



HOLLAND & HART <sup>LLP</sup>



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

June 4, 2015

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Stove Pipe Federal Com No. 2H Well.**

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

This application has been set for hearing before a Division Examiner at 8:15 AM on June 25, 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 Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler  
**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://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<sup>LLP</sup>



**Jordan L. Kessler**

**Associate**

**Phone (505) 988-4421**

**Fax (505) 983-6043**

**JLKessler@hollandhart.com**

June 4, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Stove Pipe Federal Com No. 2H 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 June 25, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

**Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com**

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

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

5096 BEST 1000 0001 1539 3605

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

For delivery information visit **OFF**

**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here: JUN 4 2015 DE VARGAS POST OFFICE NM 87594

Sent To: Endurance Properties Inc.  
 15455 Dallas Parkway  
 STE 1050  
 Addison, TX 75001

PS Form 3811, July 2013 Domestic Return Receipt

2196 BEST 1000 0001 1539 3612

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

For delivery information visit **OFF**

**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here: JUN 4 2015 DE VARGAS POST OFFICE NM 87594

Sent To: Burlington Resources Oil & Gas Co, LP  
 717 Texas Ave, Suite 2100  
 Houston, TX 77002

PS Form 3811, July 2013 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:  
 Endurance Properties Inc.  
 15455 Dallas Parkway  
 STE 1050  
 Addison, TX 75001

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3605

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *Maria Pinter*  Agent  Addressee

B. Received by (Printed Name): *Maria Pinter* C. Date of Delivery: *6/16/15*

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

**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:  
 Burlington Resources Oil & Gas Co, LP  
 717 Texas Ave, Suite 2100  
 Houston, TX 77002

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3612

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Seb Pinter* C. Date of Delivery: *6-16*

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 6377 9197

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)  
For delivery information visit **MHF/COG**  
**OFFIC STOVE PIPE 2H**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: ConocoPhillips Company  
Attn: Tom Scarbrough  
600 N. Dairy Ashford  
2WL-15058  
Houston, TX 77079

Postmark Here: JUN - 4 2015  
USPS SANTA FE, NM 87504  
DE VARGAS POST OFFICE

PS Form 3811, August 2008 See Reverse for Instructions

7006 2760 0001 6377 9203

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)  
For delivery information visit **MHF/COG**  
**OFFIC STOVE PIPE 2H**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: ConocoPhillips Company  
Attn: New Mexico Land Department  
600 N. Dairy Ashford  
Houston, TX 77079

Postmark Here: JUN - 4 2015  
USPS SANTA FE, NM 87504  
DE VARGAS POST OFFICE

PS Form 3811, August 2008 See Reverse for Instructions

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:  
ConocoPhillips Company  
Attn: Tom Scarbrough  
600 N. Dairy Ashford  
2WL-15058  
Houston, TX 77079

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9197

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*

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

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:  
ConocoPhillips Company  
Attn: New Mexico Land Department  
600 N. Dairy Ashford  
Houston, TX 77079

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9203

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*

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

7006 2760 0001 6377 9210

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No MF/COG)  
 For delivery information visit **OFFICIAL USE**

**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	

**Sent To**  
 Hugh R Hawes IV  
 P.O. Box 528  
 Pierce, TX 77467

PS Form 3800, August 2006



7006 2760 0001 6377 9227

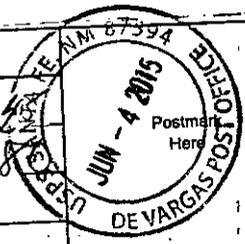
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No MF/COG)  
 For delivery information visit **OFFICIAL USE**

**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	

**Sent To**  
 J.D. Ferrel  
 502 Dakota St.  
 Temple, TX 76504

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:  
 Hugh R Hawes IV  
 P.O. Box 528  
 Pierce, TX 77467

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9210

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *J. Hawes*  Agent  Addressee

B. Received by (Printed Name): *J. Hawes* C. Date of Delivery: 6-11-15

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:  
 J.D. Ferrel  
 502 Dakota St.  
 Temple, TX 76504

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9227

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *J.D. Ferrel*  Agent  Addressee

B. Received by (Printed Name): *J.D. FERREL* C. Date of Delivery: 6/8/15

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

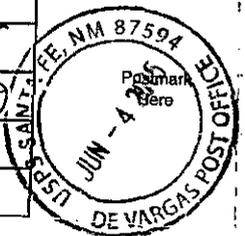
3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6377 9234

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **MHF/COG**  
**OFFIC STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To  
Street, Apt. or PO Box  
City, State  
Est. Barney L Alsobrook, decd.  
4600 Erath St.  
Waco, TX 76710  
PS Form 3811, July 2013

7006 2760 0001 6377 9241

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **MHF/COG**  
**OFFIC STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To  
Street, Apt. or PO Box  
City, State  
Est. W.H. Kirby, decd  
1201 S. Broadway  
Plainview, TX 79072  
PS Form 3811, July 2013

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Noyes</i> C. Date of Delivery <i>6/8/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:  Est. Barney L Alsobrook, decd. 4600 Erath St. Waco, TX 76710	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label) 7006 2760 0001 6377 9234	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 9258

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

For delivery information visit **offic**  
**OFFICIAL** MHF/COG  
 STOVE PIPE 2H

Postage \$  
 Certified Fee \$2.45  
 Return Receipt Fee (Endorsement Required) \$2.80  
 Restricted Delivery Fee (Endorsement Required)  
 Total Price \$

Sent To  
 Katherine Woltz Aven  
 204 Ash  
 Plainview, TX 79072

PS Form 3811, July 2013



7006 2760 0001 6377 9258

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

For delivery information visit **offic**  
**OFFICIAL** MHF/COG  
 STOVE PIPE 2H

Postage \$  
 Certified Fee \$2.45  
 Return Receipt Fee (Endorsement Required) \$2.80  
 Restricted Delivery Fee (Endorsement Required)  
 Total Price \$

Sent To  
 Barry B Thompson  
 1856 Bugtussle Lane  
 West, TX 76691

PS Form 3811, July 2013



SENDER COMPLETE THIS SECTION

1. Article Addressed to:  
 Kerine Woltz Aven  
 204 Ash  
 Plainview, TX 79072

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 9258

PS Form 3811, July 2013 Domestic Return Receipt



COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Cheryl Wilson  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Cheryl Wilson

C. Date of Delivery  
 6-8-15

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

SENDER COMPLETE THIS SECTION

1. Article Addressed to:  
 Barry B Thompson  
 1856 Bugtussle Lane  
 West, TX 76691

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6377 9258

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Sandra Thompson  
 Agent  
 Addressee

B. Received by (Printed Name)  
 SANDRA THOMPSON

C. Date of Delivery  
 6-8-15

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 6377 9272

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

**MHF/COG**  
**STOVE PIPE 2H**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total \_\_\_\_\_

Sent To: **G Dan Thompson**  
 Street, or PO: **12107 Lueders Lane**  
 City, State: **Dallas, TX 75230**

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.

1. Article Addressed to:  
**G Dan Thompson**  
**12107 Lueders Lane**  
**Dallas, TX 75230**

2. Article Number: **7006 2760 0001 6377 9272**  
 (Transfer from service label)

**PS Form 3811, July 2013 Domestic Return Receipt**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X [Signature]**  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: **6-8-15**

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 6377 9289

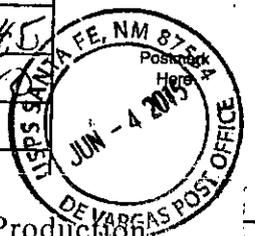
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

**Hayes Land & Production**  
**P.O. Box 51407**  
**Midland, TX 79710**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total P \_\_\_\_\_

Sent To: **Hayes Land & Production**  
 Street, or PO: **P.O. Box 51407**  
 City, State: **Midland, TX 79710**

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.

1. Article Addressed to:  
**Hayes Land & Production**  
**P.O. Box 51407**  
**Midland, TX 79710**

2. Article Number: **7006 2760 0001 6377 9289**  
 (Transfer from service label)

**PS Form 3811, July 2013 Domestic Return Receipt**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X [Signature]**  Agent  Addressee

B. Received by (Printed Name): **Sara Burleson** C. Date of Delivery: **6/15/15**

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 6377 9296

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

For delivery information visit **MHF/COG**  
**OFFICE STOVE PIPE 2H**

Postage	\$		Postmark Here
Certified Fee		3.45	
Return Receipt Fee (Endorsement Required)		2.80	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: Hayes Land, L.P.  
P.O. Box 51510  
Midland, TX 79710

USPS SANTA FE, NM 87594  
JUN - 4 2015  
DE VARGAS POST OFFICE

PS Form 3811, July 2013

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
Hayes Land, L.P.  
P.O. Box 51510  
Midland, TX 79710

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9296

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Peggy Ainsworth*  Agent  Addressee

B. Received by (Printed Name): *Peggy Ainsworth* C. Date of Delivery: *6-8-15*

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 6377 9302

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

For delivery information visit **MHF/COG**  
**OFFICE STOVE PIPE 2H**

Postage	\$		Postmark Here
Certified Fee		3.45	
Return Receipt Fee (Endorsement Required)		2.80	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: RBP Land Company Trust  
P.O. Box 10392  
Midland, TX 79702

USPS SANTA FE, NM 87594  
JUN - 4 2015  
DE VARGAS POST OFFICE

PS Form 3811, July 2013

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
RBP Land Company Trust  
P.O. Box 10392  
Midland, TX 79702

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9302

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Janne Robinson*  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6377 9319

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

For delivery information visit **OFFICE**  
**MHF/COG**  
**STOVE PIPE 2H**

Postage \$  
 Certified Fee 3.45  
 Return Receipt Fee (Endorsement Required) 2.80  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

**Sent To**  
 Chevron USA Inc.  
 Delaware Basin - New Mexico  
 Chevron North America Exploration and  
 Production Company  
 1400 Smith St.  
 Houston, TX 77002

PS Form 3811, July 2013



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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Chevron USA Inc.  
 Delaware Basin - New Mexico  
 Chevron North America Exploration and  
 Production Company  
 1400 Smith St.  
 Houston, TX 77002

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9319

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 6377 9326

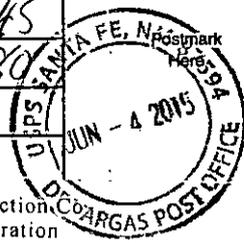
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OFFICE**  
**MHF/COG**  
**STOVE PIPE 2H**  
**USE**

Postage \$  
 Certified Fee 3.45  
 Return Receipt Fee (Endorsement Required) 2.80  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

**Sent To**  
 Devon Energy Production Co.  
 Devon Energy Corporation  
 Devon Energy Center  
 333 West Sheridan Avenue  
 Oklahoma City, OK 73102  
 Attn: Kathy Blick

PS Form 3811, July 2013



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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
 Devon Energy Production Co.  
 Devon Energy Corporation  
 Devon Energy Center  
 333 West Sheridan Avenue  
 Oklahoma City, OK 73102  
 Attn: Kathy Blick

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9326

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 6377 9333

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Peggy Neal Pool Marquez  
 Street, or PO: P.O. Box 624  
 City, State: Ganado, TX 77962

PS Form 3811, July 2013



**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Peggy Neal Pool Marquez  
 P.O. Box 624  
 Ganado, TX 77962

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9333

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 9340

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

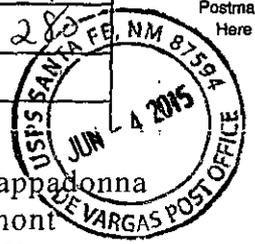
**OFFICIAL USE**

**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Mitchell Cappadonna  
 Street, or PO Box: 3838 Pinemont  
 City, State: Houston, TX

PS Form 3811, July 2013



**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Mitchell Cappadonna  
 3838 Pinemont  
 Houston, TX

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9340

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 6-9-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 9357

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit **OFFICIAL USE**  
**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Price	\$	

**U.S. POSTAL SERVICE**  
 JUN - 4 2015  
 DE VARGAS POST OFFICE

Sent To: Mitchell Cappadonna  
 Street, A or PO Box: P.O. Box 624  
 City, State: Ganado, TX 77962

PS Form 3811, July 2013

7006 2760 0001 6377 9364

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit **OFFICIAL USE**  
**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Price	\$	

**U.S. POSTAL SERVICE**  
 JUN - 4 2015  
 DE VARGAS POST OFFICE

Sent To: Mitchell Cappadonna  
 Street, A or PO Box: 303 Bandera  
 City, State: Ganado, TX 77962

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>[Signature]</i> C. Date of Delivery: <i>[Date]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
1. Article Addressed to:	
Mitchell Cappadonna 303 Bandera Ganado, TX 77962	
2. Article Number (Transfer from service label)	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes
	7006 2760 0001 6377 9364

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 9371

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

For delivery information visit **MHF/COG**

**OFFICIAL** STOVE PIPE 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here: JUN - 4 2015 DE VARGAS POST OFFICE

Sent To: Jewell Hosford  
 Street or PO Box: P.O. Box 624  
 City: Ganado, TX 77962

PS Form 3811, July 2013

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
 Jewell Hosford  
 P.O. Box 624  
 Ganado, TX 77962

2. Article Number (transfer from service label): 1700412760000163779371

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X [Signature]  Agent  Addressee

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

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 6377 9388

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

For delivery information visit **MHF/COG**

**OFFICIAL** STOVE PIPE 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here: JUN - 4 2015 DE VARGAS POST OFFICE

Sent To: Beulah M Baird Trust  
 Street or PO Box: c/o Norma Baird Loving  
 City, State: 2009 Crockett Court Irving, TX 75038

PS Form 3811, July 2013

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
 Beulah M Baird Trust  
 c/o Norma Baird Loving  
 2009 Crockett Court  
 Irving, TX 75038

2. Article Number (transfer from service label): 700612760000163779388

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X [Signature]  Agent  Addressee

B. Received by (Printed Name): NORMA LOVING C. Date of Delivery: 6/19/15

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

7014 1200 0001 1539 4183

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

For delivery information visit **OFFIC**

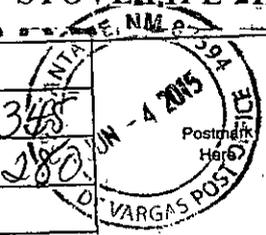
MHF/COG  
**STOVE PIPE 2H**

Postage \$  
 Certified Fee 3.45  
 Return Receipt Fee (Endorsement Required) 2.80  
 Restricted Delivery Fee (Endorsement Required)

Total Po

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

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.

1. Article Addressed to:  
 Jeanene Hollis Hall  
 P.O. Box 888  
 Socorro, NM 87801

2. Article Number: 111-1 7014 1200 0001 1539 4183  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *David Hall*  Agent  Addressee

B. Received by (Printed Name) *David Hall* C. Date of Delivery  
 JUN 6 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

7014 1200 0001 1539 4190

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

For delivery information visit **OFFIC**

MHF/COG  
**STOVE PIPE 2H**

Postage \$  
 Certified Fee 3.70  
 Return Receipt Fee (Endorsement Required) 2.80  
 Restricted Delivery Fee (Endorsement Required)

Total

Sent To  
 Elizabeth Hogan  
 P.O. Box 624  
 Ganado, TX 77962

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.

1. Article Addressed to:  
 Elizabeth Hogan  
 P.O. Box 624  
 Ganado, TX 77962

2. Article Number: 111-1 7014 1200 0001 1539 4190  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Elizabeth Hogan*  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7014 1200 0001 1539 4206

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit **usps.com**

**MHF/COG**  
**STOVE PIPE 2H**

**OFFICIAL RECEIPT**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark: JUN - 4 2015 DE VARGAS POST OFFICE

Sent To: Shirley Sue Mosley  
 Street, Apt. or P.O. Box: P.O. Box 624  
 City, State: Ganado, TX 77962

PS Form 3811, July 2013. See Reverse for Instructions.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:  
 Shirley Sue Mosley  
 P.O. Box 624  
 Ganado, TX 77962

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4206

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

7014 1200 0001 1539 4213

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit **usps.com**

**MHF/COG**  
**STOVE PIPE 2H**

**OFFICIAL RECEIPT**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark: JUN - 4 2015 DE VARGAS POST OFFICE

Sent To: Joe Bill Mosley  
 Street, Apt. or P.O. Box: P.O. Box 624  
 City, State: Ganado, TX 77962

PS Form 3811, July 2013. See Reverse for Instructions.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:  
 Joe Bill Mosley  
 P.O. Box 624  
 Ganado, TX 77962

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4213

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

7014 1200 0001 1539 4220

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **MHF/COG OFFIC STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here: JUN - 4 2015 DE VARGAS POST OFFICE

Sent To: **Energen Resources Corp.**  
Attn: Susan Tanis  
3300 North A St., STE 100  
Mildand, TX 79705

PS Form 3811, August 2009

**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:

**Energen Resources Corp.**  
Attn: Susan Tanis  
3300 North A St., STE 100  
Mildand, TX 79705

2. Article Number ||| ||| ||| ||| 7014 1200 0001 1539 4220 ||| |||  
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X Lisa Bealer**  Agent  Addressee

B. Received by (Printed Name) **LISA BEALER** C. Date of Delivery **6/10/15**

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

7014 1200 0001 1539 4237

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **MHF/COG OFFIC STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here: JUN - 4 2015 DE VARGAS POST OFFICE

Sent To: **ABO Petro Corp.**  
105 S. 4th St.  
Artesia, NM 88210

PS Form 3811, August 2009

**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:

**ABO Petro Corp.**  
105 S. 4th St.  
Artesia, NM 88210

2. Article Number ||| ||| ||| ||| 7014 1200 0001 1539 4237 ||| |||  
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X [Signature]**  Agent  Addressee

B. Received by (Printed Name) **Sernam [Signature]** C. Date of Delivery **6/10/15**

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

7014 1200 0001 1539 4244

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

For delivery information visit **OFFICIAL MAIL SERVICE**

**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: JUN - 4 2013 USPS SANTA FE, NM 87594 DE VARGAS

Sent To: Myco Industries Inc.  
 Street or P.O. Box: 105 S. 4th St.  
 City, State, ZIP+4: Artesia, NM 88210

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4276

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

For delivery information visit **OFFICIAL MAIL SERVICE**

**MHF/COG**  
**STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: JUN - 4 2013 USPS SANTA FE, NM 87594 DE VARGAS

Sent To: Oxy Y-1 Company  
 Street or P.O. Box: PO Box 27570  
 City, State, ZIP+4: Houston, TX 77227

PS Form 3811, July 2013 Domestic Return Receipt

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Myco Industries Inc.  
 105 S. 4th St.  
 Artesia, NM 88210

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4244

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 6/10/13

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:  
 Oxy Y-1 Company  
 P.O. Box 27570  
 Houston, TX 77227

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4276

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

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

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

7014 1200 0001 1539 4145

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

For delivery information  
**OFFICIAL**

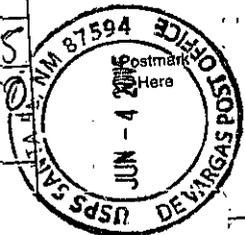
MHF/COG  
 STOVE PIPE 2H

Postage \$	
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total F	

Sent To  
 Street, or PO E  
 City, St

Yates Petro Corp.  
 105 S. 4th St.  
 Artesia, NM 88210

PS Form 3800, August 2000



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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Yates Petro Corp.  
 105 S. 4th St.  
 Artesia, NM 88210

2. Article Number  
 (Transfer from service label)

7014 1200 0001 1539 4145

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 10/8/13

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

PS Form 3811, July 2013 Domestic Return Receipt