

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

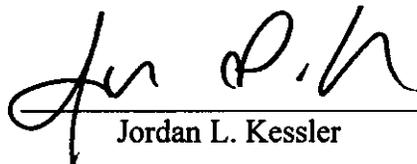
AMENDED APPLICATION OF COG OPERATING LLC TO RE-OPEN CASE NO. 15023 TO POOL THE INTERESTS OF ADDITIONAL MINERAL OWNERS UNDER THE TERMS OF COMPULSORY POOLING ORDER R-13757, EDDY COUNTY, NEW MEXICO.

CASE NO. 15023 (Re-Opened and Re-Advertised)

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 Application was provided under the notice letter attached hereto.



Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 3rd day of August 2016 by Jordan L. Kessler.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/11/19



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: **COG OPERATING LLC**
Hearing Date: August 4, 2016

HOLLAND & HART ^{LLP}



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

July 15, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: CASE 15023 (re-opened): Amended Application of COG Operating LLC To Re-Open Case No. 15023 To Pool The Interests Of Additional Mineral Owners Under The Terms Of Compulsory Pooling Order R-13757, Eddy County, New Mexico. Arabian 6 Fee No. 6H Well

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed amended 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 August 4, 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.

Parties appearing in cases are required by Division Rule 19.15.4.13 to file a Pre-hearing Statement four business 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 Joseph Scott, at JScott@concho.com or (432) 688-6601.

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

Ashen 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. ☉

**COG OPERATING LLC
ARABIAN 6 FEE WELL NO. 6H WELL**

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

Abo Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

MYCO Industries Inc.
105 South 4th Street
Artesia, NM 88210

Yates Industries LLC
105 South 4th Street
Artesia, NM 88210

Sharbro Energy LLC
105 South 4th Street
Artesia, NM 88210

OXY Y-1 Company
PO Box 4294
Houston, TX 77210-4294

B&G Royalties
PO Box 376
Artesia, NM 88210

Steve F. Thompson
102 Road 395
Farmington, NM 87401

Glen E. Thompson, Jr.
PO Box 542
Seagraves, TX 79359

Crystal America Thompson
PO Box 542
Seagraves, TX 79359

Wesley LaFayette Thompson
PO Box 542
Seagraves, TX 79359

Brittany Morgan Thompson
PO Box 542
Seagraves, TX 79359

Geyer Thompson
PO Box 542
Seagraves, TX 79359

First Southern Baptist Church
3120 Haulapai Mountain Rd.
Kingman, AZ 86401

Dorothy Thompson,
individually and as heir of
Cecil L. Thompson, Sr.
34 Jameson Road
Belen, NM 87002

Deborah C. Brown, SSP
6068-A Appleton Rd. SW
Albuquerque, NM 87105

Linda G. McQuillen, SSP
6724 McQuillen
Shilow, OH 44878

7015 3010 0001 8827 6470

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

For delivery information, visit **OFFIC**

MHF/COG
ARABIA SANTA FE
NM 87507

JUL 15 2016
Postmark
Here
SANTA FE
MAIN POST OFFICE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.45
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

To Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

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:
Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6470

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
B. Received by (Printed Name) Bna
C. Date of Delivery 7/18/16
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

9590 9401 0132 5225 4703 21

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

7015 3010 0001 8827 6463

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

For delivery information, visit **OFFIC**

MHF/COG
ARABIA SANTA FE
NM 87507

JUL 15 2016
Postmark
Here
SANTA FE
MAIN POST OFFICE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.45
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

To Abo Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

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:
Abo Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6463

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
B. Received by (Printed Name) Bna
C. Date of Delivery 7/18/16
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

9590 9401 0132 5225 4703 38

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

7015 3010 0001 8827 6456

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

For delivery information, visit usps.com

OFFICE MHE/COG
ARABIAN OH
NM 87507

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$ 2.12

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark
JUL 15 2016
SANTA FE
MAIN POST OFFICE

MYCO Industries Inc.
105 South 4th Street
Artesia, NM 88210

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

7015 3010 0001 8827 6449

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

For delivery information, visit usps.com

OFFICE MHE/COG
ARABIAN OH
NM 87507

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 3.95

Return Receipt (electronic) \$ 2.12

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark
JUL 15 2016
SANTA FE
MAIN POST OFFICE

Yates Industries LLC
105 South 4th Street
Artesia, NM 88210

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Yates Industries LLC 105 South 4th Street Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9401 0132 5225 4703 52</p> <p>7015 3010 0001 8827 6449</p>	

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

7015 3010 0001 8827 6432

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

For delivery information, visit **OFFIC** **MHF/COG ARABIAN CH**

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here
JUL 15 2016
USPS SANTA FE NM 87501

Sharbro Energy LLC
105 South 4th Street
Artesia, NM 88210

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

7015 3010 0001 8827 6425

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

For delivery information, visit **OFFIC** **MHF/COG ARABIAN CH**

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here
JUL 15 2016
USPS SANTA FE NM 87501

OXY Y-1 Company
PO Box 4294
Houston, TX 77210-4294

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J. BEAN</u></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>OXY Y-1 Company PO Box 4294 Houston, TX 77210-4294</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0001 8827 6425</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7015 3010 0001 8827 6418

U.S. Postal Service™
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 Domestic Mail Only

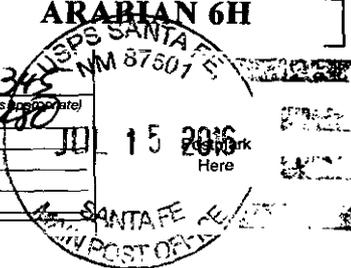
For delivery information, visit **OFFIC**

MHF/COG
 ARABIAN 6H

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.15
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 To B&G Royalties
 PO Box 376
 Si Artesia, NM 88210
 Ci

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:
 B&G Royalties
 PO Box 376
 Artesia, NM 88210

2. Article Number (Transfer from service label)
 9590 9401 0128 5225 9707 67
 7015 3010 0001 8827 6418

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

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

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™
 Mail Restricted Delivery Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 6401

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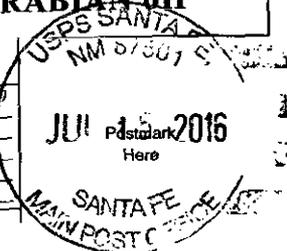
For delivery information, visit **OFFIC**

MHF/COG
 ARABIAN 6H

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.15
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 To Steve F. Thompson
 Si 102 Road 395
 Si Farmington, NM 87401
 Ci

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



RETURNED

53E9 2398 1000 070E 570J

**U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit **OFFICE**

**MHF/COG
ARABIAN 6H**

Certified Mail Fee \$ 3.85

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 Here **JUL 15 2016**

**SANTA FE
MAIN POST OFFICE**

To: **Glen E. Thompson, Jr.
PO Box 542
Seagraves, TX 79359**

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

98E9 2398 1000 070E 570J

**U.S. Postal Service™
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For delivery information, visit **OFFICE**

**MHF/COG
ARABIAN 6H**

Certified Mail Fee \$ 3.85

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 Here **JUL 15 2016**

**SANTA FE
MAIN POST OFFICE**

To: **Crystal America Thompson
PO Box 542
Seagraves, TX 79359**

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:

**Glen E. Thompson, Jr.
PO Box 542
Seagraves, TX 79359**

9590 9401 0128 5225 9686 58

2. Article Number (Transfer from service label):
7015 3010 0001 8827 6386

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Kensley Thompson**

C. Date of Delivery **7/21/16**

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

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:

**Crystal America Thompson
PO Box 542
Seagraves, TX 79359**

9590 9401 0128 5225 9686 65

2. Article Number (Transfer from service label):
7015 3010 0001 8827 6388

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Kensley Thompson**

C. Date of Delivery **7/21/16**

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

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

0697 2827 6827 6897
7015 3010 0001 8827 6890

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

For delivery information, visit **OFFICE**

MHF/COG SANTA ARABIAN 6H NM 87507

JUL 15 2016

Certified Mail Fee \$ 3.95

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 \$

Wesley LaFayette Thompson
PO Box 542
Seagraves, TX 79359

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

PLACE STICKER AT TOP OF ENVELOPE OR 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:

Wesley LaFayette Thompson
PO Box 542
Seagraves, TX 79359

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6890

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wesley Thompson* Agent Addressee

B. Received by (Printed Name)

Kensey Thompson *7/15/16*

C. Date of Delivery

7/15/16

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

0697 2827 6827 6897
7015 3010 0001 8827 6906

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
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For delivery information, visit **OFFICE**

MHF/COG SANTA ARABIAN 6H NM 87507

JUL 15 2016

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Brittany Morgan Thompson
PO Box 542
Seagraves, TX 79359

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

PLACE STICKER AT TOP 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:

Brittany Morgan Thompson
PO Box 542
Seagraves, TX 79359

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6906

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brittany Thompson* Agent Addressee

B. Received by (Printed Name)

Kensey Thompson *7/15/16*

C. Date of Delivery

7/15/16

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

7015 3010 0001 8827 6616

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

For delivery information, visit **OFFIC**

MHF/COG
 ARABIAN V6H
 NM 87501

Certified Mail Fee \$ 2.10

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

Return Receipt (hardcopy) \$ 2.10

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

JUL 15 2016
 SANTA FE
 NM POST OFFICE

Geyer Thompson
 PO Box 542
 Seagraves, TX 79359

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:

Geyer Thompson
 PO Box 542
 Seagraves, TX 79359

2. Article Number (Transfer from service label):
 7015 3010 0001 8827 6913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Kency Thompson

C. Date of Delivery
 7-15-16

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

9590 9401 0128 5225 9686 96

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

7015 3010 0001 8827 6622

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

For delivery information, visit **OFFIC**

MHF/COG
 ARABIAN V6H
 NM 87501

Certified Mail Fee \$ 2.10

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

Return Receipt (hardcopy) \$ 2.10

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

JUL 15 2016
 SANTA FE
 NM POST OFFICE

First Southern Baptist Church
 3120 Haulapai Mountain Rd.
 Kingman, AZ 86401

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:

First Southern Baptist Church
 3120 Haulapai Mountain Rd.
 Kingman, AZ 86401

2. Article Number (Transfer from service label):
 7015 3010 0001 8827 6692

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Janice Davis

C. Date of Delivery
 7-15-16

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

9590 9401 0128 5225 9687 02

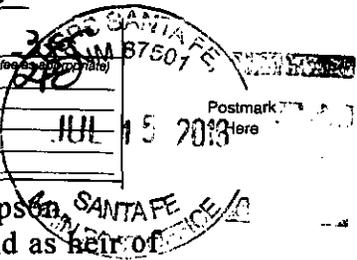
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 3010 0001 8827 6706

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

For delivery information, visit **MHF/COG**
OFFIC ARABIAN 6H

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	3.40
<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

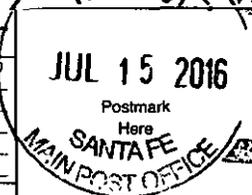
Dorothy Thompson, individually and as heir of
Cecil L. Thompson, Sr.
34 Jameson Road
Belen, NM 87002

7015 3010 0001 8827 6715

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

For delivery information, visit **MHF/COG**
OFFIC ARABIAN 6H

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	3.40
<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

Deborah C. Brown, SSP
6068-A Appleton Rd. SW
Albuquerque, NM 87105

7015 3010 0001 8827 6722

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit

OFFIC

Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

MHP/COG
PS SANTA FE
JUL 15 2016
Postmark
SANTA FE
MAIN POST OFFICE

Linda G. McQuillen, SSP
6724 McQuillen
Shilow, OH 44878

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:

Linda G. McQuillen, SSP
6724 McQuillen
Shilow, OH 44878

2. Article Number (transfer from service label)

9590 9401 0128 5225 9707 50
7015 3010 0001 8827 6722

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Linda G. McQuillen Agent
Addressed by
B. Received by (Printed Name) C. Date of Delivery
LINDA G. McQUILLEN 7-19-16

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt