delivery information	
MHF/COG HALBERD 1H	
OFFICIAL	
Postage	\$ 69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>James B. ...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Occidental Permian Ltd. P.O. Box 4294 Houston, Texas 77210		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8130		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8024

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No)

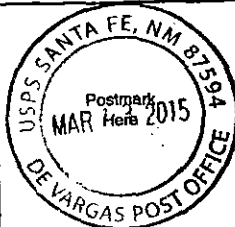
MHF/COG

For delivery information visit

HALBERD 1H

OFFICE

Postage	\$ 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Apache Corporation
 303 Veterans Airpark Lane
 Midland, TX 79701

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No)

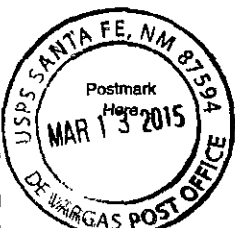
MHF/COG

For delivery information visit

HALBERD 1H

OFFICE

Postage	\$ 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Breitburn Operating LP
 600 Travis, Suite 4800
 Houston, TX 77002

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6382 8031

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Apache Corporation
 303 Veterans Airpark Lane
 Midland, TX 79701

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 8024

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sheila Treat* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sheila Treat

C. Date of Delivery

3/16/15

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes
SENDER: COMPLETE THIS SECTION

- 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:

Breitburn Operating LP
 600 Travis, Suite 4800
 Houston, TX 77002

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 8031

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sheila Treat* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sheila Treat

C. Date of Delivery

3/16/15

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6382 0813

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

For delivery information visit **OFFICIAL MAIL SERVICE**

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total Postage 1069

Sent To: Matador Resources Company
P. O. Box 1936,
Roswell, NM 88201

Postmark: MAR 13 2015
Post Office: ROSWELL, NM 88201

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Matador Resources Company
P. O. Box 1936,
Roswell, NM 88201

2. Article Number 11 111 11 1111 7006 2760 0001 6382 0813
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Sally Perry C. Date of Delivery 3/17/15
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 0806

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

For delivery information visit **OFFICIAL MAIL SERVICE**

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total Postage 1069

Sent To: Jalapeno Corp.
1429 Central Ave. NW
Albuquerque, NM 87104

Postmark: MAR 13 2015
Post Office: ALBUQUERQUE, NM 87104

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Jalapeno Corp.
1429 Central Ave. NW
Albuquerque, NM 87104

2. Article Number 11 111 11 1111 7006 2760 0001 6382 0806
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 0790

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

For delivery information, visit **OFFICIAL**

MHF/COG
 HALBERD 1H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 60

Total Postage

Sent To John A. Yates
 105 South Fourth Street
 Artesia, NM 88210

Street, Apt. No., or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 0783

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

For delivery information, visit **OFFICIAL**

MHF/COG
 HALBERD 1H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 60

Total Postage

Sent To Kerr McGee Oil & Gas
 Onshore, LP
 16666 Northchase Drive
 Houston, TX 77060

Street, Apt. No., or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

SE

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

THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) SHuete

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

John A. Yates
 105 South Fourth Street
 Artesia, NM 88210

2. Article Number 7006 2760 0001 6382 0790
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL

SE

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) BRIAN RGG

C. Date of Delivery 3/18/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

Kerr McGee Oil & Gas
 Onshore, LP
 16666 Northchase Drive
 Houston, TX 77060

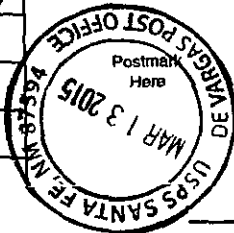
2. Article Number 7006 2760 0001 6382 0783
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 0776

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit usps.com
OFFICE
 MHF/COG
 HALBERD 1H

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

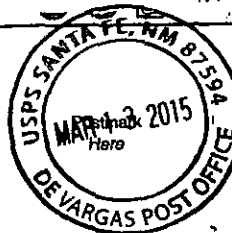


Send Marigold LLLP
 Street or P.O. Box 1290
 City Artesia, NM 88211

7006 2760 0001 6382 0769

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit usps.com
OFFICE
 MHF/COG
 HALBERD 1H

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



To Santa Legado LLP
 Street or P.O. Box 101 South Fourth Street #B
 City Artesia, NM 88210

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:

Marigold LLLP
 P.O. Box 1290
 Artesia, NM 88211

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 0776

PS Form 3811, July 2013

Domestic Return Receipt

SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3/18/15

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Santa Legado LLP
 101 South Fourth Street #B
 Artesia, NM 88210

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 0769

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3-16-15

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

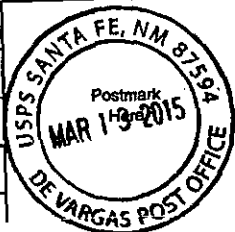
7006 2760 0001 6382 0752

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/COG**
OFFICE HALBERD 1H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	1269

Sent To: Sharbro Oil Ltd.
 Street, A or PO Box: 423 W. Main Street
 City, State: Artesia, NM 88210

PS Form 3811, July 2013



7006 2760 0001 6382 0745

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/COG**
OFFICE HALBERD 1H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1069
Total	1738

Sent To: Tulipan LLC
 Street, A or PO Box: P.O. Box 1020
 City, State: Artesia, NM 88211-1020

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Sharbro Oil Ltd.
 423 W. Main Street
 Artesia, NM 88210

2. Article Number (Transfer from service label): 7006 2760 0001 6382 0752

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 3-16-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Tulipan LLC
 P.O. Box 1020
 Artesia, NM 88211-1020

2. Article Number (Transfer from service label): 7006 2760 0001 6382 0745

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 3-16-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6382 0738

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **HALBERD 1H**
OFFICIAL USE

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

Postmark Here
 MAR 2015
 DE VARGAS POST OFFICE
 SANTA FE, NM 87594

Sent To
 Yates Energy Corporation
 105 South Fourth Street
 Artesia, NM 88210

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:
 Yates Energy Corporation
 105 South Fourth Street
 Artesia, NM 88210

2. Article Number: 7006 2760 0001 6382 0738
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *S/L*
☐ Agent
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6382 0721

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **HALBERD 1H**
OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total P	769

Postmark Here
 MAR 2015
 DE VARGAS POST OFFICE
 SANTA FE, NM 87594

Sent To
 Yates Industries LLC
 105 South Fourth Street
 Artesia, NM 88210

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:
 Yates Industries LLC
 105 South Fourth Street
 Artesia, NM 88210

2. Article Number: 7006 2760 0001 6382 0721
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *S/L*
☐ Agent
☐ Addressee

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

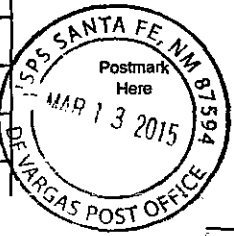
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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


4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6382 8116

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)	
For delivery information	MHF/COG
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	1069
	
Sent To	Beverly Gooden
Street, A. or PO Box	P.O. Box 173
City, State	Childress, TX. 79201-0173
PS Form 3811, July 2013	

7006 2760 0001 6382 8307

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)	
For delivery information	MHF/COG
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total \$	
	
Sent To	Carolyn K. Lisle Trustee of the Carolyn K. Lisle 1990 Revocable Trust
Street, A. or PO Box	P.O. Box 21357
City, State	Oklahoma City, OK 73156
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Aemie Beck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Beverly Gooden P.O. Box 173 Childress, TX. 79201-0173		B. Received by (Printed Name) <i>Denise Beck</i> C. Date of Delivery <i>3/17/15</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6382 8116			
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Carolyn K. Lisle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Carolyn K. Lisle Trustee of the Carolyn K. Lisle 1990 Revocable Trust P.O. Box 21357 Oklahoma City, OK 73156		B. Received by (Printed Name) <i>Carolyn K. Lisle</i> C. Date of Delivery <i>3/17/15</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6382 8307			
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 7973

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) MHF/COG
 For delivery information visit **HALBERD 1H**
OFFICIAL

Postage \$ 69
 Certified Fee 230
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To
 Street, Apt. or PO Box No.
 City, State, ZIP

DMM Family, LLC
 P.O. Box 101,
 Midland, TX 79702

PS Form 3811

USPS SANTA FE, NM 87594
 Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

7006 2760 0001 6382 8291

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) MHF/COG
 For delivery information visit **HALBERD 1H**
OFFICIAL

Postage \$ 69
 Certified Fee 230
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

Clayton Williams Energy Inc.
 6 Desta Drive, Suite 1100
 Midland, TX 79705

PS Form 3800

USPS SANTA FE, NM 87594
 Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) MHF/COG
 For delivery information visit **HALBERD 1H**
OFFICIAL

Postage \$ 69
 Certified Fee 230
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

DMM Family, LLC
 P.O. Box 101,
 Midland, TX 79702

PS Form 3811, July 2013

USPS SANTA FE, NM 87594
 Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

DMM Family, LLC
 P.O. Box 101,
 Midland, TX 79702

2. Article Number (Transfer from service label)

7006 2760 0001 6382 7973

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Armando Jimenez
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Armando Jimenez

C. Date of Delivery
3/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) MHF/COG
 For delivery information visit **HALBERD 1H**
OFFICIAL

Postage \$ 69
 Certified Fee 230
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

Clayton Williams Energy Inc.
 6 Desta Drive, Suite 1100
 Midland, TX 79705

PS Form 3800

USPS SANTA FE, NM 87594
 Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Clayton Williams Energy Inc.
 6 Desta Drive, Suite 1100
 Midland, TX 79705

2. Article Number (Transfer from service label)

7006 2760 0001 6382 8291

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Kim Bialy
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Kim Bialy

C. Date of Delivery
3/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 8284

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
MHF/COG
 For delivery information: **HALBERD 1H**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1669
Total	

Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

Sent To: DDM Properties, Ltd.,
 P.O. Box 101
 Midland, TX 79702

PS Form 3811, August 2008 See Reverse for Instructions

7006 2760 0001 6382 8277

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
MHF/COG
 For delivery information: **HALBERD 1H**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	664
Total	

Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

Sent To: Debra Denise Latham Trustee of the
 Latham Family Trust under the Will
 of Lindley Paul Latham
 3402 Chate Place
 Midland, TX 79707

PS Form 3811, August 2008 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DDM Properties, Ltd.,
 P.O. Box 101
 Midland, TX 79702

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6382 8284

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Am de Aguirre

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

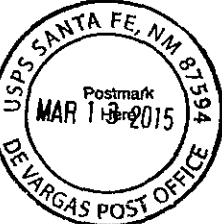
4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6382 8260

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; **MHF/COG**)
For delivery information **HALBERD 1H**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1109
Total	



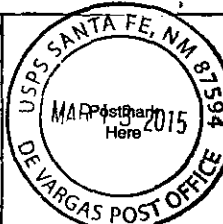
Sent To: Doral Acquisition Corp
3300 N. "A" Street, Bldg. 2,
Ste. 218
City, St: Midland, TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 7959

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; **MHF/COG**)
For delivery information **HALBERD 1H**
OFFICIAL

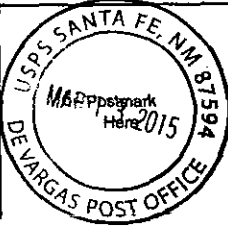
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	



Sent To: Finwing Corporation
508 W. Wall Street| Midland
City, St: TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 7942

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
MHF/COG	
HALBERD 1H	
OFFICIAL	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	1669
	
Sent To	Finwing Corporation
Street, Apt. or PO Box	P.O. Box 10886
City, State	Midland, TX 79702
PS Form 3811	See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Finwing Corporation
P.O. Box 10886
Midland, TX 79702

2. Article Number (Transfer from service label)

7006 2760 0001 6382 7942

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

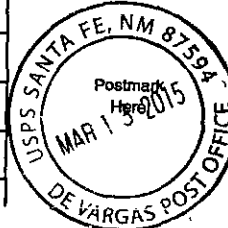
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 7935

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
MHF/COG	
HALBERD 1H	
OFFICIAL	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total F	1669
	
Sent To	GMSR, Ltd.
Street, Apt. or PO Box	P.O. Box 113
City, State	Midland, TX 79702-0113
PS Form 3811	See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GMSR, Ltd.
P.O. Box 113
Midland, TX 79702-0113

2. Article Number (Transfer from service label)

7006 2760 0001 6382 7935

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Vivian Bujardo 3/25/15

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

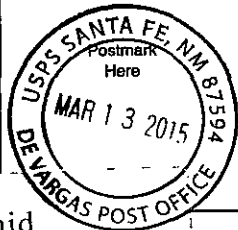
3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

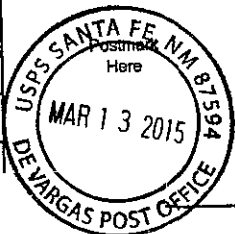
7006 2760 0001 6382 8109

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit usps.com	
OFFICIAL MAIL	
MHF/COG	
HALBERD 1H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	1338
Sent To	
Joachim Marc Schmid	
3315 Gentry Drive	
West Lake Hills, TX 78746	
PS Form 3811, July 2013	



7006 2760 0001 6382 8093

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit usps.com	
OFFICIAL MAIL	
MHF/COG	
HALBERD 1H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	1338
Sent To	
John Kennedy,	
6 Desta Drive, Ste. 3000	
Midland, TX 79705	
PS Form 3811, July 2013	



PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	
<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. 	
1. Article Addressed to:	
John Kennedy, 6 Desta Drive, Ste. 3000 Midland, TX 79705	
2. Article Number (Transfer from service label)	
7006 2760 0001 6382 8093	
PS Form 3811, July 2013	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	
X <i>Kim Brach</i>	
<input type="checkbox"/> Agent	
<input type="checkbox"/> Addressee	
B. Received by (Printed Name)	
Kim Brach	
C. Date of Delivery	
5/1/15	
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 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	

7006 2760 0001 6382 8086

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

For delivery information: **MHF/COG**
OFF HALBERD 1H

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

Sent To: John Weldon Gilchrist,
102 S. Main
Thorndale, TX 76577

Postmark: MAR 3 2015
DE VARGAS POST OFFICE

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
John Weldon Gilchrist,
102 S. Main
Thorndale, TX 76577

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8086

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John Weldon Gilchrist*
B. Received by (Printed Name): John Weldon Gilchrist
C. Date of Delivery: 7/8/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 8079

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

For delivery information: **MHF/COG**
OFFICE HALBERD 1H

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

Sent To: Judy F. Mulroy,
2231 Pine River Drive
Kingwood, TX 77330

Postmark: MAR 13 2015
DE VARGAS POST OFFICE

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Judy F. Mulroy,
2231 Pine River Drive
Kingwood, TX 77330

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8079

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Judy F. Mulroy*
B. Received by (Printed Name): Judy F. Mulroy
C. Date of Delivery: 3-18-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 8052

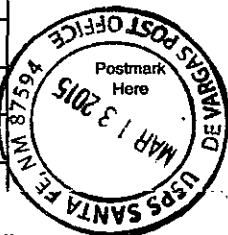
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Delivery)
MHF/COG
HALBERD 1H
OFFICIAL USE

For delivery information visit usps.com

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage \$ 1069

Sent To **Manta Oil & Gas Inc.,**
508 W. Wall Street
Midland, TX 79701

PS Form 3800, August 2006



5508 2962 6382 8055

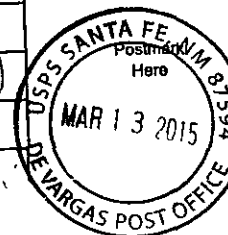
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Delivery)
MHF/COG
HALBERD 1H
OFFICIAL USE

For delivery information visit usps.com

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage \$ 1069

Sent To **Mark Tisdale,**
6 Desta Drive, Ste. 3000
Midland, TX 79705

PS Form 3800, August 2006



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:

Mark Tisdale,
6 Desta Drive, Ste. 3000
Midland, TX 79705

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Kim Brady

B. Received by (Printed Name) **Kim Brady** C. Date of Delivery **12/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8048

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/COG**
HALBERD 1H
OFFICIAL

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

USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE
MAR 13 2015

Sent To: Marla Jo Moats Schmid,
 5205 Rain Creek Parkway
 Austin, TX 78759

PS Form 3811, July 2013

7006 2760 0001 6382 7805

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/COG**
HALBERD 1H
OFFICIAL

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

USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE
MAR 13 2015

Sent To: Matt Swierc,
 6 Desta Drive, Ste. 3000
 Midland, TX 79705

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marla Jo Moats Schmid,
 5205 Rain Creek Parkway
 Austin, TX 78759

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8048

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **JOACHIM SCHMID**

C. Date of Delivery **3-17-15**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Matt Swierc,
 6 Desta Drive, Ste. 3000
 Midland, TX 79705

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7805

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Kim Beal**

C. Date of Delivery **3/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 7799

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only)
For delivery information: **MHF/COG HALBERD 1H**
OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1669
Total Postage & Fees	

Sent To: Noble Energy Inc.,
Street, Apt. or PO Box: 1001 Noble Energy Way
City, State: Houston, TX 77070

Postmark (Place Here)
MAR 13 2015
USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE

PS Form 3811, July 2013 See Reverse for Instructions

7006 2760 0001 6382 7782

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only)
For delivery information: **MHF/COG HALBERD 1H**
OFFICIAL USE

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

Sent To: Occidental Permian LP,
Street, Apt. or PO Box: 5 Greenway Plaza, Ste. 110
City, State: Houston, TX 77046-0526

Postmark (Place Here)
MAR 13 2015
USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE

PS Form 3811, July 2013 See Reverse for Instructions

CERTIFIED MAILTM
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AND ATTACH TO THE RIGHT

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
Noble Energy Inc.,
1001 Noble Energy Way
Houston, TX 77070

2. Article Number (Transfer from service label)
7006 2760 0001 6382 7799

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature
X *C. Montez*
B. Received by (Printed Name) *C. Montez*
C. Date of Delivery *MAR 13 2015*
D. Is delivery address different from item 1? *Yes*
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 7775

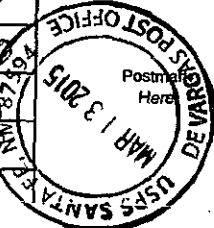
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
MHF/COG
HALBERD 1H
OFFICIAL USE

For delivery information

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total	

Sent To: Petraitis Oil & Gas Inc.,
 1603 Holloway Ave
 Midland, TX 79701

PS Form 3811, July 2013



7006 2760 0001 6382 8017

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
MHF/COG
HALBERD 1H
OFFICIAL USE

For delivery information

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total	

Sent To: Stacey Hutcherson,
 112 Gainer Drive
 Hutto, TX 78634

PS Form 3800, August 2006



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:
 Petraitis Oil & Gas Inc.,
 1603 Holloway Ave
 Midland, TX 79701

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 7775

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Nina Petratis

C. Date of Delivery
 3/16/15

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

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

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

7006 2760 0001 6382 8000

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)	
For delivery information visit	MHF/COG
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Sent To	
C. Kay Marcum	
9425 Nix Road	
Tolar, TX 76476	
PS Form 3811, July 2013	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>C. Kay Marcum</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Kay Marcum</i> C. Date of Delivery <i>3-25-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9425 Nix Road Tolar, TX 76476		7006 2760 0001 6382 8000	
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6382 7997

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)	
For delivery information visit	MHF/COG
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Sent To	
Wadi Petroleum Inc.,	
4355 Sylvanfield Blvd	
Houston, TX 77014	
PS Form 3811, July 2013	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>L. Caldwell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>L. Caldwell</i> C. Date of Delivery <i>3-17-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4355 Sylvanfield Blvd Houston, TX 77014		7006 2760 0001 6382 7997	
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6382 1780

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

MHF/COG
HALBERD 1H

For delivery information visit **OFFICIAL**

Postage \$ 1.69
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 1.66
 Total Postage & Fees \$ 9.35

Sent To
 Street, Apt. or P.O. Box
 City, State

Ms. Michal Dedwylder, Trustee for
 the Larry S. Marcum & Gordon G.
 Marcum II Trust
 P.O. Box 2350
 Albany, TX 76430

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Ms. Michal Dedwylder, Trustee for
 the Larry S. Marcum & Gordon G.
 Marcum II Trust
 P.O. Box 2350
 Albany, TX 76430

2. Article Number
 (Transfer from service label) 7006 2760 0001 6382 1780

COMPLETE THIS SECTION ON DELIVERY

A. Signature Michal Dedwylder ☐ Agent ☒ Addressee
 B. Received by (Printed Name) MICHAL DEDWYLDER C. Date of Delivery 3/16/2015
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

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

PS Form 3811, July 2013 Domestic Return Receipt