

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

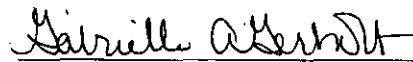
APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 15339

AFFIDAVIT

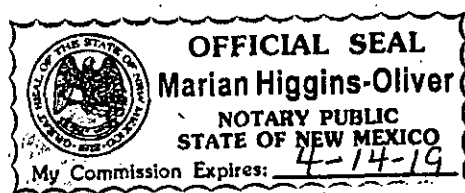
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

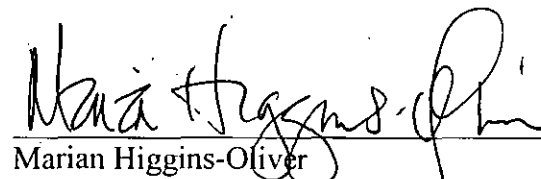
Gabrielle A. Gerholt, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-reference Application was provided under the notice letter and proof of receipt attached hereto.



Gabrielle A. Gerholt

SUBSCRIBED AND SWORN to before me this 8th day of July 2015 by Gabrielle A. Gerholt.





Marian Higgins-Oliver

BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico

Case No. 15339 Exhibit 5

Submitted by: COG OPERATING LLC

Hearing Date: July 9, 2015

EXHIBIT A
APPLICATION OF COG OPERATING LLC
ICE DANCER 30 FEDERAL COM 2H

POOLED INTERESTS:

Khody Land & Minerals Co.
210 Park Ave Suite 900
Oklahoma City, OK 7312

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

Worrall Investment Corporation
P.O. Box 1834
Roswell, NM 88202

OFFSET INTERESTS:

Khody Land & Minerals Co.
210 Park Ave Suite 900
Oklahoma City, OK 7312

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

Worrall Investment Corporation
P.O. Box 1834
Roswell, NM 88202

Devon Energy Production Company, LP
333 West Sheridan Avenue
Oklahoma City, OK 73102

BEPCO LP
201 Main St., Suite 2600
Fort Worth, TX 76102

BMT O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

Chevron USA, Inc.
1400 Smith Street
Houston, TX 77002

LMBI O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

SRBI O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

Thru Line O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

Keystone O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

XTO Energy Inc.
810 Houston Street
Fort Worth, TX 76102

Rex Energy I, LLC
Windmere Centre
366 Walker Drive
State College, PA 16801

June 19, 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, Eddy County, New Mexico.
Ice Dancer 30 Federal Com 2H Well

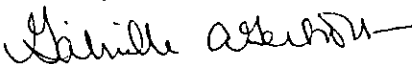
Ladies & Gentlemen:

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 July 9, 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, but at least on the Thursday preceding the 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 Aaron Myers, at (432) 688-6674 or amyers@concho.com.

Sincerely,

Gabrielle A. Gerholt
ATTORNEY FOR COG OPERATING LLC

Enclosure: Application

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

RECEIVED 000
2015 JUN -8 P 1:53

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

CASE NO. 15339

APPLICATION

COG Operating LLC ("COG") through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, Section 70-2-17, for an order (1) creating a non-standard 160-acre, more or less, oil spacing and proration unit in the Bone Spring formation, comprised of the W/2E/2 of Section 30, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico; and (2) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. In support of this application COG states:


1. COG Operating LLC (OGRID No. 229137) is a working interest owner in the subject lands and has the right to drill a well thereon.
2. COG proposes to dedicate the above-referenced spacing and proration unit as the project area for its proposed **Ice Dancer 30 Federal Com 2H Well**, which will be horizontally drilled from a surface location in the SW/4SE/4 (Unit O) of Section 30 to a standard bottom hole location in the NW/4NE/4 (Unit B) of Section 30.
3. This project area is located within the Forty-Niner Ridge Bone Spring, West (Pool Code 96526). The completed interval for this well will remain within the 330-foot standard offset required by the Statewide Rules set forth in 19.15.15 NMAC.
4. COG has sought but been unable to obtain a voluntary agreement for the development of these lands from all of the working interest owners in the subject spacing unit.
5. The pooling of interests will avoid the drilling of unnecessary wells, will prevent waste and will protect correlative rights.

6. In order to permit COG to obtain it's just and fair share of the oil and gas underlying the subject lands, all mineral interests in this non-standard spacing unit should be pooled and COG Operating LLC should be designated the operator of this proposed horizontal well and spacing unit.

WHEREFORE, COG requests that this application be set for hearing before an Examiner of the Oil Conservation Division on July 9, 2015, and, after notice and hearing as required by law, the Division enter its order:

- A. Creating a 160-acre, more or less, non-standard oil spacing and proration unit in the Bone Spring formation comprised of the W/2E/2 of Section 30, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico;
- B. Pooling all mineral interests in the Bone Spring formation underlying this non-standard spacing and proration unit;
- C. Designating COG Operating LLC as operator of this unit and the well to be drilled thereon;
- D. Authorizing COG Operating LLC to recover its costs of drilling, equipping and completing the well;
- E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- F. Setting a 200% charge for the risk involved in drilling and completing the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,

By: 
Gabrielle A. Gerholt
Ocean Munds-Dry
1048 Paseo de Peralta
Santa Fe, New Mexico 87505
Phone: (505) 780-8000
Facsimile: (505) 983-6043
ggerholt@concho.com
omundsdry@concho.com

Attorneys for COG Operating LLC

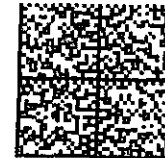
CASE _____: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard, 160-acre, more or less, spacing and proration unit comprised of the W/2E/2 of Section 30, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico and (2) pooling all mineral interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed **Ice Dancer Fed Com 2H Well**, which will be horizontally drilled from a surface location in the SW/4SE/4 (Unit O) of Section 30 to a standard bottom hole location in the NW/4NE/4 (Unit B) of Section 30. The completed interval for this well will remain within the 330-foot standard offset required by the rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 10 miles southeast of Loving, NM.



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5941 7178



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 006.735
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

Khody Land & Minerals Company
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

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.		<p>A. Signature <i>Khody Land</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>6/26/15</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: <i>Khody Land & Minerals Co. 210 Park Ave Ste 900 Oklahoma City OK 73102</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) <i>11</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
IPS Form 3811, July 2013 Domestic Return Receipt			

7012 0470 0001 5941 7178

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For delivery information visit our website at www.usps.com	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here	
Sent to <i>Khody Land & Minerals Co.</i>	
Street, Apt. No., or PO Box No. <i>210 Park Ave, Suite 900</i>	
City, State, ZIP+4 <i>Oklahoma City OK 73102</i>	
PS Form 3800, August 2009 See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5941 7208



ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

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.		<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>[Signature]</i> C. Date of Delivery: <i>[Signature]</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> <p>3. Service type: <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>ConocoPhillips Company</i> <i>P.O. Box 2197</i> <i>Houston TX 77252</i>			
2. Article Number (Transfer from service label) <i>7012 0470 0001 5941 7208</i>			

PS Form 3811, July 2013 Domestic Return Receipt

7012 0470 0001 5941 7208

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
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For delivery information visit our website at www.usps.com	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here: <i>fool</i>	
Sent to: <i>ConocoPhillips Company</i> Street, Apt. No., or PO Box No.: <i>PO Box 2197</i> City, State, Zip+4: <i>Houston TX 77252</i>	

PS Form 3800 August 2006 See Reverse for Instructions



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UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 006.735
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

Worrall Investment Corporation
P.O. Box 1834
Roswell, NM 88202

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X</i> <i>Monon Scott</i>	
1. Article Addressed to: Worrall Investment Corp PO Box 1834 Roswell NM 88202		B. Received by (Printed Name) <i>Monon Scott</i> C. Date of Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 117012 0470 0001 5940 3089 1111		D. Is delivery address different from item 1? If YES, enter delivery address below: <i>23</i> <i>2015</i> <i>88201</i>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811 July 2013 Domestic Return Receipt

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For delivery information visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to: <i>Worrall Investment Corp</i> Street, Apt. No.: <i>PO Box 1834</i> or PO Box No.: <i>Roswell NM 88202</i> City, State, ZIP+4 [®]	
PS Form 3800 August 2006 See Reverse for Instructions	



GABRIELLE A. GERHOLT
Attorney

June 19, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSETTING OPERATORS AND LESSEES:

RE: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico:
Ice Dancer 30 Federal Com 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. *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 July 9, 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.

Questions concerning this application should be directed to Aaron Myers, at (432) 688-6674 or amyers@concho.com.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gabrielle A. Gerholt".

Gabrielle A. Gerholt
ATTORNEY FOR COG OPERATING LLC

Enclosure: Application

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

SANTA FE OFFICE

1048 PASEO DE PERALTA | SANTA FE, NEW MEXICO 87501
P 505.780.8000 | F 505.428.0485

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

RECEIVED 000
2015 JUN -8 P 1:53

IN THE MATTER OF THE APPLICATION
OF COG OPERATING LLC FOR A NON-
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UNIT AND COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.

CASE NO. 15339

APPLICATION

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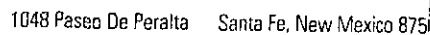
- A. Creating a 160-acre, more or less, non-standard oil spacing and proration unit in the Bone Spring formation comprised of the W/2E/2 of Section 30, Township.23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico;
- B. Pooling all mineral interests in the Bone Spring formation underlying this non-standard spacing and proration unit;
- C. Designating COG Operating LLC as operator of this unit and the well to be drilled thereon;
- D. Authorizing COG Operating LLC to recover its costs of drilling, equipping and completing the well;
- E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- F. Setting a 200% charge for the risk involved in drilling and completing the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,

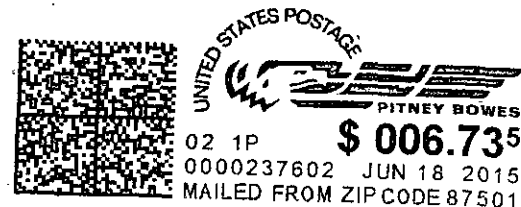
By: 
Gabrielle A. Gerholt
Ocean Munds-Dry
1048 Paseo de Peralta
Santa Fe, New Mexico 87505
Phone: (505) 780-8000
Facsimile: (505) 983-6043
ggerholt@concho.com
omundsdry@concho.com

Attorneys for COG Operating LLC

CASE _____: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard, 160-acre, more or less, spacing and proration unit comprised of the W/2E/2 of Section 30, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico and (2) pooling all mineral interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed **Ice Dancer Fed Com 2H Well**, which will be horizontally drilled from a surface location in the SW/4SE/4 (Unit O) of Section 30 to a standard bottom hole location in the NW/4NE/4 (Unit B) of Section 30. The completed interval for this well will remain within the 330-foot standard offset required by the rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 10 miles southeast of Loving, NM.



7012 0470 0001 5940 3263



Rex Energy I, LLC
Windmere Centre
366 Walker Drive
State College, PA 16801

<p>SENDER: COMPLETE THIS SECTION</p> <p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature: <i>Sue Palatovich</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Sue Palatovich</i> C. Date of Delivery: _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p><i>Rex Energy I, LLC</i> <i>Windmill Centre</i> <i>366 Walker Drive</i> <i>State College PA 16801</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number: <i>11 11 7012 047010000 5940 3263 1111</i></p> <p>(Transfer from service label)</p>	

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Sent to ReX Energy / LLC
Street, Apt. No.: Wilmington Center
or PO Box No. 166
City, State, ZIP+4[®] State College PA 16801

PS Form 3800, August 2009 See Reverse for Instructions

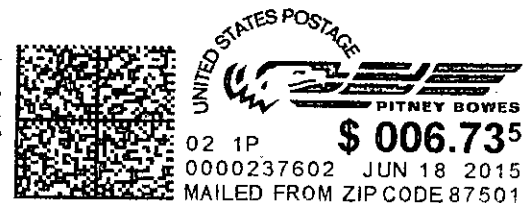


1048 Paseo De Peralta Santa Fe, New Mexico 87501

7012 0470 0001 5940 3256

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

CERTIFIED MAIL



02 1P \$ 006.73⁵
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

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.		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BARBARA</i> C. Date of Delivery <i>6/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>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</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>ConocoPhillips Company P.O. Box 2197 Houston TX 77252</i>		<p>PS Form 3800, August 2008</p> <p>See Reverse for Instructions</p>	
2. Article Number (Transfer from service label)		7012 0470 0001 5940 3256	

PS Form 3811, July 2013 Domestic Return Receipt

7012 0470 0001 5940 3256

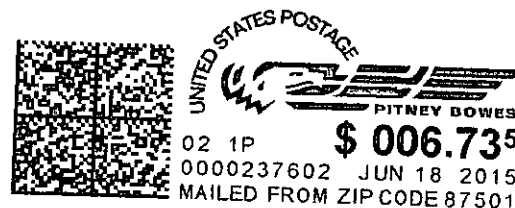
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here <i>OffSet</i>	
Sent to <i>ConocoPhillips Company</i>	
Street, Apt. No., or PO Box No. <i>P.O. Box 2197</i>	
City, State, ZIP+4 <i>Houston TX 77252</i>	
PS Form 3800, August 2008	
See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3034



Worrall Investment Corporation
P.O. Box 1834
Roswell, NM 88202

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.		<p>A. Signature <i>Sharon Smith</i></p> <p>B. Received by (Printed Name) <i>Sharon Smith</i></p> <p>C. Date of Delivery <i>JUN 23 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: <i>Worrall Investment Corp. P.O. Box 1834 Roswell NM 88202</i>		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) <i>11 7012 0470 0001 5940 3034 1111</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PS Form 3811, July 2013 Domestic Return Receipt

7012 0470 0001 5940 3034

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postmark Here	
Total Postage & Fees \$	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Sent to <i>Worrall Investment Corporation</i>	
Street, Apt. No., or PO Box No. <i>P.O. Box 1834</i>	
City, State, ZIP+4 <i>Roswell NM 88202</i>	
PS Form 3800 August 2006 See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3041



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 006.735
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

Chevron USA, Inc.
1400 Smith Street
Houston, TX 77002

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.		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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: Chevron USA, Inc. 1400 Smith Street Houston TX 77002		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7012 0470 0001 5940 3041			
PS Form 3811, July 2013 Domestic Return Receipt			

7012 0470 0001 5940 3041

U.S. Postal Service	
CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
OFFICIAL USE	
For delivery information visit our website at www.usps.com	
Sent to: Chevron USA Inc Street, Apt. No.: 1400 Smith St. City, State, ZIP: Houston TX 77002	
PS Form 3800, August 2006 See Reverse for Instructions	
Postage \$	Certified Fee
Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here	Offset



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3058



Keystone O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

7012 0470 0001 5940 3058

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Keystone</i> C. Date of Delivery <i>JUN 18 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: <i>Keystone O&G NM LLC 201 Main St, Ste 2600 Fort Worth TX 76102</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
OFFICIAL USE	
For delivery information, visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here <i>offset</i>	
Sent by <i>Keystone O&G NM LLC</i> Street, Apt. No. or PO Box No. <i>201 Main St Ste 2600</i> City, State, ZIP+4 <i>Fort Worth TX 76102</i>	
PS Form 3800, August 2006 See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3201



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 006.735
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

Thru Line O&G NM LLC
201 Main St., Suite 2600
Fort Worth TX 76102

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:

Thru Line O&G NM LLC
201 Main St, Ste 2600
Fort Worth TX 76102

2. Article Number

(Transfer from service label)

7012 0470 0001 5940 3201

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kristen Brown

C. Date of Delivery

JUN 22 2015

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

7012 0470 0001 5940 3201

PS Form 3800, August 2006 See Reverse for Instructions

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4
Thru Line O&G NM LLC
201 Main St, Ste 2600
Fort Worth TX 76102

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

Postmark
Here
Offset

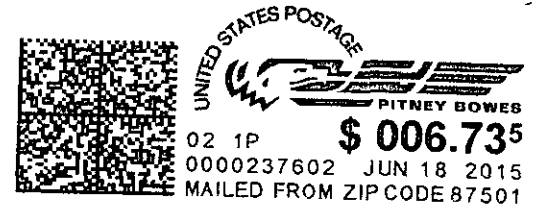
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
OFFICIAL USE
For delivery information visit our website at www.usps.com



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3218



SRBI O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

7012 0470 0001 5940 3218

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.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kristen Brown</i></p> <p>C. Date of Delivery <i>JUN 22 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: <i>SRBI O&G NM LLC 201 Main St, Ste 2600 Fort Worth TX 76102</i>		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) <i>7012 0470 0001 5940 3218</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
OFFICIAL USE	
For delivery information visit our website at www.usps.com	
Postmark Here	
Total Postage & Fees \$	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Sent to <i>SRBI O&G NM LLC</i>	
Street, Apt. No., or PO Box No. <i>201 Main St Ste 2600</i>	
City, State, ZIP+4® <i>Fort Worth TX 76102</i>	
PS Form 3800, August 2006 See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL™

7012 0470 0001 5940 3225



02 1P \$ 006.735
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

LMBI O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

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.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Preston Brown</i> C. Date of Delivery <i>JUN 22 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: <i>LMBI O&G NM LLC 201 Main St, Ste 2600 Fort Worth TX 76102</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) <i>7012 0470 0001 5940 3225</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 2013 Domestic Return Receipt			

7012 0470 0001 5940 3225

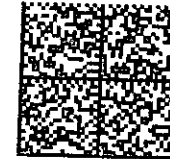
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here <i>ofet</i>	
Sent to <i>LMBI O&G NM LLC</i> Street, Apt. No., or PO Box No. <i>201 Main St, Ste 2600</i> City, State, ZIP+4® <i>Fort Worth TX 76102</i>	
PS Form 3800, August 2005 See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

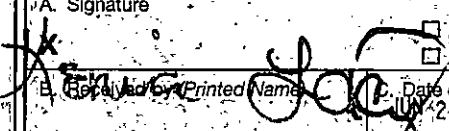
CERTIFIED MAIL

7012 0470 0001 5940 3232



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ **006.735**
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

XTO Energy Inc.
810 Houston Street
Fort Worth, TX 76102

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: XTO Energy Inc. 810 Houston Street Fort Worth TX 76102		B. Received By (Printed Name) C. Date of Delivery XTO Energy Inc. JUN 22 2015	
		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	
2. Article Number (Transfer from service label)		7012 0470 0001 5940 3232	
PS Form 3811, July 2013 Domestic Return Receipt			

7012 0470 0001 5940 3232

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
For delivery information, visit our website at www.usps.com	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here	
Sent to XTO Energy Inc. Street, Apt. No.: 810 Houston St or PO Box No.: City, State, ZIP+4: Fort Worth TX 76102	
PS Form 3800, August 2009 See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3249



BMT O&G NM LLC
201 Main St., Suite 2600
Fort Worth, TX 76102

7012 0470 0001 5940 3249

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to: BMT O&G NM LLC 201 Main St, Ste 2600 Fort Worth TX 76102		B. Received by (Printed Name) <i>Proton Brain</i> C. Date of Delivery JUN 22 2015	
2. Article Number (Transfer from service label) 7012 0470 0001 5940 3249		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013 Domestic Return Receipt

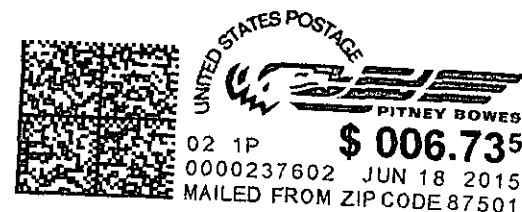
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
OFFICIAL USE	
For delivery information visit our website at www.usps.com	
Postmark Here <i>Offset</i>	
Total Postage & Fees \$	
Return Receipt Fee (Endorsement Required) \$	
Restricted Delivery Fee (Endorsement Required) \$	
Sent to BMT O&G NM LLC 201 Main St, Ste 2600 Fort Worth TX 76102 PS Form 3800, August 2008 See Reverse for Instructions	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3188



BEPCO LP
201 Main St., Suite 2600
Fort Worth, TX 76102

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:

BEPCO LP
201 Main St, Ste 2600
Fort Worth TX 76102

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

JUN 22 2015

D. Is delivery address different from item 1?

- ☐ Yes
- ☐ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7012 0470 0001 5940 3188

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4[®]
PS Form 3800, August 2006
See Reverse for Instructions

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

Offset

Postmark
Here

OFFICIAL USE

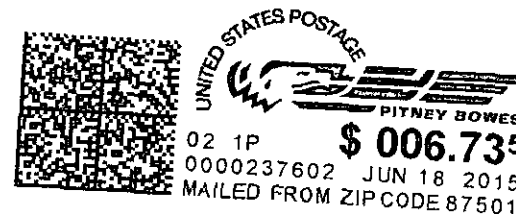
U.S. Postal Service[™]
CERTIFIED MAIL[™] (RECEIPT)
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3195



Khody Land & Minerals Company
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

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.		<p>A. Signature <i>Chere Flores</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>6/22/15</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> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>Khody Land & Minerals Co. 210 Park Ave, Ste 900 Oklahoma City, OK 73102</i>			
2. Article Number (Transfer from service label)		7012 0470 0001 5940 3195	
PS Form 3800, August 2006 <small>Use Reverse for Instructions</small>			

7012 0470 0001 5940 3195

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided.)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postmark Here	
Offset	
Total Postage & Fees \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Sent to: <i>Khody Land & Minerals Co. 210 Park Ave Ste 900 Oklahoma City OK 73102</i>	
Street Apt. No. or PO Box No. _____ City, State, ZIP+4 _____	
PS Form 3800, August 2006 <small>Use Reverse for Instructions</small>	



1048 Paseo De Peralta Santa Fe, New Mexico 87501

CERTIFIED MAIL

7012 0470 0001 5940 3171



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 006.735
0000237602 JUN 18 2015
MAILED FROM ZIP CODE 87501

Devon Energy Production Company, LP
333 West Sheridan Avenue
Oklahoma City, OK 73102

7012 0470 0001 5940 3171

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.		<p>A. Signature: <i>David Canale</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): _____ Date of Delivery: _____</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> <p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>Devon Energy Production Co LP 333 W. Sheridan Ave Oklahoma City OK 73102</i>			
2. Article Number (Transfer from service label) <i>7012 0470 0001 5940 3171</i>			
PS Form 3811, July 2013 Domestic Return Receipt			

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
OFFICIAL USE	
For delivery information visit our website at www.usps.com	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here <i>offset</i>	
Sent to <i>Devon Energy Production Co LP</i> Street, Apt. No. <i>333 W. Sheridan Ave</i> or PO Box No. _____ City, State, ZIP+4® <i>Oklahoma City OK 73102</i>	
PS Form 3800, August 2006 See Reverse for Instructions	