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

APPLICATION OF OXY USA INC.
FOR APPROVAL OF SURFACE LEASE
COMMINGLING, OFF-LEASE STORAGE,
AND OFF-LEASE MEASUREMENT
EDDY COUNTY, NEW MEXICO.

CASE NO. 15540

AFFIDAVIT OF JEREMY MURPHREY

STATE OF TEXAS)
) ss.
COUNTY OF HARRIS)

I, Jeremy Murphrey, being first duly sworn on oath, states as follows:

1. My name is Jeremy Murphrey. I reside in Huffman, Texas. I am the Landman employed by OXY USA Inc. ("OXY") who is familiar with the status of the lands in Sections 22, 23, and 24, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico. I previously testified as an expert in petroleum land matters at the hearing on September 15, 2016, in Case No. 15540.

2. On September 15, 2016, OXY presented evidence supporting its request for approval for surface commingling, off-lease storage, and off-lease measurement. OXY also presented technical testimony related to its request to allocate production by well test measurement.

3. Since submitting its original application for Case No. 15540, OXY has revised the proposed spacing units due to changed lateral lengths. OXY therefore amended its original application to include revised land descriptions. The amended description of all spacing units to be commingled is included as **Attachment A** to this affidavit.

4. OXY also excluded the 160-acre spacing unit located in the N/2 S/2 of Section 22 from its amended application. This spacing unit is the only spacing unit to produce from the Corral Draw Bone Spring Pool (96238). OXY therefore no longer requires approval of pool commingling as part of its application.

5. As a result of these changes, OXY revised the Form C-107(B). The revised Form C-107(B) is attached to this affidavit as **Attachment B.**

6. OXY provided notice of the hearing for the amended application to all working interest owners, royalty owners, and overriding royalty interest owners within the spacing units to be commingled. **Attachment C** is an affidavit and letter from my attorney at Holland & Hart providing notice of this hearing to all interest owners. A copy of the revised C-107(B) was provided along with a copy of the application to all interest owners.

7. Attachment D is an affidavit of publication in the Carlsbad Current-Argus.

8. Approval of this application will prevent waste and will protect correlative rights.

FURTHER AFFIANT SAYETH NOT.

Jeremy Murphrey

SUBSCRIBED AND SWORN before me on this 3rd day of January 2017.

Notary Public

My Commission Expires:
02/16/2018

DELEENA D. LANG
Notary Public, State of Texas
Comm. Expires 02-16-2018
Notary ID 128179978

AMENDED LAND DESCRIPTION
CEDAR CANYON COMMINGLING

(a) 160-acre spacing unit comprised of S/2 N/2 of Section 22, currently dedicated to the Cedar Canyon 22 Federal No. 21H (30-015-43642) well and producing from the Pierce Crossing; Bone Spring East Pool (96473);

(b) 160-acre spacing unit comprised of N/2 S/2 of Section 22, currently dedicated to the Cedar Canyon 22 Fed Com No. 4H (30-015-43708) well and producing from the Pierce Crossing; Bone Spring East Pool (96473);

(c) 240-acre spacing unit comprised of S/2 N/2 of Section 23 and the S/2 NW/4 of Section 24, currently dedicated to the Cedar Canyon 23 Federal No. 3H (30-015-43920) and the Cedar Canyon 23 Federal No. 4H (30-015-43281). Both wells are producing from the Pierce Crossing; Bone Spring East Pool (96473).

(d) 240-acre spacing unit comprised of N/2 N/2 of Section 23 and the N/2 NW/4 of Section 24, currently dedicated to the Cedar Canyon 23 Federal No. 5H (30-015-43282) well and producing from the Pierce Crossing; Bone Spring East Pool (96473).

(e) 240-acre spacing unit comprised of N/2 S/2 of Section 23 and the N/2 SW/4 of Section 24, currently dedicated to the Cedar Canyon 23 Fed Com No. 6H (API No. pending) well, and the Cedar Canyon 23 Fed Com No. 33H (API No. pending) well. The Cedar Canyon 23 Fed Com No. 6H and Cedar Canyon 23 Fed Com No. 33H wells are expected to produce from the Pierce Crossing; Bone Spring East Pool (96473).

(f) Any future spacing unit located in the S/2 S/2 of Section 23 or the SW/4 of Section 24.

ATTACHMENT A

District I
1625 N. French Drive, Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Form C-107-B
Revised August 1, 2011

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: OXY USA Inc.
OPERATOR ADDRESS: PO Box 4294, Houston, TX 77210
APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☒ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☐ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☒ Yes ☐ No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? ☐ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.
(4) Measurement type: ☐ Metering ☐ Other (Specify)
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code. Pierce Crossing; Bone Spring East Pool (96473)
(2) Is all production from same source of supply? ☒ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No
(4) Measurement type: ☐ Metering ☒ Other (Specify)
Well test method

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? ☒ Yes ☐ No
(2) Include proof of notice to all interest owners.

ATTACHMENT B

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Yolanda R TITLE: Regulatory Advocacy DATE: 12/6/16
TYPE OR PRINT NAME Yolanda Perez TELEPHONE NO.: 713-497-2069
E-MAIL ADDRESS: yolanda_perez@oxy.com

APPLICATION FOR POOL LEASE COMMINGLE, OFF-LEASE MEASUREMENT, SALES, & STORAGE,

Commingling proposal for Cedar Canyon 23-3H Satellite

OXY USA INC is requesting approval for Pool Lease Commingle, and Off-lease Measurement, Storage & Sales for wells located on the attached spreadsheet. A map showing surface hole locations and laterals for each of the wells is also attached.

Oil & Gas metering:

Incoming wells will be routed to the 3 phase production separator at the satellite facility located at Cedar Canyon 23-3H well pad at 32.202503,-103.963914. The production separator will be equipped with a gas orifice meter (S/N*), oil turbine meter with prover loops (S/N*) and water turbine (S/N*) meters. There will also be a test separator at the satellite facility equipped with a gas orifice meter (S/N*), oil turbine meter with prover loops (S/N*) and water turbine (S/N*) meters.

Oxy proposes to allocate production by well test. The wells are located on multiple Federal leases and CA's that are all 12.5% royalty. There is diverse WI & ORRI amongst some of the wells as outlined on the attached ownership list spreadsheet. Notice will be provided to all affected parties as per attached notice list. Wells are expected to decline below their top allowable within the first 4 months of production. Furthermore, the estimated percent of decline after 6 months is between 54-65%.

Gas meter on production separator S/N* & on test separator S/N*located at the satellite facility will serve as custody transfer point (Facility Measurement Point) for the purposes of royalty payment. Gas production from the 23-3H satellite facility will then be routed to Enterprise sales meter (S/N: 68841), located at 32.222, -103.974.

Oil production from the 23-3H satellite facility will be further metered off-lease, through a Coriolis meter (S/N*), located at the Cedar Canyon 22 central satellite facility. This Coriolis meter will serve as custody transfer point (FMP) for the purposes of Federal royalty payment.

Water production will be routed to the Cedar Canyon 22 CTB and then sent to the Cedar Canyon Salt Water Disposal Distribution system, where it will flow to the nearest SWD which has capacity to accept water. Salt Water Disposals tied to this SWD include the Cedar Canyon 28 Federal 4 SWD, Cedar Canyon 15 SWD. Riverbend Federal 8 SWD, Harroun 15-3 SWD and Cedar Canyon 16-3.

Meters will be proved and calibrated according to current API, NMOCD and BLM standards.

Process and Flow Descriptions:

The flow of production is shown in detail on the enclosed facility diagram. Also enclosed is a map detailing the lease boundaries, well surface hole locations and laterals. Commingling this production is the most effective means of producing the reserves and will not result in reduced royalty or improper measurement of production.

OXY USA INC understands the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. These applications will be submitted separately for approval per NMOCD and BLM regulations.

The working interest, royalty interest and overriding royalty interest owners have been notified of this proposal by certified mail (see attached).

Signed: Taylor Stillman
Printed Name: Taylor Stillman
Title: Production Engineer
Date: 06/30/2016

Cedar Canyon 23-3H Satellite Well List

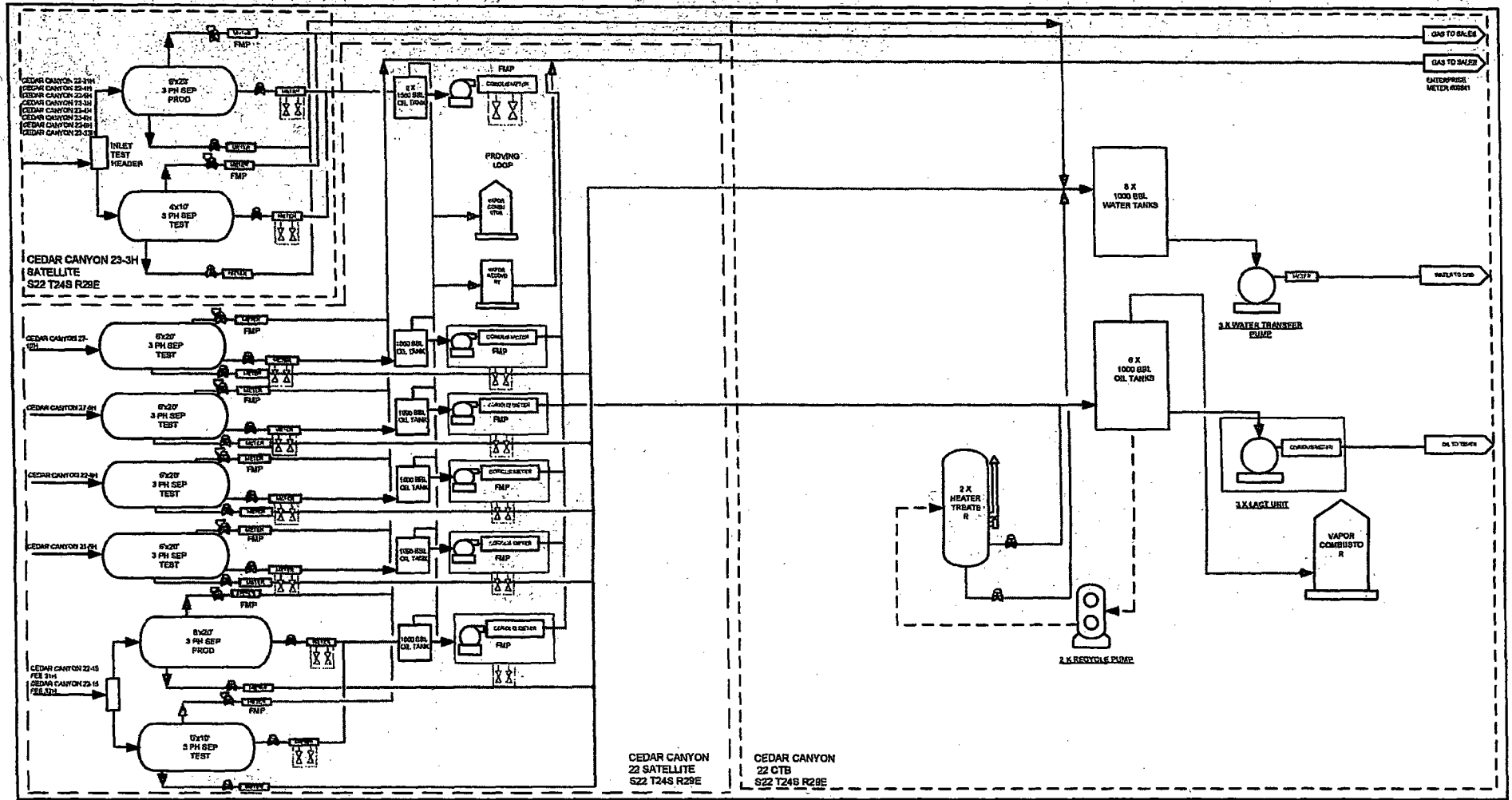
All Federal wells have 12.5% royalty rate

Lease Number	CA #	Well Name	API	Surface Location	Pool	Oil (bpd)	Gravity	Gas (MSCFD)	BTU/cf	Water (bpd)
NMNM 081586		Cedar Canyon 22 Fed 21H	30-015-43642	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1327*	41	1991*	1000	796*
NMNM 013996 NMNM081586	Pending	Cedar Canyon 22 Fed Com 4H	30-015-43708	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1327*	41	1991*	1000	796*
[redacted]										
NMNM 081586		Cedar Canyon 23 Fed 3H	30-015-43290	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1503*	41	2792*	1000	902*
NMNM 081586		Cedar Canyon 23 Fed 4H	30-015-43281	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	762	42.2	1898	1000	875
NMNM 081586		Cedar Canyon 23 Fed 5H	30-015-43282	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	664	43.3	1555	1000	728
NMNM 081586 NMNM093477 NMNM 088138	Pending	Cedar Canyon 23 Fed Com 6H	Not yet filed	Sec 23, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1503*	41	2792*	1000	902*
NMNM 081586 NMNM093477 NMNM 088138	Pending	Cedar Canyon 23 Fed Com 33H	Not yet filed	Sec 23, T 24S, R 29 E	Pierce Crossing; Bone Spring E	807*	46.5	1776*	1000	2422*

*Represents wells not yet drilled, values are esimated

Entity Name	Address	CITY	STATE	ZIP
ANDERSON AND,CURTIS A	9314 CHERRY BROOK LANE	FRISCO	TX	75033
B. Jack Reed	506 CHARISMATIC	MIDLAND	TX	79705
Ben J. Fortson, III, Children's Trust	P O BOX 29	FORT WORTH	TX	76101
Beryl Oil & Gas, LP	6707 PEBBLE COURT	MIDLAND	TX	79707
Bill Burton*	301 COMMERCE ST SUITE 2900	FORT WORTH	TX	76102
CCB 1998 Trust	301 COMMERCE STREET	FORT WORTH	TX	76102
Curtis A. Anderson & Edna I. Anderson	9314 CHERRY BROOK LANE	FRISCO	TX	75033
DCB 1998 Trust	301 COMMERCE STREET	FORT WORTH	TX	76102
DRW Energy, LLC	4107 TANFORAN	MIDLAND	TX	79707
Fina Oil and Chemical Company	PO BOX 301105	DALLAS	TX	75303
GD McKinney INVESTMENTS LP	300 N MARIENFELD SUITE 1100	MIDLAND	TX	79701
Gerald A. Hancock	4200 FAIRWOOD	MIDLAND	TX	79707
John S. Tittl	7304 VALENCIA GROVE COURT	FORT WORTH	TX	76132
Kimbell Art Foundation	301 COMMERCE ST SUITE 2300	FORT WORTH	TX	76102
LEOPARD PETROLEUM LP	4200 FAIRWOOD PL	MIDLAND	TX	79707
MAP000+NET	P.O. BOX 268946	OKLAHOMA CITY	OK	73126
Michael A. Kulenguski	279 JONES MT ROAD	MADISON	VA	22727
M'Lissa L. McKinney Schoening	300 N MARIENFELD SUITE 1100	MIDLAND	TX	79701
Mobil Producing Texas & New Mexico	PO BOX 951027	DALLAS	TX	77252
MWB 1998 Trust	301 COMMERCE ST STE 2900	FORT WORTH	TX	76102
Robert C. Grable	201 MAIN STREET	FORT WORTH	TX	76102
Rutter Wilbanks Corp.	PO BOX 3186	MIDLAND	TX	79701
Sharbro Oil Ltd. Co.	PO BOX 840	ARTESIA	NM	88211
Sundance Minerals I	P O BOX 17744	FORT WORTH	TX	76102
The Roach Foundation	777 TAYLOR ST PII-J	FORT WORTH	TX	76102
Wayne/Linda Newkumet	PO BOX 11330	MIDLAND	TX	79702
Collins & Ware Inc	950 THIRD AVE 23RD FLOOR	NEW YORK	NY	10022
C Mark Wheeler	24 SMITH ROAD SUTIE 405	MIDLAND	TX	79705
John Thoma	P O BOX 17656	GOLDEN	CO	80402
Sandra Thoma	8530 MILL RUN ROAD	ATHENS	TX	75751
Paul R Barwis	P O BOX 230	MIDLAND	TX	79702
Jareed Partners	P O BOX 51451	MIDLAND	TX	79710
Penwell Employee Royalty Pool	200 N LORAINE ST SUITE 1550	MIDLAND	TX	79701
George Scott Cranford	2009 Hubbard Court	Villa Rica	GA	30180
Britt P. and Cydney Medford	2111 Paisano Road	Austin	TX	78746
Jack Scott and Sandra McDonald	1110 College Avenue	Snyder	TX	79549

Jan Alice Herrstrom	810 Forest Oaks Circle	Woodway	TX	76712
Twin Oaks Petroleum, LLC	4010 Lazybrook Drive	Nolanville	TX	76559
Robert and Brenda K. Patton	1007 Hidalgo Road	Carlsbad	NM	88220
Margaret and Raymond H. McDonald, JR	1379 County Road 3566	Dike	TX	75437
Lonny Ray McDonald	5505 Sioux Road	Carlsbad	NM	88220
Glen E. and Barbara McDonald	P. O. Box 367	Loving	NM	88256
David H. and Vicki McDonald	P. O. Box 308	Loving	NM	88256-0308
Enrich Henry McDonald a/k/a Henry E. McDonald	P. O. Box 597	Loving	NM	88256
Rebecca G. Hooks	P. O. Box 111	Waring	TX	78074
Micaella Gaines Klapuch	P. O. Box 227	Wimberly	TX	78676
Robert E. Gaines, Jr.	P. O. Box 105	Waring	TX	78074
Mary Martha Gaines England	P. O. Box 541661	Grand Prairie	TX	75054



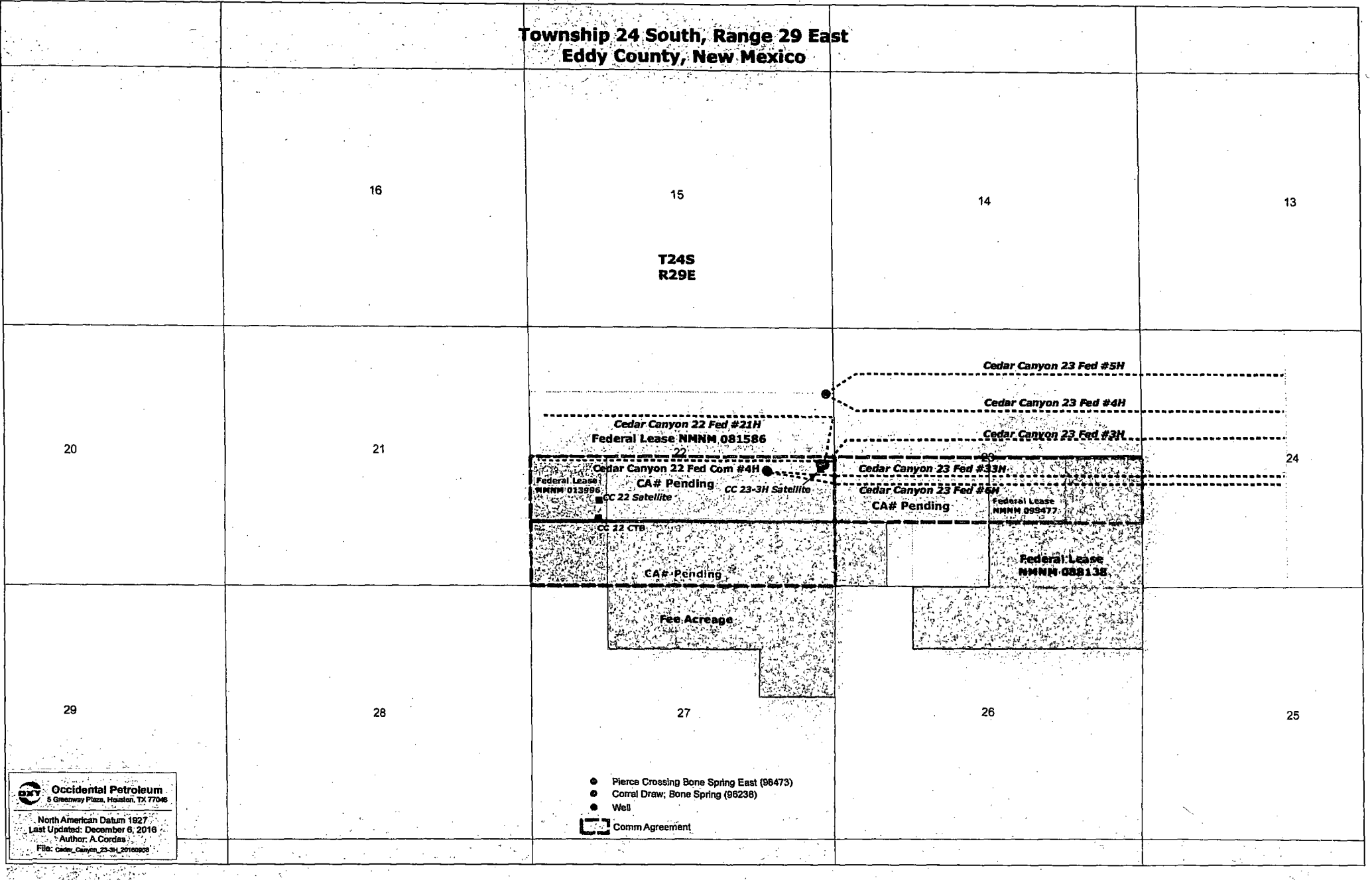
LEGEND
PRODUCTION MIX
OIL
GAS
WATER
EQUIPMENT

REVISION BLOCK						ENGINEERING RECORD	
NO.	DATE	DESCRIPTION	BY	CHK	APP	BY	DATE
0		PRELIMINARY DRAFT	KAD			DRN: JC	08/09/18
		ADDITIONAL SCOPE (4th DRAFT)	JC			DES:	
						CHK:	
						APP:	
						AFE:	

OXY Permian

PROCESS FLOW DIAGRAM
CEDAR CANYON 23-3H SAT
CEDAR CANYON 22 SAT
CEDAR CANYON 22 CTB

Township 24 South, Range 29 East
Eddy County, New Mexico



Occidental Petroleum
5 Greenway Plaza, Houston, TX 77046

North American Datum 1927
Last Updated: December 6, 2016
Author: A.Cordas
File: Cedar_Canyon_23-3H_20160908

Cedar Canyon 23-3H Satellite Ownership

All Federal wells have 12.5% royalty rate

Lease Number	CA #	Well Name	API	Surface Location	Pool	Oil (bpd)	Gravity	Gas (MSCFD)	BTU/cf	Water (bpd)	Ownership
NMNM 081586		Cedar Canyon 22 Fed 21H	30-015-43642	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1327*	41	1991*	1000	796*	Identical
NMNM 013996 NMNM081586	Pending	Cedar Canyon 22 Fed Com 4H	30-015-43708	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1327*	41	1991*	1000	796*	Identical
[redacted]											
NMNM 081586		Cedar Canyon 23 Fed 3H	30-015-43290	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1503*	41	2792*	1000	902*	Identical
NMNM 081586		Cedar Canyon 23 Fed 4H	30-015-43281	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	762	42.2	1898	1000	875	
NMNM 081586		Cedar Canyon 23 Fed 5H	30-015-43282	Sec 22, T 24S, R 29 E	Pierce Crossing; Bone Spring E	664	43.3	1555	1000	728	
NMNM 081586 NMNM093477 NMNM 088138	Pending	Cedar Canyon 23 Fed Com 6H	Not yet filed	Sec 23, T 24S, R 29 E	Pierce Crossing; Bone Spring E	1503*	41	2792*	1000	902*	Identical
NMNM 081586 NMNM093477 NMNM 088138	Pending	Cedar Canyon 23 Fed Com 33H	Not yet filed	Sec 23, T 24S, R 29 E	Pierce Crossing; Bone Spring E	807*	46.5	1776*	1000	2422*	

*Represents wells not yet drilled, values are esimated

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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
30-015-43642	96473	Pierce Crossing Bone Spring, East

Property Code	Property Name	Well Number
315242	CEDAR CANYON "22" FEDERAL	21 H

OGRID No.	Operator Name	Elevation
16696	OXY USA INC.	2958.4'

Surface Location

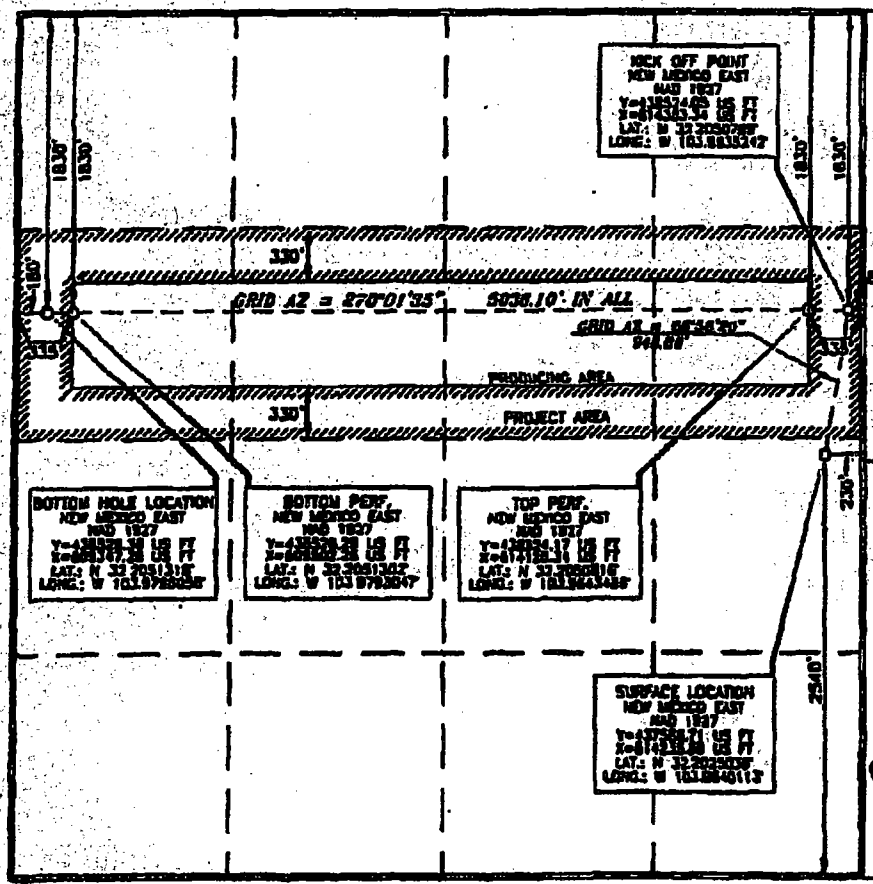
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	22	24 SOUTH	29 EAST, N.M.P.M.		2540'	SOUTH	230'	EAST	EDDY

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
E	22	24 SOUTH	29 EAST, N.M.P.M.		1830'	NORTH	180'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
No	160		

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 contained herein is true and complete to the best of my knowledge and belief, and that the 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

12/15/15
Date

David Stewart Sr. Regulatory Advisor
Printed Name

david_stewart@oxy.com
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.

15079
OCTOBER 27, 2015
Date of Survey

Signature and Seal of Professional Surveyor

NEW MEXICO PROFESSIONAL LAND SURVEYOR

12/3/2015
Certificate Number 15079

WO# 151027WL-a (Rev A) (JU)

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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
30015-	96473	Pierce Crossing; Bone Spring, East

Property Code	Property Name	Well Number
	CEDAR CANYON "22" FEDERAL COM	4H

OGRID No.	Operator Name	Elevation
16696	OXY USA INC.	2958.4'

Surface Location

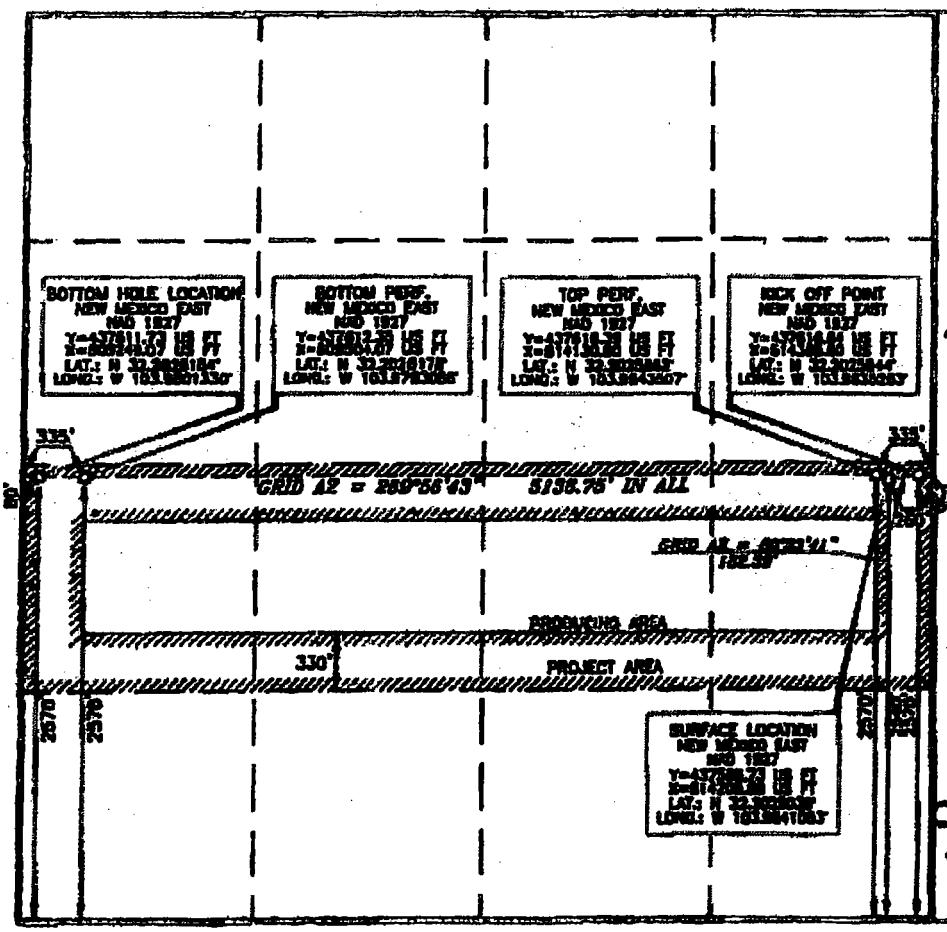
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	22	24 SOUTH	29 EAST, N.M.P.M.		2540'	SOUTH	280'	EAST	EDDY

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
L	22	24 SOUTH	29 EAST, N.M.P.M.		2570'	SOUTH	80'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160	Y		NSL-7389 NSL ~~to be filed~~ approved 2/23/16

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 contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

12/3/15
Date

David Shawcroft Sr. Reg. Adv.
Printed Name

david_shawcroft@oxy.com
Email 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.

NEW MEXICO 15079 PROFESSIONAL LAND SURVEYOR

Date of Survey: OCTOBER 27, 2015

Signature and Seal of Professional Surveyor

11/3/2015
Certificate Number 15079

Form 151027WL-0 (Rev. A) (xx)

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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
30-015- 43290	96473	Pierce Crossing Bone Spring, E.

Property Code	Property Name	Well Number
315098	CEDAR CANYON "23" FEDERAL	3H

OGRID No.	Operator Name	Elevation
16696	OXY USA INC.	2957.1'

Surface Location

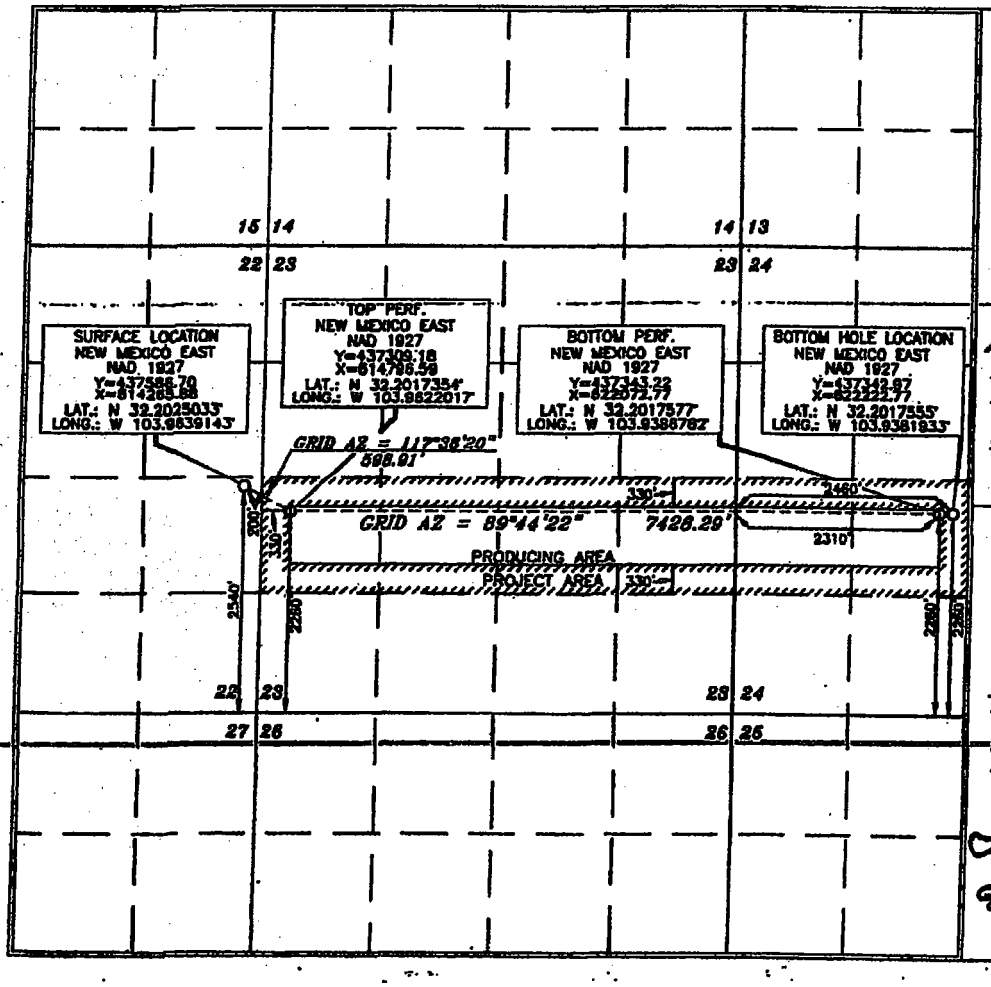
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	22	24 SOUTH	29 EAST, N.M.P.M.		2540'	SOUTH	200'	EAST	EDDY

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
K	24	24 SOUTH	29 EAST, N.M.P.M.		2260'	SOUTH	2460'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
240	Y		

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 contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature — Date: 11/4/14

David Stewart Sr. Reg. Adv.
Printed Name

david_stewart@oxy.com
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.

15079
NEW MEXICO
PROFESSIONAL LAND SURVEYOR

DECEMBER 11, 2013
Date of Survey

Signature and Seal of Professional Surveyor

Certificate Number 15079

WO# 131211WL-a (Rev. A) (NA)

District I
District II
District III
District IV

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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
30-015-	96473	Pierce Crossing Bone Spring, E.

Property Code	Property Name	Well Number
39439	CEDAR CANYON "23" FEDERAL	4H

OGRID No.	Operator Name	Elevation
16696	OXY USA INC.	2941.7'

Surface Location

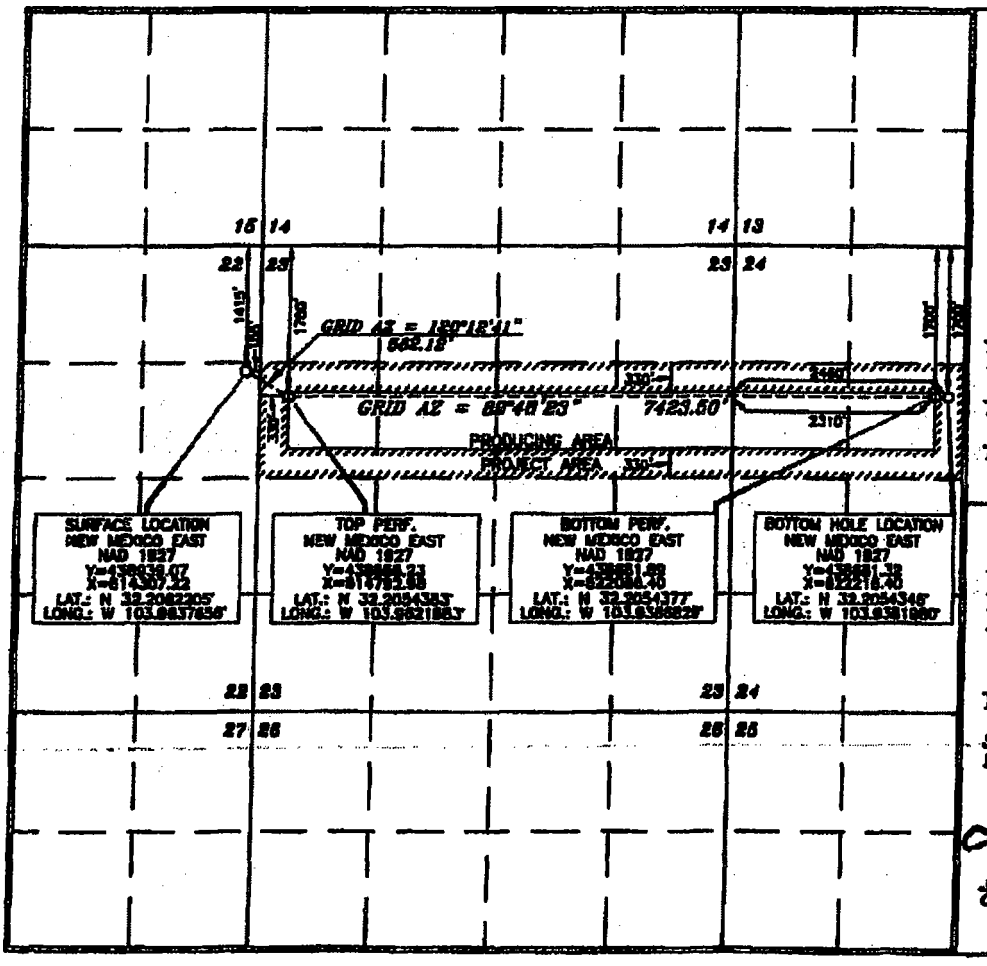
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	22	24 SOUTH	29 EAST, N.M.P.M.		1415'	NORTH	155'	EAST	EDDY

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
F	24	24 SOUTH	29 EAST, N.M.P.M.		1700'	NORTH	2460'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
240	Y		

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 contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature — Date 11/4/14

David Stewart Sr. Reg. Adv.
Printed Name

david_stewart@oxy.com
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.

NEW MEXICO 15079 PROFESSIONAL LAND SURVEYOR

Date of Survey: December 11, 2013

Signature and Seal of Professional Surveyor

Certificate Number 15079

8/11/2014

WO# 131211RB.-c (Rev. A) (KA)

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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
30-015-	96473	Pierce Crossing Bone Spring, E.

Property Code	Property Name	Well Number
39439	CEDAR CANYON "23" FEDERAL	5H

OGRID No.	Operator Name	Elevation
16696	OXY USA INC.	2941.5'

Surface Location

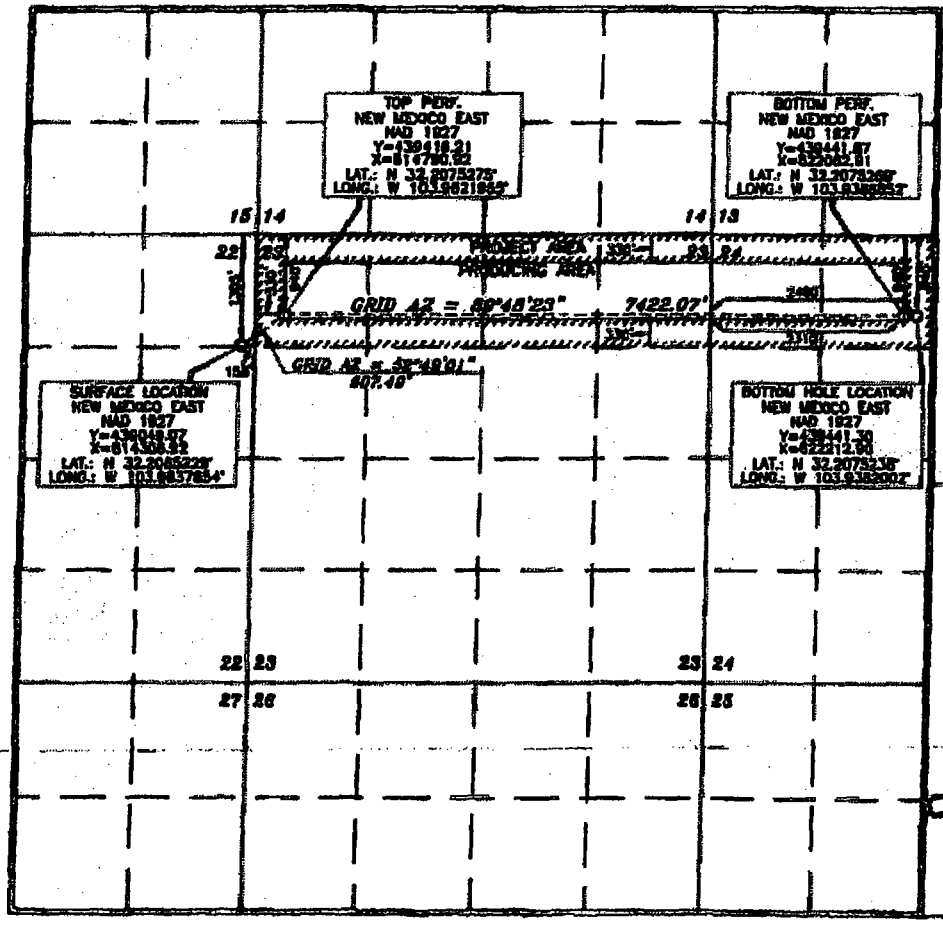
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	22	24 SOUTH	29 EAST, N.M.P.M.		1305'	NORTH	155'	EAST	EDDY

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
C	24	24 SOUTH	29 EAST, N.M.P.M.		940'	NORTH	2460'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
240	N		

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 contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature 11/4/14 Date

David Stewart Sr. Reg. Adv.
Printed Name

david_stewart@oxy.com
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.

NOVEMBER 11, 2014
Date of Survey

15079
NEW MEXICO
PROFESSIONAL LAND SURVEYOR

Signature and Seal of Professional Surveyor

Certificate Number 15079 11/11/2014

WO# 131211WL-d (Rev. A) (tc)

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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
	CEDAR CANYON "23" FEDERAL COM	6H
OGRID No.	Operator Name	Elevation
	OXY USA INC.	2948.7'

Surface Location

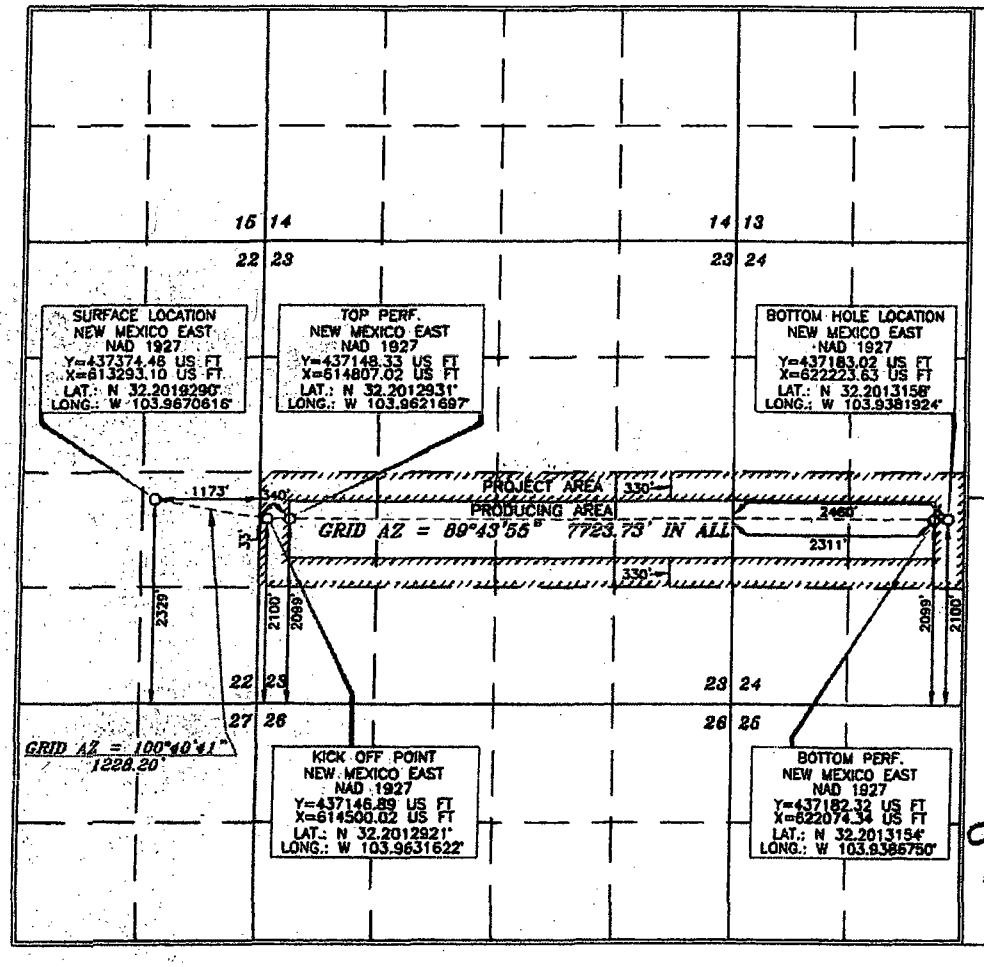
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	22	24 SOUTH	29 EAST, N.M.P.M.		2329'	SOUTH	1173'	EAST	EDDY

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
K	24	24 SOUTH	29 EAST, N.M.P.M.		2100'	SOUTH	2460'	WEST	EDDY

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 contained 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 a 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.

15079
FEBRUARY 23, 2016
Date of Survey

Signature and Seal of Professional Surveyor

3/15/2016

Certificate Number 15079

WO# 160223WL-a (KA)

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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
	CEDAR CANYON "23" FEDERAL COM	33H
OGRID No.	Operator Name	Elevation
	OXY USA INC.	2947.9'

Surface Location

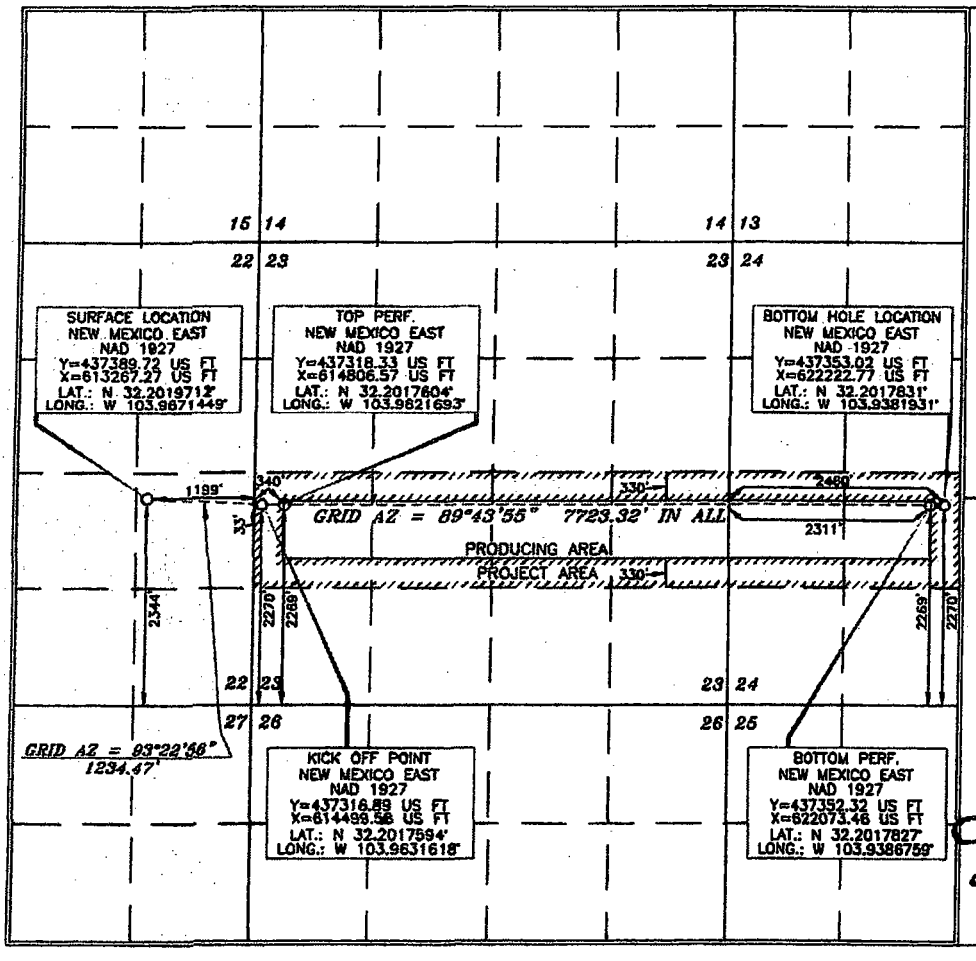
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	22	24 SOUTH	29 EAST, N.M.P.M.		2344'	SOUTH	1199'	EAST	EDDY

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
K	24	24 SOUTH	29 EAST, N.M.P.M.		2270'	SOUTH	2460'	WEST	EDDY

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 contained 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 a 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.

JERRY J. ASH
NEW MEXICO
15079
PROFESSIONAL LAND SURVEYOR

FEBRUARY 28, 2016
Date of Survey

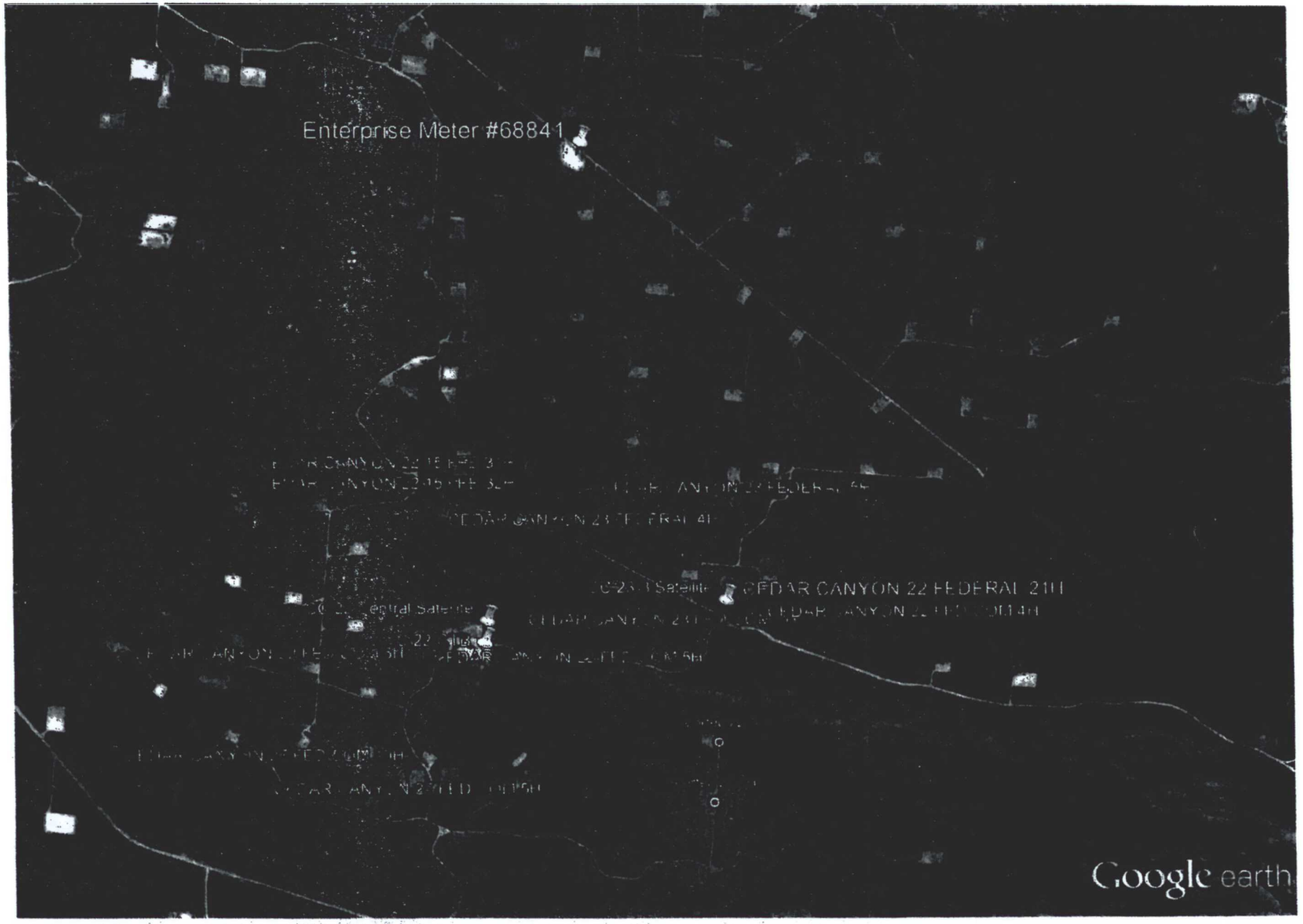
Signature and Seal of Professional Surveyor

3/5/2016

Certificate Number 15079

WO# 160223WL-b (KA)

GAS SALES & FLOWLINE MAP



Google Earth Pro

miles 2
km 4

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

APPLICATION OF OXY USA INC. FOR APPROVAL OF SURFACE POOL-LEASE COMMINGLING, OFF-LEASE STORAGE, AND OFF-LEASE MEASUREMENT, EDDY COUNTY, NEW MEXICO.

CASE NO. 15540

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of OXY USA INC., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter attached hereto.

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 4th day of January 2017 by Jordan L. Kessler.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 2/14/19

Notary Public

ATTACHMENT C

HOLLAND&HART LLP

Jordan L. Kessler
Phone (505) 988-4421
Fax (505) 983-6043

JLKessler@hollandhart.com

December 16, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES

Re: Amended Application OXY USA Inc. For Approval of Surface Lease Commingling, Off-Lease Storage, and Off-Lease Measurement, Eddy County, New Mexico.

This letter is to advise you that OXY USA Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on January 5, 2017. 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 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.

Questions concerning this application should be directed to Yolanda Perez at OXY USA Inc. (713) 497-2069 or Yolanda_perez@oxy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR OXY USA INC.

OXY USA INC.
CEDAR CANYON COMMINGLING

ANDERSON AND,CURTIS A
9314 CHERRY BROOK LANE
FRISCO, TX 75033

B. Jack Reed
506 CHARISMATIC
MIDLAND, TX 79705

Ben J. Fortson, III, Children's Trust
P O BOX 29
FORT WORTH, TX 76101

Beryl Oil & Gas, LP
6707 PEBBLE COURT
MIDLAND, TX 79707

Bill Burton
301 COMMERCE ST,
SUITE 2900
FORT WORTH, TX 76102

CCB 1998 Trust
301 COMMERCE STREET
FORT WORTH, TX 76102

Curtis A. Anderson &
Edna I. Anderson
9314 CHERRY BROOK LANE
FRISCO, TX 75033

DCB 1998 Trust
301 COMMERCE STREET
FORT WORTH, TX 76102

DRW Energy, LLC
4107 TANFORAN
MIDLAND, TX 79707

Fina Oil and Chemical
Company
PO BOX 301105
DALLAS, TX 75303

GD McKinney INVESTMENTS LP
300 N MARIENFELD,
SUITE 1100
MIDLAND, TX 79701

Gerald A. Hancock
4200 FAIRWOOD
MIDLAND, TX 79707

John S. Tittl
7304 VALENCIA GROVE COURT
FORT WORTH, TX 76132

Kimbell Art Foundation
301 COMMERCE ST
SUITE 2300
FORT WORTH, TX 76102

LEOPARD PETROLEUM LP
4200 FAIRWOOD PL
MIDLAND, TX 79707

MAP000+NET
P.O. BOX 268946
OKLAHOMA CITY, OK 73126

Michael A. Kulenguski
279 JONES MT ROAD
MADISON, VA 22727

M'Lissa L. McKinney Schoening
300 N MARIENFELD
SUITE 1100
MIDLAND, TX 79701

Mobil Producing Texas & New Mexico
PO BOX 951027
DALLAS, TX 77252

MWB 1998 Trust
301 COMMERCE ST,
STE 2900
FORT WORTH, TX 76102

Robert C. Grable
201 MAIN STREET
FORT WORTH, TX 76102

Rutter Wilbanks Corp.
PO BOX 3186
MIDLAND, TX 79701

Sharbro Oil Ltd. Co.
PO BOX 840
ARTESIA, NM 88211

Sundance Minerals I
P O BOX 17744
FORT WORTH, TX 76102

The Roach Foundation
777 TAYLOR ST PII-J
FORT WORTH, TX 76102

Wayne/Linda Newkumet
PO BOX 11330
MIDLAND, TX 79702

Collins & Ware Inc
950 THIRD AVE 23RD
FLOOR
NEW YORK, NY 10022

OXY USA INC.
CEDAR CANYON COMMINGLING

C Mark Wheeler
24 SMITH ROAD, SUITE 405
MIDLAND, TX 79705

John Thoma
P O BOX 17656
GOLDEN, CO 80402

Sandra Thoma
8530 MILL RUN ROAD
ATHENS, TX 75751

Paul R Barwis
P O BOX 230
MIDLAND, TX 79702

Jareed Partners
P O BOX 51451
MIDLAND, TX 79710

Penwell Employee Royalty Pool
200 N LORAINE ST SUITE 1550
MIDLAND, TX 79701

George Scott Cranford
2009 Hubbard Court
Villa Rica, GA 30180

Britt P. and Cydney Medford
2111 Paisano Road
Austin, TX 78746

Jack Scott and Sandra McDonald
1110 College Avenue
Snyder, TX 79549

Jan Alice Herrstrom
810 Forest Oaks Circle
Woodway, TX 76712

Twin Oaks Petroleum, LLC
4010 Lazybrook Drive
Nolanville, TX 76559

Robert and Brenda K. Patton
1007 Hidalgo Road
Carlsbad, NM 88220

Margaret and Raymond H.
McDonald, JR
1379 County Road 3566
Dike, TX 75437

Lonny Ray McDonald
5505 Sioux Road
Carlsbad, NM 88220

Glen E. and Barbara McDonald
P. O. Box 367
Loving, NM 88256

David H. and Vicki McDonald
P. O. Box 308
Loving, NM 88256-0308

Enrich Henry McDonald a/k/a
Henry E. McDonald
P. O. Box 597
Loving, NM 88256

Rebecca G. Hooks
P. O. Box 111
Waring, TX 78074

Micaella Gaines Klapuch
P. O. Box 227
Wimberly, TX 78676

Robert E. Gaines, Jr.
P. O. Box 105
Waring , TX 78074

Mary Martha Gaines England
P. O. Box 541661
Grand Prairie, TX 75054

7016 1370 0000 0804 2234

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

For delivery information, visit
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2 40
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

USPS SANTA FE NM 87594
DEC 16 2015
POST OFFICE

Postmark Here

Rebecca G. Hooks
P. O. Box 111
Waring, TX 78074

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

7016 1370 0000 0804 2203

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

For delivery information, vi
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2 40
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

USPS SANTA FE, NM 87594
DEC 16 2015
Postmark Here

Mary Martha Gaines England
P. O. Box 541661
Grand Prairie, TX 75054

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

CERTIFIED MAIL®

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

SE THIS SECTION ON DELIVERY

- 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:

Mary Martha Gaines England
P. O. Box 541661
Grand Prairie, TX 75054

9590 9401 0129 5225 0384 80

2. Article Number (Transfer from service label)

7016 1370 0000 0804 2203

A. Signature
X

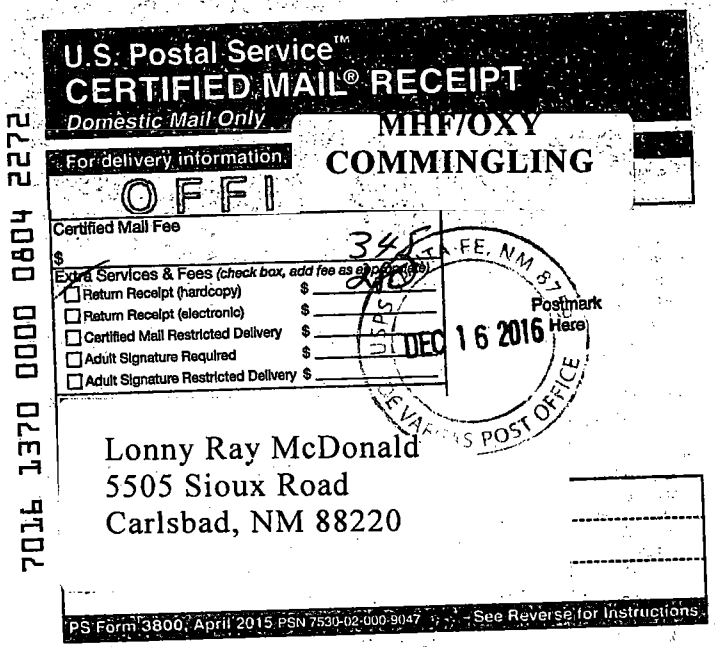
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) Mary England 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 (over $500)
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [ ] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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



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

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

MHF/OXY COMMINGLING

Certified Mail Fee $ 3.45

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 $ 2.60

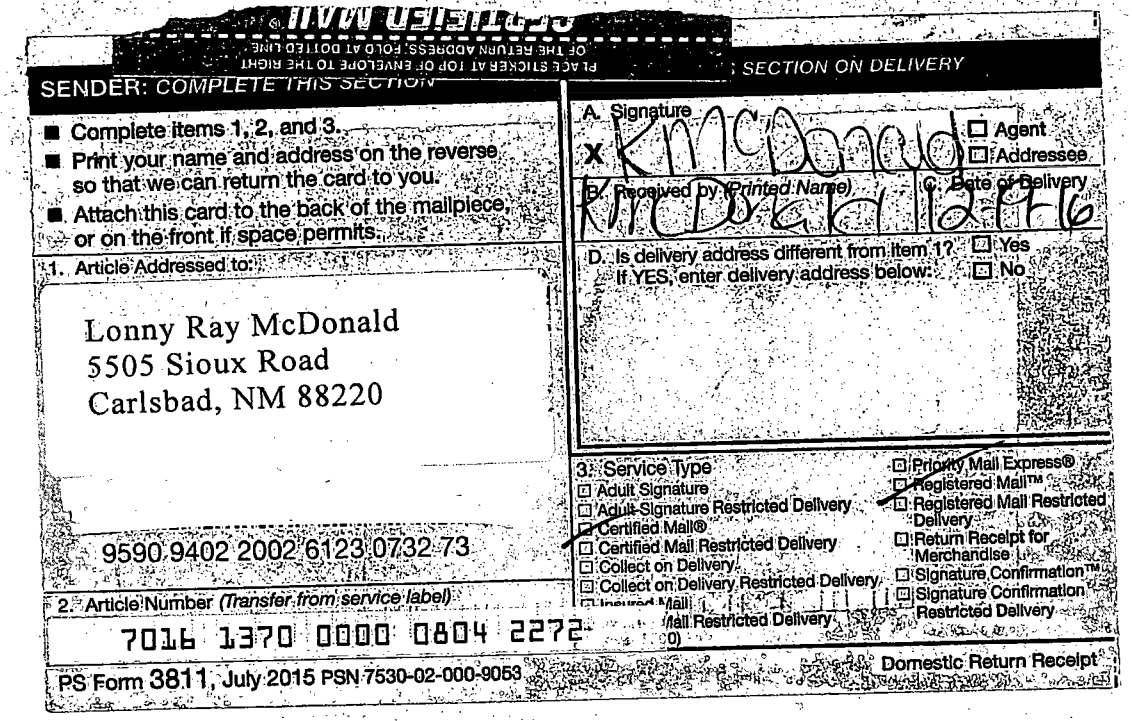
DEC 16 2016

Postmark Here

Lonny Ray McDonald
5505 Sioux Road
Carlsbad, NM 88220

7016 1370 0000 0804 2272

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:

Lonny Ray McDonald
5505 Sioux Road
Carlsbad, NM 88220

9590 9402 2002 6123 0732 73

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2272

COMPLETE THIS SECTION ON DELIVERY

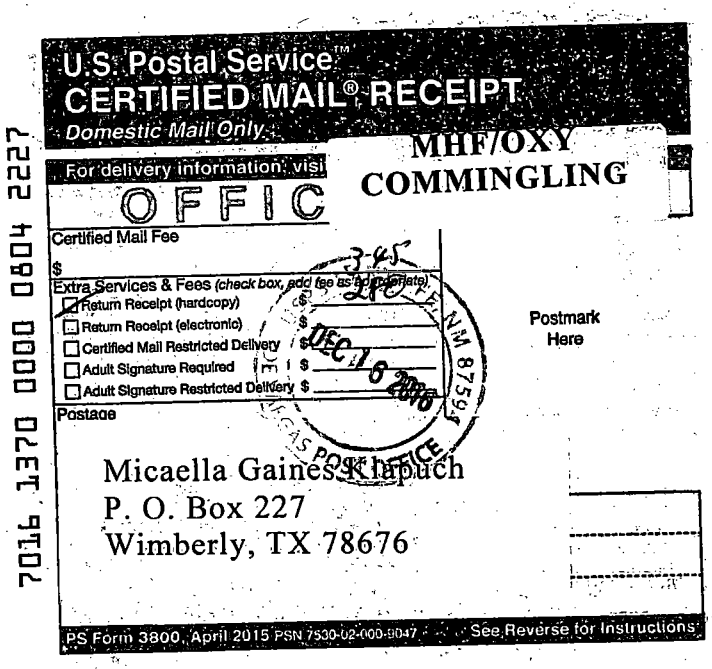
A. Signature
X K McDonald ☐ Agent ☐ Addressee

B. Received by (Printed Name) K McDonald C. Date of Delivery 12/21/16

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

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



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

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

MHF/OXY COMMINGLING

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☑ Return Receipt (electronic) $ 2.60
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

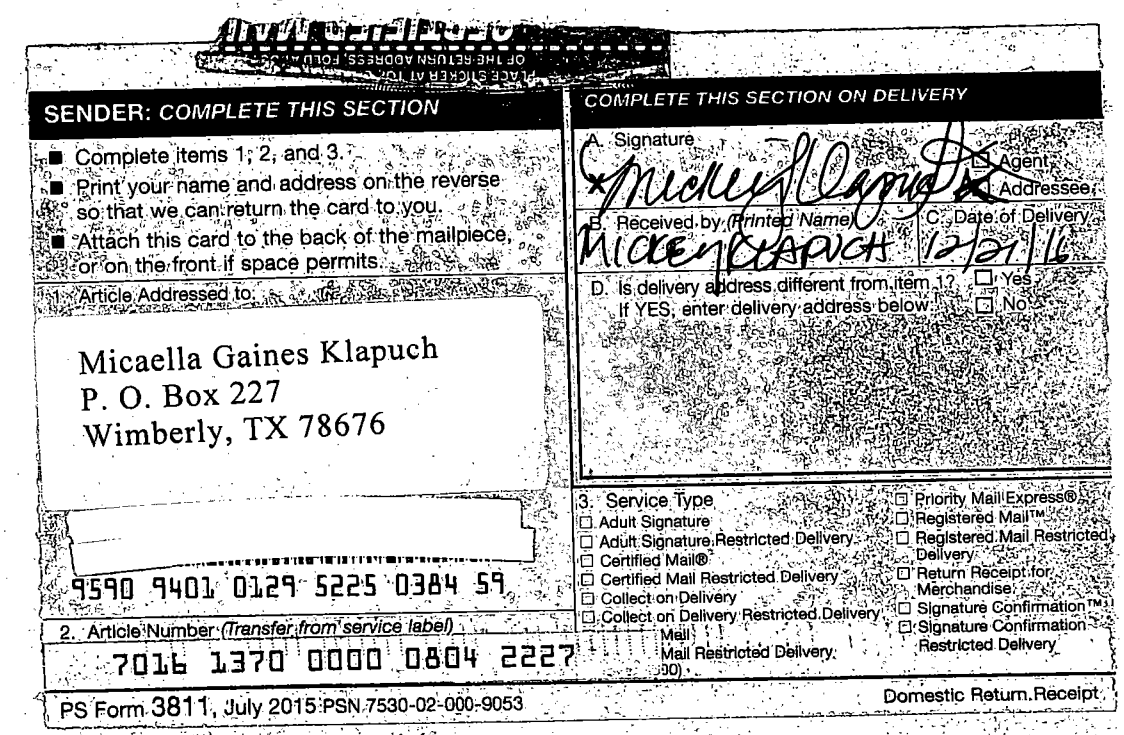
DEC 16 2016

Postmark Here

Micaella Gaines Klapuch
P. O. Box 227
Wimberly, TX 78676

7016 1370 0000 0804 2227

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:

Micaella Gaines Klapuch
P. O. Box 227
Wimberly, TX 78676

9590 9401 0129 5225 0384 59

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2227

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Micaella Klapuch ☐ Agent ☐ Addressee

B. Received by (Printed Name) Micaella Klapuch C. Date of Delivery 12/21/16

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

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

7016 1370 0000 0804 2265

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

MHF/OXY COMMINGLING

For delivery information, vis
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87594
Postmark Here
DEC 16 2016
DE VARGAS POST OFFICE

Glen E. and Barbara McDonald
P. O. Box 367
Loving, NM 88256

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

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

1. Article Addressed to:

Glen E. and Barbara McDonald
P. O. Box 367
Loving, NM 88256

9590 9401 0129 5225 0384 28

2. Article Number *(Transfer from service label)*
7016 1370 0000 0804 2265

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Barbara McDonald ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
BARBARA McDonald 12-22-16

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

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

7016 1370 0000 0804 2289

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

MHF/OXY COMMINGLING

For delivery information
OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☑ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE, NM 87594
Postmark Here
DEC 16 2016
POST OFFICE

Margaret and Raymond H.
McDonald, JR
1379 County Road 3566
Dike, TX 75437

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

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

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

1. Article Addressed to:

Margaret and Raymond H.
McDonald, JR
1379 County Road 3566
Dike, TX 75437

9590 9402 2002 6123 0732 66

2. Article Number *(Transfer from service label)*
7016 1370 0000 0804 2289

IS SECTION ON DELIVERY

A. Signature
X Rutelyn McDonald ☐ Agent ☐ Addressee

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

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

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

7016 1370 0000 0804 1916

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

For delivery information, visit o
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

USPS SANTA FE, NM 87594
Postmark Here
DEC 16 2016

Jan Alice Herrstrom
810 Forest Oaks Circle
Woodway, TX 76712

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

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

- 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:

Jan Alice Herrstrom
810 Forest Oaks Circle
Woodway, TX 76712

9590 9402 2002 6123 0732 35

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1916

A. Signature
X Jan Herrstrom ☐ Agent ☐ Addressee

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

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

MAIN OFFICE WACO, TX 767
DEC 22 2016
USPS

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)

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

7016 1370 0000 0804 1893

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

For delivery information, visit
OFFIC

MHF/OXY
COMMINGLING

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 $ 1.50
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

SANTA FE, NM 87594
Postmark Here
DEC 16 2016

Robert and Brenda K. Patton
1007 Hidalgo Road
Carlsbad, NM 88220

City, State, ZIP+4®

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

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

- 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:

Robert and Brenda K. Patton
1007 Hidalgo Road
Carlsbad, NM 88220

9590 9402 2002 6123 0732 59

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1893

A. Signature
X Robert Patton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robert Patton 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

Mail Restricted Delivery ...0)

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

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

For delivery information

MHF/OXY
COMMINGLING

OFFI

Certified Mail Fee
$ 3.45

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

Postmark Here

Robert E. Gaines, Jr.
P. O. Box 105
Waring , TX 78074

7016 1370 0000 0804 2210

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:

Robert E. Gaines, Jr.
P. O. Box 105
Waring , TX 78074

9590 9401 0129 5225 0384 66

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Cindy Gaines ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
12/23/16

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

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

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

For delivery information

MHF/OXY
COMMINGLING

OFFI

Certified Mail Fee
$ 3.45

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

Postage

SANTA FE, NM 87594 DEC 16 2016 USPS POSTAL SERVICE

Postmark Here

Enrich Henry McDonald a/k/a
Henry E. McDonald
P. O. Box 597
Loving, NM 88256

7016 1370 0000 0804 2241

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Enrich Henry McDonald a/k/a
Henry E. McDonald
P. O. Box 597
Loving, NM 88256

9590 9401 0129 5225 0384 04

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Rhonda Geer ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Rhonda Geer 12/19/16

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

3. Service Type
- ☐ Adult Signature
- ☑ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☑ Certified Mail Restricted Delivery
- ☑ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☑ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☑ Signature Confirmation Restricted Delivery

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

7016 1370 0000 0804 1909

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

For delivery information, visit OFFIC

MHF/OXY COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

DEC 16 2016
Postmark Here
SANTA FE, NM 87594
POST OFFICE

Twin Oaks Petroleum, LLC
4010 Lazybrook Drive
Nolanville, TX 76559

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

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

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
X
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name)
C. Date of Delivery 12-19-16

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

1. Article Addressed to:

Twin Oaks Petroleum, LLC
4010 Lazybrook Drive
Nolanville, TX 76559

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [x] 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

9590 9402 2002 6123 0732 42

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1909

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

7016 1370 0000 0804 2258

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

For delivery information, visit OFFIC

MHF/OXY COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

DEC 16 2016
Postmark Here
SANTA FE, NM 87594
POST OFFICE

David H. and Vicki McDonald
P. O. Box 308
Loving, NM 88256-0308

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David H. and Vicki McDonald
P. O. Box 308
Loving, NM 88256-0308

9590 9401 0129 5225 0384 11

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2258

COMPLETE THIS SECTION ON DELIVERY

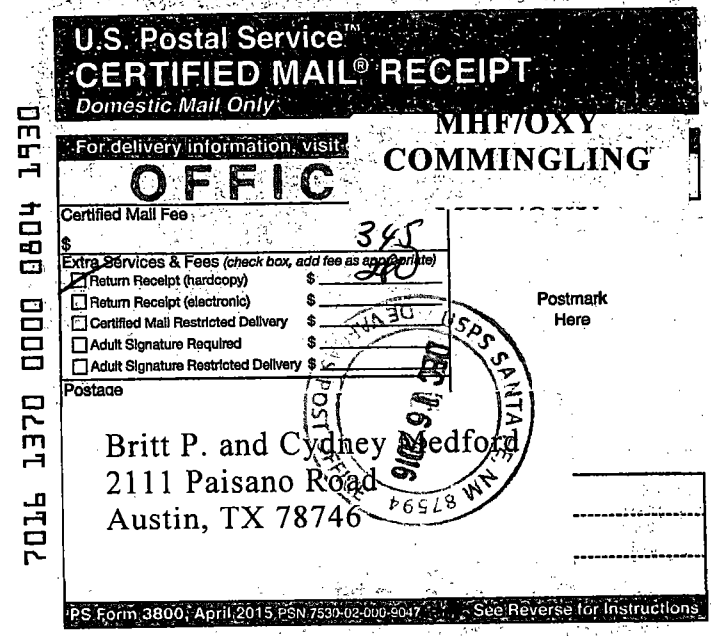
A. Signature
X
- [x] Agent
- [ ] Addressee

B. Received by (Printed Name)
C. Date of Delivery 12/20/16

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

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

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



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

For delivery information, visit

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

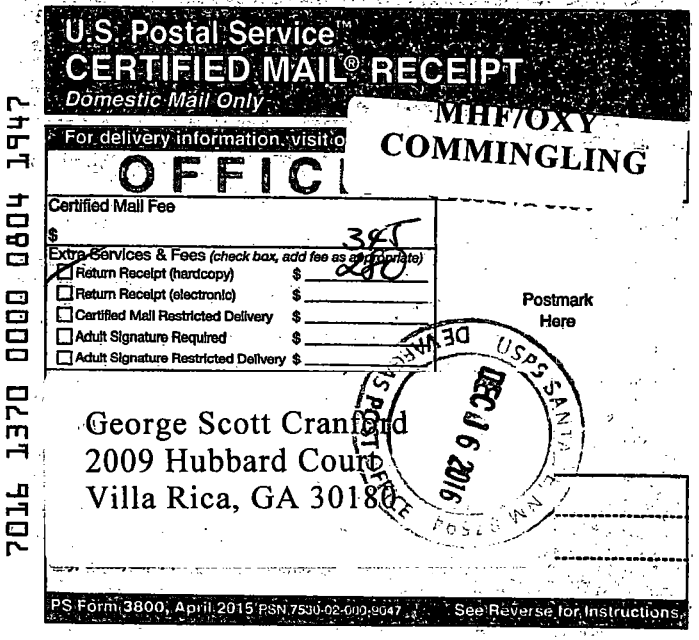
Postmark Here

DEC 9 2016

Britt P. and Cydney Medford
2111 Paisano Road
Austin, TX 78746

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

7016 1370 0000 0804 1930



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

For delivery information, visit o

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

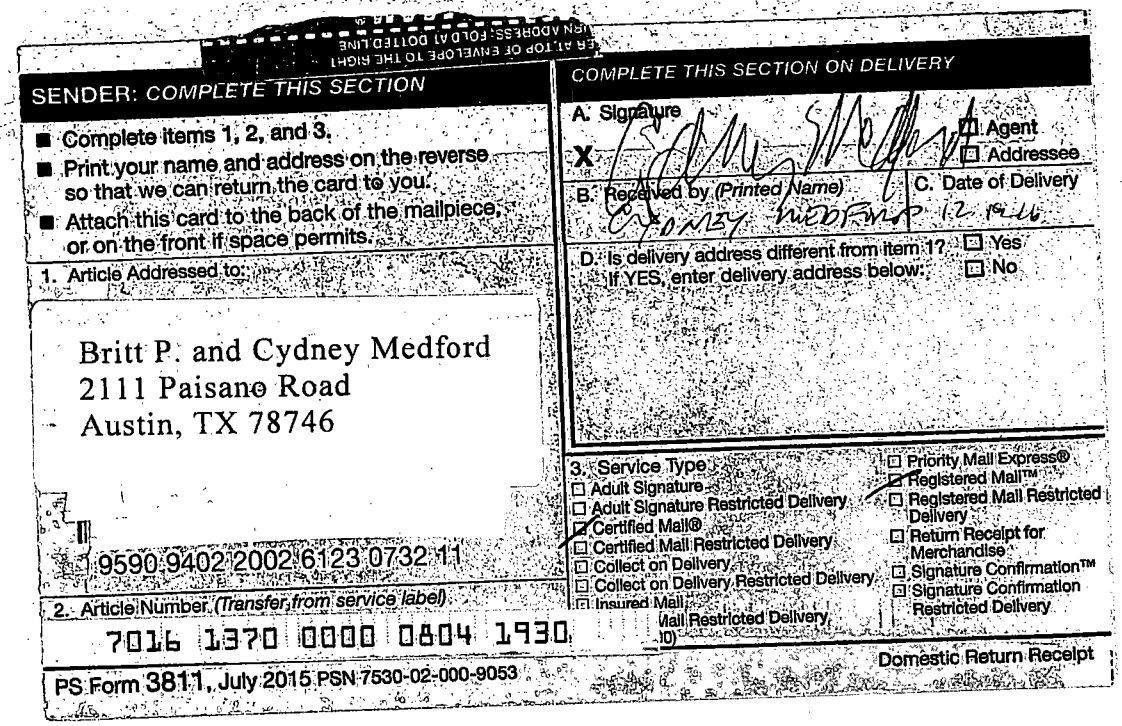
Postmark Here

DEC 9 2016

George Scott Cranford
2009 Hubbard Court
Villa Rica, GA 30180

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

7016 1370 0000 0804 1947



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:

Britt P. and Cydney Medford
2111 Paisano Road
Austin, TX 78746

9590 9402 2002 6123 0732 11

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1930

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

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

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

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

For delivery information: vis
OFFIC

MHF/OXY
COMMINGLING

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

Postage 3.45

Postmark Here
DEC 16 2016
USPS SANTA FE NM 87594
POST OFFICE

Penwell Employee Royalty Pool
200 N LORAINE ST SUITE 1550
MIDLAND, TX 79701

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

7016 1370 0000 0804 1954

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:

Penwell Employee Royalty Pool
200 N LORAINE ST SUITE 1550
MIDLAND, TX 79701

9590 9402 2002 6123 0731 98

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1954

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

SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
12/19/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Mail
Mail Restricted Delivery
(over $500)

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

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

For delivery information: visit
OFFIC

MHF/OXY
COMMINGLING

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

Postage 3.45

Postmark Here
DEC 16 2016
USPS SANTA FE NM 87594
POST OFFICE

Jareed Partners
P O BOX 51451
MIDLAND, TX 79710

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

7016 1370 0000 0804 1961

CERTIFIED MAIL®

SEND

- 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:

Jareed Partners
P O BOX 51451
MIDLAND, TX 79710

9590 9402 2002 6123 0731 81

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1961

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

S SECTION ON DELIVERY

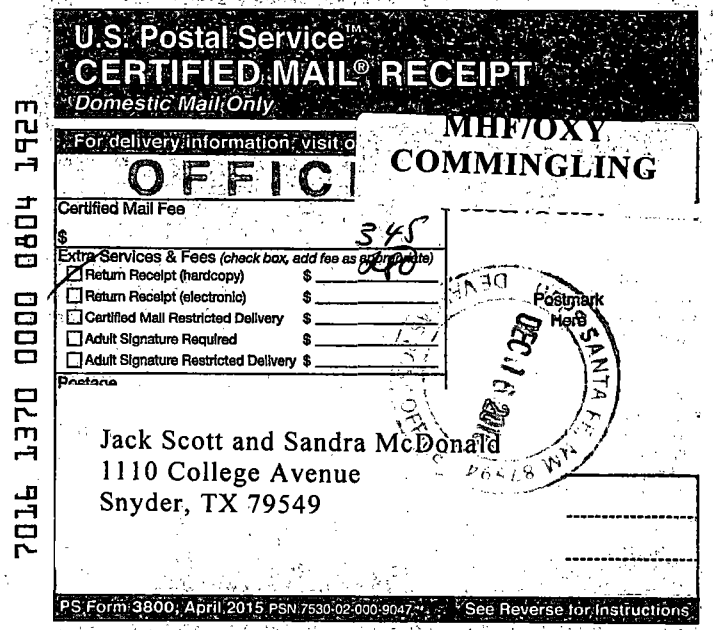
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Jamie Bush
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
Mail
Mail Restricted Delivery
(over $500)

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



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

For delivery information, visit o
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Postmark Here
DEC 21 2016
USPS SANTA FE NM 87594

Jack Scott and Sandra McDonald
1110 College Avenue
Snyder, TX 79549

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

7016 1370 0000 0804 1923

CERTIFIED MAIL®

SENDER: COMPLETE THIS SECTION ... ON DELIVERY

- 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:

Jack Scott and Sandra McDonald
1110 College Avenue
Snyder, TX 79549

9590 9402 2002 6123 0732 28

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1923

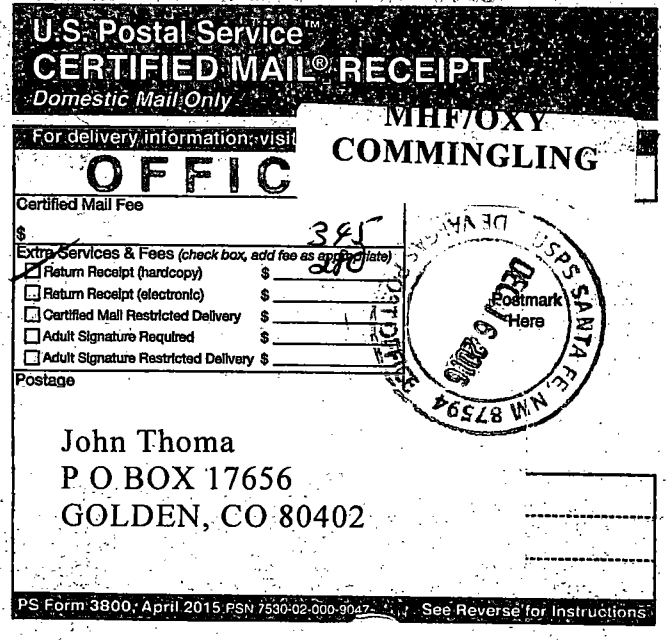
A. Signature
X [signature]
☐ Agent
☐ Addressee

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

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



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

For delivery information, visit
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Postmark Here
DEC 21 2016
USPS SANTA FE NM 87594

John Thoma
P O BOX 17656
GOLDEN, CO 80402

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

7016 1370 0000 0804 1985

CERTIFIED MAIL®

SENDER: ... CTION ON DELIVERY

- 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:

John Thoma
P O BOX 17656
GOLDEN, CO 80402

9590 9402 2002 6123 0733 65

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1985

A. Signature
X [signature]
☐ Agent
☐ Addressee

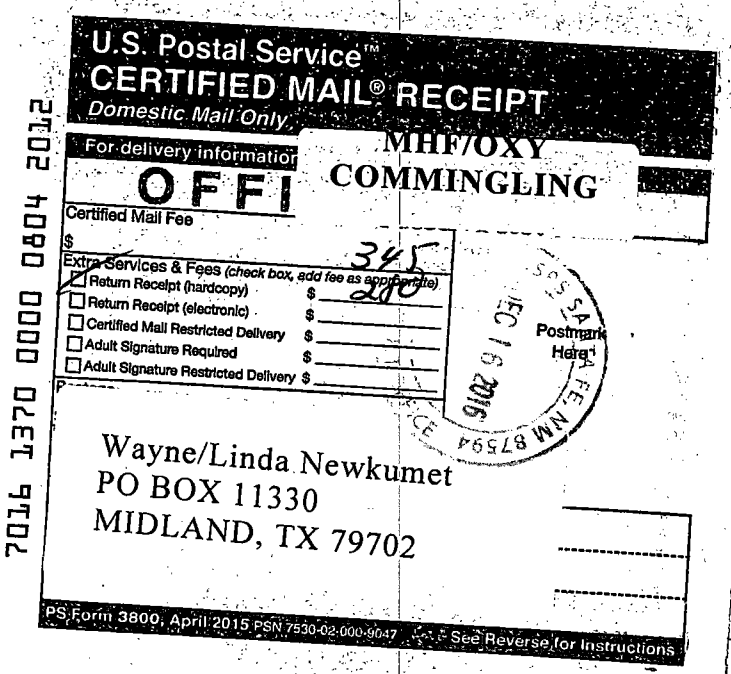
B. Received by (Printed Name) C. Date of Delivery

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

DEC 21 2016
USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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



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

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

Certified Mail Fee
$ 3.45

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

Postage

Postmark Here

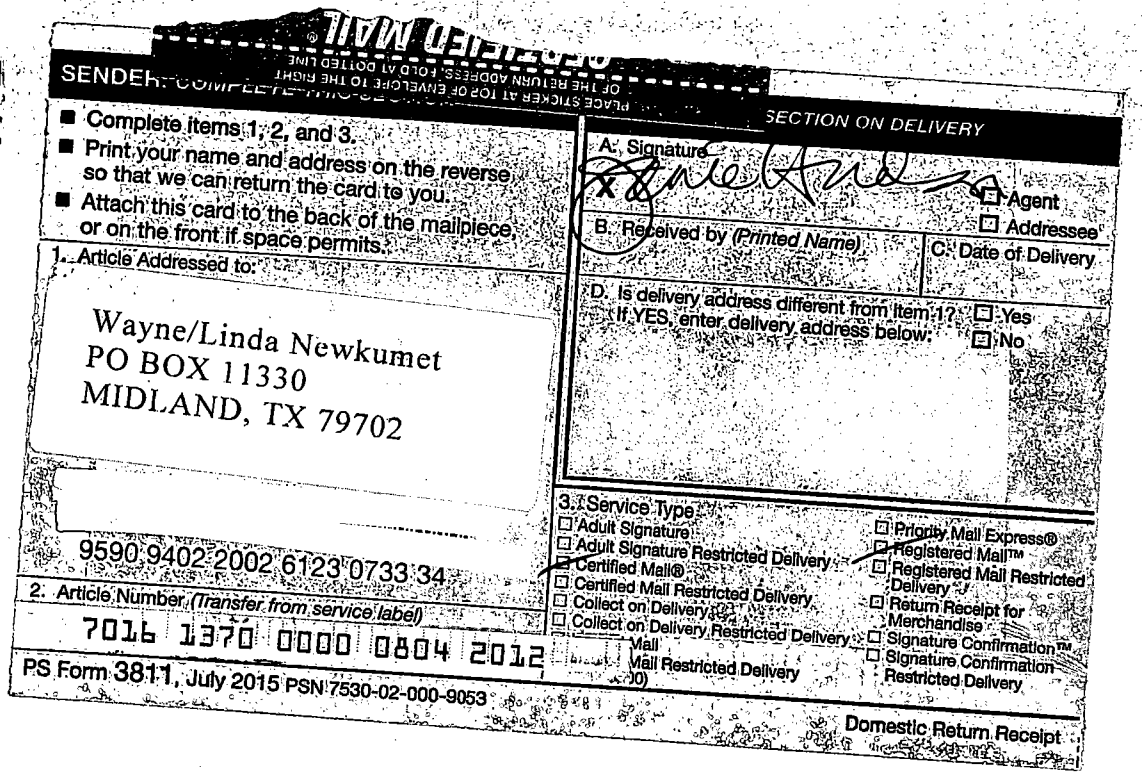
SANTA FE NM 87594
DEC 16 2015

Wayne/Linda Newkumet
PO BOX 11330
MIDLAND, TX 79702

7016 1370 0000 0804 2012

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

MHF/OXY COMMINGLING



CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION

SECTION ON DELIVERY

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

A. Signature
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

1. Article Addressed to:

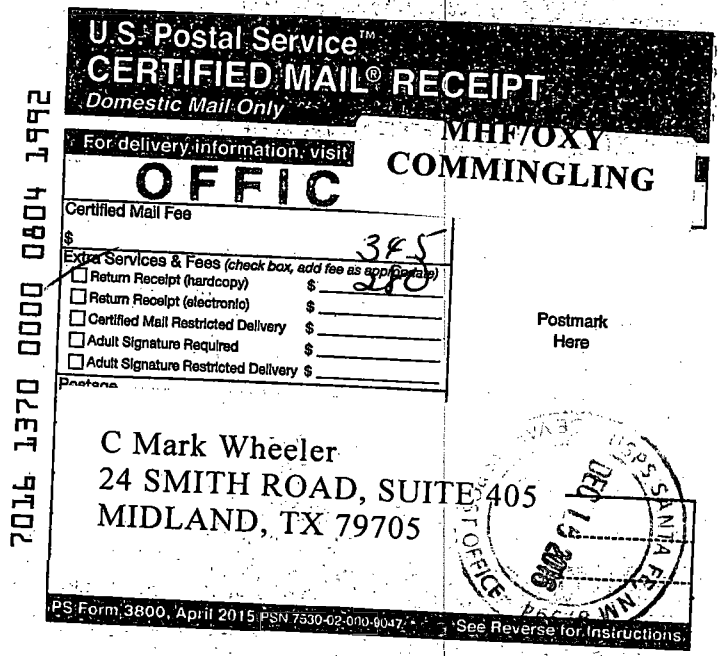
Wayne/Linda Newkumet
PO BOX 11330
MIDLAND, TX 79702

3. Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- [x] Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery
- 00)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- [x] Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

9590 9402 2002 6123 0733 34

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2012

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



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

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

Certified Mail Fee
$ 3.45

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

Postage

Postmark Here

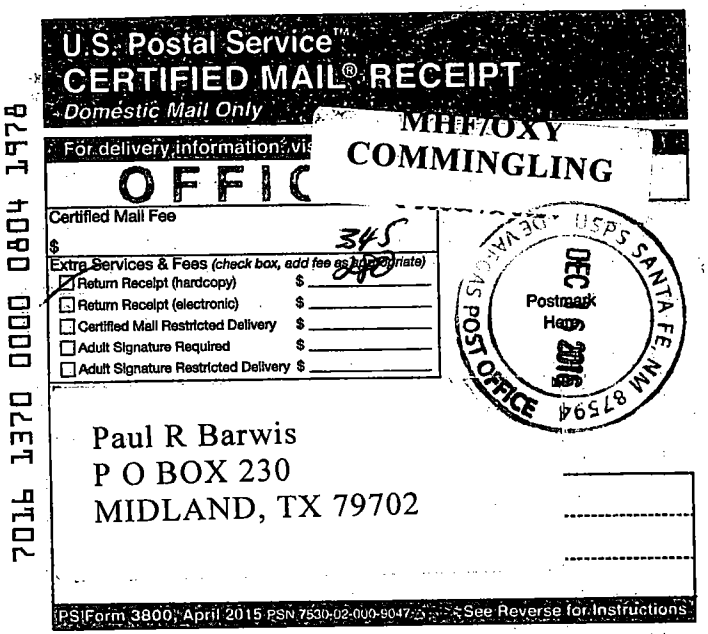
SANTA FE NM 87594
DEC 15 2015

C Mark Wheeler
24 SMITH ROAD, SUITE 405
MIDLAND, TX 79705

7016 1370 0000 0804 1992

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

MHF/OXY COMMINGLING



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

For delivery information, vi

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

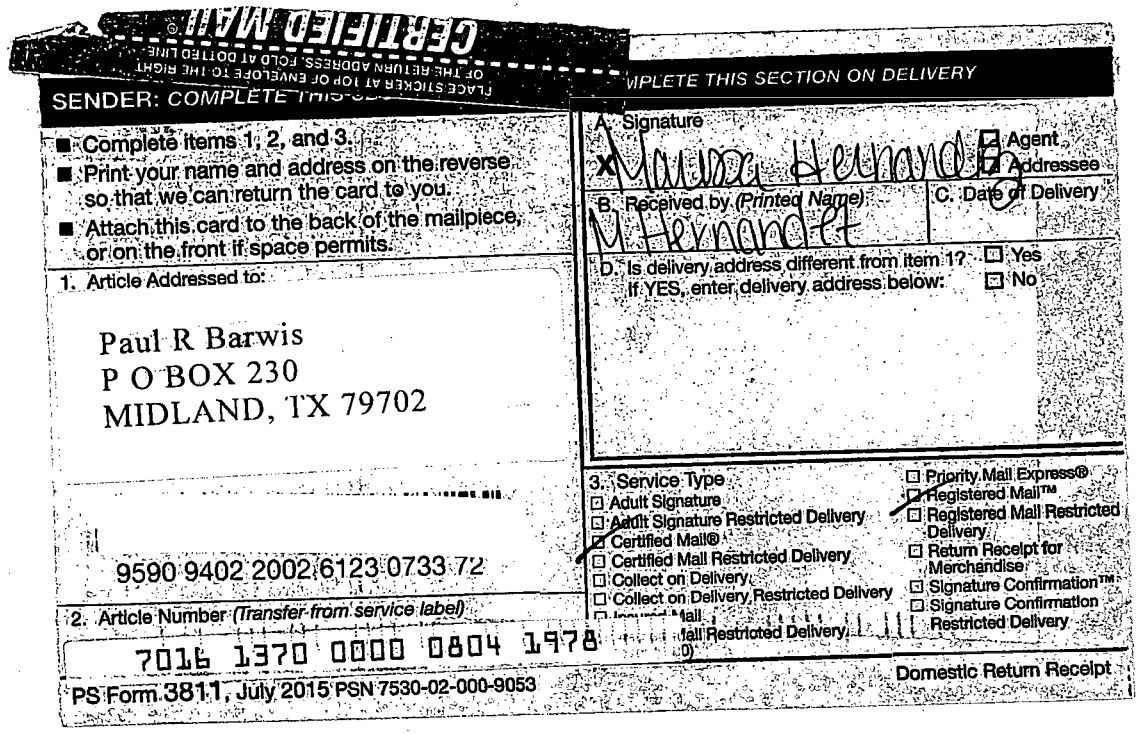
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.60
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 POST OFFICE
DEC 9 2016
Postmark Here

Paul R Barwis
P O BOX 230
MIDLAND, TX 79702

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

7016 1370 0000 0804 1978



CERTIFIED MAIL®
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Paul R Barwis
P O BOX 230
MIDLAND, TX 79702

9590 9402 2002 6123 0733 72

2. Article Number (Transfer from service label)
7016 1370 0000 0804 1978

COMPLETE THIS SECTION ON DELIVERY

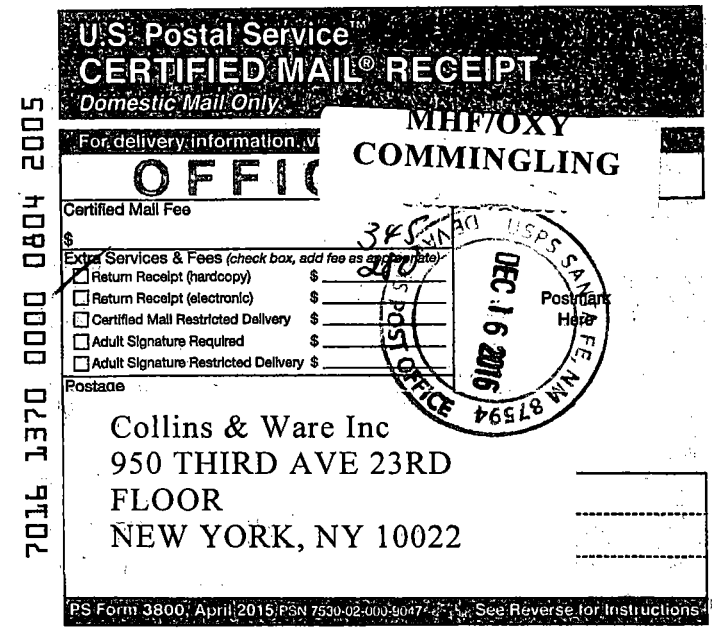
A. Signature
X Mirna Hernandez
- [x] Agent
- [ ] Addressee

B. Received by (Printed Name) M. Hernandez
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
- [x] 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

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



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

For delivery information, vi

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [ ] Return Receipt (hardcopy) $
- [ ] Return Receipt (electronic) $
- [x] Certified Mail Restricted Delivery $ 2.70
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

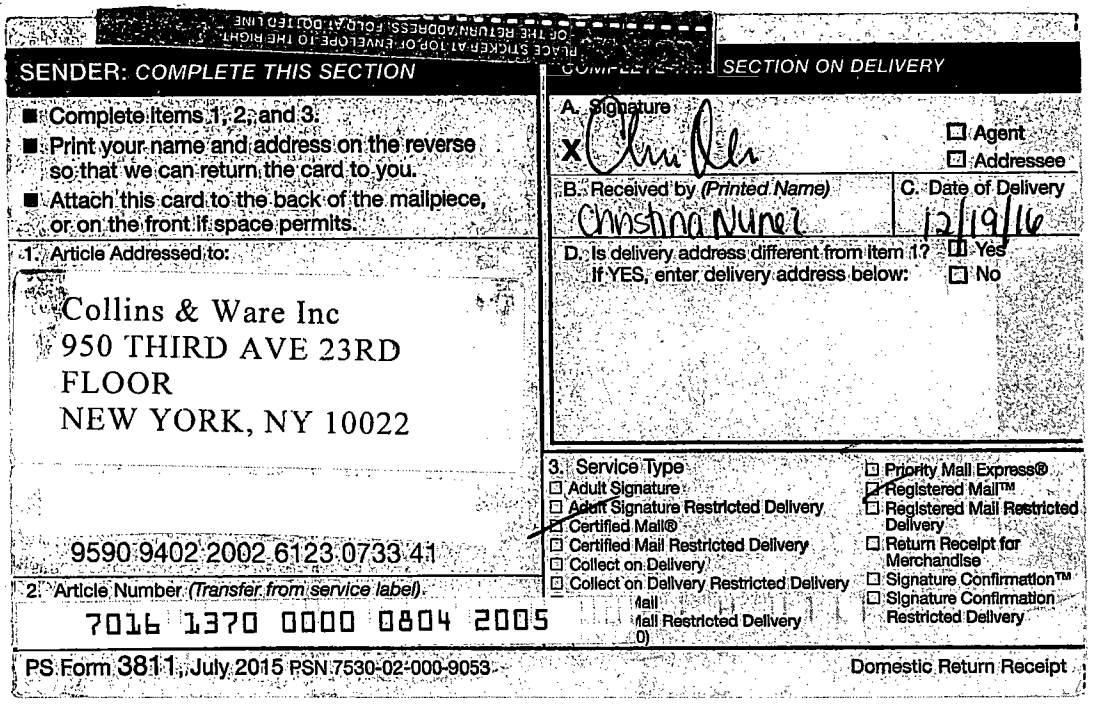
Postage

USPS SANTA FE NM 87594 POST OFFICE
DEC 16 2016
Postmark Here

Collins & Ware Inc
950 THIRD AVE 23RD
FLOOR
NEW YORK, NY 10022

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

7016 1370 0000 0804 2005



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Collins & Ware Inc
950 THIRD AVE 23RD
FLOOR
NEW YORK, NY 10022

9590 9402 2002 6123 0733 41

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2005

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name) Christina Nunez
C. Date of Delivery 12/19/16

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] 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

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

7016 1370 0000 0804 2036

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

For delivery information, visit

OFFIC

MHF/OXY COMMINGLING

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 $

USPS SANTA FE NM 87594 POST OFFICE DEC 16 2016 Postmark

Sundance Minerals I
P O BOX 17744
FORT 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:

Sundance Minerals I
P O BOX 17744
FORT WORTH, TX 76102

9590 9402 2002 6123 0733 10

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2036

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

THIS SECTION ON DELIVERY

A. Signature
X Linda Parker ☐ Agent ☐ Addressee

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

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

CENTRAL FORT WORTH DEC 19 2016 USPS 76102

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

7016 1370 0000 0804 2029

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

For delivery information, visit

OFFIC

MHF/OXY COMMINGLING

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 $

Postmark Here

SANTA FE NM 87594 POST OFFICE DEC 16 2016

The Roach Foundation
777 TAYLOR ST PH-J
FORT WORTH, TX 76102

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:

The Roach Foundation
777 TAYLOR ST PH-J
FORT WORTH, TX 76102

9590 9402 2002 6123 0733 27

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2029

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

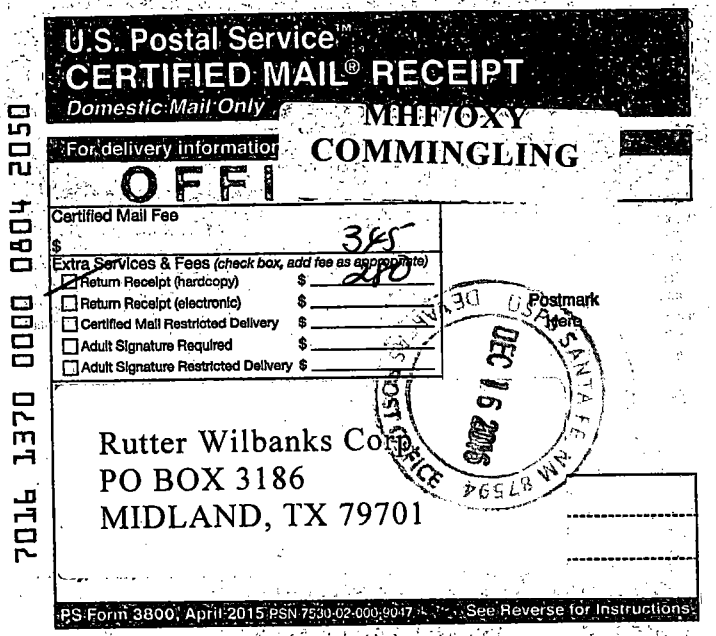
THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
X S. Eakman 12/14

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



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

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

OFFICIAL USE

MHF/OXY COMMINGLING

Certified Mail Fee $ 3.45

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

Postage

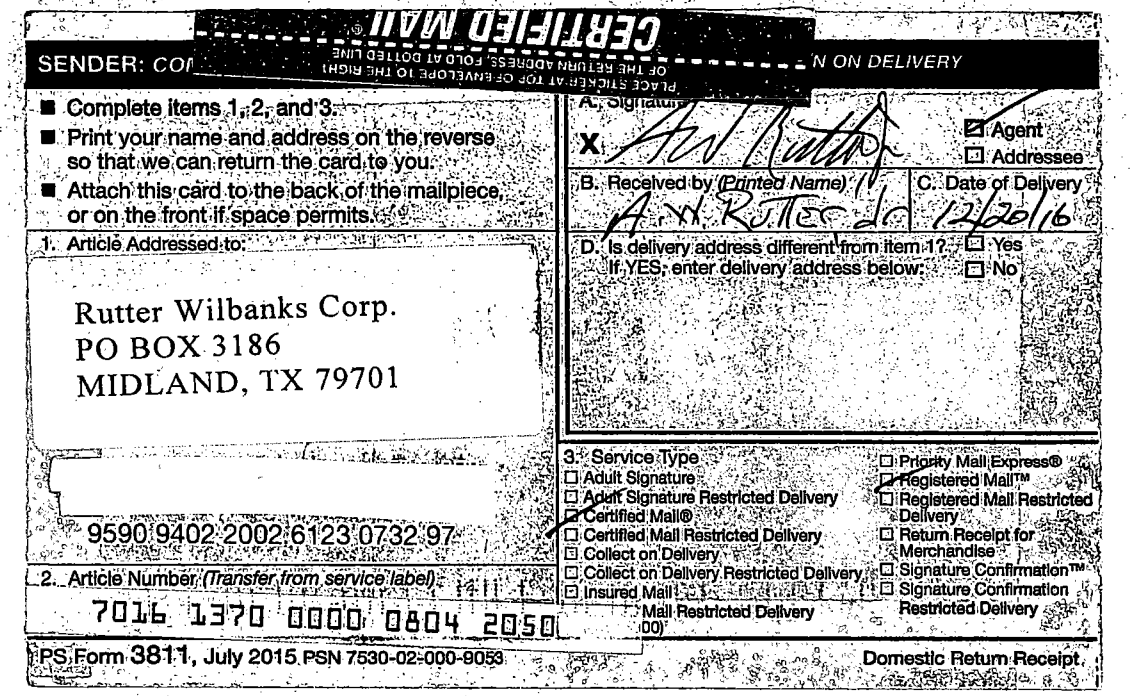
Postmark Here

USPS SANTA FE NM 87594 POST OFFICE DEC 16 2016

Rutter Wilbanks Corp.
PO BOX 3186
MIDLAND, TX 79701

7016 1370 0000 0804 2050

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



CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rutter Wilbanks Corp.
PO BOX 3186
MIDLAND, TX 79701

9590 9402 2002 6123 0732 97

2. Article Number (Transfer from service label)

7016 1370 0000 0804 2050

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

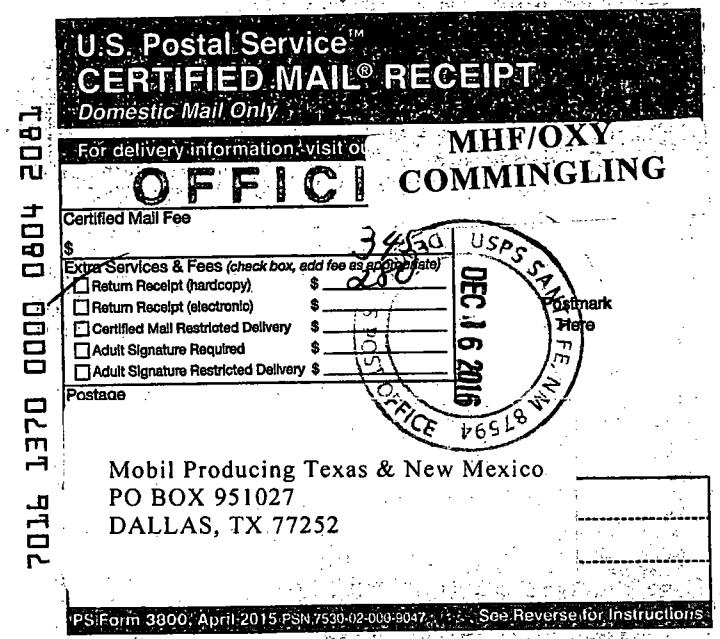
B. Received by (Printed Name) C. Date of Delivery
12/26/16

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

Mail Restricted Delivery (over $500)

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



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

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

OFFICIAL USE

MHF/OXY COMMINGLING

Certified Mail Fee $ 3.45

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 2.80

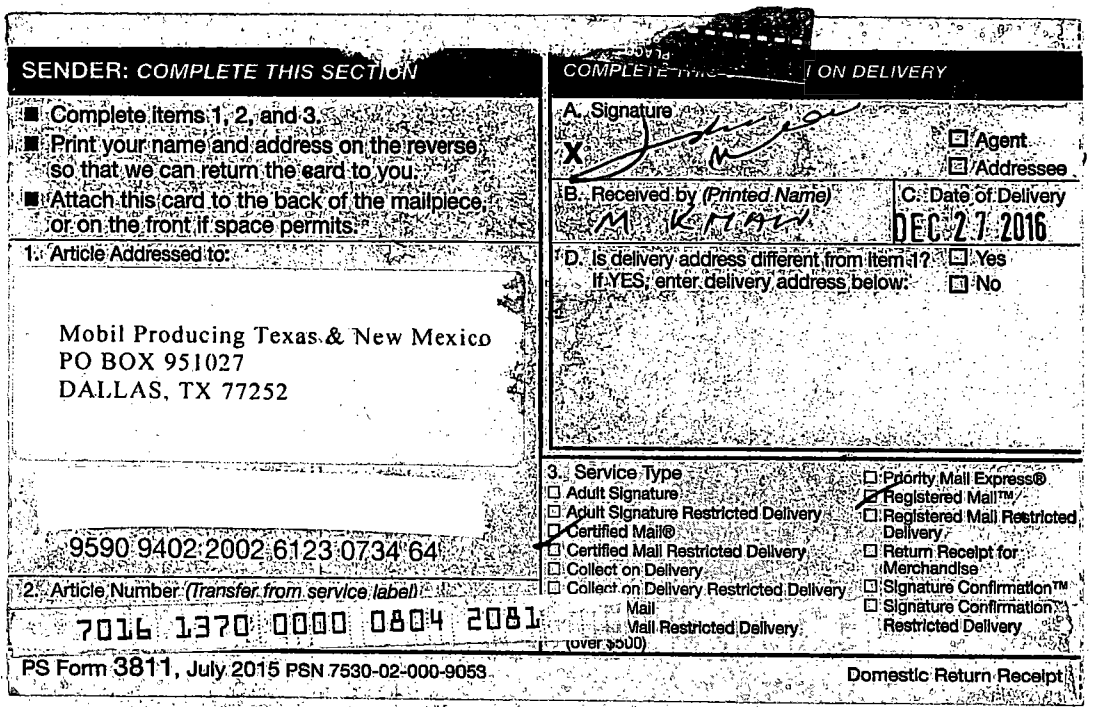
Postmark Here

USPS SANTA FE NM 87594 POST OFFICE DEC 16 2016

Mobil Producing Texas & New Mexico
PO BOX 951027
DALLAS, TX 77252

7016 1370 0000 0804 2081

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 Producing Texas & New Mexico
PO BOX 951027
DALLAS, TX 77252

9590 9402 2002 6123 0734 64

2. Article Number (Transfer from service label)

7016 1370 0000 0804 2081

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 27 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
- ☑ Registered Mail™
- ☐ Priority Mail Express®
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over $500)

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

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

For delivery information, vis

OFFIC

MHF/OXY COMMINGLING

Certified Mail Fee
$ 3.45

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

Postmark Here

USPS SANTA FE NM 87594 DEC 16 2016

GD McKinney INVESTMENTS LP
300 N MARIENFELD,
SUITE 1100
MIDLAND, TX 79701

City, State, ZIP+4®

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

7016 1370 0000 0804 2166

CERTIFIED MAIL®

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

SENDER: COM... ON DELIVERY

- 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:

GD McKinney INVESTMENTS LP
300 N MARIENFELD,
SUITE 1100
MIDLAND, TX 79701

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) C. Date of Delivery 12/9

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

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

9590 9402 2002 6123 0733 89

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2166

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

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

For delivery information, visi

OFFIC

MHF/OXY COMMINGLING

Certified Mail Fee
$ 3.45

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

Postmark Here

USPS SANTA FE NM 87594 DEC 16 2016

MWB 1998 Trust
301 COMMERCE ST,
STE 2900
FORT WORTH, TX 76102

City, State, ZIP+4®

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

7016 1370 0000 0804 2074

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

SENDER: COMPLETE THIS SECTION ...SECTION ON DELIVERY

- 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:

MWB 1998 Trust
301 COMMERCE ST,
STE 2900
FORT WORTH, TX 76102

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) C. Date of Delivery 12/20

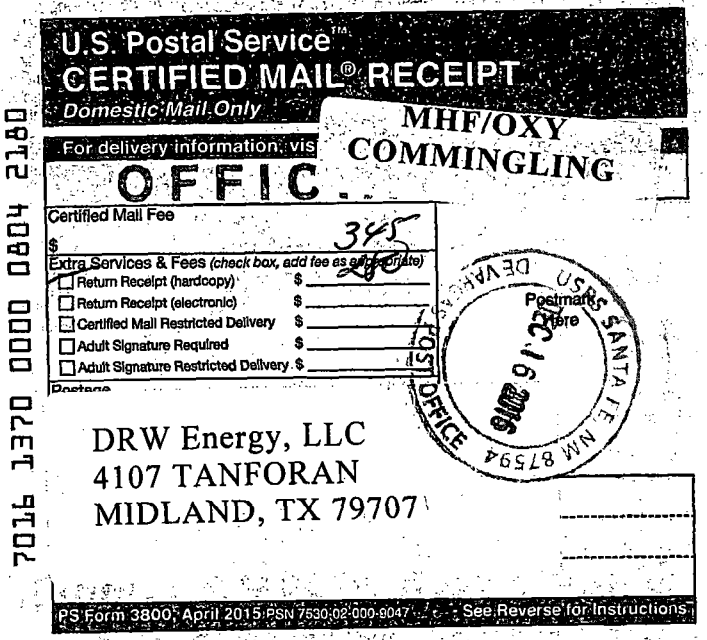
D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

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®
- [x] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [x] Return Receipt for Merchandise
- [ ] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

9590 9402 2002 6123 0734 71

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2074

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



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

For delivery information, vis

MHF/OXY COMMINGLING

OFFIC

Certified Mail Fee
$ 3.45

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

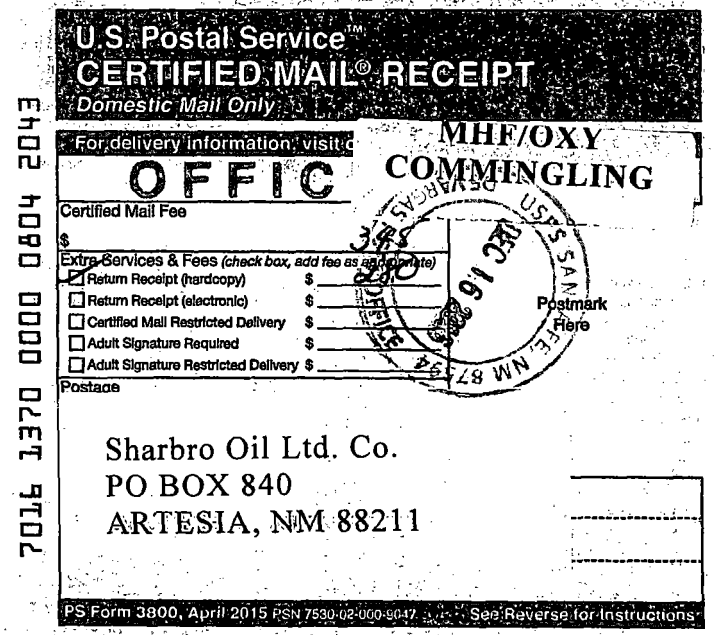
USPS SANTA FE NM 87594 DEC 16 2016 POST OFFICE

Postmark Here

DRW Energy, LLC
4107 TANFORAN
MIDLAND, TX 79707

7016 1370 0000 0804 2180

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 c

MHF/OXY COMMINGLING

OFFIC

Certified Mail Fee
$ 3.45

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

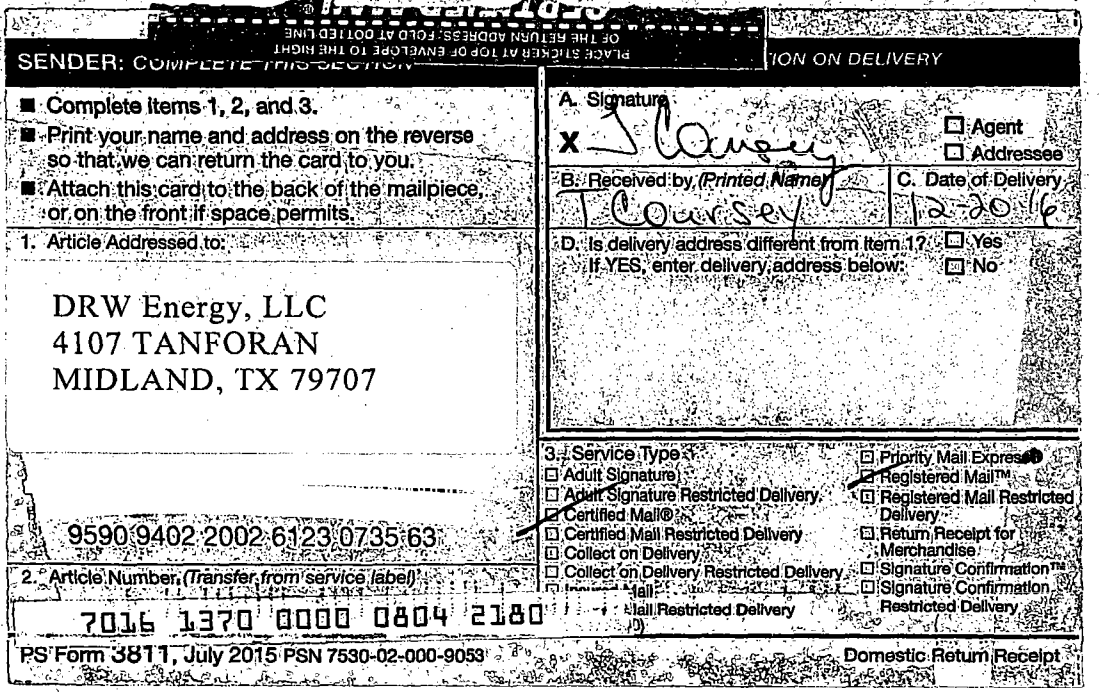
USPS SANTA FE NM 87594 DEC 16 2016 POST OFFICE

Postmark Here

Sharbro Oil Ltd. Co.
PO BOX 840
ARTESIA, NM 88211

7016 1370 0000 0804 2043

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:

DRW Energy, LLC
4107 TANFORAN
MIDLAND, TX 79707

9590 9402 2002 6123 0735 63

2. Article Number (Transfer from service label)

7016 1370 0000 0804 2180

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 12-20-16

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

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

7016 1370 0000 0804 2142

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

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

MHF/OXY COMMINGLING

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

Postmark Here
DEC 15 2016
USPS SANTA FE NM 87594

John S. Tittl
7304 VALENCIA GROVE COURT
FORT WORTH, TX 76132

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:

John S. Tittl
7304 VALENCIA GROVE COURT
FORT WORTH, TX 76132

9590 9402 2002 6123 0734 02

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2142

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

SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [ ] Addressee

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

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

CITYVIEW TX 761 32-USA DEC 23 2016

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 1370 0000 0804 2098

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

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

MHF/OXY COMMINGLING

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

Postmark Here
DEC 16 2016
USPS SANTA FE NM 87594

M'Lissa L. McKinney Schoening
300 N MARIENFELD
SUITE 1100
MIDLAND, TX 79701

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:

M'Lissa L. McKinney Schoening
300 N MARIENFELD
SUITE 1100
MIDLAND, TX 79701

9590 9402 2002 6123 0734 57

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2098

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

SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) C. Date of Delivery
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
- [ ] 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, vi

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

DEC 16 2016
USPS SANTA FE NM 87594
Postmark Here

LEOPARD PETROLEUM LP
4200 FAIRWOOD PL
MIDLAND, TX 79707

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

7016 1370 0000 0804 2128

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

For delivery information, vi

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

DEC 16 2016
USPS SANTA FE NM 87594
Postmark Here

Fina Oil and Chemical
Company
PO BOX 301105
DALLAS, TX 75303

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

7016 1370 0000 0804 2173

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LEOPARD PETROLEUM LP
4200 FAIRWOOD PL
MIDLAND, TX 79707

9590 9402 2002 6123 0734 26

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2128

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Melinda Hancock ☐ Agent ☐ Addressee

B. Received by (Printed Name) Melinda Hancock
C. Date of Delivery 12-20-16

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

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

For delivery information, visit
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 250
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

Postmark Here

DEC 16 2016
USPS SANTA FE NM 87594

Michael A. Kulenguski
279 JONES MT ROAD
MADISON, VA 22727

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

7016 1370 0000 0804 2104

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:

Michael A. Kulenguski
279 JONES MT ROAD
MADISON, VA 22727

9590 9402 2002 6123 0734 40

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2104

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☑ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

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

For delivery information, v
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 250
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

Postmark Here

DEC 16 2016
USPS SANTA FE NM 87594

Gerald A. Hancock
4200 FAIRWOOD
MIDLAND, TX 79707

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

7016 1370 0000 0804 2159

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:

Gerald A. Hancock
4200 FAIRWOOD
MIDLAND, TX 79707

9590 9402 2002 6123 0733 96

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2159

A. Signature
X Melinda Hancock
☐ Agent
☐ Addressee

B. Received by (Printed Name) Melinda Hancock C. Date of Delivery 12-20-16

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

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

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

For delivery information, vi

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$
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 $

3.45

DEC 16 2016
USPS SANTA FE, NM 87594
Postmark Here

MAP000+NET
P.O. BOX 268946
OKLAHOMA CITY, OK 73126

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

7016 1370 0000 0804 2111

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:

MAP000+NET
P.O. BOX 268946
OKLAHOMA CITY, OK 73126

9590 9402 2002 6123 0734 33

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

OKLAHOMA CITY OK
DEC 19 2016

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
☐ Insured Mail Restricted Delivery (over $500)

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

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

For delivery information, vi

OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$
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 $

3.45

DEC 16 2016
USPS SANTA FE, NM 87594
Postmark Here

Robert C. Grable
201 MAIN STREET
FORT WORTH, TX 76102

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

7016 1370 0000 0804 2067

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:

Robert C. Grable
201 MAIN STREET
FORT WORTH, TX 76102

9590 9402 2002 6123 0732 80

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2067

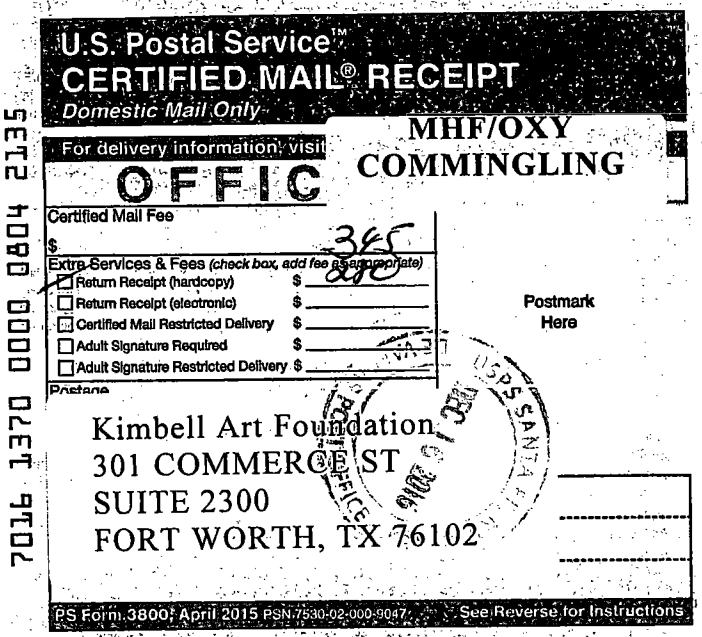
A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) J. Sola R. Lewis C. Date of Delivery 12-20-16

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
☐ Insured Mail Restricted Delivery (over $500)

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



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

For delivery information, visit
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

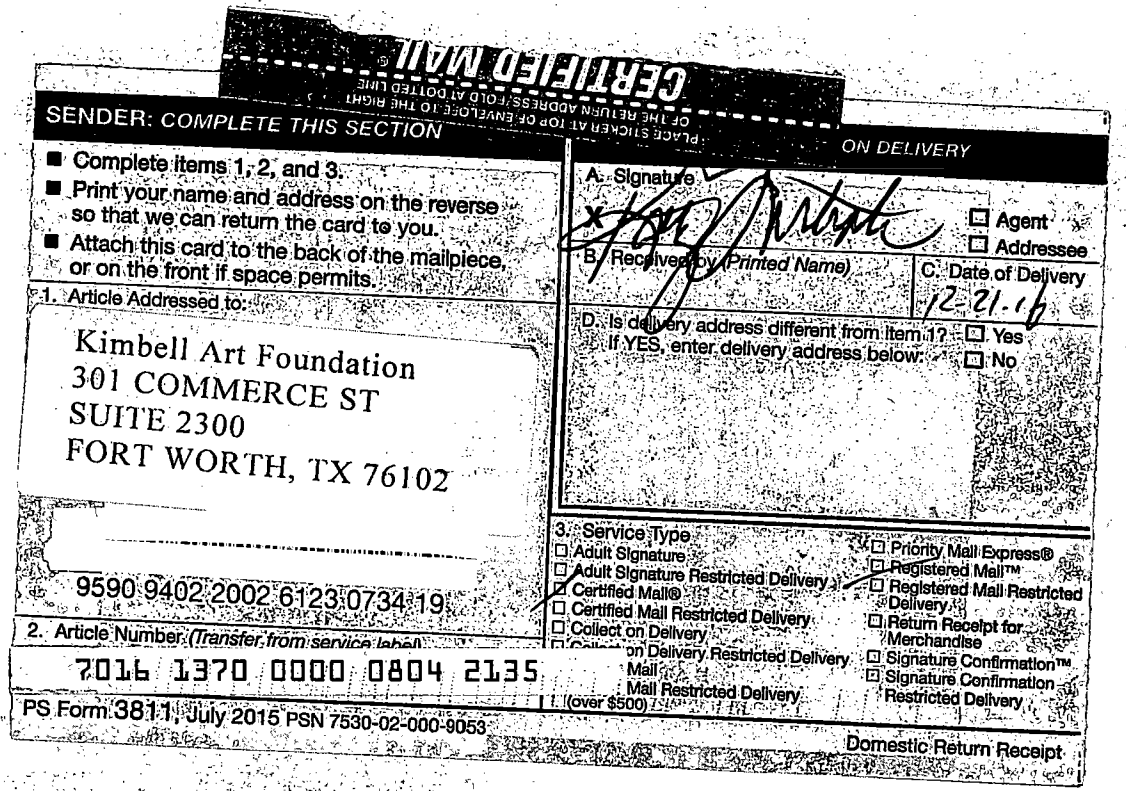
Postmark Here

USPS SANTA FE, NM 87504 DEC 16 2016

Kimbell Art Foundation
301 COMMERCE ST
SUITE 2300
FORT WORTH, TX 76102

7016 1370 0000 0804 2135

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



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kimbell Art Foundation
301 COMMERCE ST
SUITE 2300
FORT WORTH, TX 76102

9590 9402 2002 6123 0734 19

2. Article Number (Transfer from service label)
7016 1370 0000 0804 2135

ON DELIVERY

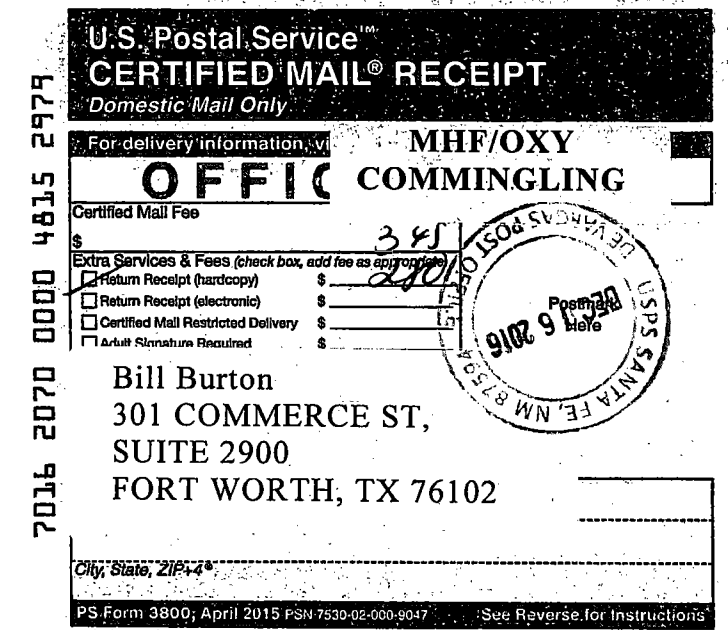
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
12-21-16

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

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



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

For delivery information, vi
OFFIC

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

Postmark Here

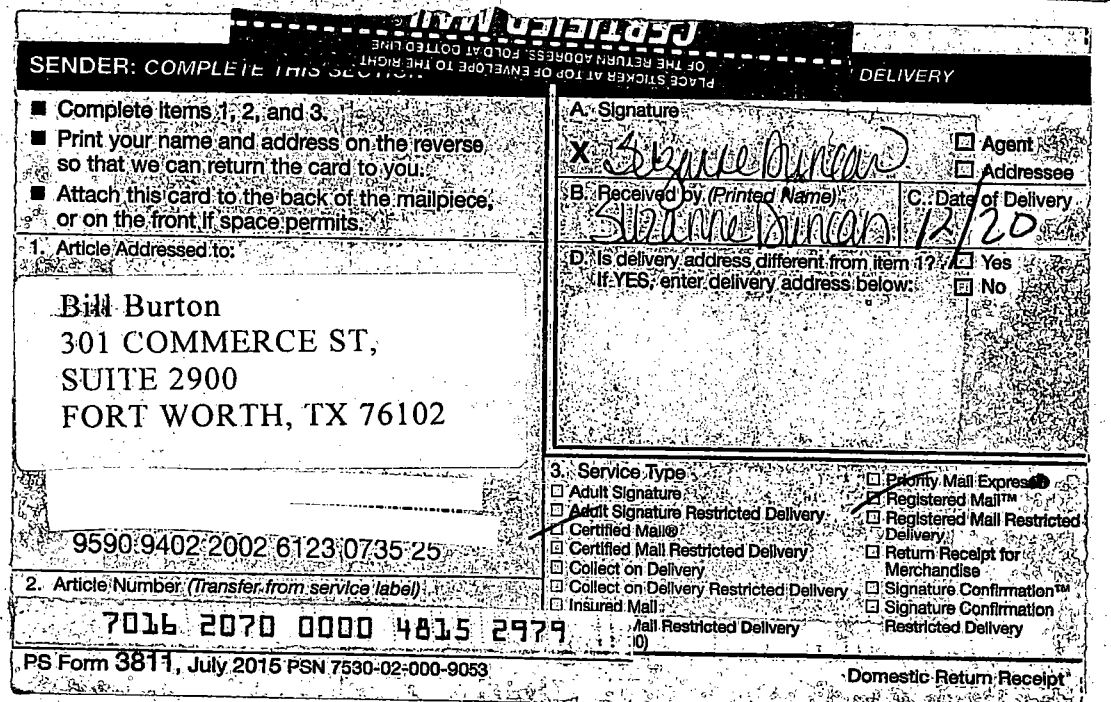
USPS SANTA FE, NM 87504 DEC 16 2016

Bill Burton
301 COMMERCE ST,
SUITE 2900
FORT WORTH, TX 76102

City, State, ZIP+4®

7016 2070 0000 4815 2979

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



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bill Burton
301 COMMERCE ST,
SUITE 2900
FORT WORTH, TX 76102

9590 9402 2002 6123 0735 25

2. Article Number (Transfer from service label)
7016 2070 0000 4815 2979

DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Shanne Dinan 12/20

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

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

7016 2070 0000 4815 3006

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

For delivery information, visit

OFFIC

MHF/OXY
COMMINGLING

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

DEVARGAS POST OFFICE SANTA FE NM 87594
Postmark Here
DEC 16 2015

DCB 1998 Trust
301 COMMERCE STREET
FORT 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:

DCB 1998 Trust
301 COMMERCE STREET
FORT WORTH, TX 76102

9590 9402 2002 6123 0735 56

2. Article Number (Transfer from service label)
7016 2070 0000 4815 3006

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

IS SECTION ON DELIVERY

A. Signature
X Susan Dunlap
☐ Agent
☐ Addressee

B. Received by (Printed Name) Susan Dunlap
C. Date of Delivery 12/18

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

7016 2070 0000 4815 2993

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

For delivery information, visit

OFFIC

MHF/OXY
COMMINGLING

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

DEVARGAS POST OFFICE SANTA FE NM
Postmark Here
DEC 16 2015

Curtis A. Anderson &
Edna I. Anderson
9314 CHERRY BROOK LANE
FRISCO, TX 75033

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:

Curtis A. Anderson &
Edna I. Anderson
9314 CHERRY BROOK LANE
FRISCO, TX 75033

9590 9402 2002 6123 0735 49

2. Article Number (Transfer from service label)
7016 2070 0000 4815 2993

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

ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

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

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

3. Service Type
☐ 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

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

For delivery information, visit ou

OFFICI

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

Postmark Here
USPS SANTA FE NM VARGAS POST OFFICE
DEC 16 2015

Ben J. Fortson, III, Children's Trust
P O BOX 29
FORT WORTH, TX 76101

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

7016 2070 0000 4815 2955

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:

Ben J. Fortson, III, Children's Trust
P O BOX 29
FORT WORTH, TX 76101

9590 9402 2002 6123 0735 01

2. Article Number (Transfer from service label)
7016 2070 0000 4815 2955

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Abagail Nell 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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
0)

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

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

For delivery information, visit our w

OFFICIA

MHF/OXY
COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

Postmark Here
USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
DEC 14 2015

ANDERSON AND,CURTIS A
9314 CHERRY BROOK LANE
FRISCO, TX 75033

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

7016 2070 0000 4815 2931

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:

ANDERSON AND,CURTIS A
9314 CHERRY BROOK LANE
FRISCO, TX 75033

9590 9402 2002 6123 0734 95

2. Article Number (Transfer from service label)
7016 2070 0000 4815 2931

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ 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)

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

7015 1520 0002 0439 2021

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

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

OFFICIAL COMMINGLING

Certified Mail Fee
$ 3.45

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

Postage

Postmark Here

DEC 16 2016 USPS SANTA FE, NM 87594

Sandra Thoma
8530 Mill Run Road
Athens, TX 75751

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:

Sandra Thoma
8530 Mill Run Road
Athens, TX 75751

9590 9401 0129 5225 0124 04

2. Article Number (Transfer from service label)
7015 1520 0002 0439 2021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S Thoms ☐ Agent ☐ Addressee

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

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

ATHENS TX 75751 DEC 20 2016 USPS

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

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

7016 2070 0000 4815 2986

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

MHF/OXY COMMINGLING

For delivery information, visit ou

OFFICI

Certified Mail Fee
$ 3.45

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

Postage

Postmark Here

DEC 1 SANTA FE, NM

CCB 1998 Trust
301 COMMERCE STREET
FORT WORTH, TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CCB 1998 Trust
301 COMMERCE STREET
FORT WORTH, TX 76102

9590 9402 2002 6123 0735 32

2. Article Number (Transfer from service label)
7016 2070 0000 4815 2986

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Suzanne Duncan ☐ Agent ☐ Addressee

B. Received by (Printed Name) Suzanne Duncan C. Date of Delivery 12/20

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

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

7016 2070 0000 4815 2962

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

For delivery information, visit OFFIC

MHF/OXY COMMINGLING

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Postmark Here
DEC 16 2016
USPS SANTA FE, NM

Beryl Oil & Gas, LP
6707 PEBBLE COURT
MIDLAND, TX 79707

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:

Beryl Oil & Gas, LP
6707 PEBBLE COURT
MIDLAND, TX 79707

9590 9402 2002 6123 0735 18

2. Article Number (Transfer from service label)
7016 2070 0000 4815 2962

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ 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

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

7016 2070 0000 4815 2948

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

For delivery information, visit OFFIC

MHF/OXY COMMINGLING

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Postmark Here
DEC 19 2016
USPS SANTA FE, NM 87594

B. Jack Reed
506 CHARISMATIC
MIDLAND, TX 79705

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:

B. Jack Reed
506 CHARISMATIC
MIDLAND, TX 79705

9590 9402 2002 6123 0734 88

2. Article Number (Transfer from service label)
7016 2070 0000 4815 2948

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) B Jack Reed C. Date of Delivery 12-19-16

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

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

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