

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

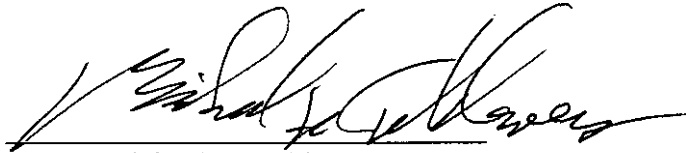
APPLICATION OF NEARBURG EXPLORATION COMPANY, SRO2 LLC AND SRO3 LLC FOR AN ACCOUNTING AND LIMITATION ON RECOVERY OF WELLS COSTS, AND FOR CANCELLATION OF APPLICATION FOR PERMIT TO DRILL, EDDY COUNTY, NEW MEXICO.

CASE NOS.15441, 15481, and 15482

AFFIDAVIT

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

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

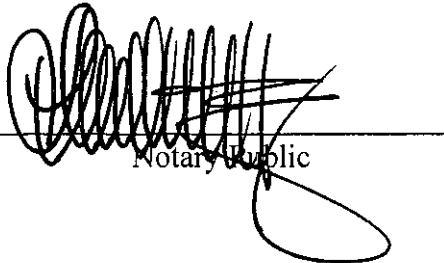


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of May 2015 by Michael H. Feldewert.



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



Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 29
Submitted by: COG Operating LLC
Hearing Date: May 4, 2016

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

March 25, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: Nearburg Exploration Company
c/o Scott Hall
Montgomery & Andrews
P.O. Box 2307
Santa Fe, New Mexico 87504-2307

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.
SRO State Com No. 43H Well

Dear Mr. Hall:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on April 14, 2016. 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.

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If you have any questions about this matter please contact Ryan Owen, at (432) 818-2327 or ROwen@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone [505] 988-4421 **Fax** [505] 983-6043 **www.hollandhart.com**

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

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



March 25, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

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Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

COG OPERATING LLC
SRO STATE COM 43H & 44H WELLS

Party to be Pooled:

Nearburg Exploration Company, L.L.C.
3300 N. A St., Bldg. 2 Suite 120
Midland, TX 79705

Offsets:

Yates Petroleum Corporation
105 S. 4th Street
Artesia, NM 88211

Abo Petroleum Corporation
105 S. 4th Street
Artesia, NM 88211

Myco Industries, Inc.
105 S. 4th Street
Artesia, NM 88211

OXY Y-1 Company
P.O. Box 4294
Houston, TX 77210

The Allar Company
P.O. Box 1567
Graham, TX 76450

Chevron USA Inc.
Attn: NOJV Group
P.O. Box 2100
Houston, TX 77252

Devon Energy Production Company LP
20 North Broadway, Suite 1500
Oklahoma City, OK 73102

7015 3010 0001 8827 2031

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OFFICIAL USE

Certified Mail Fee
 \$ 345

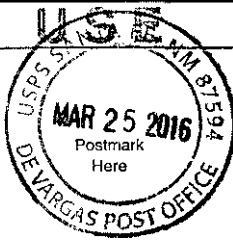
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.50</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Nearburg Exploration
 Company, L.L.C.
 3300 N. A St., Bldg. 2 Suite 120
 Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



9E02 2289 1000 070E 5702

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OFFICIAL USE

Certified Mail Fee
 \$ 345

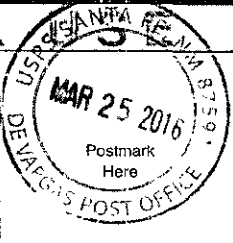
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.50</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Yates Petroleum Corporation
 105 S. 4th Street
 Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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 <i>XBR</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Bna</i>	C. Date of Delivery <i>3/28/16</i>
Yates Petroleum Corporation 105 S. 4th Street Artesia, NM 88211	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
49590 9401 0128 5225 9677 29	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label): 7015 3010 0001 8827 2038	<input type="checkbox"/> Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 3010 0001 8827 2045

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 345
 Return Receipt (electronic) \$ 210
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total F \$
 Sent To \$
 Street 105 S. 4th Street
 City, State, ZIP+4® Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTIAGO, NM 87504
 MAR 25 2016
 Postmark Here
 DE VARGAS POST OFFICE

7015 3010 0001 8827 2052

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 345
 Return Receipt (electronic) \$ 210
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total F \$
 Sent To \$
 Street 105 S. 4th Street
 City, State, ZIP+4® Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 Instructions

USPS SANTIAGO, NM 87504
 MAR 25 2016
 Postmark Here
 DE VARGAS POST OFFICE

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.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Abo Petroleum Corporation
 105 S. 4th Street
 Artesia, NM 88211

9590 9401 0128 5225 9677 36

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 2045

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Bm

C. Date of Delivery 3/28/16

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Myco Industries, Inc.
 105 S. 4th Street
 Artesia, NM 88211

9590 9401 0128 5225 9677 43

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 2052

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Bm

C. Date of Delivery 3/28/16

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 3010 0001 8827 2076

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *COG/SRO 43H*

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

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total P \$

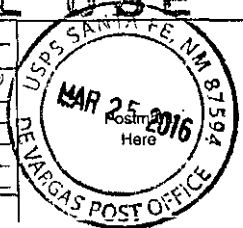
Sent To

Street

City, St

OXY Y-1 Company
 P.O. Box 4294
 Houston, TX 77210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY Y-1 Company
 P.O. Box 4294
 Houston, TX 77210

9590 9401 0128 5225 9677 50

2. Article Number (Transfer from service label)

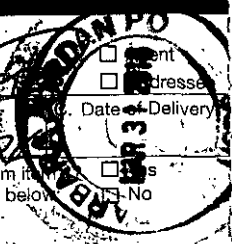
7015 3010 0001 8827 2076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *J. Noble*

B. Received by (Printed Name) *J. Noble* C. Date of Delivery *3-23-16*

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



3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation™

Signature Confirmation Restricted Delivery

(over \$500)

7015 3010 0001 8827 2076

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To

Street and

City, State

The Allar Company
 P.O. Box 1567
 Graham, TX 76450

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Allar Company
 P.O. Box 1567
 Graham, TX 76450

9590 9401 0128 5225 9677 67

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Melanie Barnett* Agent Addressee

B. Received by (Printed Name) *Melanie Barrett* C. Date of Delivery *3-28-16*

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation™

Signature Confirmation Restricted Delivery

(over \$500)

7015 3010 0001 8827 2083

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To _____

Street and _____

City, State _____

Chevron USA Inc.
 Attn: NOJV Group
 P.O. Box 2100
 Houston, TX 77252

PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA FE, NM 87594
 MAR 23 2016
 DE VARGAS POST OFFICE

7015 3010 0001 8827 2090

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To _____

Street and _____

City, State _____

Devon Energy Production
 Company LP
 20 North Broadway, Suite 1500
 Oklahoma City, OK 73102

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87594
 MAR 23 2016
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Chevron USA Inc.
 Attn: NOJV Group
 P.O. Box 2100
 Houston, TX 77252

9590 9401 0128 5225 9677 74

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2083

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

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

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

3. Service Type Priority Mail Express® Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Signature Confirmation Restricted Delivery (over \$500)

BARBARA JORDAN POST OFFICE
 MAR 30 2016

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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
 Company LP
 20 North Broadway, Suite 1500
 Oklahoma City, OK 73102

9590 9401 0128 5225 9670 64

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2090

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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A. Signature Agent Addressee

X *[Signature]*

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

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

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Adult Signature Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Signature Confirmation Restricted Delivery

CENTER CITY OKLAHOMA CITY, OK
 MAR 28 2016

COG OPERATING LLC
SRO STATE COM 43H & 44H WELLS

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3300 N. A St., Bldg. 2 Suite 120
Midland, TX 79705

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Artesia, NM 88211

Abo Petroleum Corporation
105 S. 4th Street
Artesia, NM 88211

Myco Industries, Inc.
105 S. 4th Street
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OXY Y-1 Company
P.O. Box 4294
Houston, TX 77210

The Allar Company
P.O. Box 1567
Graham, TX 76450

Chevron USA Inc.
Attn: NOJV Group
P.O. Box 2100
Houston, TX 77252

Devon Energy Production Company LP
20 North Broadway, Suite 1500
Oklahoma City, OK 73102

HOLLAND & HART^{LLP}



Jordan L. Kessler

Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

March 25, 2016

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Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

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



March 25, 2016

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RETURN RECEIPT REQUESTED

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Sincerely,



Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

9012 2287 1000 010E 5102

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *COG/SD 437A*

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

OFFICIAL USE

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 280

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
MAR 25 2016
 DE VARGAS POST OFFICE

Nearburg Exploration
 Company, L.L.C.
 3300 N. A St., Bldg. 2 Suite 120
 Midland, TX 79705

for Instructions

9012 2287 1000 010E 5102

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *COG/SD 437A*

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OFFICIAL USE

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 280

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
MAR 25 2016
 DE VARGAS POST OFFICE

Yates Petroleum Corporation
 105 S. 4th Street
 Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 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.
- 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:

Nearburg Exploration
 Company, L.L.C.
 3300 N. A St., Bldg. 2 Suite 120
 Midland, TX 79705

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2106

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X. Friesel* Agent Addressee

B. Received by (Printed Name) *Friesel* C. Date of Delivery *4/1/16*

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery

9590 9401 0128 5225 9676 44

Domestic Return Receipt

7015 3010 0001 8827 0645

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *COG/ASO 4/27/16*

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

USPS SANTA FE, NM 87594
 Postmark Here **MAR 25 2016**
DEVARGAS POST OFFICE

Abo Petroleum Corporation
 105 S. 4th Street
 Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3010 0001 8827 0652

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *COG/ASO 4/27/16*

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

USPS SANTA FE, NM 87594
 Postmark Here **MAR 23 2016**
DEVARGAS POST OFFICE

Myco Industries, Inc.
 105 S. 4th Street
 Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Abo Petroleum Corporation
 105 S. 4th Street
 Artesia, NM 88211

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0645

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *3/28/16*

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Mail Restricted Delivery (DD)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Myco Industries, Inc.
 105 S. 4th Street
 Artesia, NM 88211

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0652

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *3/28/16*

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Mail Restricted Delivery (DD)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 3010 0001 8827 0669

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *CO6/SRO 44A*

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

OFFICIAL USE

Certified Mail Fee \$ *3.45*

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ *2.80*

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 MAR 25 2016
 Here
 DE VARGAS POST OFFICE

OXY Y-1 Company
 P.O. Box 4294
 Houston, TX 77210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3010 0001 8827 0676

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *CO6/SRO 44H*

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

OFFICIAL USE

Certified Mail Fee \$ *3.45*

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ *2.80*

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

To: The Allar Company
 P.O. Box 1567
 Graham, TX 76450

Postmark
 MAR 25 2016
 Here
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY Y-1 Company
 P.O. Box 4294
 Houston, TX 77210

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0669

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Allar Company
 P.O. Box 1567
 Graham, TX 76450

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0676

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Melanie Barrett

B. Received by (Printed Name) C. Date of Delivery
Melanie Barrett 3-29-16

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

3. Service Type Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 3010 0001 8827 0683

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *COG/SRO used*

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

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ *2.40*
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Chevron USA Inc.
 Attn: NOJV Group
 P.O. Box 2100
 Houston, TX 77252

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 3010 0001 8827 0683

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *COG/SRO used*

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

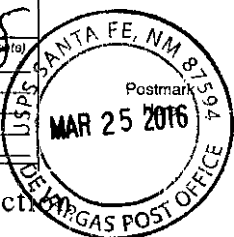
OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ *2.40*
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Devon Energy Production
 Company LP
 20 North Broadway, Suite 1500
 Oklahoma City, OK 73102

PS Form 3800, April 2015 PSN 7530-02-000-9047 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.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Chevron USA Inc.
 Attn: NOJV Group
 P.O. Box 2100
 Houston, TX 77252

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0683

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

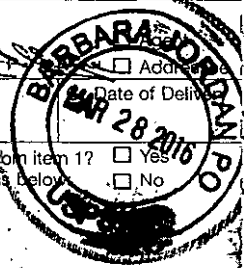
A. Signature
 X *Barbara Jordan*

B. Received by (Printed Name)
 Barbara Jordan

C. Date of Delivery
 MAR 28 2016

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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
 Company LP
 20 North Broadway, Suite 1500
 Oklahoma City, OK 73102

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0683

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *David Carrillo*

B. Received by (Printed Name)
 David Carrillo

C. Date of Delivery
 MAR 29 2016

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

