

COG OPERATING LLC  
Geronimo Federal #11H  
S19-T19S-R33E, S30-T19S-R33E  
& S31-T19S-R33E  
Lea County, New Mexico



**CASE NO. 15554**



DISTRICT I  
1625 N. FRANKLIN DR., MORGAN, NM 86240  
Phone: (505) 363-4181 Fax: (505) 363-0780

DISTRICT II  
511 S. FIRST ST., ARTESIA, NM 86210  
Phone: (505) 746-1823 Fax: (505) 746-0720

DISTRICT III  
1000 RIO BRAZOS RD., AZTEC, NM 87410  
Phone: (505) 334-6176 Fax: (505) 334-6170

DISTRICT IV  
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505  
Phone: (505) 476-3480 Fax: (505) 476-3482

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number	Pool Code	Pool Name
Property Code	Property Name	Well Number
	GERONIMO FEDERAL COM	11H
OGRID No.	Operator Name	Elevation
	COG OPERATING, LLC	3599.6

**Surface Location**

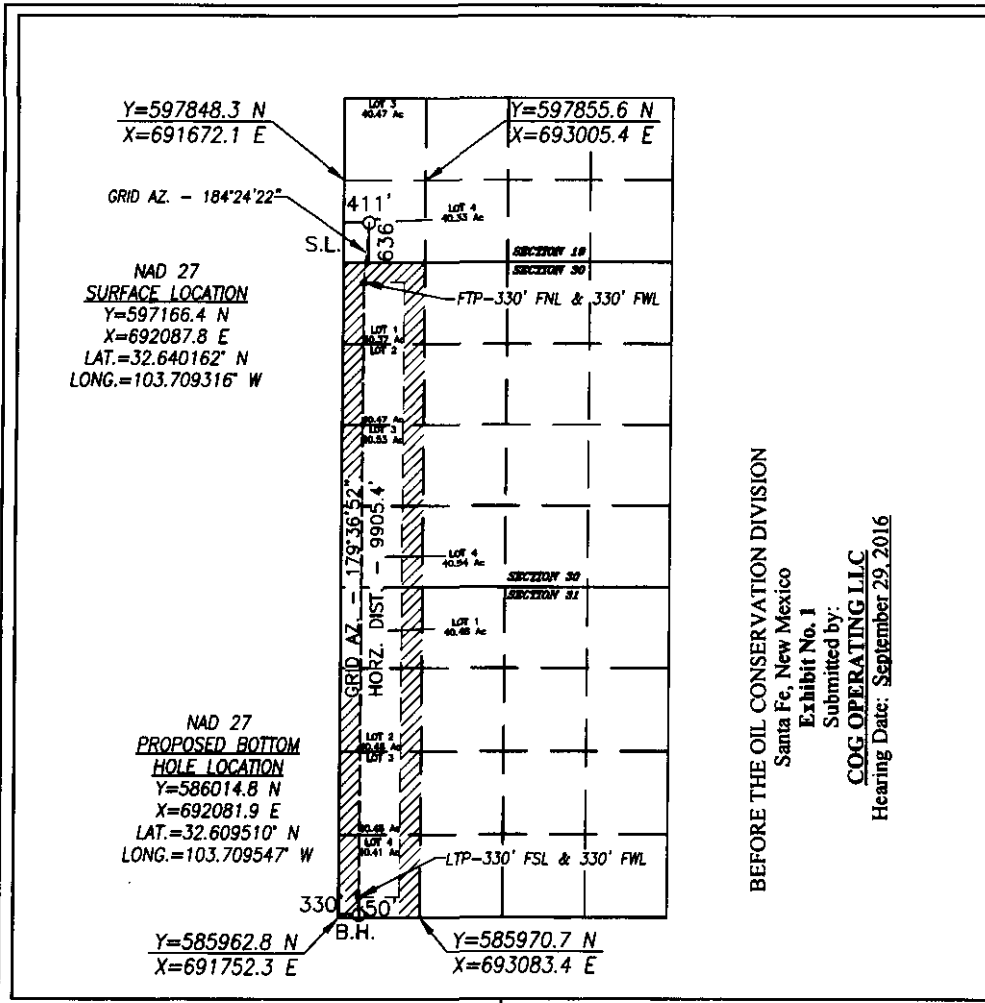
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
4	19	19-S	33-E		636	SOUTH	411	WEST	LEA

**Bottom Hole Location If Different From Surface**

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
4	31	19-S	33-E		50	SOUTH	330	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



**OPERATOR CERTIFICATION**

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

MAY 27, 2016

Date of Survey

Signature & Seal of Professional Surveyor



Chad L. Harcrow 6/14/16  
Certificate No. CHAD HARCROW 17777  
W.O. # 16-414 DRAWN BY: CH

**COG - Geronimo Federal Com #11H**

W½W½ Section 30, Township 19 South, Range 33 East  
W½W½ Section 31, Township 19 South, Range 33 East  
Limited in depth to the Bone Spring Formation

Tract 1			
		Section 30	
Tract 2			
		Section 31	

**Tract 1: Section 30: W½W½ (163.0 acres)**

Kaiser-Francis Oil Company	50.0000000%
Sharon Ross Jackson and Noell Ross Jackson, Successor Trustee of the William G. Ross and Vee K. Ross Living Trust dated 3.9.1990	25.0000000%
MRC Delaware Resources, LLC	22.0000000%
MRC Spiral Resources, LLC	1.0000000%
MRC Explorers Resources, LLC	1.0000000%
Nadel & Gussman Capitan, LLC	1.0000000%
<b>Total</b>	<b>100.0000000%</b>

**Tract 2: Section 31: W½W½ (161.72 acres)**

COG Operating LLC	80.0000000%
Campeche Petro, L.P.	20.0000000%
<b>Total</b>	<b>100.0000000%</b>

**Unit Working Interest**

COG Operating LLC	39.9205857%
Campeche Petro, L.P.	9.9801464%
Kaiser-Francis Oil Company Sharon Ross Jackson and Noell Ross Jackson, Successor Trustee of the William G. Ross and Vee K. Ross Living Trust dated 3.9.1990	25.0496339%
MRC Delaware Resources, LLC	12.524817%
MRC Spiral Resources, LLC	11.0218389%
MRC Explorers Resources, LLC	0.5009927%
Nadel & Gussman Capitan, LLC	0.5009927%
<b>Total</b>	<b>100.0000000%</b>

**Record Title Owner Tract 1**

ConocoPhillips Co	50.0000000%
Mobil Prod TX & NM	25.0000000%
William G. Ross	25.0000000%
<b>Total</b>	<b>100.0000000%</b>

**Record Title Owner Tract 2**

Bryan C. Wagner	80.0000000%
Campeche Petro, L.P.	20.0000000%
<b>Total</b>	<b>100.0000000%</b>

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico

Exhibit No. 2

Submitted by:

**COG OPERATING LLC**

Hearing Date: September 29, 2016



Jon-Aaron House  
Senior Landman

July 6, 2016

**Working Interest Owners - Attached Listing**

Re: **Well Proposal – Geronimo Federal Com #11H**

Section 30: W½W½

Section 31: W½W½

Township 19 South, Range 33 East, N.M.P.M.

SHL: 636' FSL & 411' FWL, or a legal location in Lot 4 (Sec. 19)

BHL: 50' FSL & 330' FWL, or a legal location in Lot 4 (Sec. 31)

Lea County, New Mexico

Gentlemen:

COG Operating LLC (COG), as Operator, hereby proposes the drilling of the above-referenced horizontal well to be drilled to a depth sufficient to adequately test the 2<sup>nd</sup> Bone Spring formation at a total measured depth of approximately 20,800'. The surface location for this well is proposed at an off-lease legal location in Lot 4 of Sec. 19 with a bottom hole location at a legal location in Lot 4 of Sec. 31, Township 19 South, Range 33 East, Lea County, New Mexico.

The total cost of the Operation is estimated to be \$12,995,780 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE"). COG anticipates that it will spud the well on or before December 31, 2016.


COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement. The Operating Agreement will cover the W½ of Section 30 and the W½ of Section 31, Township 19S, Range 33E, Lea County, New Mexico ("Contract Area") which is enclosed for your review and approval. It contains the following general provisions:

- 100/300/300 Non-consenting penalty
- \$7,000 / \$700 Drilling and Producing rate
- COG named as Operator

Please indicate your participation election in the space provided on page 2, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements, to my attention at the letterhead address. You may also fax your response to (432) 221-0856 or by email to [lreyana@concho.com](mailto:lreyana@concho.com). Should you have any questions, please do not hesitate to contact me at 432.221.0349 or by email at [jhouse@concho.com](mailto:jhouse@concho.com).

If we do not reach an agreement within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well.

Sincerely,  
COG Operating LLC

  
Jon Aaron House  
Senior Landman

JAH:lr  
Encl.

\_\_\_\_\_ I/we hereby elect to participate in the Geronimo Federal Com #11H.

\_\_\_\_\_ I/we hereby elect **not to** participate in the Geronimo Federal Com #11H.

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Working Interest Owners**

**Federal Express**

Campeche Petro, L.P.  
500 Commerce Street, Suite 600  
Fort Worth, Texas 76102

**Certified Mail 91 7199 9991 7036 0802 8109**

**Return Receipt Requested**

Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, Oklahoma 74121

**Certified Mail 91 7199 9991 7036 0802 8093**

**Return Receipt Requested**

Sharon Ross Jackson and Noell Ross Jackson,  
Successor Trustee of the William G. Ross and Vee K. Ross  
Living Trust dated 3.9.1990  
P. O. Box 86  
Midland, Texas 79702

**Federal Express**

MRC Delaware Resources, LLC  
5400 Lyndon B. Johnson Fwy, Suite 1500  
Dallas, Texas 75240

**Federal Express**

MRC Spiral Resources, LLC  
5400 Lyndon B. Johnson Fwy, Suite 1500  
Dallas, Texas 75240

**Federal Express**

MRC Explorers Resources, LLC  
5400 Lyndon B. Johnson Fwy, Suite 1500  
Dallas, Texas 75240

**Federal Express**

Nadel & Gussman Capitan, LLC  
15 East 5<sup>th</sup> Street, Suite 3200  
Tulsa, Oklahoma 74103

**COG OPERATING LLC  
AUTHORITY FOR EXPENDITURE  
DRILLING**

WELL NAME: Geronimo Federal Com 11H  
SHL: SEC 19: 636 FSL & 411 FWL  
BHL: SEC 31: 60 FSL & 330 FWL  
FORMATION: DBSS/2ND BSS  
LEGAL: SECTIONS 19 & 31, T19S-R33E

PROSPECT NAME: ZEUS 1933 (717094)  
STATE & COUNTY: New Mexico, Lea  
OBJECTIVE: Drill & Complete  
DEPTH: 20,800  
TVD: 9,890

INTANGIBLE COSTS	Drig - Btg Release(D)	Completion(C)	Tank Bttv Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL
Title/Curtive/Permit	201 11,000				11,000
Insurance	202 4,000	302			4,000
Damages/Right of Way	203 5,000	303			5,000
Survey/State Location	204 6,000		351		6,000
Location/Fits/Road Expense	205 120,000	305 31,780	352 80,000	306	231,780
Drilling / Completion Overhead	206 11,100	306			11,100
Turnkey Contract	207 0	307			0
Footage Contract	208 0	308			0
Daywork Contract	209 826,000	309			826,000
Directional Drilling Services	210 173,500	310			173,500
Fuel & Power	211 66,000	311 2,000	354	367	68,000
Water	212 76,000	312 1,750,000		368	1,826,000
Bbs	213 81,000	313 4,500		369	85,500
Mud & Chemicals	214 90,000	314 46,000		370	136,000
Drill Stem Test	215 0	315			0
Coring & Analysis	216 0				0
Cement Surface	217 26,500				26,500
Cement Intermediate	218 25,000				25,000
Cement 2nd Intermediate/Production	219 168,760				168,760
Cement Squeezes & Other (Kickoff Plug)	220 0			371	0
Float Equipment & Cementations	221 55,000				55,000
Casing Crews & Equipment	222 52,000				52,000
Flaring Tools & Service	223 0	323		372	0
Geologic/Engineering	224 0	324	355	373	0
Contract Labor	225 5,300	325 45,800	356 82,000	374	133,100
Company Supervision	226 60,800	326 30,000	357	375	90,800
Contract Supervision	227 108,000	327 100,000	358	376 5,000	213,000
Twisting Casing/Tubing	228 25,000	328 10,000		377	35,000
Mud Logging Unit	229 32,000	329			32,000
Logging	230 0			378	0
Perforating/Wireline Services	231 4,000	331 370,000		379	374,000
Stimulation/Treating		332 3,600,000		380	3,600,000
Completion Unit		333 50,000		381 7,000	57,000
Swabbing Unit		334		382	0
Rentals-Surface	235 130,000	335 259,000	359	383 8,000	395,000
Rentals-Subsurface	236 130,000	336 80,000		384	210,000
Trucking/Forklift/Rig Mobilization	237 120,000	337 40,000	360	385 5,000	165,000
Welding Services	238 4,000	338 5,000	361	386	9,000
Water Disposal	239 0	339 150,000	362 1,620,000	367	1,670,000
Plug to Abandon	240 0	340			0
Seismic Analysis	241 0	341			0
Miscellaneous	242 0	342		389	0
Contingency	243 45,000	343 125,000	363	390	170,000
Closed Loop & Environmental	244 240,000	344 5,000	364	388	245,000
Coil Tubing		345 252,000			252,000
Flowback Crews & Equip		347 82,000			82,000
Offset Directional/Proc	248 0	348			0
<b>TOTAL INTANGIBLES</b>	<b>2,627,450</b>	<b>7,037,860</b>	<b>1,982,000</b>	<b>23,000</b>	<b>11,670,310</b>
<b>TANGIBLE COSTS</b>					
Surface Casing	401 92,000				92,000
Intermediate Casing	402 184,000				184,000
Production Casing/Liner	403 280,000				280,000
Tubing		504 35,000		530	35,000
Wellhead Equipment	405 40,000	505 9,000		531 1,000	52,000
Pumping Unit				506 100,470	100,470
Prime Mover				507	0
Roads				508 40,000	40,000
Purpose-Sub Surface (BH)		509 50,000		532 8,000	58,000
Tanks			510 75,000		75,000
Flowlines			511 50,000		50,000
Heater Treater/Separator			512 90,000		90,000
Electrical System			513 60,000	533	60,000
Packers/Anchors/Hangers	414 0	514 0		534	0
Couplings/Fittings/Valves	415 0		515 210,000		210,000
Dehydration			517		0
Injection Plant/CO2 Equipment			518		0
Purpose-Surface			521 28,000		28,000
Instrumentation/SCADA/POC			522	529 4,000	4,000
Miscellaneous	418 0	519 45,000	523	535	45,000
Contingency	420 0	520	524	536	0
Meters/LACT			525		0
Flares/Combustors/Emission			526		0
Gas Lift/Compression		527 25,000	516	528	25,000
<b>TOTAL TANGIBLES</b>	<b>586,000</b>	<b>94,000</b>	<b>380,000</b>	<b>138,470</b>	<b>1,425,470</b>
<b>TOTAL WELL COSTS</b>	<b>3,123,450</b>	<b>7,131,860</b>	<b>2,962,000</b>	<b>178,470</b>	<b>12,985,780</b>

COG Operating LLC % of Total Well Cost

Date Prepared:

COG Operating LLC

We approve:  
% Working Interest

By:

Company: Campeche Petro, L.P.  
By:

Printed Name:  
Title:  
Date:

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.



# COPY

August 8, 2016

Interest Owners – Attached Listing

RE: Communitization Agreement  
Geronimo Federal Com #11H  
Section 30: Lots 1-4 (W½W½)  
Section 31: Lots 1-4 (W½W½)  
Township 19 South, Range 33 East  
Lea County, New Mexico

Gentlemen:

In regard to the captioned well, COG Operating LLC desires to communitize BLM Lease NMNM 0 073240 and NMNM 067111, insofar as they cover the above described acreage, as to the Bone Spring formation. Enclosed herewith is a copy of the Communitization Agreement, along with 2 (two) sets of signature pages prepared for execution on behalf of the Lessee of Record Title Owner and/or Operating Rights.

Please secure execution of all the enclosed and return all fully executed pages in the enclosed postage paid envelope for further handling. An approved and recorded copy of this agreement will be forwarded to you when available.

Should you have any questions regarding this matter, please do not hesitate to contact our office.

Very truly yours,  
COG OPERATING LLC

Laura Reyna  
Senior Land Tech – NM Basin, North

lr

Encl.

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701 | P 432.683.7443 | F 432.683.7441

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

Interest Owners

***Certified Mail 91 7199 9991 7036 0802 8161***  
***Return Receipt Requested***  
Campeche Petro, L.P.  
500 Commerce Street #600  
Ft. Worth, Texas 76102

***Certified Mail 91 7199 9991 7036 0802 8161***  
***Return Receipt Requested***  
Bryan C. Wagner  
500 Commerce Street #600  
Ft. Worth, Texas 76102

***Certified Mail 91 7199 9991 7036 0802 8178***  
***Return Receipt Requested***  
ConocoPhillips Co.  
Attn: Land Dept.  
P. O. Box 2197  
Houston, Texas 77252-2197

***Certified Mail 91 7199 9991 7036 0802 8185***  
***Return Receipt Requested***  
Mobil Prod TX & NM  
Attn: Land Dept.  
P. O. Box 4358  
Houston, Texas 77210

***Certified Mail 91 7199 9991 7036 0802 8192***  
***Return Receipt Requested***  
William G. Ross  
P. O. Box 867  
Midland, Texas 79702

***Certified Mail 91 7199 9991 7036 0802 8208***  
***Return Receipt Requested***  
Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, Oklahoma 74121

***Certified Mail 91 7199 9991 7036 0802 8216***

***Return Receipt Requested***

Sharon Ross Jackson and Noell Ross Jackson,  
Successor Trustee of the William G. Ross and Vee K. Ross  
Living Trust dated 3.9.1990  
P. O. Box 86  
Midland, Texas 79702

***Certified Mail 91 7199 9991 7036 0802 8222***

***Return Receipt Requested***

MRC Delaware Resources, LLC  
MRC Spiral Resources, LLC  
MRC Explorers Resources, LLC  
5400 Lyndon B. Johnson Fwy, Suite 1500  
Dallas, Texas 75240

***Certified Mail 91 7199 9991 7036 0802 8239***

***Return Receipt Requested***

Nadel & Gussman Capitan, LLC  
15 East 5<sup>th</sup> Street, Suite 3200  
Tulsa, Oklahoma 74103



**COG OPERATING LLC  
GERONIMO FEDERAL COM NO. 11H WELL**

**POOLED PARTY:**

Sharon Ross Jackson and Noell Ross  
Jackson, Successor Trustee of the William G.  
Ross and Vee K. Ross Living Trust dated  
3.9.1990  
P. O. Box 86  
Midland, Texas 79702

MRC Explorers Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, Texas 75240

Mobil Prod TX & NM  
P. O. Box 4358  
Houston, Texas 77210

Campeche Petro, L.P.  
500 Commerce Street #600  
Ft. Worth, Texas 76102

ABO Petroleum Corporation  
105 S. 4th Street  
Artesia, NM 88210

Barbara Jean Perkins  
8820 Southwest 124th Street  
Miami, FL 33156

Chase Oil Corporation  
P. O. Box 1767  
Artesia, NM 88211

Devon Energy Production Company,  
L.P.  
333 West Sheridan Ave.  
Oklahoma City, OK 73102

Campeche Petro, L.P.  
500 Commerce St., Suite 600  
Fort Worth, Texas 76102

MRC Delaware Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, Texas 75240

Nadel & Gussman Capitan, LLC  
15 East 5th Street, Suite 3200  
Tulsa, Oklahoma 74103

William G. Ross  
P. O. Box 867  
Midland, Texas 79702

**OFFSETS:**

Ard Oil, Ltd.  
222 W. 4th Street PH #5  
Ft. Worth, TX 76102

Bryan Wagner  
500 Commerce Street #600  
Ft. Worth, TX 76102

ConocoPhillips Co.  
P. O. Box 2197  
Houston, TX 77210

Duane A. Davis  
P. O. Box 823085  
Dallas, TX 75283

Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, Oklahoma 74121

MRC Spiral Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, Texas 75240

ConocoPhillips Co.  
P. O. Box 2197  
Houston, Texas 77252-2197

Bryan C. Wagner  
500 Commerce Street #600  
Ft. Worth, Texas 76102

AAR Limited Partnership  
1320 West Fourth Street  
Roswell, NM 88201

Bank of America, N.A., Trustee of the  
Delmar Hudson Lewis Living Trust  
P. O. Box 2546  
Ft. Worth, TX 76113

Campeche Petro, LP  
500 Commerce Street, Suite  
600  
Ft. Worth, TX 76102

Dean A. Horning  
3300 North "A" Street, Suite  
120  
Midland, TX 79705

Endurance Properties  
15455 Dallas Pkwy.  
Addison, TX 75001

**COG OPERATING LLC  
GERONIMO FEDERAL COM NO. 11H WELL**

Endurance Properties, Inc.  
15455 Dallas Parkway, Suite 1050  
Addison, TX 75001

Enduro Operating, LLC  
777 Main Street, Suite 800  
Ft. Worth, TX 76107

Estate of Josephine T. Hudson  
616 Texas St.  
Ft. Worth, TX 76102

Francis H. Hudson, Trustee of  
Lindy's Living Trust  
4200 S. Hulen, Suite 302  
Ft. Worth, TX 76109

Harvey E. Yates Co.  
P. O. Box 1933  
Roswell, NM 88202

HEYCO Employees Ltd.  
P. O. Box 1933  
Roswell, NM 88202

Holsum, Inc.  
P. O. Box 2527  
Roswell, NM 88201

Javelina Partners  
616 Texas St.  
Ft. Worth, TX 76102

Joe R. Wright, Trustee of the Wright  
Family Living Trust u/a/d 5.21.1998  
393 Calle Colina  
Santa Fe, NM 87501

Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, OK 74121

LDH Holdings, LLC  
P. O. Box 183 - County Drive  
New Vernon, NJ 07976

LJS Resources, LLC  
33 Eagle Nest Road  
Morristown, NJ 07960

Madison Capital Partners II  
3300 North "A" Street, Suite  
120  
Midland, TX 79705

Magnum Hunter Production, Inc.  
600 E. Colinas Blvd., Suite 1100  
Irving, TX 75039

Margaret M. Gill  
5904 Chamisa Ct.  
Albuquerque, NM 87210

Menpart Associates  
Larry M. Elkin, President  
of Palisades Hudson Financial Group, LLC,  
as Agent for WGM Resource Holdings, LLC,  
Managing Partner of Menpart Associates  
2 Overhill Road, Suite 100  
Scarsdale, NY 10583

Mobil Prod. TX & NM  
P. O. Box 4358  
Houston, TX 77210

Moore and Shelton Company, Ltd.  
P. O. Box 3079  
Galveston, TX 77552

MRC Delaware Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, TX 75240

MRC Explorers Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, TX 75240

MRC Spiral Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, TX 75240

Myco Industries, Inc.  
105 S. 4th Street  
Artesia, NM 88210

Nadel & Gussman Capitan, LLC  
15 East 5th Street, Suite 3300  
Tulsa, OK 74103

Nearburg Exploration  
Company  
P. O. Box 823085  
Dallas, TX 75382

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

R-N Limited Partnership  
3755 E. Grand Plains Road  
Roswell, NM 88201

Roy G. Niederhoffer  
1700 Broadway, 39th Floor  
New York, NY 10019

**COG OPERATING LLC  
GERONIMO FEDERAL COM NO. 11H WELL**

**Sharbro Energy LLC  
105 S. 4th Street  
Artesia, NM 88210**

**Sharon Ross Jackson and Noell Ross  
Jackson, Successor Trustee of the William G.  
Ross and Vee K. Ross Living Trust dated  
3.9.1990  
P. O. Box 86  
Midland, TX 79702**

**Tandem Energy Corporation  
2700 Post Oak Blvd.,  
Suite 1000  
Houston, TX 77056**

**Tomothy R. MacDonald  
P. O. Box 823085  
Dallas, TX 75283**

**William C. Scalia  
3300 North "A" Street, Suite 120  
Midland, TX 79705**

**William G. Ross  
P. O. Box 867  
Midland, TX 79702**

**Yates Industries, LLC  
105 S. 4th Street  
Artesia, NM 88210**

**Yates Petroleum Corporation  
105 S. 4th Street  
Artesia, NM 88210**

**Zorro Partner, Ltd  
616 Texas St.  
Ft. Worth, TX 76102**

HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

September 9, 2016

**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.  
Geronimo Federal Com No. 11H 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 September 29, 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.B 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 Jon-Aaron House, at (432) 221-0349 or JHouse@concho.com.

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

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

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

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

HOLLAND & HART <sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**

**Phone (505) 988-4421**

**Fax (505) 983-6043**

**JLKessler@hollandhart.com**

September 9, 2016

**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.  
Geronimo Federal Com No. 11H 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 September 29, 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.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four business 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 Jon-Aaron House, at (432) 221-0349 or JHouse@concho.com.

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart <sup>LLP</sup>**

**Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)**

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

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

7016 0340 0000 0202 8113

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

Domestic Mail Only

For delivery information, visit [usps.com](http://usps.com)MHF/COG  
GERONIMO 11H

OFFICIAL

Certified Mail Fee

Extra Services & Fees (check box, add fee, and amount)

☒ Return Receipt (hardcopy) \$ 345

☐ Return Receipt (electronic) \$ 280

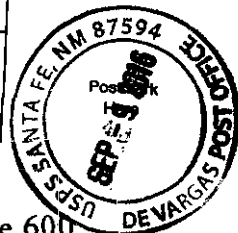
☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Campeche Petro, L.P.  
500 Commerce St., Suite 600  
Fort Worth, Texas 76102



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:

Campeche Petro, L.P.  
500 Commerce St., Suite 600  
Fort Worth, Texas 76102

9590 9402 1838 6104 7871 99

2. Article Number (Transfer from service label)

7016 0340 0000 0202 8113

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

J Hughes

C. Date of Delivery

9/12/16

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

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

Domestic Return Receipt

7016 0340 0000 0202 8120

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

Domestic Mail Only

For delivery information, visit [usps.com](http://usps.com)MHF/COG  
GERONIMO 11H

OFFICIAL

Certified Mail Fee

Extra Services & Fees (check box, add fee, and amount)

☒ Return Receipt (hardcopy) \$ 345

☐ Return Receipt (electronic) \$ 280

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, Oklahoma 74121



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:

Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, Oklahoma 74121

9590 9402 1838 6104 7872 05

2. Article Number (Transfer from service label)

7016 0340 0000 0202 8120

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Courtney Smith

C. Date of Delivery

SEP 12 2016

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

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

Domestic Return Receipt

7016 0340 0000 0202 8137

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

For delivery information, visit **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ \_\_\_\_\_

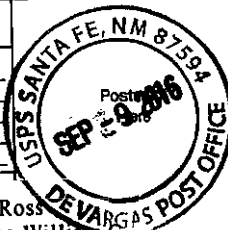
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Sharon Ross Jackson and Noell Ross  
 Jackson, Successor Trustee of the William G.  
 Ross and Vee K. Ross Living Trust dated  
 3.9.1990  
 P. O. Box 86  
 Midland, Texas 79702

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



7016 0340 0000 0202 8144

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

For delivery information, visit **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

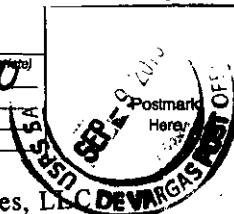
☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

MRC Delaware Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, Texas 75240

City, State, ZIP+4® \_\_\_\_\_

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:

MRC Delaware Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, Texas 75240

9590 9402 1838 6104 7872 29

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 8144

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X M. Doan

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

M. Doan

## C. Date of Delivery

9/12/16

- 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  
☐ Delivery Restricted Delivery  
☐ Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 8151

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

For delivery information, visit **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ **3.45**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>2.80</b>
<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	\$

MRC Spiral Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, Texas 75240

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:

MRC Spiral Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, Texas 75240

9590 9402 1838 6104 7872 36

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 8151

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X **M. Doan** ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

**M. Doan**

## C. Date of Delivery

**9/12/16**

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

## 3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Mail Restricted Delivery                |                                                                     |

Domestic Return Receipt

7015 0640 0001 7531 8729

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

For delivery information, visit **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

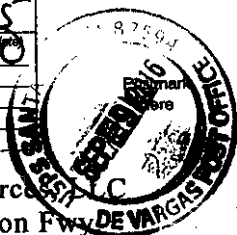
Certified Mail Fee \$ **3.45**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>2.80</b>
<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	\$

MRC Explorers Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, Texas 75240

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



## SENDER

- 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:

MRC Explorers Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, Texas 75240

9590 9402 1838 6104 7872 43

## 2. Article Number (Transfer from service label)

7015 0640 0001 7531 8729

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X **M. Doan** ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

**M. Doan**

## C. Date of Delivery

**9/12/16**

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

## 3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Mail Restricted Delivery                |                                                                     |

Domestic Return Receipt

7015 0640 0001 7531 8736

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

For delivery information, visit our website at **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 34.50

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 \$

Nadel & Gussman Capitan, LLC  
 15 East 5th Street, Suite 3200  
 Tulsa, Oklahoma 74103

City, State, ZIP+4® \_\_\_\_\_

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:

Nadel & Gussman Capitan, LLC  
 15 East 5th Street, Suite 3200  
 Tulsa, Oklahoma 74103

9590 9402 1838 6104 7872 50

## 2. Article Number (Transfer from service label)

7015 0640 0001 7531 8736

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x Plaskidmore

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

Plaskidmore

## C. Date of Delivery

9-12-16

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

## 3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Mail Restricted Delivery                |                                                                     |

Domestic Return Receipt

7015 0640 0001 7531 8743

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

For delivery information, visit our website at **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 34.50

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 \$

ConocoPhillips Co.  
 P. O. Box 2197  
 Houston, Texas 77252-2197

City, State, ZIP+4® \_\_\_\_\_

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:

ConocoPhillips Co.  
 P.O. Box 2197  
 Houston, Texas 77252-2197

9590 9402 1838 6104 7872 61

## 2. Article Number (Transfer from service label)

7015 0640 0001 7531 8743

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x T. F. Webster

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

T. F. Webster

## C. Date of Delivery

SEP 13 2016

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

## 3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Mail Restricted Delivery                |                                                                     |

Domestic Return Receipt

7016 0340 0000 0202 8267

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

For delivery information, visit **OFFIC** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ **3.45**

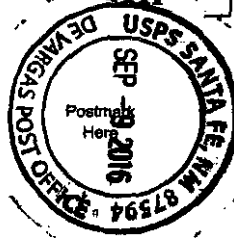
Extra Services & Fees (check box, add fee as indicated):

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>2.80</b>
<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

**Mobil Prod TX & NM**  
**P. O. Box 4358**  
**Houston, Texas 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:

**Mobil Prod TX & NM**  
**P. O. Box 4358**  
**Houston, Texas 77210**

**9590 9402 1838 6104 7872 74**

2. Article Number (Transfer from service label)

**7016 0340 0000 0202 8267**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X**

B. Received by (Printed Name) **SWIV**

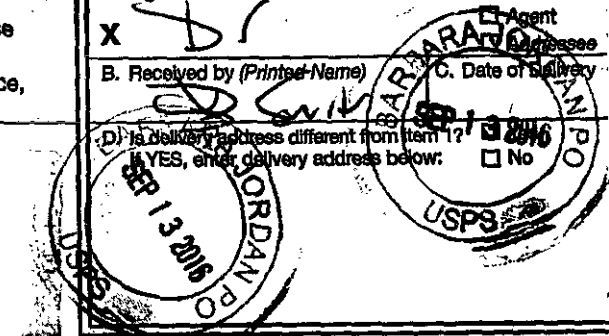
C. Date of Delivery **SEP 13 2016**

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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



7016 0340 0000 0202 8274

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

For delivery information, visit **OFFIC** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ **3.45**

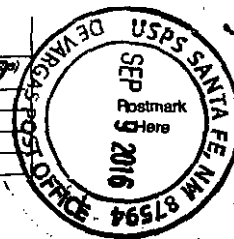
Extra Services & Fees (check box, add fee as indicated):

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>2.80</b>
<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

**William G. Ross**  
**P. O. Box 867**  
**Midland, Texas 79702**

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



**RETURNED**

7016 0340 0000 0202 9370

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

For delivery information, visit **OFFIC**

**MHF/COG**  
**GERONIMO 11H**

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 \$

Postmark

**Bryan C. Wagner**  
**500 Commerce Street #600**  
**Ft. Worth, Texas 76102**

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.

**Bryan C. Wagner**  
**500 Commerce Street #600**  
**Ft. Worth, Texas 76102**


9590 9402 1838 6104 7873 73

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 9370

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature **X**  ☐ Agent ☐ Addressee

B. Received by (Printed Name) **J. Hughes** C. Date of Delivery **9/2/16**

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 ☐ Mail Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9417

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

For delivery information, visit **OFFIC**

**MHF/COG**  
**GERONIMO 11H**

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 \$

Postmark

**Campeche Petro, L.P.**  
**500 Commerce Street #600**  
**Ft. Worth, Texas 76102**

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:

**Campeche Petro, L.P.**  
**500 Commerce Street #600**  
**Ft. Worth, Texas 76102**

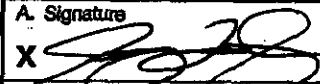
9590 9402 1838 6104 7873 66

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 9417

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature **X**  ☐ Agent ☐ Addressee

B. Received by (Printed Name) **J. Hughes** C. Date of Delivery **9/2/16**

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 ☐ Mail Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9400

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

For delivery information, visit our web

**OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

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

**AAR Limited Partnership**  
 1320 West Fourth Street  
 Roswell, NM 88201

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

RETURNED

7016 0340 0000 0202 9431

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

For delivery information, visit our web

**OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

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

**ABO Petroleum Corporation**  
 105 S. 4th Street  
 Artesia, NM 88210

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 88210

9590 9402 1838 6104 7873 42

2. Article Number (Transfer from service label)

**7016 0340 0000 0202 9431**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Conni Soto C. Date of Delivery 9-13-10

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

7016 0340 0000 0202 9448

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

For delivery information, visit our **OFFICIAL** website at **usps.com**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 3.45

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</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	\$

Postmark Here **SEP 9 2016**

**USPS SANTA FE NM 87594**  
**DE VARGAS POST OFFICE**

Ard Oil, Ltd.  
 222 W. 4th Street PH #5  
 Ft. Worth, TX 76102

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:

Ard Oil, Ltd.  
 222 W. 4th Street PH #5  
 Ft. Worth, TX 76102

9590 9402 1838 6104 7866 59

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 9448

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**X Bonnie Stockton** ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

**Bonnie Stockton** ☐ Addressee

## C. Date of Delivery

**9/12/16**

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

If YES, enter delivery address below:

## 3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Mail Restricted Delivery                |                                                                     |

Domestic Return Receipt

7016 0340 0000 0202 9455

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

For delivery information, visit our **OFFICIAL** website at **usps.com**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 3.45

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</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	\$

Postmark Here **SEP 9 2016**

**USPS SANTA FE NM 87594**  
**DE VARGAS POST OFFICE**

Bank of America, N.A., Trustee of the  
 Delmar Hudson Lewis Living Trust  
 P. O. Box 2546  
 Ft. Worth, TX 76113

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:

Bank of America, N.A., Trustee of the  
 Delmar Hudson Lewis Living Trust  
 P. O. Box 2546  
 Ft. Worth, TX 76113

9590 9402 1838 6104 7873 35

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 9455

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**X Norm Eas** ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

**SEP 12 2016**

## C. Date of Delivery

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

If YES, enter delivery address below:

## 3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Mail Restricted Delivery                |                                                                     |

Domestic Return Receipt

7016 0340 0000 0202 9462

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

For delivery information: **MHF/COG**  
**GERONIMO 11H**

**OFF**

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 \$

**USPS SANTA FE, NM 87594**  
 Postmark **SEP 9 2016**  
**DE VARGAS POST OFFICE**

Barbara Jean Perkins  
 8820 Southwest 124th Street  
 Miami, FL 33156

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

7016 0340 0000 0202 9479

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

For delivery information: **MHF/COG**  
**GERONIMO 11H**

**OFF**

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 \$

**USPS SANTA FE, NM 87594**  
 Postmark **SEP 9 2016**  
**DE VARGAS POST OFFICE**

Bryan Wagner  
 500 Commerce Street #600  
 Ft. Worth, TX 76102

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:

Barbara Jean Perkins  
 8820 Southwest 124th Street  
 Miami, FL 33156

9590 9402 1838 6104 7873 28

2. Article Number (Transfer from service label)  
**7016 0340 0000 0202 9462**

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

**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  
 If YES, enter delivery address below: ☐ No

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

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:

Bryan Wagner  
 500 Commerce Street #600  
 Ft. Worth, TX 76102

9590 9402 1838 6104 7873 11

2. Article Number (Transfer from service label)  
**7016 0340 0000 0202 9479**

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

**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  
 If YES, enter delivery address below: ☐ No

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

Domestic Return Receipt

7016 0340 0000 0202 9486

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

For delivery information, visit **OFFICIAL** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

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

Campeche Petro, LP  
 500 Commerce Street, Suite  
 600  
 Ft. Worth, TX 76102

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:

Campeche Petro, LP  
 500 Commerce Street, Suite  
 600  
 Ft. Worth, TX 76102

9590 9402 1838 6104 7873 04

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 9486

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

J. Hughes

## C. Date of Delivery

9/2/16

- 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

7016 0340 0000 0202 9486

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

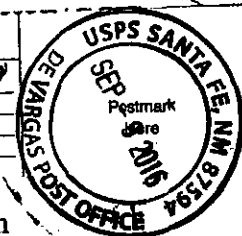
For delivery information, visit **OFFICIAL** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

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 \$

Chase Oil Corporation  
 P. O. Box 1767  
 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:

Chase Oil Corporation  
 P. O. Box 1767  
 Artesia, NM 88211

9590 9402 1838 6104 7872 98

## 2. Article Number (Transfer from service label)

7016 0340 0000 0202 9493

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Kathy Deane

## C. Date of Delivery

- 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

7016 0340 0000 0202 9509

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

For delivery information, visit **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

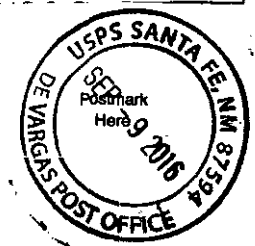
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</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	\$

ConocoPhillips Co.  
 P. O. Box 2197  
 Houston, TX 77210

City, State, ZIP+4® \_\_\_\_\_

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:

ConocoPhillips Co.  
 P. O. Box 2197  
 Houston, TX 77210

9590 9402 1838 6104 7872 81

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9509

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X.T. Webster

B. Received by (Printed Name) Tiffanie Webster

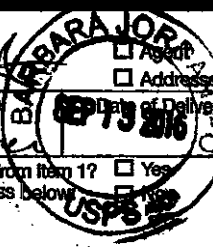
C. Date of Delivery SEP 9 2016

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below \_\_\_\_\_

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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



7016 0340 0000 0400 0402

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

For delivery information, visit **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

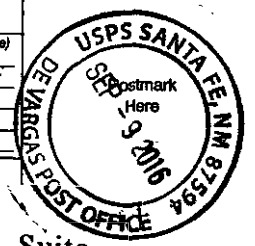
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</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

Dean A. Horning  
 3300 North "A" Street, Suite 120  
 Midland, TX 79705

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



Returned

7016 0340 0000 0202 9523

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

For delivery information, visit  
**OFFIC**

**MHF/COG  
GERONIMO 11H**

Certified Mail Fee

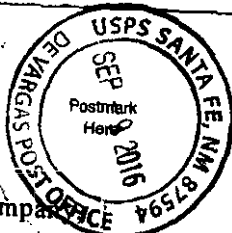
Extra Services & Fees (check box, add fee as indicated)  
☒ Return Receipt (hardcopy) \$ **345**  
☒ Return Receipt (electronic) \$ **280**  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Devon Energy Production Company  
L.P.  
333 West Sheridan Ave.  
Oklahoma City, OK 73102

City, State, ZIP+4®

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:

Devon Energy Production Company,  
L.P.  
333 West Sheridan Ave.  
Oklahoma City, OK 73102

9590 9402 1838 6104 7874 72

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9523

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ *David Con...* ☐ 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

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

300)

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.

Duane A. Davis  
P. O. Box 823085  
Dallas, TX 75283

9590 9402 1838 6104 7874 65

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9530

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ *G. A. Davis* ☐ 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

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Mail Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

300)

Domestic Return Receipt

7016 0340 0000 0202 9530

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

For delivery information, visit  
**OFFIC**

**MHF/COG  
GERONIMO**

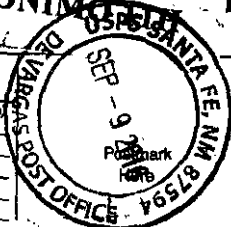
Certified Mail Fee

Extra Services & Fees (check box, add fee as indicated)  
☒ Return Receipt (hardcopy) \$ **345**  
☒ Return Receipt (electronic) \$ **280**  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Duane A. Davis  
P. O. Box 823085  
Dallas, TX 75283

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

See Reverse for Instructions



7016 0340 0000 0202 9547

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

For delivery information, visit **OFFIC** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

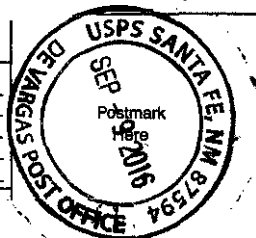
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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	\$

Postmark Here

**Endurance Properties**  
 15455 Dallas Pkwy.  
 Addison, TX 75001

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:

**Endurance Properties**  
 15455 Dallas Pkwy.  
 Addison, TX 75001

9590 9402 1838 6104 7874 58

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9547

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

**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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

7016 0340 0000 0202 9554

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

For delivery information, visit **OFFIC** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

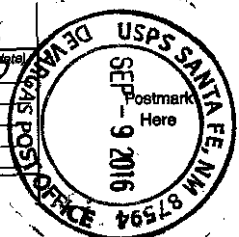
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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	\$

Postmark Here

**Endurance Properties, Inc.**  
 15455 Dallas Parkway, Suite 1050  
 Addison, TX 75001

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:

**Endurance Properties, Inc.**  
 15455 Dallas Parkway, Suite 1050  
 Addison, TX 75001

9590 9402 1838 6104 7874 34

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9554

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

**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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

7016 0340 0000 0202 9561

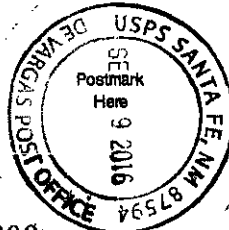
U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit  
**OFFIC**

MHF/COG  
**GERONIMO 11H**

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 \$



Enduro Operating, LLC  
 777 Main Street, Suite 800  
 Ft. Worth, TX 76107

PS Form 3800, April 2015 PSN 7530-02-000-0047

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:

Enduro Operating, LLC  
 777 Main Street, Suite 800  
 Ft. Worth, TX 76107

9590 9402 1838 6104 7874 41

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9561

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

*[Signature]*

D. Is delivery address different from item 1? ☐ Yes  
 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

7016 0340 0000 0202 9578

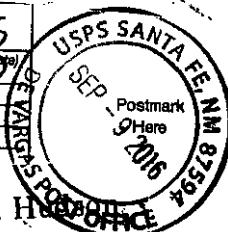
U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit  
**OFFIC**

MHF/COG  
**GERONIMO 11H**

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 \$



Estate of Josephine T. Hudson  
 616 Texas St.  
 Ft. Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-0047

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:

Estate of Josephine T. Hudson  
 616 Texas St.  
 Ft. Worth, TX 76102

9590 9402 1838 6104 7874 27

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9578

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

SEP 12 2016

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

7016 0340 0000 0202 9585

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

For delivery information, visit **OFFICE** **MHF/COG**  
**GERONIMO 11H**

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 \$

Francis H. Hudson, Trustee of  
 Lindy's Living Trust  
 4200 S. Hulen, Suite 302  
 Ft. Worth, TX 76109

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:  
 Francis H. Hudson, Trustee of  
 Lindy's Living Trust  
 4200 S. Hulen, Suite 302  
 Ft. Worth, TX 76109

9590 9402 1838 6104 7874 10

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9585

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

## COMPLETE THIS SECTION

A. Signature X

B. Received by (Printed Name) TANYA STOUT C. Date of Delivery 9-12-16

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

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

Domestic Return Receipt

7016 0340 0000 0202 9592

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

For delivery information, visit **OFFICE** **MHF/COG**  
**GERONIMO 11H**

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 \$

Harvey E. Yates Co.  
 P. O. Box 1933  
 Roswell, NM 88202

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:

Harvey E. Yates Co.  
 P. O. Box 1933  
 Roswell, NM 88202

9590 9402 1838 6104 7874 03

2 7016 0340 0000 0202 9592

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature X

B. Received by (Printed Name) SM SAUNDERS C. Date of Delivery SEP 12 2016

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

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

Domestic Return Receipt

9046 2020 0000 0202 9608

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

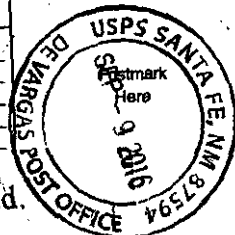
For delivery information, visit [usps.com](http://usps.com)

OFFICIAL

MHF/COG  
 GERONIMO 11H

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 345  
☐ Return Receipt (electronic) \$ 280  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



HEYCO Employees Ltd.  
 P. O. Box 1933  
 Roswell, NM 88202

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

See Reverse for Instructions

5196 2020 0000 0202 9615

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

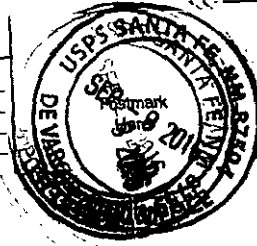
For delivery information, visit [usps.com](http://usps.com)

OFFICIAL

MHF/COG  
 GERONIMO 11H

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 345  
☐ Return Receipt (electronic) \$ 280  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Holsum, Inc.  
 P. O. Box 2527  
 Roswell, NM 88201

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:

HEYCO Employees Ltd.  
 P. O. Box 1933  
 Roswell, NM 88202

9590 9402 1838 6104 7873 97

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9608

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

B. Received by (Printed Name)

SM SANDERS

C. Date of Delivery

SEP 21 2015

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below

3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Restricted Delivery                     |                                                                     |

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:

Holsum, Inc.  
 P. O. Box 2527  
 Roswell, NM 88201

9590 9402 1838 6104 7873 80

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9615

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

☒ Agent☐ Addressee

B. Received by (Printed Name)

Allyson L. McClain

C. Date of Delivery

SEP 21 2015

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below

3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |
| <input type="checkbox"/> Restricted Delivery                     |                                                                     |

Domestic Return Receipt

7016 0340 0000 0202 9622

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

Domestic Mail Only

For delivery information, visit [usps.com](http://usps.com)MHF/COG  
GERONIMO 11H

OFFICIAL

Certified Mail Fee

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

- ☒ Return Receipt (hardcopy) \$ 345  
☐ Return Receipt (electronic) \$ 280  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Javelina Partners  
616 Texas St.  
Ft. Worth, TX 76102

City, State, ZIP+4®

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:

Javelina Partners  
616 Texas St.  
Ft. Worth, TX 76102

9590 9402 1838 6104 7871 82

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9622

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Steel Gilber SEP 12 2016

C. Date of Delivery

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  
☐ Insured Mail  
☐ Mail Restricted Delivery
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

Domestic Mail Only

For delivery information, visit [usps.com](http://usps.com)MHF/COG  
GERONIMO 11H

OFFICIAL

Certified Mail Fee

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

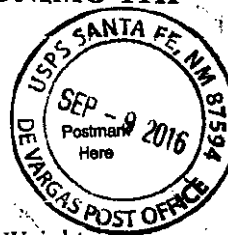
- ☒ Return Receipt (hardcopy) \$ 345  
☐ Return Receipt (electronic) \$ 280  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Joe R. Wright, Trustee of the Wright  
Family Living Trust u/a/d 5.21.1998  
393 Calle Colina  
Santa Fe, NM 87501

City, State, ZIP+4®

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:

Joe R. Wright, Trustee of the Wright  
Family Living Trust u/a/d 5.21.1998  
393 Calle Colina  
Santa Fe, NM 87501

9590 9402 1838 6104 7871 75

7016 0340 0000 0202 9639

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-12-16

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  
☐ Mail Restricted Delivery
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9646

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

Domestic Mail Only

For delivery information, visit **OFFICIAL**MHF/COG  
GERONIMO 11H

Certified Mail Fee

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

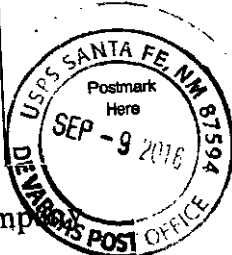
☒ Return Receipt (hardcopy) \$ 345

☐ Return Receipt (electronic) \$ 280

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, OK 74121

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:

Kaiser-Francis Oil Company  
P. O. Box 21468  
Tulsa, OK 74121

9590 9402 1838 6104 7871 68

7016 0340 0000 0202 9646

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

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature

X C. Smith☐ Agent☐ Addressee

B. Received by (Printed Name)

Courtney Smith

C. Date of Delivery

SEP 12 2016D. Is delivery address different from item 1? ☐ YesIf 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

7016 0340 0000 0202 9653

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

Domestic Mail Only

For delivery information, visit **OFFICIAL**MHF/COG  
GERONIMO 11H

Certified Mail Fee

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

☒ Return Receipt (hardcopy) \$ 345

☐ Return Receipt (electronic) \$ 280

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



LDH Holdings, LLC  
P. O. Box 183 - County Drive  
New Vernon, NJ 07976

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:

LDH Holdings, LLC  
P. O. Box 183 - County Drive  
New Vernon, NJ 07976

9590 9402 1838 6104 7871 51

7016 0340 0000 0202 9653

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

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature

X LDH☐ Agent☐ Addressee

B. Received by (Printed Name)

LDH

C. Date of Delivery

SEP 13 2016D. Is delivery address different from item 1? ☐ YesIf 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

☐ Insured Mail

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9660

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

For delivery information, visit **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

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 \$ \_\_\_\_\_

LJS Resources, LLC  
 33 Eagle Nest Road  
 Morristown, NJ 07960

City, State, ZIP+4® \_\_\_\_\_

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.

LJS Resources, LLC  
 33 Eagle Nest Road  
 Morristown, NJ 07960

9590 9402 1838 6104 7871 37

Article Number (Transfer from service label)  
 7016 0340 0000 0202 9660

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 8/12/16

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 ☐ Mail Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9387

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

For delivery information, visit our w **OFFICIAL**

**MHF/COG**  
**GERONIMO 11H**

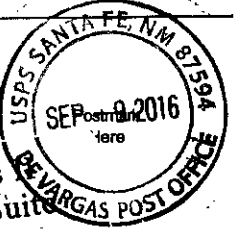
Certified Mail Fee \$ 3.45

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 \$ \_\_\_\_\_

Madison Capital Partners  
 3300 North "A" Street, Suite  
 120  
 Midland, TX 79705

City, State, ZIP+4® \_\_\_\_\_

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



RETURNED

7016 0340 0000 0202 9394

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

For delivery information, visit **OFFICIAL** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ **345**

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 \$ \_\_\_\_\_

**Magnum Hunter Production,**  
**600 E. Colinas Blvd., Suite 1100**  
**Irving, TX 75039**

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

RETURNED

7016 0340 0000 0203 0031

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

For delivery information, visit **OFFICIAL** **MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ **345**

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 \$ \_\_\_\_\_

**Margaret M. Gill**  
**5904 Chamisa Ct.**  
**Albuquerque, NM 87210**

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

7016 0340 0000 0202 8984

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

For delivery information, visit **OFFIC**

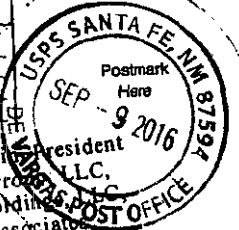
**MHF/COG  
GERONIMO 11H**

Certified Mail Fee

345  
\$ 280  
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 \$

Postmark

Larry M. Elkin, President  
of Palisades Hudson Financial Group, LLC,  
as Agent for WGM Resource Holdings, LLC,  
Managing Partner of Menpart Associates  
2 Overhill Road, Suite 100  
Scarsdale, NY 10583



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:

Menpart Associates Larry M. Elkin, President  
of Palisades Hudson Financial Group, LLC,  
as Agent for WGM Resource Holdings, LLC,  
Managing Partner of Menpart Associates  
2 Overhill Road, Suite 100  
Scarsdale, NY 10583

9590 9402 1838 6104 7869 87

7016 0340 0000 0202 8984

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

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

x *Larry M. Elkin*
☐ 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

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Delivery Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Delivery Restricted Delivery  
all Restricted Delivery  
(over \$500)

Domestic Return Receipt

7016 0340 0000 0202 8991

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

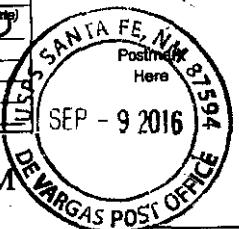
For delivery information, visit **OFFIC**

**MHF/COG  
GERONIMO 11H**

Certified Mail Fee

345  
\$ 280  
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 \$

Mobil Prod. TX & NM  
P. O. Box 4358  
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:

Mobil Prod. TX & NM  
P. O. Box 4358  
Houston, TX 77210

9590 9402 1838 6104 7869 94

7016 0340 0000 0202 8991

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

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

x *D. Smith*
☐ 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

☐ 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

all Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9004

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

For delivery information, visit **OFFIC**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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	\$

Moore and Shelton Company,  
 P. O. Box 3079  
 Galveston, TX 77552

USPS SANTA FE, NM 87594  
 SEP - 9 2016  
 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:  
 Moore and Shelton Company  
 P. O. Box 3079  
 Galveston, TX 77552

9590 9402 1838 6104 7870 07

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X [Signature]

B. Received by (Printed Name) Mr. Moore C. Date of Delivery 9/15

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  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

7016 0340 0000 0202 9004

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

7016 0340 0000 0202 9011

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

For delivery information, visit **OFFIC**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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	\$

MRC Delaware Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, TX 75240

USPS SANTA FE, NM 87594  
 SEP - 9 2016  
 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:  
 MRC Delaware Resources, LLC  
 5400 Lyndon B. Johnson Fwy,  
 Suite 1500  
 Dallas, TX 75240

9590 9402 1838 6104 7870 14

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X M. Doan

B. Received by (Printed Name) M. Doan C. Date of Delivery 9/16/16

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  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

7016 0340 0000 0202 9011

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

9206 0340 0000 0202 9028

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

Domestic Mail Only

For delivery information, visit

OFFICE

MHF/COG  
GERONIMO 11H

Certified Mail Fee

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

☒ Return Receipt (hardcopy) \$ 345

☐ Return Receipt (electronic) \$ 280

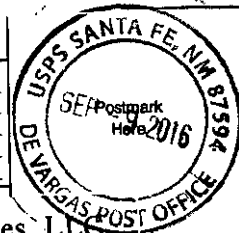
☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

MRC Explorers Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, TX 75240



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.

MRC Explorers Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, TX 75240

9590 9402 1838 6104 7870 21

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9028

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

## SECTION ON DELIVERY

A. Signature

X M. Doan

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

M. Doan

C. Date of Delivery

9/12/16

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

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 ☐ Mail Restricted Delivery

Domestic Return Receipt

9206 0340 0000 0202 9028

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

Domestic Mail Only

For delivery information, visit

OFFICE

MHF/COG  
GERONIMO 11H

Certified Mail Fee

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

☒ Return Receipt (hardcopy) \$ 345

☐ Return Receipt (electronic) \$ 280

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



MRC Spiral Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, TX 75240

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:

MRC Spiral Resources, LLC  
5400 Lyndon B. Johnson Fwy,  
Suite 1500  
Dallas, TX 75240

9590 9402 1838 6104 7870 38

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9035

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Doan

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

M. Doan

C. Date of Delivery

9/12/16

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

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 ☐ Mail Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9042

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

For delivery information, visit our

**OFFICE**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee

\$ 345

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

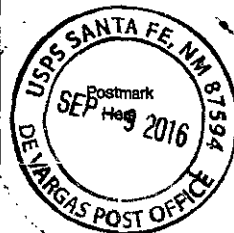
☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Myco Industries, Inc.  
 105 S. 4th Street  
 Artesia, NM 88210

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:

Myco Industries, Inc.  
 105 S. 4th Street  
 Artesia, NM 88210

9590 9402 1838 6104 7870 52

7016 0340 0000 0202 9042

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

9-1-16

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

☐ Insured Mail

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 9054

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

For delivery information, visit

**OFFICE**

**MHF/COG**  
**GERONIMO 11H**

Certified Mail Fee

\$ 345

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

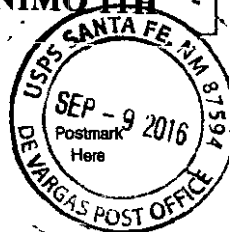
☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Nadel & Gussman Capitan, LLC  
 15 East 5th Street, Suite 3300  
 Tulsa, OK 74103

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:

Nadel & Gussman Capitan, LLC  
 15 East 5th Street, Suite 3300  
 Tulsa, OK 74103

9590 9402 1838 6104 7870 69

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9054

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

9-12-16

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

☐ Insured Mail

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 8885

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

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

**OFFICIAL**

MHF/COG  
**GERONIMO 11H**

Certified Mail Fee

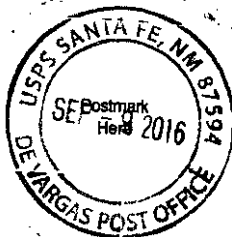
\$ 345  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_

Nearburg Exploration  
 Company  
 P. O. Box 823085  
 Dallas, TX 75382

City, State, ZIP+4®

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

See Reverse for Instructions



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

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

**OFFICIAL**

MHF/COG  
**GERONIMO 11H**

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 \$ \_\_\_\_\_

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

City, State, ZIP+4®

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:

Nearburg Exploration  
 Company  
 P. O. Box 823085  
 Dallas, TX 75382

9590 9402 1203 5246 0676 95

7016 0340 0000 0202 8885

PS Form 3811, July 2015 PSN 7530-02-000-9050

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X G. Rodeur ☐ Agent ☐ Addressee

B. Received by (Printed Name)

G. Rodeur C. Date of Delivery 9/2/16

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

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

all Restricted Delivery

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:

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

9590 9402 1203 5246 0678 79

7016 0340 0000 0202 8892

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. B. B. B. ☐ Agent ☐ Addressee

B. Received by (Printed Name)

J. B. B. B. C. Date of Delivery

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

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

all Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 8908

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

For delivery information, visit **OFFICIAL** **MHF/COG GERONIMO 11H**

Certified Mail Fee \$ 345

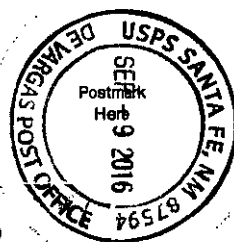
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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 \_\_\_\_\_

**R-N Limited Partnership**  
**3755 E. Grand Plains Road**  
**Roswell, NM 88201**

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



7016 0340 0000 0202 8915

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

For delivery information, visit **OFFICIAL** **MHF/COG GERONIMO 11H**

Certified Mail Fee \$ 345

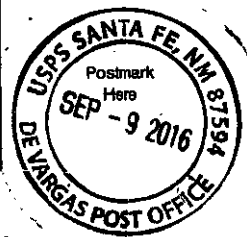
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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 \_\_\_\_\_

**Roy G. Niederhoffer**  
**1700 Broadway, 39th Floor**  
**New York, NY 10019**

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



7016 0340 0000 0202 8922

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

Domestic Mail Only

For delivery information, visit [usps.com](#)

MHF/COG

OFFICIAL GERONIMO 11H

Certified Mail Fee

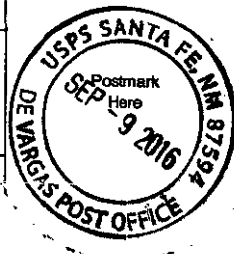
\$ 345

Extra Services &amp; 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

Sharbro Energy LLC  
105 S. 4th Street  
Artesia, NM 88210



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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION ON DELIVERY	
<p>■ 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>	
<p>1. Article Addressed to:</p> <p>Sharbro Energy LLC 105 S. 4th Street Artesia, NM 88210</p> <p>9590 9402 1203 5246 0676 26</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0340 0000 0202 8922</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	
<p>Domestic Return Receipt</p>	

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-12-16

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☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

7016 0340 0000 0202 8922

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

Domestic Mail Only

For delivery information, visit [usps.com](#)

MHF/COG

OFFICIAL GERONIMO 11H

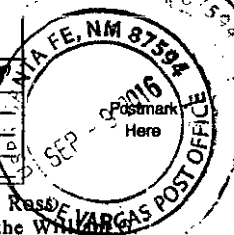
Certified Mail Fee

\$ 345

Extra Services &amp; 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 \$

Sharon Ross Jackson and Noel Ross  
Jackson, Successor Trustee of the William  
Ross and Vee K. Ross Living Trust dated  
3.9.1990  
P. O. Box 86  
Midland, TX 79702



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

See Reverse for Instructions

7016 0340 0000 0202 8946

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

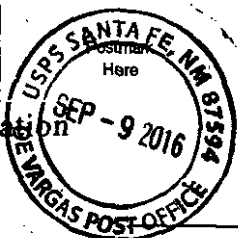
For delivery information, visit [usps.com](http://usps.com)

**MHF/COG**  
**OFFICE GIRONIMO 11H**

Certified Mail Fee

\$ 345  
 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_

Tandem Energy Corporation  
 2700 Post Oak Blvd.,  
 Suite 1000  
 Houston, TX 77056



City, State, ZIP+4®

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

See Reverse for Instructions

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

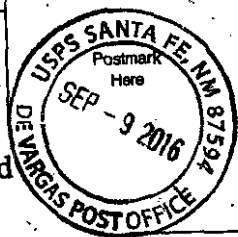
For delivery information, visit [usps.com](http://usps.com)

**MHF/COG**  
**OFFICE GIRONIMO 11H**

Certified Mail Fee

\$ 345  
 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Tomothy R. MacDonald  
 P. O. Box 823085  
 Dallas, TX 75283



City, State, ZIP+4®

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

See Reverse for Instructions

**CERTIFIED MAIL**

**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:**

Tandem Energy Corporation  
 2700 Post Oak Blvd.,  
 Suite 1000  
 Houston, TX 77056

9590 9402 1203 5246 0676 57

**2. Article Number (Transfer from service label)**

7016 0340 0000 0202 8946

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

**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**

☐ 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

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ 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:**

Tomothy R. MacDonald  
 P. O. Box 823085  
 Dallas, TX 75283

9590 9402 1203 5246 0676 64

**2. Article Number (Transfer from service label)**

7016 0340 0000 0202 8960

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *[Signature]*

☐ Agent  
☐ Addressee

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

G. ROBERT

**C. Date of Delivery**

9/12/16

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  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 8953

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

For delivery information, visit **MHF/COG**  
**OFFICE GERONIMO 11H**

Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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	\$

Postmark Here  
 SEP - 9 2016  
 USPS SANTA FE, NM 87594  
 DE VARGAS POST OFFICE

William C. Scalia  
 3300 North "A" Street, Suite 120  
 Midland, TX 79705

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

RETURNED

7016 0340 0000 0202 8977

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

For delivery information, visit **MHF/COG**  
**OFFICE GERONIMO 11H**

Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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	\$

Postmark Here  
 SEP - 9 2016  
 USPS SANTA FE, NM 87594  
 DE VARGAS POST OFFICE

William G. Ross  
 P. O. Box 867  
 Midland, TX 79702

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

RETURNED

9066 0202 0000 0340 7016

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

For delivery information, visit

OFFICE

MHF/COG  
GERONIMO 11H

Certified Mail Fee

345  
\$ 280  
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 \$



Yates Industries, LLC  
105 S. 4th Street  
Artesia, NM 88210

City, State, ZIP+4®

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:

Yates Industries, LLC  
105 S. 4th Street  
Artesia, NM 88210

9590 9402 1203 5246 0682 03

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9066

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

Collyer

C. Date of Delivery

9-12-16

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  
☐ Mail Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 8878

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

For delivery information, visit

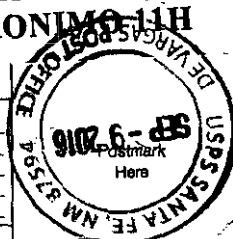
OFFICE

MHF/COG

GERONIMO 11H

Certified Mail Fee

345  
\$ 280  
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 \$



Postage

Yates Petroleum Corporation  
105 S. 4th Street  
Artesia, NM 88210

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:

Yates Petroleum Corporation  
105 S. 4th Street  
Artesia, NM 88210

9590 9402 1203 5246 0681 97

(Transfer from service label)

0340 0000 0202 8878

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

## SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

Bna

C. Date of Delivery

9/12/16

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  
☐ Mail Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0340 0000 0202 8861

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

Domestic Mail Only

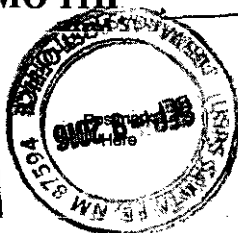
MHF/COG  
GERONIMO 11H

For delivery information

OFFICIAL

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 \$



Zorro Partner, Ltd  
616 Texas St.  
Ft. Worth, TX 76102

City, State, ZIP+4®

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:

Zorro Partner, Ltd  
616 Texas St.  
Ft. Worth, TX 76102

9590 9402 1203 5246 0681 80

2. Article Number (Transfer from service label)

7016 0340 0000 0202 8861

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

SECTION ON DELIVERY

A. Signature

X *Stacy Gilberg*

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Stacy Gilberg

C. Date of Delivery

SEP 12 2016

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  
☐ Insured Mail

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery  
0

Domestic Return Receipt

# Affidavit of Publication

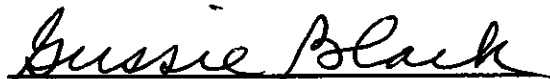
STATE OF NEW MEXICO  
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated  
September 14, 2016  
and ending with the issue dated  
September 14, 2016.

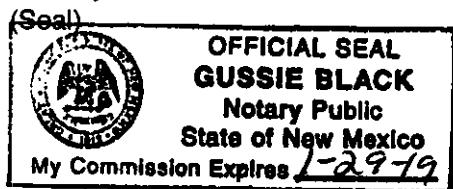
  
Publisher

Sworn and subscribed to before me this  
14th day of September 2016.

  
Business Manager

My commission expires

January 20, 2019



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

## LEGAL NOTICE September 14, 2016

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on September 29, 2016, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by September 19, 2016. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

**STATE OF NEW MEXICO TO:**  
All named parties and persons  
having any right, title, interest  
or claim in the following cases  
and notice to the public.

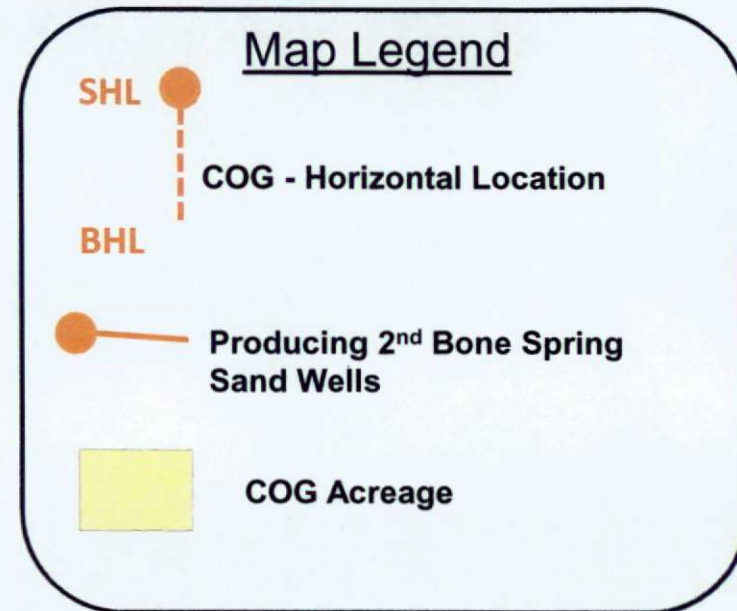
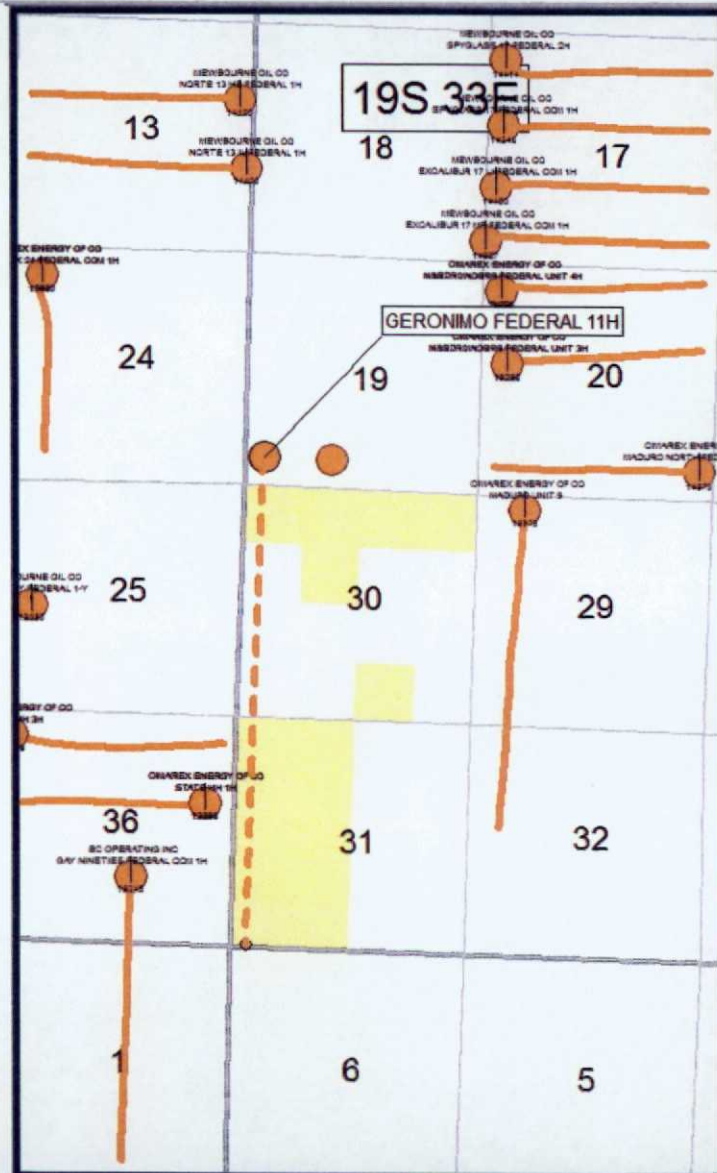
(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: Campeche Petro, L.P., Kaiser-Francis Oil Company, Sharon Ross Jackson and Noeli Ross Jackson, Successor Trustee of the William G. Ross and Vee K. Ross Living Trust dated 3.9.1990, her heirs and devisees, MRC Delaware Resources, LLC, MRC Spiral Resources, LLC, MRC Explorers Resources, LLC, Nadel & Gusmar Capitan, LLC, ConocoPhillips Co., Mobil Producing TX & NM, William G. Ross, his heirs and devisees, Bryan C. Wagner, his heirs and devisees.

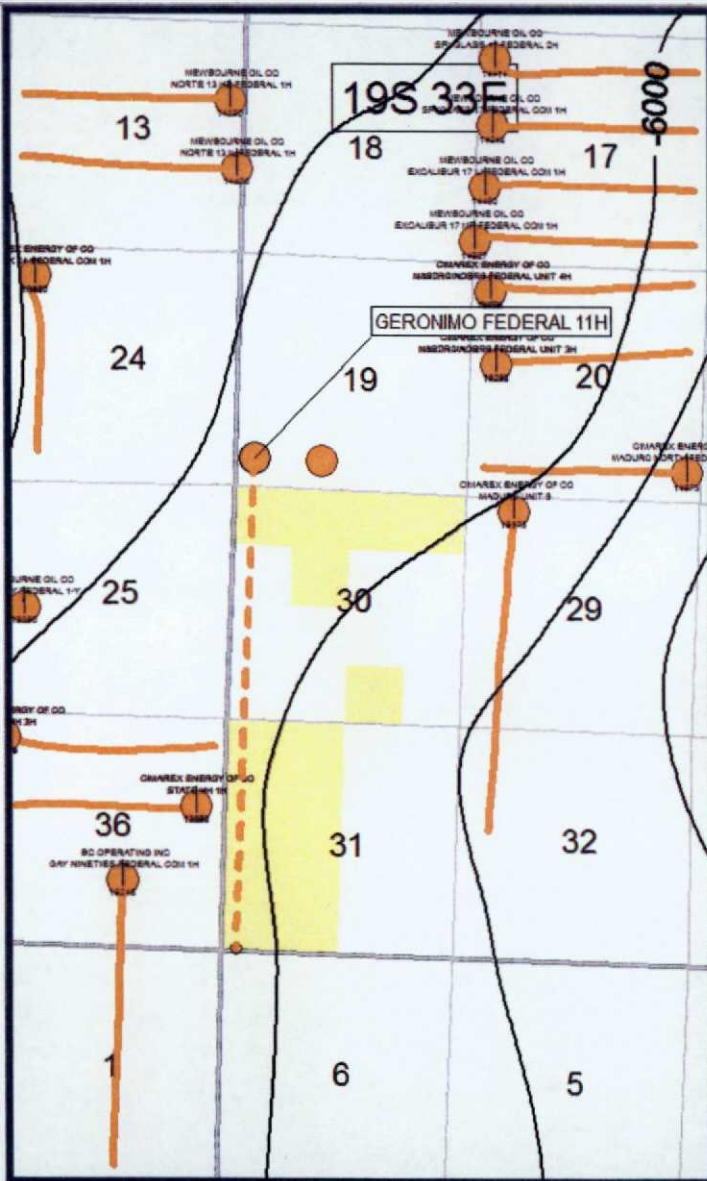
Case No. 15554 Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard, 324.72-acre, more or less non-standard spacing and proration unit comprised of the W/2 W/2 (Lots 1-4) of Section 30 and the W/2 W/2 of Section 31 (Lots 1-4), Township 19 South, Range 33 East, NMPM, Lea County, New Mexico; and (2) pooling all mineral interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed Geronimo Federal Com No. 11H Well, which will be horizontally drilled from a surface location in the SW/4 SW/4 (Lot 4) of Section 19 to a standard bottom hole location in the SW/4 SW/4 (Lot 4) of Section 31. The completed interval for this well will remain within the 330-foot standard offset required by the rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 20 miles southeast of Loco Hills, New Mexico.  
#31223

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 6  
Submitted by:  
**COG OPERATING LLC**  
Hearing Date: September 29, 2016

# Bone Spring Pool Geronimo Federal 11 H Location



## 2<sup>nd</sup> Bone Spring Sand Structure Map



### Map Legend

SHL

### COG - Horizontal Location

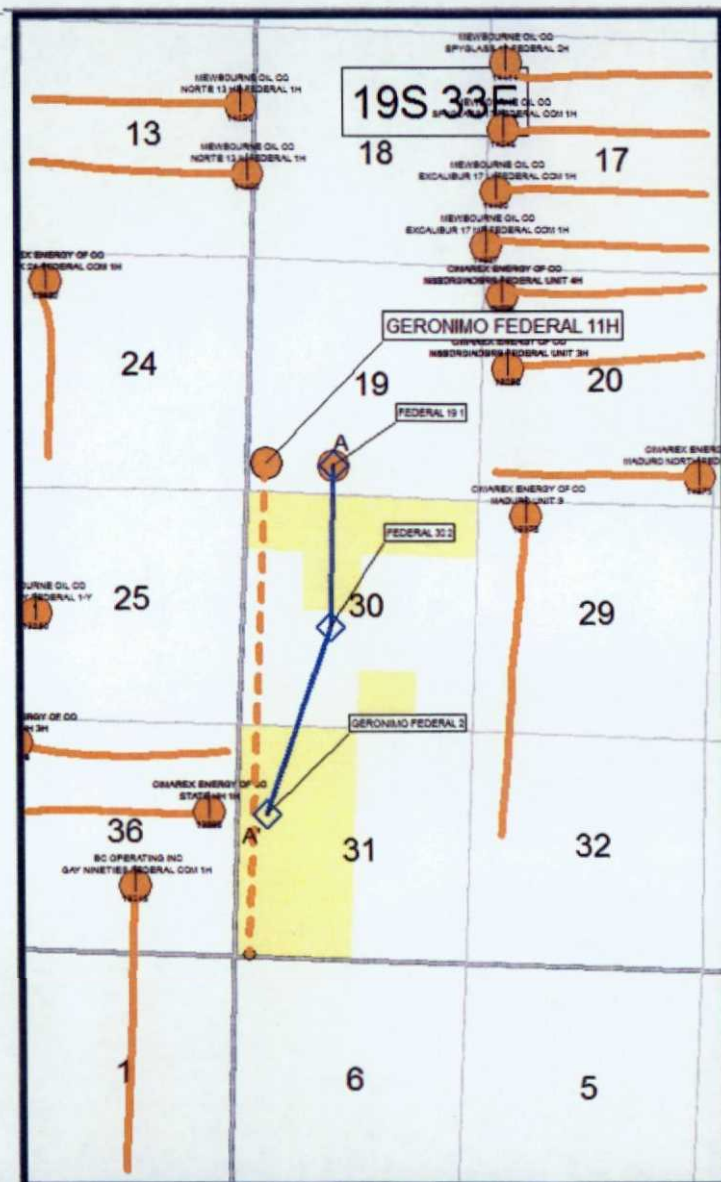
**BHL**

## Producing 2<sup>nd</sup> Bone Spring Sand Wells

### 2<sup>nd</sup> Bone Spring Sand Structure

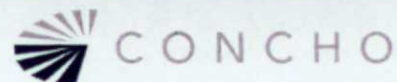
### COG Acreage

## Bone Spring Pool Cross Section Map



### Map Legend

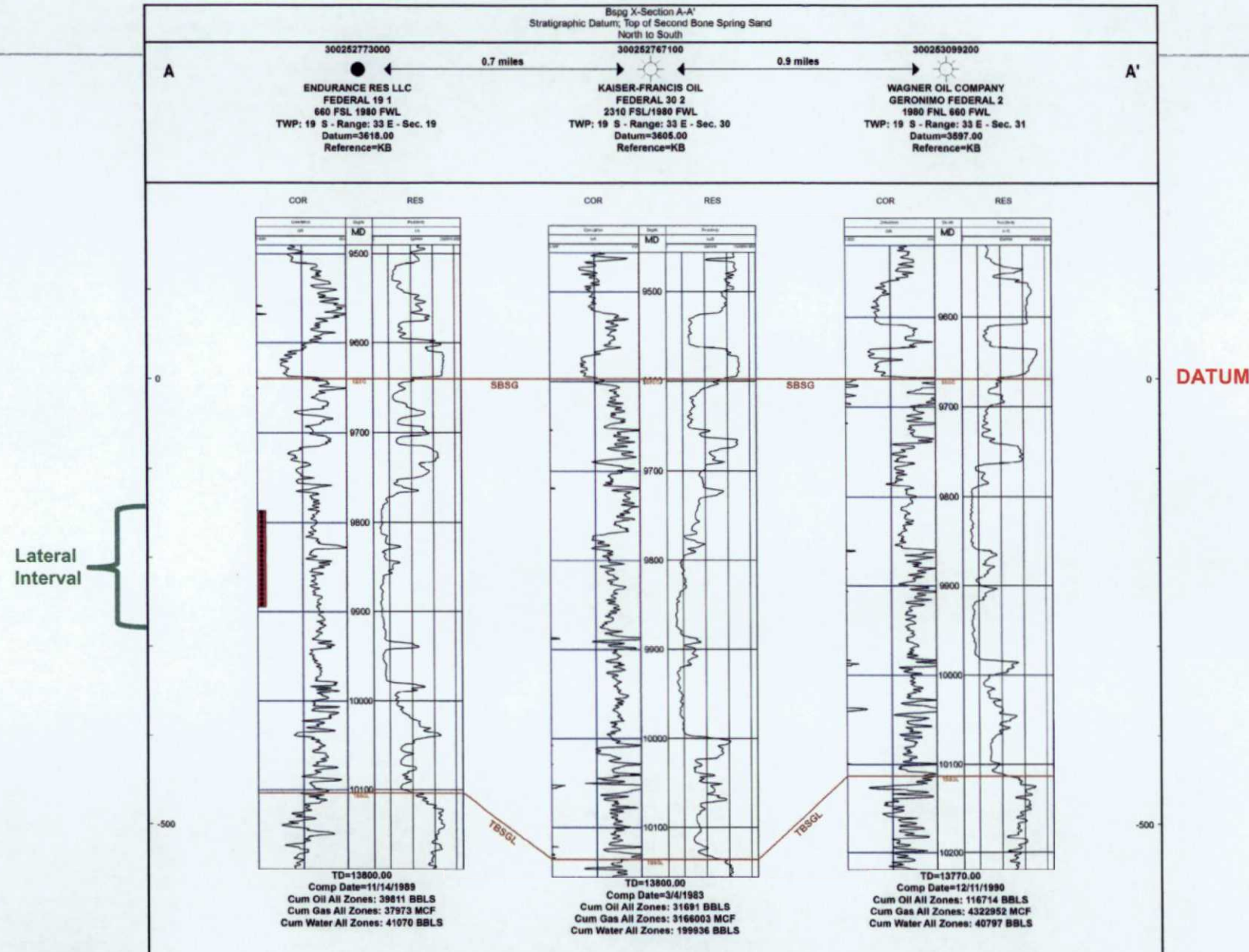
- Map Legend**
- SHL COG - Horizontal Location
  - BHL Producing 2<sup>nd</sup> Bone Spring Sand Wells
  - Cross Section Line
  - COG Acreage



BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 9  
Submitted by:  
**COG OPERATING LLC**  
Hearing Date: September 29, 2016

# Stratigraphic Cross Section

A - A'



BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico

Exhibit No. 10

Submitted by:

**COG OPERATING LLC**

Hearing Date: September 29, 2016