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

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

CASE NOS. 15327

AFFIDAVIT

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

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

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 24rd day of June 2015 by Jordan L. Kessler.

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

Notary Public

BEFORE THE OIL CONVERSATION COMMISSION
Santa Fe, New Mexico
Exhibit No. 13
Submitted by: **COG OPERATING INC.**
Hearing Date: November 5, 2015

HOLLAND&HART

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. Sneed 9 Fed Com No. 23H 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 Ashley Roush, at (432) 818-2358 or aroush@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART LLP

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@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. Sneed 9 Fed Com No. 23H 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 Ashley Roush, at (432) 818-2358 or aroush@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART LLP

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: OFFSET LESSEES AND OPERATORS IN THE MALJAMAR; YESO, WEST POOL

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.
Sneed 9 Fed Com No. 23H Well.

Dear Sir or Madam:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because you own an interest below the base of the Blinebry in the Yeso formation (Maljamar; Yeso, West Pool (44500)) that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion is limited to the top of the Yeso formation estimated at 5,000' to the base of the Blinebry.

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 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 Ashley Roush, at (432) 818-2358 or aroush@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

7014 1200 0001 1539 4343

U.S. Postal Service™
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GLOBE AZ 85501

MHF/COG
SNEED 23H

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$2.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	$	$0.71
		$4.16

0496 07 Postmark Here
USPS SANTA FE, NM 87594
JUN 2015
06/04/2015
POST OFFICE

Sent To: Oscar Wigman & Jean Wigman
Street, Apt. or PO Box: Revocable Trust
City, State: 1416 Sierra Vista Drive
Globe, AZ 85501

PS Form ... 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:

Oscar Wigman & Jean Wigman
Revocable Trust
1416 Sierra Vista Drive
Globe, AZ 85501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jean F. Crowley ☐ 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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4343

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Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$2.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	$	$0.71
		$4.16

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06/04/2015
POST OFFICE

Sent To: Jean F Wigman Crowley
Street, Apt. or PO Box: 1416 Sierra Vista Drive
City, State: Globe, AZ 85501

PS Form ... 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:

Jean F Wigman Crowley
1416 Sierra Vista Drive
Globe, AZ 85501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jean Crowley ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jean Crowley | C. Date of Delivery 6-13-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4350

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GLOBE AZ 85501

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Postage	$ $3.45
Certified Fee	$~~2.95~~ $2.95
Return Receipt Fee (Endorsement Required)	$~~0.00~~ $2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$ $0.71 $4.16

USPS SANTA FE, NM 87594 0496 06/04/2015 POST OFFICE

Postmark Here

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Jean F. Wigman Survivor's
Trust dated March 31, 1982
1416 Sierra Vista Drive
Globe, AZ 85501

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4046

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GLENDALE CA 91207

MHF/COG
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Postage	$ $3.45
Certified Fee	$~~2.95~~ $2.95
Return Receipt Fee (Endorsement Required)	$~~0.00~~ $2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$ $0.71 $4.16

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Postmark Here

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Laura H. Parkes
1344 Rossmoyne Avenue
Glendale, CA 91207

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4039

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:

Jean F. Wigman Survivor's
Trust dated March 31, 1982
1416 Sierra Vista Drive
Globe, AZ 85501

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Jean Crowley ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jean Crowley C. Date of Delivery: 6-13-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4046

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ELLIS KS 67637

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Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	N/A
	$0.71
Total Postage & Fees	$ $4.16

0496 SANTA FE, NM 87594
07 Postmark Here
JUN - 2 2015
06/04/2015
POST OFFICE

Sent To
Pauline A. Nicholson Revocable Family Trust dated September 26, 2000, Philip T. Nicholson, Jack A. Nicholson and Paulette N. Harp, Successor Trustee
Street, Apt. No., or PO Box
106 E. 13th Street
City, State, ZIP+4
Ellis, KS 67637

PS Form ... Instructions

7014 1200 0001 1539 4008

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:

Pauline A. Nicholson Revocable Family Trust dated September 26, 2000, Philip T. Nicholson, Jack A. Nicholson and Paulette N. Harp, Successor Trustee
106 E. 13th Street
Ellis, KS 67637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jack A Nicholson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jack A Nicholson
C. Date of Delivery 6/15/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4008

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LOS GATOS CA 95030

OFFICI

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	N/A
	$0.71
Total Postage & Fees	$ $4.16

0496 SANTA FE, NM 87594
07 JUN 2015 Postmark Here
06/04/2015
POST OFFICE

Sent To
Wade H. Hover & Elizabeth B. Hover
Street, Apt. No., or PO Box
101 Church Street, Ste. 12
City, State, ZIP+4
Los Galos, CA 95030

PS Form ... Instructions

7014 1200 0001 1539 4015

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:

Wade H. Hover & Elizabeth B. Hover
101 Church Street, Stc. 12
Los Galos, CA 95030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 6-16-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4015

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RUIDOSO NM 88355

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Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Postage & Fees	$6.96

USPS SANTA FE, NM 87594 0496 06/04/2015 Postmark Here

Sent To: Compound Properties, LLC
Street, Apt. No., or PO Box No.: P.O. Box 2990
City, State, ZIP+4: Ruidoso, NM 88355

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4022

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:

Compound Properties, LLC
P.O. Box 2990
Ruidoso, NM 88355

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): DONNA HASTEN C. Date of Delivery: 6/5/15

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

RUIDOSO NM JUN 2015

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4022

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SANTA BARBARA CA 93105

MHF/COG
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Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Postage & Fees	$6.96

USPS SANTA FE, NM 87594 0496 06/04/2015 Postmark Here

Sent To: Carol N. Nantker Family Trust dated September 3, 1998, Lucinda Malott, Trustee
Street, Apt. No., or PO Box No.: 957 La Senda
City, State, ZIP+4: Santa Barbara, CA 93105

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 3964

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:

Carol N. Nantker Family Trust dated September 3, 1998, Lucinda Malott, Trustee
957 La Senda
Santa Barbara, CA 93105

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): L. Malott 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® ☐ Priority Mail Express™
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3964

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For delivery information visit o

ALBUQUERQUE NM 87107

OFFICIAL

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS SANTA FE, NM 87594
0496
JUN - 2 2015
07 Postmark Here
LAS VEGAS POST OFFICE
06/04/2015

Sent To: Kyla Taylor Thompson
Street, Apt. or PO Box: 1122 Green Valley Rd, NW
City, State,: Los Ranchos, NM 87107

PS Form 38 ... See Reverse for Instructions

7014 1200 0001 1539 3971

SENDER: C ... COMPLETE THIS SECTION ON DELIVERY

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

A. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

Kyla Taylor Thompson
1122 Green Valley Rd, NW
Los Ranchos, NM 87107

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3971

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SNEED 23H

For delivery information

ROSWELL NM 88202

OFFICIAL

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage	$0.71
	$4.16

USPS SANTA FE, NM 87594
07 Postmark Here
JUN - 2 2015
06/04/2015
DELIVERY POST OFFICE

Sent To: Ray Devoe Taylor
Street, Apt. or PO Box: P.O. Box 8189
City, State,: Roswell, NM 88202

PS Form 3800, August 2006 ... See Reverse for Instructions

7014 1200 0001 1539 3988

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [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

ROSWELL, NM JUN 10 2015 88201

1. Article Addressed to:

Ray Devoe Taylor
P.O. Box 8189
Roswell, NM 88202

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3988

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MAJAMAR NM 88264

OFFICIAL

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
	$0.71
Total Postage & Fees	$4.16

USPS SANTA FE, NM 87594
07 JUN 2015 Postmark Here
06/04/2015
DEVAR POST OFFICE

Sent To: Druella Wilbanks
Street, Apt. No., or PO Box No.: Box 84
City, State, ZIP+4®: Maljamar, NM 88264

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 3995

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:

Druella Wilbanks
Box 84
Maljamar, NM 88264

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Druella Wilbanks ☐ Agent ☐ Addressee

B. Received by (Printed Name): Druella Wilbanks C. Date of Delivery: 6/15/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 3995

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TERRELL TX 75160-9637

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MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$0.71
	$4.16

USPS SANTA FE, NM 87594
07 JUN 2015 Postmark Here
06/04/2015
POST OFFICE

Sent To: Nettie Cecilia Aymond
Street, Apt. No., or PO Box No.: 11094 CR 24674
City, State, ZIP+4®: Terrell, TX 76160 75160

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 3940

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:

Nettie Cecilia Aymond
11094 CR 24674
Terrell, TX 76160

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dale Aymond ☐ Agent ☐ Addressee

B. Received by (Printed Name): Dale Aymond 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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 3940

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 3759

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

For delivery information visit

AUSTIN TX 78745

OFFICIAL

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$0.0045
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS 0496 SANTA FE, NM 87594
Postmark Here
JUN 02 2015
06/04/2015
DEVARGAS POST OFFICE

Sent To: Alice Crouch
Street, Apt. or PO Box: 4508 Banister Lane
City, State: Austin, TX 78745

PS Form [illegible] See Reverse for Instructions

7014 1200 0001 1539 3742

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

For delivery information visit

WICKENBURG AZ 85358

OFFICIAL

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$0.0045
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS 0496 SANTA FE, NM 87594
Postmark Here
JUN - 2 2015
06/04/2015
DEVARGAS POST OFFICE

Sent To: Ruth Taylor Wright
Street, Apt. or PO Box: P.O. Box 3259
City, State: Wickenburg, AZ 85358

PS Form [illegible] See 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:

Ruth Taylor Wright
P.O. Box 3259
Wickenburg, AZ 85358

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Zack Wil ☐ Agent ☐ Addressee

B. Received by (Printed Name) ZACK WIL
C. Date of Delivery 6/9/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 3742

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4367

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

MHF/COG
SNEED 23H

For delivery information visi
BROOKLYN NY 11201
OFFICIAL

Postage	$	$3.45
Certified Fee		$0.00 3.45
Return Receipt Fee (Endorsement Required)		$0.00 2.80
Restricted Delivery Fee (Endorsement Required)		N/A
		N/A
Total P		$0.71
		$4.16

USPS SANTA FE, NM 87594
07 Postmark Here JUN - 2 2015
06/04/2015
DE VARGAS POST OFFICE

Sent To: Deborah Masters Andrews
Street, Ap: 81-91 Pearl Street
or PO Bo:
City, Stat: Brooklyn, NY 11201

PS Form 3 August 2006 See Reverse for Instructions

7014 1200 0001 1539 4374

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

MHF/COG
SNEED 23H

For delivery information visit ou
AUSTIN TX 78746
OFFICIAL USE

Postage	$	$3.45
Certified Fee		$0.00 3.45
Return Receipt Fee (Endorsement Required)		$0.00 2.80
Restricted Delivery Fee (Endorsement Required)		N/A
		N/A
Total Postage & Fees	$	$0.71
		$4.16

SANTA FE, NM 87594
0496
07 JUN 2015 Postmark Here
06/04/2015
DE VARGAS POST OFFICE

Sent To: Alton C. White, Jr.
Street, Apt.: 3112 Above Stratford Pl
or PO Box N
City, State, Z: Austin, TX 78746

PS Form 38 See Reverse for Instructions

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

MHF/COG
SNEED 23H

For delivery information visit

OFFICIAL USE

Postage	$3.45
Certified Fee	$0.00
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total P	$4.16

USPS SANTA FE, NM 87594
0496
07 Postmark Here 2 2015
06/04/2015
POST OFFICE

Sent To
Street, Apt. or PO B
City, St

The Dorothy Dell Graeber Trust,
U/T/A dated May 5, 1978
5151 S. 4th Street
Leavenworth, KS 66048

PS Form 3800, August 2006 ... See Reverse for Instructions

7014 1200 0001 1539 4381

PLACE STICKER AT TOP OF ENVELOPE TO

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:

The Dorothy Dell Graeber Trust,
U/T/A dated May 5, 1978
5151 S. 4th Street
Leavenworth, KS 66048

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathleen A. Adams ☒ Agent ☐ Addressee

B. Received by (Printed Name) Kathleen A. Adams
C. Date of Delivery 6-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4381

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/COG
SNEED 23H

For delivery information vis

OFFIC

Postage	$3.45
Certified Fee	$0.00
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Postage & Fees	$4.16

E, NM 87594
0496
07 Postmark Here 2015
06/05/2015
OFFICE

Sent To
Street, Apt or PO Box
City, State,

Triad Energy
Attn.: Mr. S.K. Bradshaw, President
1616 Voss Road, Ste. 650
Houston, TX 77057

PS Form 3 ...ions

7014 1200 0001 1539 4299

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:

Triad Energy
Attn.: Mr. S.K. Bradshaw, President
1616 Voss Road, Ste. 650
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melynda Boerm ☒ Agent ☐ Addressee

B. Received by (Printed Name) Melynda Boerm
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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4299

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4282

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

For delivery information visit our website at www.usps.com

TULSA OK 74103

OFFICIAL

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$0.71 $ $4.16

SANTA FE, NM 87594 0496
07 Postmark Here 2015
06/04/2015 POST OFFICE

Sent To: Kiska Oil Company
Street, Apt. No., or PO Box No.: Sinclair Building, 6 E 5th St. #300
City, State, ZIP+4: Tulsa, OK 74103

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4251

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

For delivery information visit our website at www.usps.com

DALLAS TX 75373-2312

OFFICIAL

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$0.71 $ $4.16

SANTA FE, NM 87594 0496
07 Postmark Here 2015
06/04/2015 POST OFFICE

Sent To: Marathon Oil Company
Street, Apt. No., or PO Box No.: P.O. Box 732312
City, State, ZIP+4: Dallas, TX 75373-2312

PS Form 3800, August 2006 See Reverse for Instructions

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:

Kiska Oil Company
Sinclair Building, 6 E 5th St.
#300
Tulsa, OK 74103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Robert M. Bradshaw C. Date of Delivery 7/1/2015

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

SANTA FE, NM 87594 0496 JUL - 1 2015 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4282

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:

Marathon Oil Company
P.O. Box 732312
Dallas, TX 75373-2312

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Chris Thornquist ☐ Agent ☐ Addressee

B. Received by (Printed Name) JUN 16 2015 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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4251

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4268

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

MHF/COG
SNEED 23H

For delivery information visit o
MIDLAND TX 79702 OFFIC

Postage	$	$3.45
Certified Fee		$0.00
Return Receipt Fee (Endorsement Required)		$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
		N/A
		$0.71
Total Postage & Fees	$	$4.16

0496 07 Postmark Here JUN - 2 2015 SANTA FE, NM 87594 DEVARGAS POST OFFICE
06/04/2015

Sent To: Mark T. Hawkins
Street, Apt. or PO Box: P.O. Box 3192
City, State: Midland, TX 79702

PS Form [illegible] See Reverse for Instructions

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:

Mark T. Hawkins
P.O. Box 3192
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARK T. HAWKINS C. Date of Delivery 6/2/15

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 4268

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4275

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

MHF/COG
SNEED 23H

For delivery information visit
MIDLAND TX 79702 OFFIC

Postage	$	$3.45
Certified Fee		$0.00
Return Receipt Fee (Endorsement Required)		$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
		N/A
		$0.71
Total Postage & Fees	$	$4.16

0496 07 Postmark Here JUN - 2 2015 PS SANTA FE, NM 87594 DEVARGAS POST OFFICE
06/04/2015

Sent To: Charles R. Qualia
Street, Apt. or PO Box: P.O. Box 10181
City, State: Midland, TX 79702

PS Form 3[illegible] [illegible]tions

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:

Charles R. Qualia
P.O. Box 10181
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sandra Knee C. Date of Delivery 6/22/15

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 4275

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit our website at www.usps.com

DALLAS TX 75201

OFFICIAL USE

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$6.96 $6.96

USPS SANTA FE, NM 87594
07 JUN 2015 Postmark Here
06/04/2015
DE VARGAS POST OFFICE

Sent To: Selma E Andrews Perpetual Charitable Trust, Bank of America, N.A., Trustee
Street, Apt. No. or PO Box No.: P.O. Box 830308
City, State, ZIP+4: Dallas, TX 75283

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4497

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

For delivery information visit our website at www.usps.com

DALLAS TX 75201

OFFICIAL USE

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$6.96 $6.96

USPS SANTA FE, NM 87594
07 JUN 2015 Postmark Here
06/04/2015
DE VARGAS POST OFFICE

Sent To: Selma E Andrews Trust for the benefit of Peggy Barrett, Bank of America, N.A., Trustee
Street, Apt. No. or PO Box No.: P.O. Box 830308
City, State, ZIP+4: Dallas, TX 75283

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4503

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:

Selma E Andrews Perpetual Charitable Trust, Bank of America, N.A., Trustee
P.O. Box 830308
Dallas, TX 75283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brenda Olsen ☒ Agent ☐ Addressee

B. Received by (Printed Name): Brenda Olsen C. Date of Delivery: 6/18/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4497

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:

Selma E Andrews Trust for the benefit of Peggy Barrett, Bank of America, N.A., Trustee
P.O. Box 830308
Dallas, TX 75283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brenda Olsen ☒ Agent ☐ Addressee

B. Received by (Printed Name): Brenda Olsen C. Date of Delivery: 6/18/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 1200 0001 1539 4503

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4398

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

For delivery information visit our website at www.usps.com®
MONTEREY CA 93940

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.05
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$ $4.16

0496 USPS SANTA FE, NM 87594 — Postmark Here — JUN - 2 2015 — 06/04/2015 — DE VARGAS POST OFFICE

Sent To: Ingrid D. Powell, Trustee of the
Street, Apt. No., or PO Box No.: and I Powell Revocable Living Trust
City, State, ZIP+4®: 114 Las Brisas Drive
Monterey, CA 93940

PS Form 3800, August 2006 — See Reverse for Instructions

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:

Ingrid D. Powell, Trustee of the C
and I Powell Revocable Living Trust
114 Las Brisas Drive
Monterey, CA 93940

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ingrid Powell ☐ Agent ☐ Addressee

B. Received by (Printed Name) INGRID POWELL C. Date of Delivery 6/10/15

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 4398

PS Form 3811, July 2013 — Domestic Return Receipt

7014 1200 0001 1539 4404

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

For delivery information visit our website at www.usps.com®
PALO CEDRO CA 96073

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.05
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$ $4.16

0496 USPS SANTA FE, NM 87594 — Postmark Here — JUN - 2 2015 — 06/04/2015 — DE VARGAS POST OFFICE

Sent To: Edward Dreessen, Jr.
Street, Apt. No., or PO Box No.: P.O. Box 830
City, State, ZIP+4®: Palo Cedro, CA 96073

PS Form 3800, August 2006 — See Reverse for Instructions

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:

Edward Dreessen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patty Dreessen C. Date of Delivery 6/15/15

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

PALO CEDRO CA 96073 JUN 15 2015 USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 4404

PS Form 3811, July 2013 — Domestic Return Receipt

7014 1200 0001 1539 4411

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

For delivery information visit our website at www.usps.com

POULSBO WA 98370

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS SANTA FE, NM 87594
JUN 07 2015 Postmark Here
DE VARGAS POST OFFICE

Sent To
Cecile Marie Dreessen
Street, Apt. No. or PO Box No.
P.O. Box 1696
City, State, ZIP+4
Poulsbo, WA 98370

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4428

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

For delivery information visit our website at www.usps.com

SANTA BARBARA CA 93130

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS SANTA FE, NM 87594
JUN 07 2015 Postmark Here
DE VARGAS POST OFFICE

Sent To
Progeny Petroleum
Street, Apt. No. or PO Box No.
P.O. Box 30864
City, State, ZIP+4
Santa Barbara, CA 93130

PS Form 3800, August 2006 See Reverse for Instructions

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:

Cecile Marie Dreessen
P.O. Box 1696
Poulsbo, WA 98370

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[illegible] 6.8

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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4411

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:

Progeny Petroleum
P.O. Box 30864
Santa Barbara, CA 93130

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Marlon Ramos 6/8/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4428

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4305

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

For delivery information visit c

MONTEREY CA 93940

OFFIC

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$0.30
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total F	$4.16

USPS SANTA FE, NM 87594
0496 JUN - 2 2015 Postmark Here
DEVARGAS POST OFFICE
06/04/2015

Sent To: Betty Kyte Dreeseen
Irrevocable Trust of 12-23-1958
Street, A / or PO B: 114 Las Brisas Drive
City, Sta: Monterey, CA 93940

PS Form 0800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 4312

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

For delivery information visit

HOUSTON TX 77002

OFFIC

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$0.30
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Pr	$4.16

USPS SANTA FE, NM 87594
0496 Postmark Here JUN - 2 2015
DEVARGAS POST OFFICE
06/04/2015

Sent To: Linn Energy Holdings
600 Travis Street, Ste. 5100
Street, A / or PO Bo: Houston, TX 77002
City, Stat: Attn: Land Department-Permian Basin

PS Form ... ctions

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:

Betty Kyte Dreeseen
Irrevocable Trust of 12-23-1958
114 Las Brisas Drive
Monterey, CA 9394

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

MONTEREY POST OFFICE 93940 JUN 12 2015

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4305

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:

Linn Energy Holdings
600 Travis Street, Ste. 5100
Houston, TX 77002
Attn: Land Department-Permian Basin

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUN 15 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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4312

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4329

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

For delivery information visi

HOUSTON TX 77046

MHF/COG
SNEED 23H

OFFICE

Postage	$	$3.45
Certified Fee		$3.05
Return Receipt Fee (Endorsement Required)		$2.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	$	$0.71 $4.16

USPS SANTA FE, NM 87594
Postmark Here
JUN - 2 2015
06/04/2015
DE VARGAS POST OFFICE

Sent To
Occidental Permian Limited Partnership-
Attn: Permian Basin Land Manager
5 Greenway Plaza, Suite 110
Houston, TX 77046

Street, or PO B
City, Ste
PS Form
uctions

7014 1200 0001 1539 4336

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

For delivery information

SPRING TX 77388

MHF/COG
SNEED 23H

OFFICE

Postage	$	$3.45
Certified Fee		$3.05
Return Receipt Fee (Endorsement Required)		$2.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	$	$0.71 $4.16

USPS SANTA FE, NM 87594
Postmark Here
JUN
06/04/2015
DE VARGAS POST OFFICE

Sent T
Energyquest II, LLC-
Attn: Land Department
4526 Research Forest Dr., Suite 200
The Woodlands, TX 77381

Street, or PO
City, S
PS For
ructions

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:

Occidental Permian Limited Partnership-
Attn: Permian Basin Land Manager
5 Greenway Plaza, Suite 110
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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 ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service la...)* 7014 1200 0001 1539 4329

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT ...T 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 ... space permits.

1. Article Addressed to:

Energyquest II, LLC-
Attn: Land Department
4526 Research Forest Dr., Suite 200
The Woodlands, TX 77381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Schwandt ☐ Agent ☐ Addressee

B. Received by (Printed Name) Linda Schwandt C. Date of Delivery 6-17-15

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 4336

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4534

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

For delivery information visit our website at www.usps.com

HOUSTON TX 77002 7342

MHF/COG
SNEED 23H

OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	N/A $0.71

USPS SANTA FE NM 87594 0496 DEVON ENERGY
07 JUN 2015 Postmark Here
06/04/2015 POST OFFICE

Sent To
Street, Apt or PO Box
City, State,

Chevron U.S.A.-
Attn: NOJV Group
1400 Smith Street, Ste. 3600
Houston, TX 770002-7342

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:

Chevron U.S.A.-
Attn: NOJV Group
1400 Smith Street, Ste. 3600
Houston, TX 770002-7342

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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 ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4534

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

7014 1200 0001 1539 4541

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

For delivery information visit our website at www.usps.com

OKLAHOMA CITY OK 73102

MHF/COG
SNEED 23H

OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total P	$0.71

USPS SANTA FE NM 87594 0496 DEVON ENERGY
06 JUN 2015 Postmark Here
06/04/2015 POST OFFICE

Sent To
Street, A
or PO Bo
City, Stat

Devon Energy Production-
Attn: Cari Allen
333 W. Sheridan Avenue
Oklahoma City, OK 73102

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:

Devon Energy Production-
Attn: Cari Allen
333 W. Sheridan Avenue
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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

OKLAHOMA CITY OK JUN 15 2015 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4541

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

7014 1200 0001 1539 4510

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

For delivery information vis

HOUSTON TX 770[illegible]

OFFICIAL

MHF/COG
SNEED 23H

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
Total Po	$	$0.71
		$4.16

0496 USPS SANTA FE, NM 87594
JUN 07 2015 Postmark Here
06/04/2015
POST OFFICE

Sent To: Occidental Permian Limited Partnership
Street, Ap or PO Bo: 5 Greenway Plaza, Suite 110
City, State: Houston, TX 77046
Attn: Permian Basin Land Manager

PS Form [illegible] 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:

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046
Attn: Permian Basin Land Manager

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4510

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

7014 1200 0001 1539 4527

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

For delivery information visit ou

SPRING TX 7738[illegible]

OFFICIAL

MHF/COG
SNEED 23H

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	$	$0.71
		$4.16

USPS SANTA FE, NM 87594
JUN 07 2015 Postmark Here
06/04/2015
POST OFFICE

Sent T: Energyquest II, LLC
Street, or PO: 4526 Research Forest Dr.,
City, S: Suite 200
The Woodlands, TX 77381

PS For 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:

Energyquest II, LLC
4526 Research Forest Dr.,
Suite 200
The Woodlands, TX 77381

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 6-7-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4527

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

7014 1200 0001 1539 4435

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

For delivery information visit our website at www.usps.com

OKLAHOMA CITY OK 73102

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.05
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$ $4.16

USPS SANTA FE, NM 87594 JUN 2015 0496 07 Postmark Here
06/04/2015

Sent To
Devon Energy Production, L.P.
Street, Apt. or PO Box
333 W. Sheridan Avenue
City, State
Oklahoma City, OK 73102

PS Form 3800, August 2006 See Reverse for Instructions

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, L.P.
333 W. Sheridan Avenue
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUN 15 2015

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4435

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

7014 1200 0001 1539 4442

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

For delivery information visit our website at www.usps.com

HOUSTON TX 77002

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.05
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71

0496 USPS SANTA FE, NM 87594 JUN 2015 07 Postmark Here
06/04/2015

Sent To
Chevron U.S.A., Inc.
Street, Apt. or PO Box
Attn: NOJV Group
City, State
1400 Smith Street, Rm. 43198
Houston, TX 77002

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:

Chevron U.S.A., Inc.
Attn: NOJV Group
1400 Smith Street, Rm. 43198
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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 ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4442

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

7014 1200 0001 1539 4459

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

For delivery information visit
MIDLAND TX 79702

MHF/COG
SNEED 23H

OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	N/A
Total	$0.71
	$4.16

0496 SANTA FE, NM 87594
07 Postmark Here
06/04/2015
POST OFFICE

Sent To
Este, Ltd.
Street, or PO B
P.O. Box 10181
City, St
Midland, TX 79702

PS Form [illegible] 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:

Este, Ltd.
P.O. Box 10181
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sandra Knear
C. Date of Delivery 4/22/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4459

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

7014 1200 0001 1539 4466

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

For delivery information visit
HOUSTON TX 77002

MHF/COG
SNEED 23H

OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	N/A
Total	$0.71
	$4.16

0496 FE, NM 87594
07 Postmark Here
06/04/2015
POST OFFICE

Sent
Chevron U.S.A., Inc.
Attn: NOJV Group
Stree
or PC
1400 Smith Street, Rm. 43198
City,
Houston, TX 77002

PS Form [illegible] 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:

Chevron U.S.A., Inc.
Attn: NOJV Group
1400 Smith Street, Rm. 43198
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

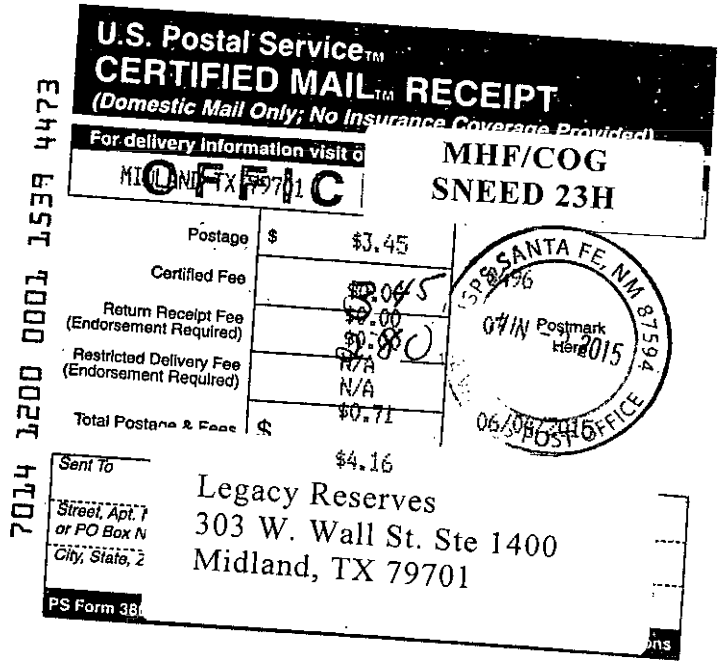
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4466

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



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

For delivery information visit o
MIDLAND TX 79701
OFFIC

MHF/COG
SNEED 23H

Postage	$	$3.45
Certified Fee		$2.95
Return Receipt Fee (Endorsement Required)		$2.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	$	$0.71
		$4.16

USPS SANTA FE, NM 87594
07/N Postmark Here 2015
06/08/2015 POST OFFICE

Sent To
Street, Apt. or PO Box N
City, State, Z

Legacy Reserves
303 W. Wall St. Ste 1400
Midland, TX 79701

PS Form 38

7014 1200 0001 1539 4473

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

ENDER: 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:

Legacy Reserves
303 W. Wall St. Ste 1400
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Bruelka ☐ Agent ☐ Addressee

B. Received by (Printed Name) Judy Gruelka C. Date of Delivery 6-8-15

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

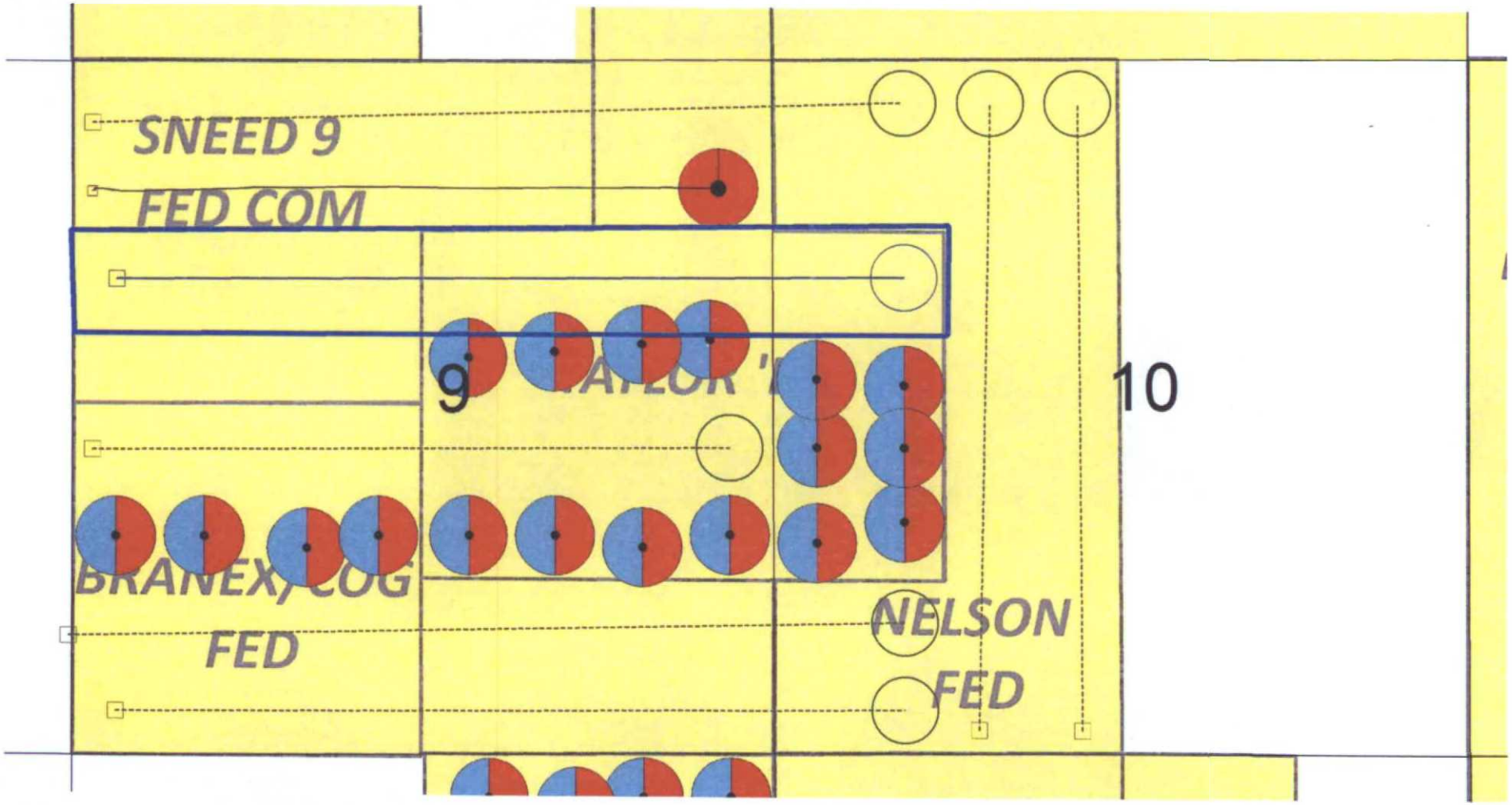
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4473

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

Yeso Development – Sections 9 and 10



CONCHO

BEFORE THE OIL CONVERSATION COMMISSION
Santa Fe, New Mexico
Exhibit No. 14
Submitted by: **COG OPERATING INC.**
Hearing Date: November 5, 2015