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 RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6179

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, New Mexico 87505

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-015-43811	30215	Hay Hollow; Bone Spring

Property Code	Property Name	Well Number
	GRAHAM NASH FEDERAL COM	7H

OGRID No.	Operator Name	Elevation
229137	COG OPERATING, LLC	2988.8'

Surface Location

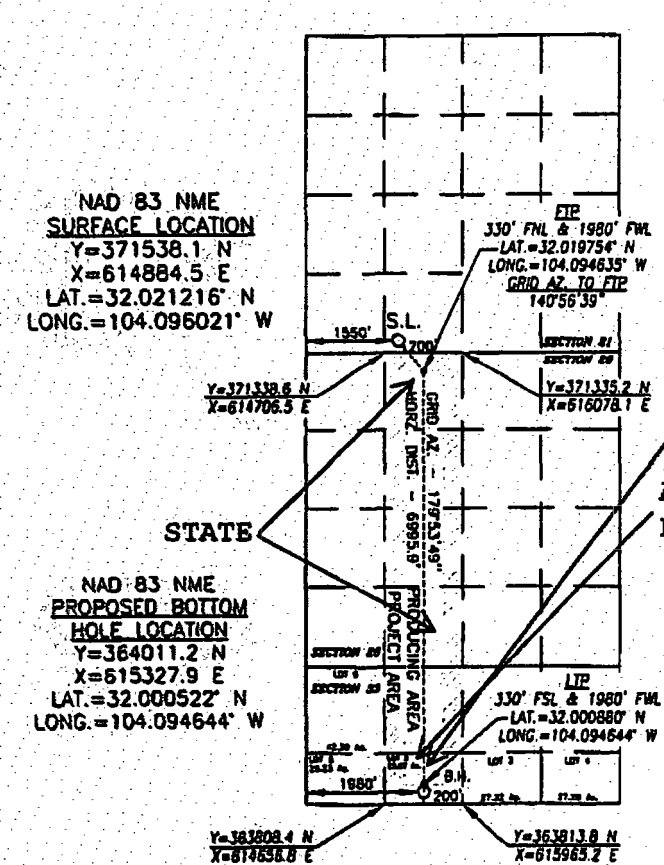
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	21	26-S	28-E		200	SOUTH	1550	WEST	EDDY

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
2	33	26-S	28-E		200	SOUTH	1980	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
223.77			

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



OPERATOR CERTIFICATION

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

Mayte Reyes 12-20-16
Signature Date

Mayte Reyes
Printed Name

mreyes1@concho.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 16, 2016
Date of Survey

Signature & Seal of Professional Surveyor

CHAD L. HARCROW
NEW MEXICO
17777
LICENSED PROFESSIONAL SURVEYOR

Chad Harcrow 12/13/16
Certificate No. CHAD HARCROW 17777
W.O. # 16-944 DRAWN BY: VD

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 1 – Case Nos. 15607
Submitted by: COG Operating LLC
Hearing Date: January 5, 2017

Graham Nash Fed Com #7H
(E/2NW/4 & E/2SW/4 Section 28, NE/4NW/4 & Lot 2 Section 33, T26S, R28E):

223.77 ac. total

NE/4NW/4 Section 28, T26S, R28E:

Owner:	WI:	Unit WI:
COG Operating LLC	0.475000	0.084909
Concho Oil and Gas	0.025000	0.004469
COG Production LLC	0.316782	0.056626
COG Acreage LP	0.026968	0.004821
OXY USA Inc.	0.156250	0.027930
	1.000000	

SE/4NW/4 Section 28, T26S, R28E:

Owner:	WI:	Unit WI:
COG Operating LLC	0.525782	0.093986
Concho Oil & Gas LLC	0.025000	0.004469
Christine Speidel Fowlkes	0.031250	0.005586
Christopher Clegg Fowlkes	0.031250	0.005586
Jenet Renee Fowlkes Murray	0.031250	0.005586
Kathleen K. Fowlkes	0.062500	0.011172
J.M. Fowlkes, Jr.	0.091146	0.016293
Maco Fowlkes	0.045573	0.008146
Nancy Fowlkes Donley	0.041667	0.007448
John M. Fowlkes	0.013889	0.002483
Preston L. Fowlkes	0.013889	0.002483
Patrick K. Fowlkes	0.013889	0.002483
Lauren Fowlkes	0.041667	0.007448
Trey Fowlkes	0.031250	0.005586
	1.000000	

E/2SW/4 Section 28, T26S, R28E:

Owner:	WI:	Unit WI:
COG Operating LLC	0.370604	0.132495
Concho Oil & Gas LLC	0.019505	0.006973
The Allar Company	0.307692	0.110003
EOG Y Resources, Inc. (fka Yates Petroleum Corporation)	0.075549	0.027010
EOG A Resources, Inc. (fka Abo Petroleum Corporation)	0.075549	0.027010
EOG M Resources, Inc. (fka Myco Industries, Inc.)	0.060440	0.021608
Sharbro Energy, LLC	0.011332	0.004051
Yates Industries, LCC	0.003777	0.001350
OXY Y-1 Company	0.075549	0.027010
	1.000000	0.357510

NE/4NW/4 Section 33, T26S, R28E:

Owner:	WI:	Unit WI:
COG Production LLC	0.460774	0.082366
COG Acreage LP	0.039226	0.007012
OXY USA Inc.	0.500000	0.089377
	1.000000	0.178755

Lot 2 Section 33, T26S, R28E:

Owner:	WI:	Unit WI:
COG Production LLC	1.00000000	0.106225
	1.00000000	0.106225

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 2 – Case Nos. 15607
Submitted by: **COG Operating LLC**
Hearing Date: January 5, 2017

Consolidated Unit Working Interests:

Owner:	Unit WI:
COG Operating LLC	0.311390
Concho Oil & Gas LLC	0.015911
COG Production LLC	0.245217
COG Acreage LP	0.011833
The Allar Company	**0.110003**
EOG Y Resources, Inc. (fka Yates Petroleum Corporation)	**0.027010**
EOG A Resources, Inc. (fka Abo Petroleum Corporation)	**0.027010**
EOG M Resources, Inc. (fka Myco Industries, Inc.)	**0.021608**
Sharbro Energy, LLC	**0.004051**
Yates Industries, LCC	**0.001350**
OXY Y-1 Company	**0.027010**
OXY USA Inc.	**0.117308**
Christine Speidel Fowlkes	**0.005586**
Christopher Clegg Fowlkes	**0.005586**
Jenet Renee Fowlkes Murray	**0.005586**
Kathleen K. Fowlkes	**0.011172**
J.M. Fowlkes, Jr.	**0.016293**
Maco Fowlkes	**0.008146**
Nancy Fowlkes Donley	**0.007448**
John M. Fowlkes	**0.002483**
Preston L. Fowlkes	**0.002483**
Patrick K. Fowlkes	**0.002483**
Lauren Fowlkes	**0.007448**
Trey Fowlkes	**0.005586**
	1.000000

CONCHO

Via Certified Mail

October 6, 2016

Working Interest Owners - Listed on Attached Exhibit "A"

RE: **Well Proposal – Graham Nash Federal Com #7H**
Township 26 South, Range 28 East, N.M.P.M.
Section 21: SE/SW (SHL Only) SHL: 200' FSL & 1450' FWL (Or at a legal location in Unit N)
Section 28: E/2 W/2 (Producing Area)
Section 33: NE/NW, Lot 2 (Producing Area) BHL: 330' FSL & 1980' FWL (Or at a legal location in Lot 2)
Eddy County, New Mexico

Dear Working Interest Owners:

COG Operating LLC ("COG"), as Operator, hereby proposes to drill the Graham Nash Federal Com #7H as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 7,879' and a MD of 15,000 to test the 2nd Bone Spring Sand formation. Included herewith is our Authority for Expenditure ("AFE") in the gross amount of $6,361,918, being the total estimated cost to drill and complete the proposed well.

COG is proposing to drill this well under the terms of a modified 1989 A.A.P.L. 610 Model Form Operating Agreement, which will follow separately for the above referenced well. The Operating Agreement will cover the SE/SW of Section 21, the E/2 W/2 of Section 28 and the E/2 W/2 of Section 33 – Township 26 South, Range 28 East located in Eddy County, New Mexico. It will include the following general terms:

- 100%/300% Non-Consenting Penalty
- $7,000/$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided on page two and return this letter, along with an executed copy of the enclosed AFE and a copy of your geological well requirements to the corporate address, attention Patrick Godwin.

Should you have any questions, please do not hesitate to contact Patrick Godwin at 432-685-4390 or by email at pgodwin@concho.com.

Very truly yours,
COG Operating LLC
Savannah Haller
Savannah Haller
Land Technician – Delaware Basin

CORPORATE ADDRESS: One Concho Center 600 W Illinois Avenue Midland, Texas 79701 Phone 432.683.7443 Fax 432.683.7441

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 3 – Case Nos. 15607
Submitted by: COG Operating LLC
Hearing Date: January 5, 2017

CONCHO

_____ I/We hereby elect to participate in the Graham Nash Federal Com #7H.

_____ I/We hereby elect ***not*** to participate in the Graham Nash Federal Com #7H.

Company or
Individual Name: _____

By: _____

Name: _____

Title: _____

Date: _____

EXHIBIT "A"
Working Interest Owners

COG Operating LLC
Concho Oil & Gas LLC
COG Production LLC
COG Acreage LP
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701
Attention: Patrick Godwin (Landman)

Yates Petroleum Corporation
ABO Petroleum Corporation
Yates Industries, LLC
105 S. Fourth St.
Artesia, NM 88210
Attention: Janet Richardson

Myco Industries, Inc.
Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211
Attention: Hannah Palomin

OXY Y-1 Company
OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046
Attention: Jeremy Murphrey

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

Christine Speidel Fowlkes
404 Glenosa
El Paso, TX 79928

Christopher Clegg Fowlkes
404 Glenosa
El Paso, TX 79928

Edwin H. Fowlkes III (Trey Fowlkes)
P.O. Box 23416
Waco, TX 76702

Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, TX 76524

Kathleen K. Fowlkes
Box 516
Springville, UT 84663

J.M. Fowlkes, Jr.
1801 Madison St.
Pecos, TX 79772

Maco Stewart Fowlkes
7915 Fairdale Lane
Houston, TX 77063

Nancy Fowlkes Donley
2506 Wilderness Hill Dr.
San Antonio, TX 78231

Nancy A. Donley, Trustee of the NVMR Trust No. 1
2506 Wilderness Hill Dr.
San Antonio, TX 78231

John M. Fowlkes
P.O. Box 1470
Marfa, TX 79843-1470

Preston L. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

Patrick K. Fowlkes
P.O. Box 658
Marfa, TX 79843

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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Phone: (575) 748-1283 Fax: (575) 748-9720

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Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
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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, New Mexico 87505

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name

Property Code	Property Name	Well Number
	GRAHAM NASH FEDERAL COM	7H
OGRID No.	Operator Name	Elevation
	COG OPERATING, LLC	2989.0'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	21	26-S	28-E		200	SOUTH	1450	WEST	EDDY

Bottom Hole Location If Different From Surface

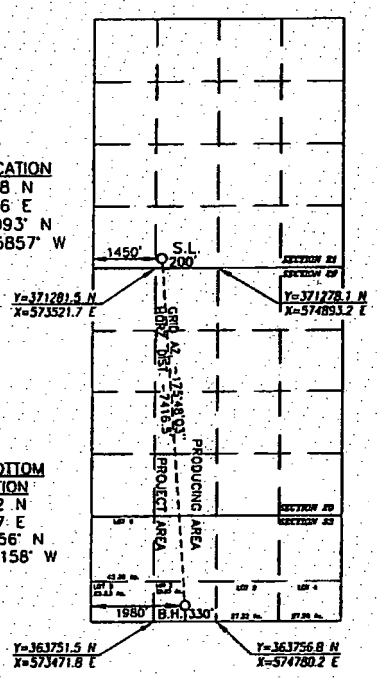
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
2	33	26-S	28-E		330	SOUTH	1980	WEST	EDDY

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

NAD 27
SURFACE LOCATION
Y=371480.8 N
X=573599.6 E
LAT.=32.021093° N
LONG.=104.095857° W

NAD 27
PROPOSED BOTTOM HOLE LOCATION
Y=364084.2 N
X=574142.7 E
LAT.=32.000756° N
LONG.=104.094158° W



OPERATOR CERTIFICATION

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

Signature Date

Printed Name

E-mail Address

SURVEYOR CERTIFICATION

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

JANUARY 22, 2016

Date of Survey

Signature & Seal of Professional Surveyor

CHAD L. HARCROW
NEW MEXICO
17777
LICENSED PROFESSIONAL SURVEYOR

Chad Harcrow 1/28/16

Certificate No. CHAD HARCROW 17777

W.O. # 16-28 DRAWN BY: AF

COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING

WELL NAME:	GRAHAM NASH FEDERAL COM #7H	PROSPECT NAME:	ATLAS 2628 (717052)
SHL:	SEC 21: 200 FSL & 1450 FWL	STATE & COUNTY:	New Mexico, Eddy
BHL:	SEC 33: 330 FSL & 1980 FWL	OBJECTIVE:	DRILL & COMPLETE
FORMATION:	SLBSS/2ND BSS	DEPTH:	15,000
LEGAL:	21-26S-28E	TVD:	7,879

State Line BSS n

INTANGIBLE COSTS		Drlg - Rig Release(D)		Completion(C)		Tank Bty Constrctn(TB)		Pmpg Equipment(PEQ)		TOTAL
Title/Curative/Permit	201	11,000								11,000
Insurance	202	4,000	302							4,000
Damages/Right of Way	203	5,000	303		351					5,000
Survey/Stake Location	204	6,000			352					6,000
Location/Pits/Road Expense	205	120,000	305	12,200	353	85,000	366			217,200
Drilling / Completion Overhead	206	5,400	306							5,400
Turnkey Contract	207	0	307							0
Footage Contract	208	0	308							0
Daywork Contract	209	336,000	309							336,000
Directional Drilling Services	210	100,000	310							100,000
Fuel & Power	211	42,000	311	5,000	354		367			47,000
Water	212	43,000	312	435,000			368			478,000
Bits	213	51,000	313	3,500			369			54,500
Mud & Chemicals	214	60,000	314	20,000			370			80,000
Drill Stem Test	215	0	315							0
Coring & Analysis	216	0								0
Cement Surface	217	14,250								14,250
Cement Intermediate	218	23,750								23,750
Cement 2nd Intermediate/Production	219	95,000								95,000
Cement Squeeze & Other (Kickoff Plug)	220	0					371			0
Float Equipment & Centralizers	221	25,700								25,700
Casing Crews & Equipment	222	28,800								28,800
Fishing Tools & Service	223	0	323				372			0
Geologic/Engineering	224	0	324		355		373			0
Contract Labor	225	6,500	325	40,000	356	82,000	374			128,500
Company Supervision	226	32,400	326	30,000	357		375			62,400
Contract Supervision	227	59,000	327	80,000	358		376	5,000		144,000
Testing Casing/Tubing	228	20,000	328	10,000			377			30,000
Mud Logging Unit	229	15,000	329							15,000
Logging	230	0		0			378			0
Perforating/Wireline Services	231	4,000	331	135,000			379			139,000
Stimulation/Treating			332	1,747,000			380			1,747,000
Completion Unit			333	43,000			381	7,000		50,000
Swabbing Unit			334				382			0
Rentals-Surface	235	110,000	335	212,000	359		383	6,000		328,000
Rentals-Subsurface	236	90,000	336				384			90,000
Trucking/Forklift/Rig Mobilization	237	130,000	337	40,000	360		385	5,000		175,000
Welding Services	238	3,000	338	5,000	361		386			8,000
Water Disposal	239	0	339	150,000	362	118,000	387			268,000
Plug to Abandon	240	0	340							0
Seismic Analysis	241	0	341							0
Miscellaneous	242	0	342				389			0
Contingency	243	29,000	343	251,300	363		390			280,300
Closed Loop & Environmental	244	170,000	344	5,000	364		358			175,000
Coil Tubing			346							0
Flowback Crews & Equip			347	127,000						127,000
Offset Directional/Frac	248	0	348							0
TOTAL INTANGIBLES		1,639,800		3,351,000		283,000		23,000		5,296,800

TANGIBLE COSTS										
Surface Casing	401	9,000								9,000
Intermediate Casing	402	44,000								44,000
Production Casing/Liner	403	159,000								159,000
Tubing			504	35,000			530			35,000
Wellhead Equipment	405	25,000	505	12,000			531	3,000		40,000
Pumping Unit							508	87,173		87,173
Prime Mover							507			0
Rods							508	35,000		35,000
Pumps-Sub Surface (BH)			509				532	8,000		8,000
Tanks					510	75,000				75,000
Flowlines					511	20,000				20,000
Heater Treater/Separator					512	95,000				95,000
Electrical System					513	65,000	533			65,000
Packers/Anchors/Hangers	414	0	514	5,000			534			5,000
Couplings/Fittings/Valves	415	0			515	218,353				218,353
Dehydrator					517					0
Injection Plant/CO2 Equipment					518					0
Pumps-Surface					521	27,000				27,000
Instrumentation/SCADA/POC					522		529	4,000		4,000
Miscellaneous	419	0	519		523	33,592	535			33,592
Contingency	420	0	520		524		536			0
Meters/LACT					525	25,000				25,000
Flares/Combusters/Emission					526	45,000				45,000
Gas Lift/Compression			527	10,000	518	25,000	528			35,000
TOTAL TANGIBLES		237,000		62,000		628,945		137,173		1,065,118
TOTAL WELL COSTS		1,876,800		3,413,000		911,945		160,173		6,361,918
% of Total Well Cost		30%		54%		14%		3%		

COG Operating LLC

We approve:
_____% Working Interest

Company:
By:
Printed Name:
Title:
Date:

Date Prepared: 9/27/16

COG Operating LLC

By: TRAVIS NEWMAN/KEN LAFORTUNE KG

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

Fowlkes Timeline

August 18, 2016 - Lease offer sent to Fowlkes group by Aaron Myers offering $1,500/ac for the entirety of their position in the area (bonus offer included lands currently held by production). Offer was valid for 30 days from receipt.

September - Aaron Myers had conversations with Trey Fowlkes and Doug Murrey regarding the lease offer and timeline around receival of bonus checks

October 6, 2016 - Well proposals and AFEs sent to all uncommited interests in the upcoming project area for the Graham Nash Fed Com 7H well.

October - Had numerous conversations with members of the Fowlkes family, Maco Fowlkes, John Fowlkes, Patrick Fowlkes, and Kathleen Fowlkes, regarding Concho's leasehold offer and upcoming development plans

October 17, 2016 - Letter received from Maco Fowlkes requesting Concho to prepare a release on lands no longer held by production.

October 28, 2016 - Spreadsheet sent to Maco Fowlkes via email showing lands Concho believes to be held and lands to be released pending final review from internal technical staff (language states 100' below deepest depth drilled)

October 31, 2016 - Lease offer sent to Fowlkes group covering the same lands as the original offer. Offers were valid until December 1, 2016.

November 7, 2016 - Proposed Operating Agreement sent out to all working interest owners/unleased mineral interest owners in the Graham Nash Fed Com 7H project area.

November - Had multiple email/phone conversations with Maco Fowlkes, John Fowlkes, Kathleen Fowlkes, Patrick Fowlkes and Trey Fowlkes regarding Concho's leasehold offer, partial release of OGL and upcoming development plans.

November 30, 2016 - Eddy County processed the partial release of Oil and Gas Lease(s) requested by Maco Fowlkes.

December 16, 2016 - Lease offers were sent to the Fowlkes family covering the SE/4NW/4 of Section 28, T26S-R28E in Eddy County, NM.

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

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

CASE NO. 15607

AFFIDAVIT

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

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

Jordan L. Kessler

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

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/17/19

Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 5 – Case Nos. 15607
Submitted by: COG Operating LLC
Hearing Date: January 5, 2017

COG OPERATING LLC
GRAHAM NASH

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

Yates Petroleum Corporation
ABO Petroleum Corporation
Yates Industries, LLC
105 S. Fourth St.
Artesia, NM 88210

Myco Industries, Inc.
Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211

OXY Y-1 Company
OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046

Christine Speidel Fowlkes
404 Glenosa
El Paso, TX 79928

Christopher Clegg Fowlkes
404 Glenosa
El Paso, TX 79928

Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, TX 76524

Kathleen K. Fowlkes
P.O. Box 516
Springville, UT 84663

J.M. Fowlkes Jr.
1801 Madison St.
Pecos, TX 79772

Maco Stewart Fowlkes
7915 Fairdale Lane
Houston, TX 77063

Nancy Fowlkes Donley
2506 Wilderness Hill Dr.
San Antonio, TX 78231

Nancy A. Donley, Trustee of
the NVMR Trust No. 1
2506 Wilderness Dr.
San Antonio, TX 78231

John M. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

Preston L. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

Patrick K. Fowlkes
P.O. Box 658
Marfa, TX 79843

Lauren Fowlkes
2048 Timberline Drive
Naples, FL 34109

Edwin H. Fowlkes III
P.O. Box 23416
Waco, TX 76702

OFFSET OWNERSHIP:

Mewbourne Oil Company
P.O. Box 5270
Hobbs, NM 88241

Christine Speidel Fowlkes
404 Glenosa
El Paso, TX 79928

Christopher Clegg Fowlkes
404 Glenosa
El Paso, TX 79928

Edwin H. Fowlkes III
P.O. Box 23416
Waco, TX 76702

Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, TX 76524

Kathleen K. Fowlkes
P.O. Box 516
Springville, UT 84663

J.M. Fowlkes Jr.
1801 Madison St.
Pecos, TX 79772

Maco Stewart Fowlkes
7915 Fairdale Lane
Houston, TX 77063

Nancy Fowlkes Donley
2506 Wilderness Hill Dr.
San Antonio, TX 78231

COG OPERATING LLC
GRAHAM NASH

Nancy A. Donley, Trustee of
the NVMR Trust No. 1
2506 Wilderness Dr.
San Antonio, TX 78231

John M. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

Preston L. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

Patrick K. Fowlkes
P.O. Box 658
Marfa, TX 79843

Lauren Fowlkes
2048 Timberline Drive
Naples, FL 34109

HOLLAND&HART LLP

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

November 23, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.
Graham Nash Federal Com No. 7H Well

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on December 15, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices, located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Patrick Godwin, at (432) 685-4390 or PGodwin@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART LLP

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

November 23,2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Graham Nash Federal Com No. 7H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application,* but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on December 15, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four business days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Patrick Godwin, at (432) 685-4390 or PGodwin@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

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GRAHAM NASH

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 $

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

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

7015 1520 0002 0439 0522

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9401 0126 5225 1942 26

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0522

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Melanie Barrett ☒ Agent ☐ Addressee

B. Received by (Printed Name) Melanie Barrett
C. Date of Delivery 11-28-16

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)
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- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
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Yates Petroleum Corporation
ABO Petroleum Corporation
Yates Industries, LLC
105 S. Fourth St.
Artesia, NM 88210

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

7015 1520 0002 0439 0515

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corporation
ABO Petroleum Corporation
Yates Industries, LLC
105 S. Fourth St.
Artesia, NM 88210

9590 9401 0126 5225 1942 19

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0515

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x ☐ Agent ☒ Addressee

B. Received by (Printed Name)
C. Date of Delivery 11/28/16

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

3. Service Type
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- ☐ 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

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

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Myco Industries, Inc.
Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211

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

7015 1520 0002 0439 0508

PLACE STICKER AT TOP OF ENVELOPE TO 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:

Myco Industries, Inc.
Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211

9590 9401 0126 5225 1941 96

2. Article Number *(Transfer from service label)*
7015 1520 0002 0439 0508

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ 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

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

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OXY Y-1 Company
OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046

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7015 1520 0002 0439 0492

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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 $

Total Postage and Fees $

Sent To: MHF/COG GRAHAM NASH

Street and Apt. No., or PO Box No.: DE VARGAS POST OFFICE

City, State, ZIP+4®: SANTA FE, NM 87594

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7015 1520 0002 0439 0485

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- 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:

Christine Speidel Fowlkes
404 Glenosa
El Paso, TX 79928

9590 9401 0126 5225 1941 89

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0485

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) Date of Delivery 11/25/16

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
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

Mail Restricted Delivery
0)

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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 $

Total Postage and Fees $

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City, State, ZIP+4®: SANTA FE, NM 87594

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7015 1520 0002 0439 0478

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- 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:

Christopher Clegg Fowlkes
404 Glenosa
El Paso, TX 79928

9590 9401 0126 5225 1941 72

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0478

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) C. Date of Delivery 11/25/16

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

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

Mail
Mail Restricted Delivery
0)

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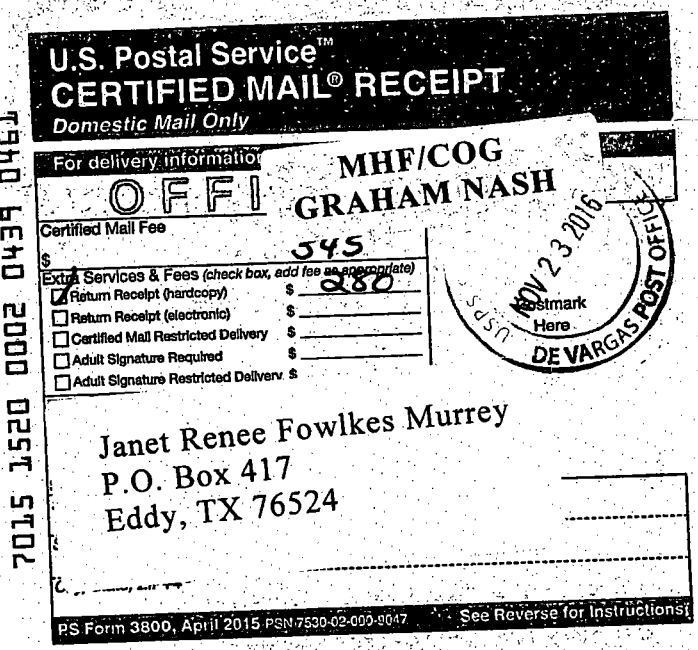

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- [x] Return Receipt (hardcopy) $ 280
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

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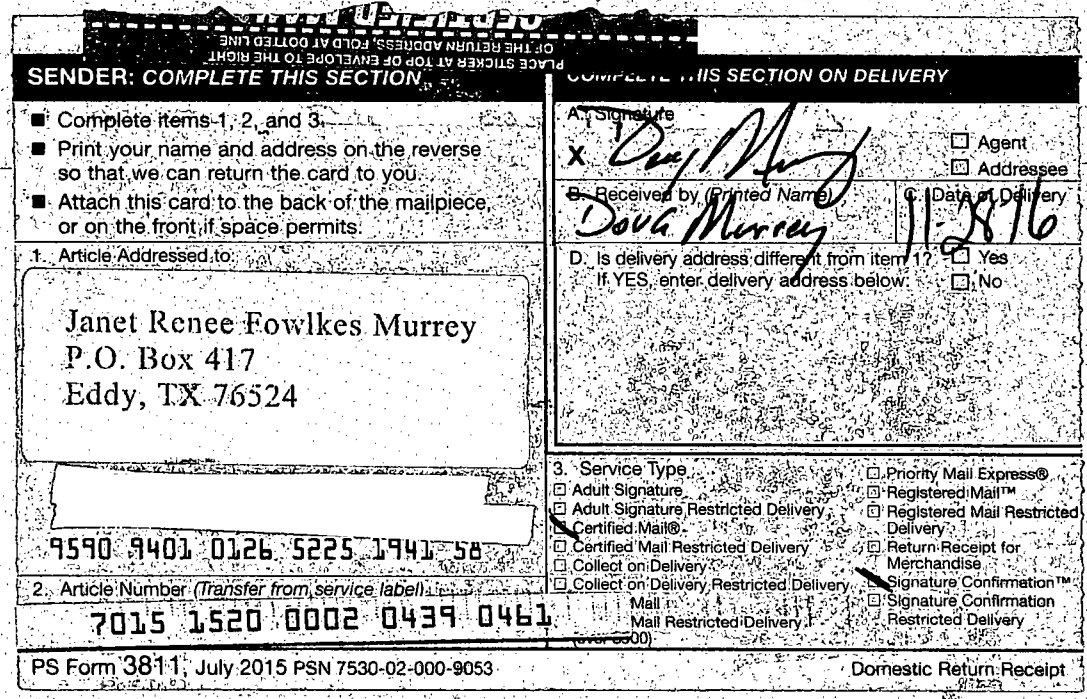
Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, TX 76524

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

7015 1520 0002 0439 0461



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:

Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, TX 76524

9590 9401 0126 5225 1941 58

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0461

COMPLETE THIS SECTION ON DELIVERY

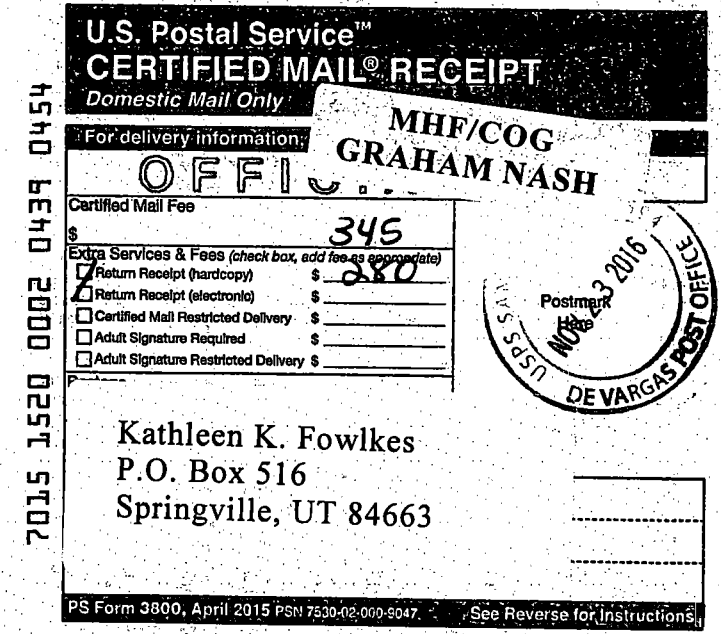
A. Signature
X Doug Murrey
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name) Doug Murrey
C. Date of Delivery 11-28-16

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

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

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



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GRAHAM NASH

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 280
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

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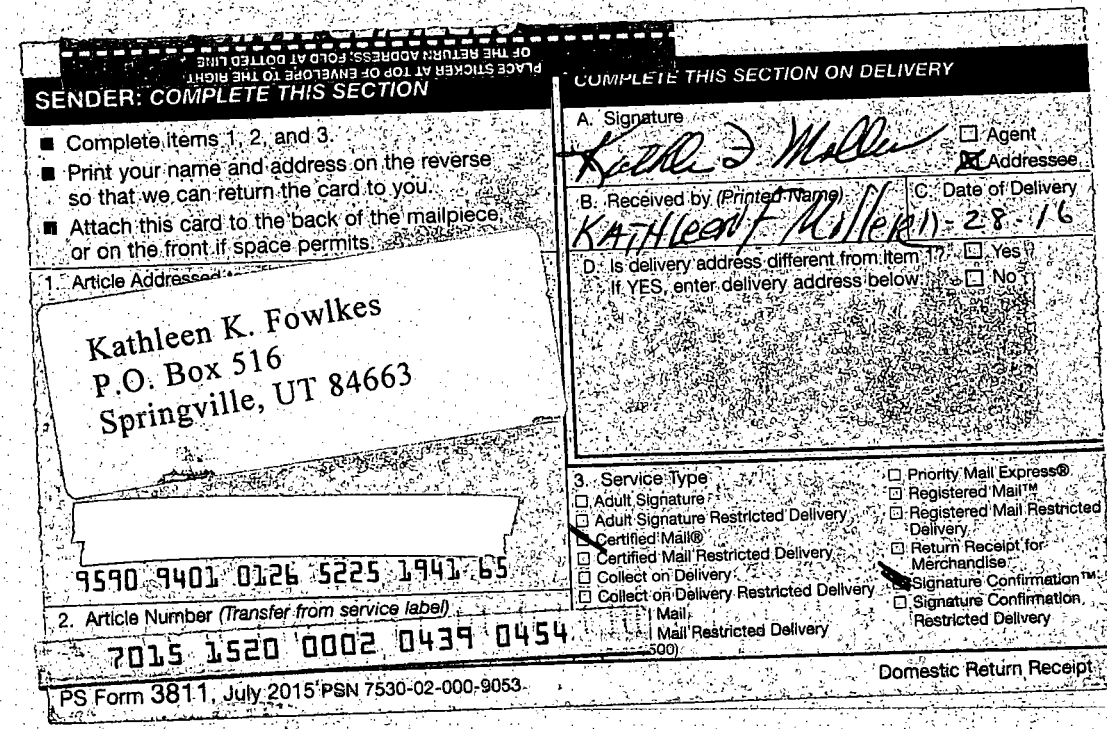
Kathleen K. Fowlkes
P.O. Box 516
Springville, UT 84663

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

7015 1520 0002 0439 0454



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

SENDER: COMPLETE THIS SECTION

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- 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:

Kathleen K. Fowlkes
P.O. Box 516
Springville, UT 84663

9590 9401 0126 5225 1941 65

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0454

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathleen K. Fowlkes
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name) Kathleen K. Fowlkes
C. Date of Delivery 11-28-16

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

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

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J.M. Fowlkes Jr.
1801 Madison St.
Pecos, TX 79772

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7015 1520 0002 0439 0447

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:

J.M. Fowlkes Jr.
1801 Madison St.
Pecos, TX 79772

9590 9402 0326 5265 3744 41

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0447

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J M Fowlkes Jr
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name)

C. Date of Delivery 11/29/16

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

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

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GRAHAM NASH

Certified Mail Fee $ 3.45

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

Postage

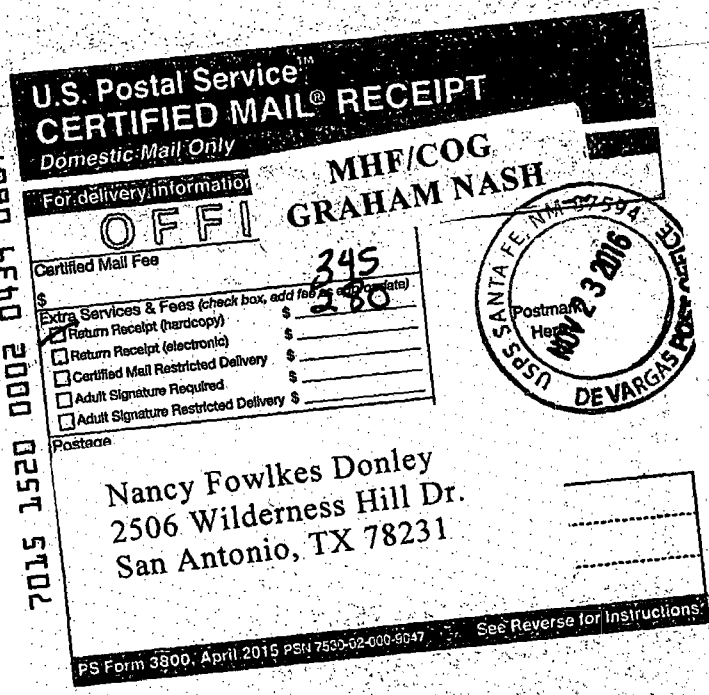
USPS SANTA FE, NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE

Maco Stewart Fowlkes
7915 Fairdale Lane
Houston, TX 77063

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

7015 1520 0002 0439 0454

RETURNED



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- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

MHF/COG
GRAHAM NASH

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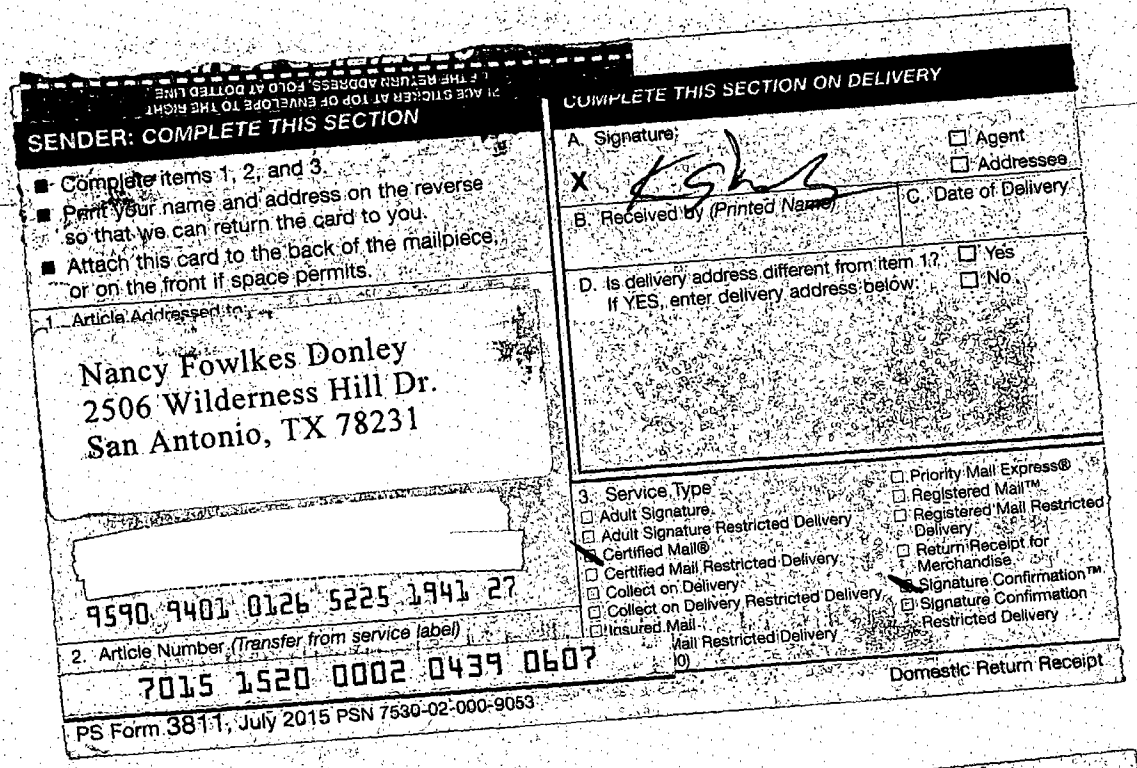
NOV 23 2016
DE VARGAS POST OFFICE

Nancy Fowlkes Donley
2506 Wilderness Hill Dr.
San Antonio, TX 78231

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

7015 1520 0002 0439 0607



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:

Nancy Fowlkes Donley
2506 Wilderness Hill Dr.
San Antonio, TX 78231

9590 9401 0126 5225 1941 27

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0607

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

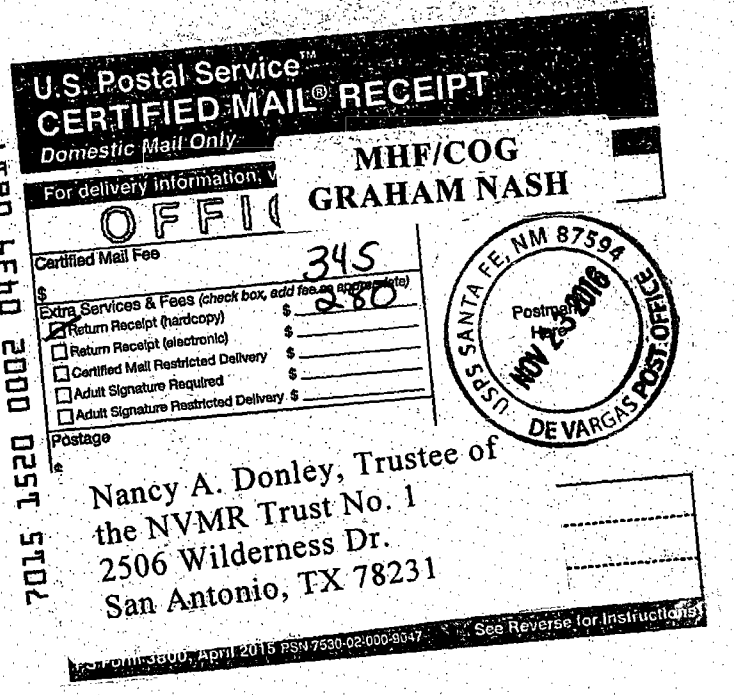
COMPLETE THIS SECTION ON DELIVERY

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

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

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

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



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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

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GRAHAM NASH

USPS SANTA FE, NM 87594
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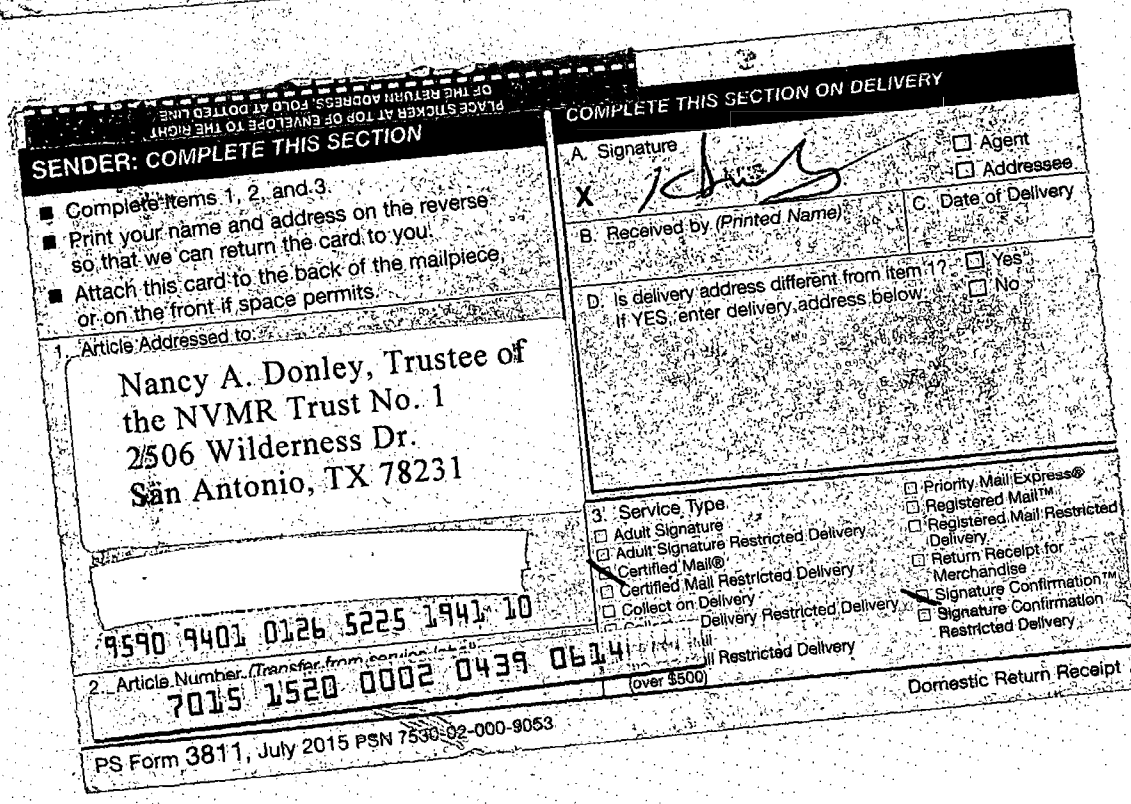
Nancy A. Donley, Trustee of
the NVMR Trust No. 1
2506 Wilderness Dr.
San Antonio, TX 78231

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

7015 1520 0002 0439 0614



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:

Nancy A. Donley, Trustee of
the NVMR Trust No. 1
2506 Wilderness Dr.
San Antonio, TX 78231

9590 9401 0126 5225 1941 10

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0614

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [x] 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
- [x] Adult Signature Restricted Delivery
- [ ] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Insured Mail (over $500)
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [x] Signature Confirmation Restricted Delivery

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For delivery information: OFFI

MHF/COG
GRAHAM NASH

Certified Mail Fee $ 345

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

Postage $

USPS SANTA FE, NM 87594 Postmark Here NOV 23 2016 DE VARGAS POST OFFICE

John M. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

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

7015 1520 0002 0439 0621

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 M. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

9590 9401 0126 5225 1937 62

7015 1520 0002 0439 0621

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) Angela Medrano C. Date of Delivery 11-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☑ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ 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

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GRAHAM NASH

Certified Mail Fee $ 345

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

Postage $

USPS SANTA FE, NM 87594 Postmark Here NOV 23 2016 DE VARGAS POST OFFICE

Preston L. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

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

7015 1520 0002 0439 0638

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:

Preston L. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966

9590 9401 0126 5225 1937 79

7015 1520 0002 0439 0638

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) Angela Medrano C. Date of Delivery 11-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ 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

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For delivery information: OFFI

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GRAHAM NASH

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 $

USPS SANTA FE, NM 87594 NOV 23 2016 Postmark Here DE VARGAS POST OFFICE

Patrick K. Fowlkes
P.O. Box 658
Marfa, TX 79843

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

7015 1520 0002 0439 0645

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:

Patrick K. Fowlkes
P.O. Box 658
Marfa, TX 79843

9590 9401 0129 5225 0361 65

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [ ] Agent [ ] Addressee

B. Received by (Printed Name) C. Date of Delivery 11/28/2016

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
- [ ] 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

7015 1520 0002 0439 0645

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

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For delivery information: OFFIC

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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 $

USPS SANTA FE, NM 87594 NOV 23 2016 Postmark Here DE VARGAS POST OFFICE

Lauren Fowlkes
2048 Timberline Drive
Naples, FL 34109

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

7015 1520 0002 0439 0652

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

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:

Lauren Fowlkes
2048 Timberline Drive
Naples, FL 34109

9590 9401 0129 5225 0361 58

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [ ] Agent [ ] Addressee

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

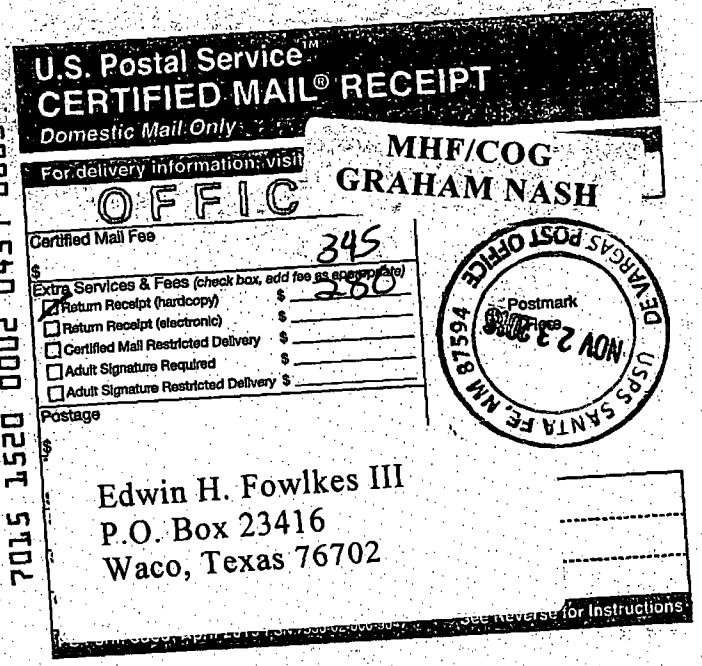
D. Is delivery address different from item 1? [ ] Yes [ ] No
If YES, enter delivery address below:

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

7015 1520 0002 0439 0652

(over $500)

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



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MHF/COG
GRAHAM NASH

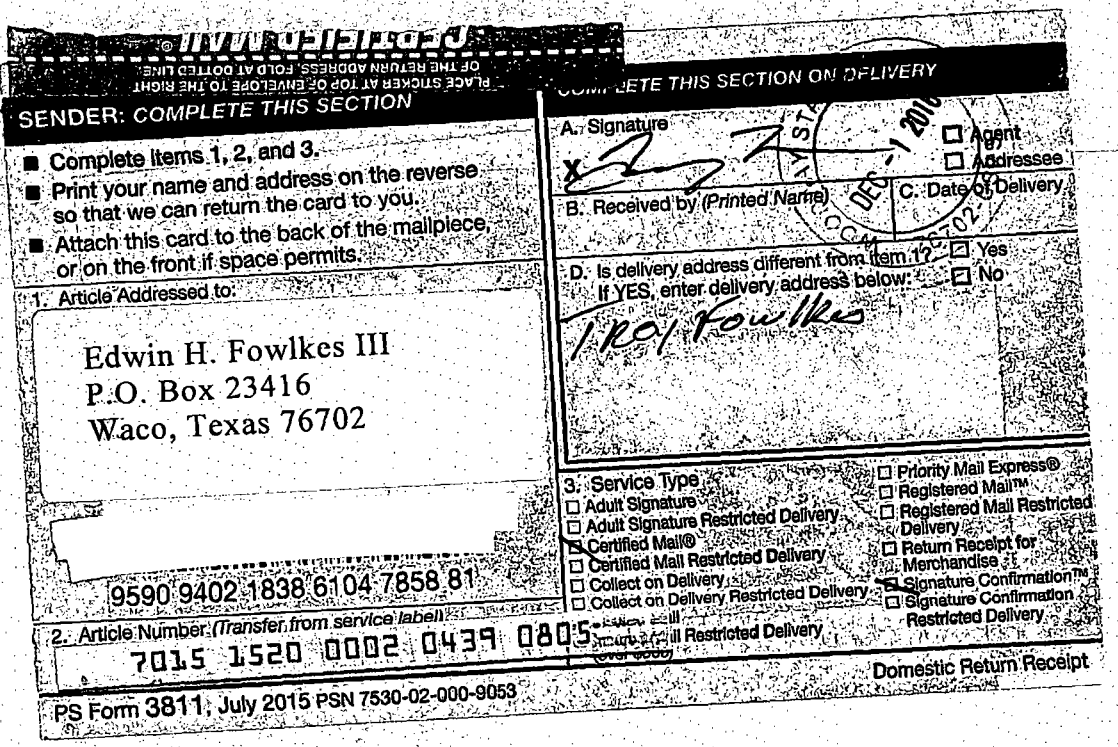
Certified Mail Fee $ 345
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 280
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $

Postmark Here
NOV 23 2016
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

Edwin H. Fowlkes III
P.O. Box 23416
Waco, Texas 76702

See Reverse for Instructions

7015 1520 0002 0439 0805



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:

Edwin H. Fowlkes III
P.O. Box 23416
Waco, Texas 76702

9590 9402 1838 6104 7858 81

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0805

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
DEC - 1 2016

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

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

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GRAHAM NASH

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 $

USPS SANTA FE, NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE

Mewbourne Oil Company
P.O. Box 5270
Hobbs, NM 88241

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

7015 1520 0002 0439 0669

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:

Mewbourne Oil Company
P.O. Box 5270
Hobbs, NM 88241

9590 9401 0129 5225 0361 41

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0669

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

USPS HOBBS, NM 88240 NOV 30 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- [x] 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™
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Domestic Mail Only

For delivery information, vi

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Certified Mail Fee
$

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

Postage
$

USPS SANTA FE, NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE

Christine Speidel Fowlkes
404 Glenosa
El Paso, TX 79928

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

7015 1520 0002 0439 0683

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:

Christine Speidel Fowlkes
404 Glenosa
El Paso, TX 79928

9590 9401 0129 5225 0361 34

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0683

COMPLETE THIS SECTION ON DELIVERY

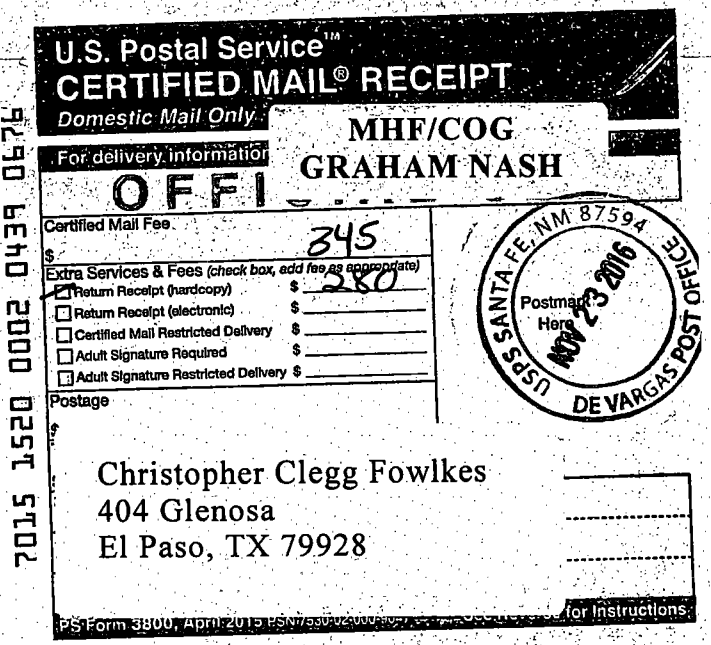
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
11/25/16

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
- ☐ 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™
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For delivery information

MHF/COG
GRAHAM NASH

OFFI

Certified Mail Fee $ 345

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

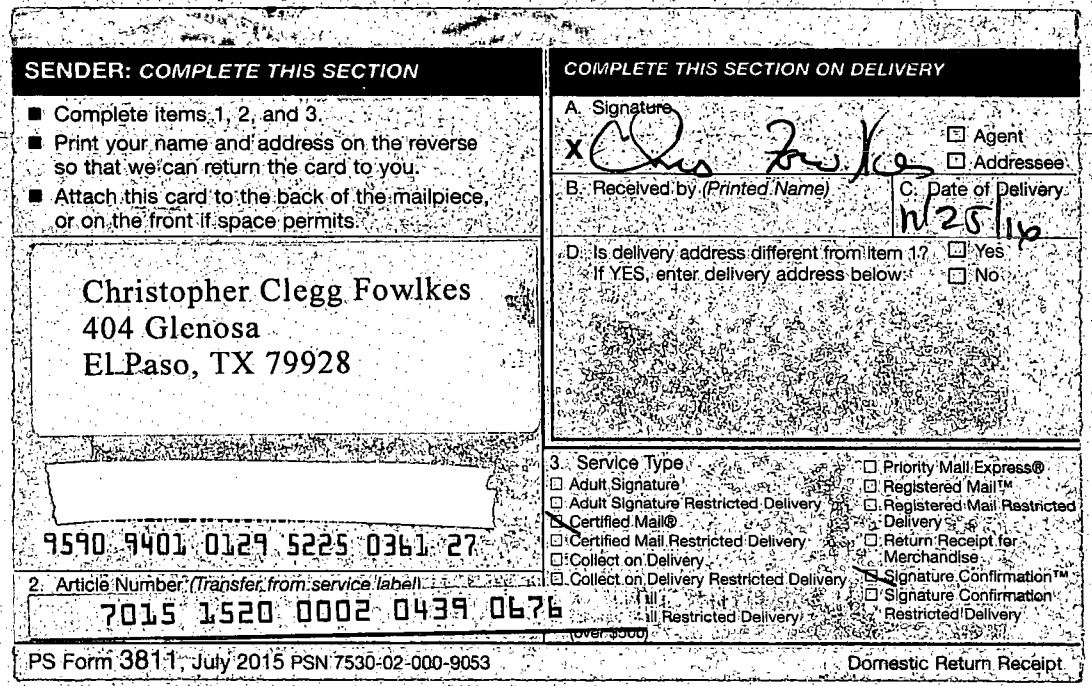
Postage

USPS SANTA FE, NM 87594 Postmark Here NOV 23 2016 DE VARGAS POST OFFICE

Christopher Clegg Fowlkes
404 Glenosa
El Paso, TX 79928

7015 1520 0002 0439 0676

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.

Christopher Clegg Fowlkes
404 Glenosa
El Paso, TX 79928

9590 9401 0129 5225 0361 27

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0676

COMPLETE THIS SECTION ON DELIVERY

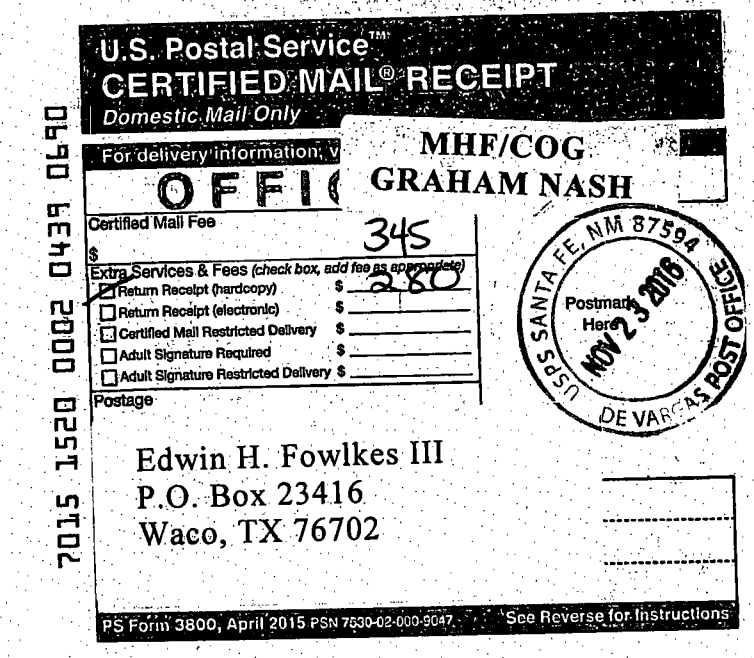
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
11/25/16

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



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Domestic Mail Only

For delivery information, v

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Certified Mail Fee $ 345

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

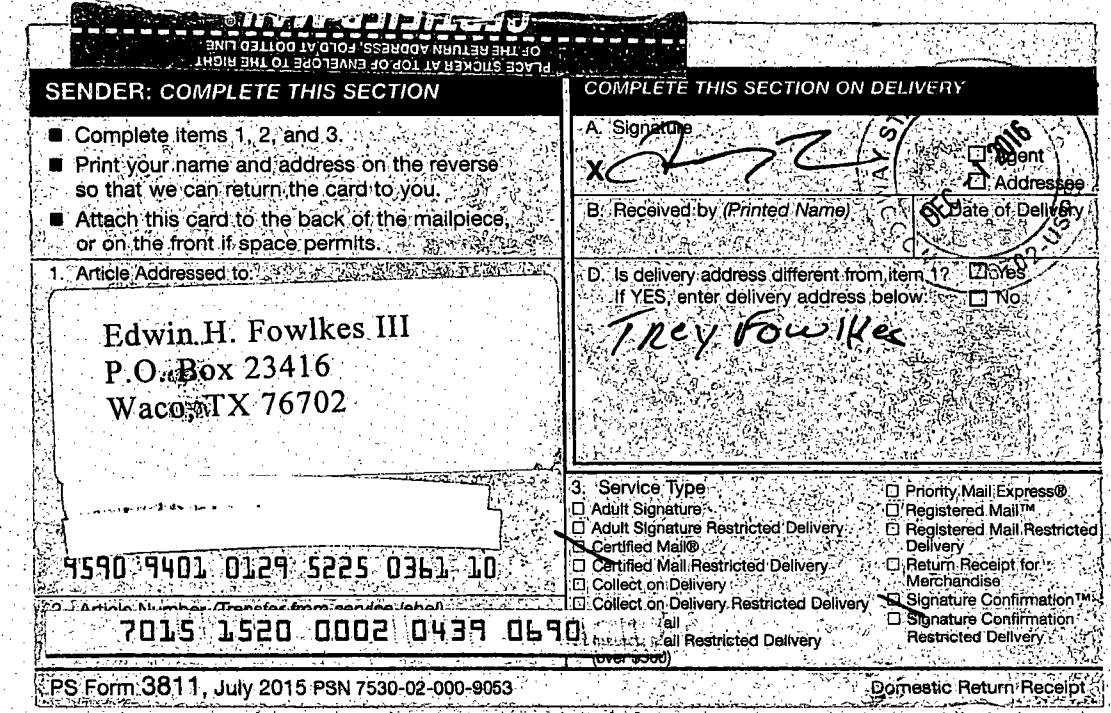
Postage

USPS SANTA FE, NM 87594 Postmark Here NOV 23 2016 DE VARGAS POST OFFICE

Edwin H. Fowlkes III
P.O. Box 23416
Waco, TX 76702

7015 1520 0002 0439 0690

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:
Edwin H. Fowlkes III
P.O. Box 23416
Waco, TX 76702

9590 9401 0129 5225 0361 10

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0690

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 2 2016

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

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™
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Domestic Mail Only

For delivery information, v

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Certified Mail Fee
$ 345

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

Postage

USPS SANTA FE, NM 87594
NOV 23 2016
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7015 1520 0002 0439 0706

Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, TX 76524

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:

Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, TX 76524

9590 9401 0129 5225 0361 03

7015 1520 0002 0439 0706

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Doug Murrey ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Doug Murrey C. Date of Delivery 11/28/16

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, v

OFFIC

MHF/COG
GRAHAM NASH

Certified Mail Fee
$ 345

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

Postage

USPS SANTA FE, NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE

7015 1520 0002 0439 0713

Kathleen K. Fowlkes
P.O. Box 516
Springville, UT 84663

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:

Kathleen K. Fowlkes
P.O. Box 516
Springville, UT 84663

9590 9401 0129 5225 0360 97

2. Article Number *(Transfer from service label)*
7015 1520 0002 0439 0713

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathleen F. Moller ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* KATHLEEN F. MOLLER C. Date of Delivery 11-28-16

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, vi

OFFIC

MHF/COG
GRAHAM NASH

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
NOV 23 2016
DE VARGAS P

7015 1520 0002 0439 0720

J.M. Fowlkes Jr.
1801 Madison St.
Pecos, TX 79772

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, vis

OFFIC

MHF/COG
GRAHAM NASH

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
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE

7015 1520 0002 0439 0737

Maco Stewart Fowlkes
7915 Fairdale Lane
Houston, TX 77063

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 J.M. Fowlkes Jr.
1801 Madison St.
Pecos, TX 79772

9590 9401 0129 5225 0360 80

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/29/16

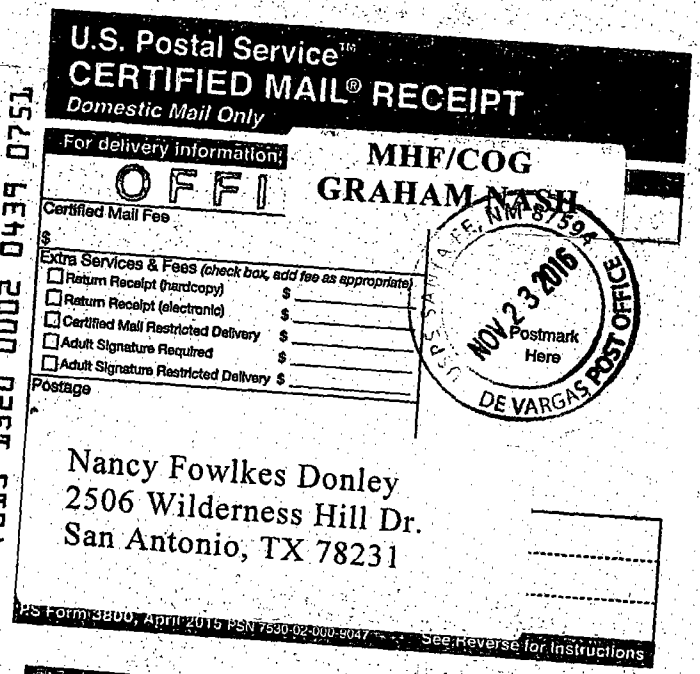
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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
(0)

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

RETURNED



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

For delivery information: OFFI

MHF/COG
GRAHAM NASH

Certified Mail Fee
$

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

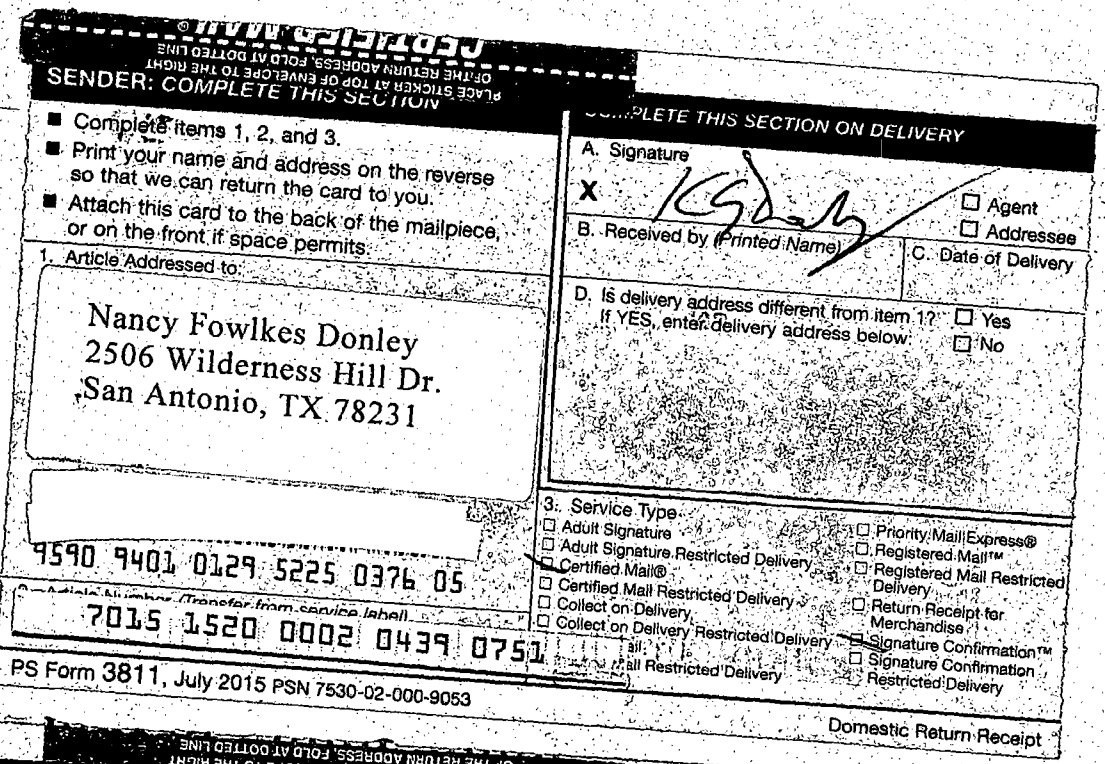
Postage
$

USPS SANTA FE, NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE

Nancy Fowlkes Donley
2506 Wilderness Hill Dr.
San Antonio, TX 78231

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

7015 1520 0002 0439 0751



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:

Nancy Fowlkes Donley
2506 Wilderness Hill Dr.
San Antonio, TX 78231

9590 9401 0129 5225 0376 05

7015 1520 0002 0439 0751

COMPLETE THIS SECTION ON DELIVERY

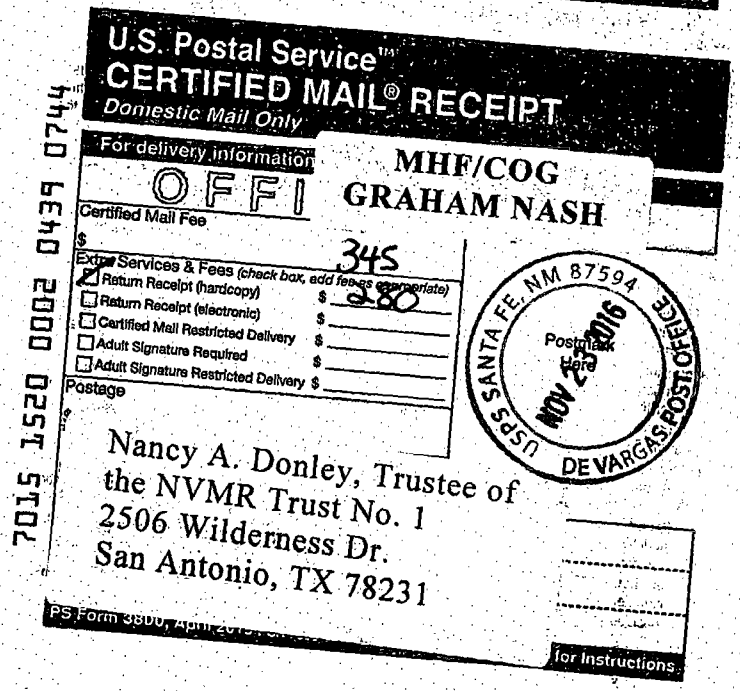
A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ 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: OFFI

MHF/COG
GRAHAM NASH

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 $

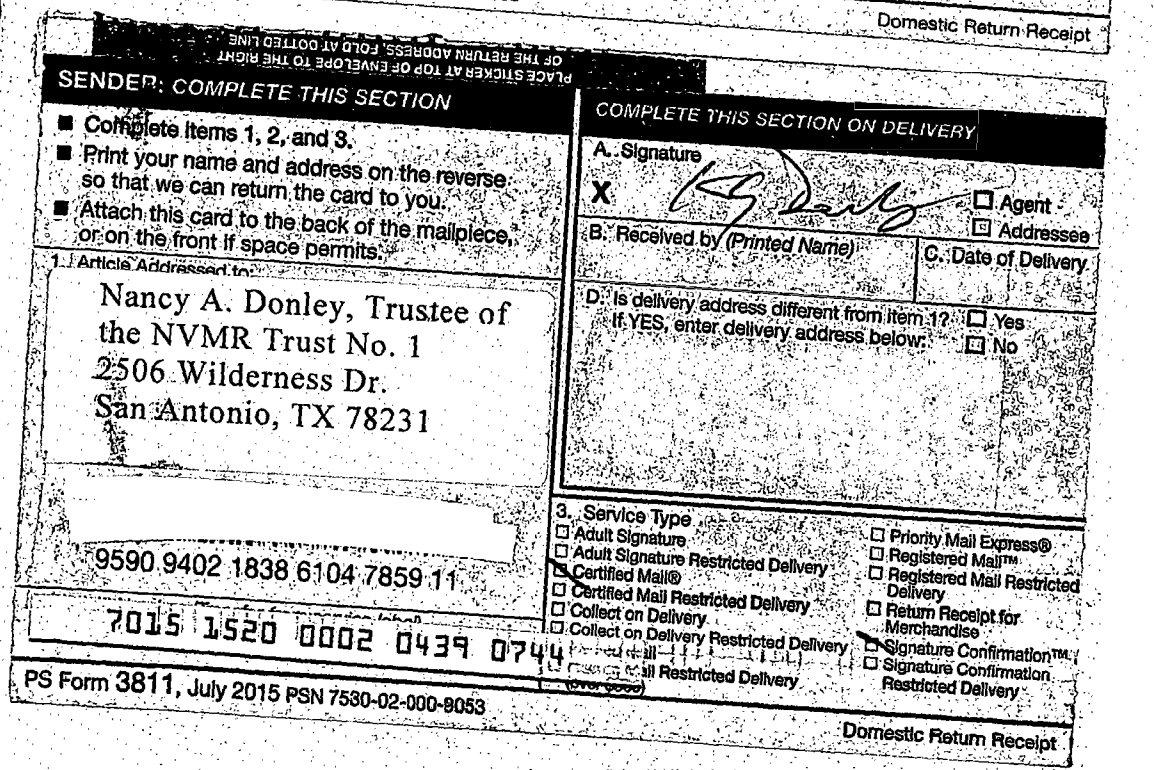
Postage
$ 3.45

USPS SANTA FE, NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE

Nancy A. Donley, Trustee of
the NVMR Trust No. 1
2506 Wilderness Dr.
San Antonio, TX 78231

PS Form 3800, April 2015 ... for Instructions

7015 1520 0002 0439 0744



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:

Nancy A. Donley, Trustee of
the NVMR Trust No. 1
2506 Wilderness Dr.
San Antonio, TX 78231

9590 9402 1838 6104 7859 11

7015 1520 0002 0439 0744

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ 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: MHF/COG GRAHAM NASH
OFFICIAL
Certified Mail Fee $3.45
Extra Services & Fees (check box, add fee as appropriate) $2.80
☑ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery
Postage
$
SANTA FE NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE
John M. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966
7015 1520 0002 0439 0768
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 M. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966
9590 9402 1838 6104 7859 28

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name) Angela Medina
C. Date of Delivery 11-28-16
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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

7015 1520 0002 0439 0768
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/COG GRAHAM NASH
OFFICIAL
Certified Mail Fee $3.45
Extra Services & Fees (check box, add fee as appropriate) $2.80
☑ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☑ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery
Postage
$
SANTA FE NM 87594
NOV 23 2016
Postmark Here
DE VARGAS POST OFFICE
Preston L. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966
7015 1520 0002 0439 0775
See Reverse for Instructions.
PS Form 3800, April 2015 PSN 7530-02-000-9047

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.
Preston L. Fowlkes
P.O. Box 966
Marfa, TX 79843-0966
9590 9402 1838 6104 7859 35

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name) Angela Medina
C. Date of Delivery 11-28-16
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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

7015 1520 0002 0439 0775
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

OFF

MHF/COG
GRAHAM NASH

Certified Mail Fee $ 345

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

Postage

USPS SANTA FE, NM 87594
Postmark Here
NOV 23 2016
DE VARGAS POST OFFICE

Patrick K. Fowlkes
P.O. Box 658
Marfa, TX 79843

7015 1520 0002 0439 0782

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

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Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
GRAHAM NASH

Certified Mail Fee $ 345

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

Postage

USPS SANTA FE, NM 87594
Postmark Here
NOV 23 2016
DE VARGAS POST OFFICE

Lauren Fowlkes
2048 Timberline Drive
Naples, FL 34109

7015 1520 0002 0439 0799

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.

Lauren Fowlkes
2048 Timberline Drive
Naples, FL 34109

9590 9402 1838 6104 7858 74

2. Article Number (Transfer from service label)
7015 1520 0002 0439 0799

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ 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

Affidavit of Publication

State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly sworn, on oath says:

That he is the Publisher of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

November 29 2016

That the cost of publication is **$160.86** and that payment thereof has been made and will be assessed as court costs.

Subscribed and sworn to before me this 30 day of November, 2016

Cynthia Arredondo

My commission Expires 2/13/17

Notary Public

OFFICIAL SEAL
Cynthia Arredondo
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires 2/13/17

November 29, 2016

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on December 15, 2016, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by December 5, 2016. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

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

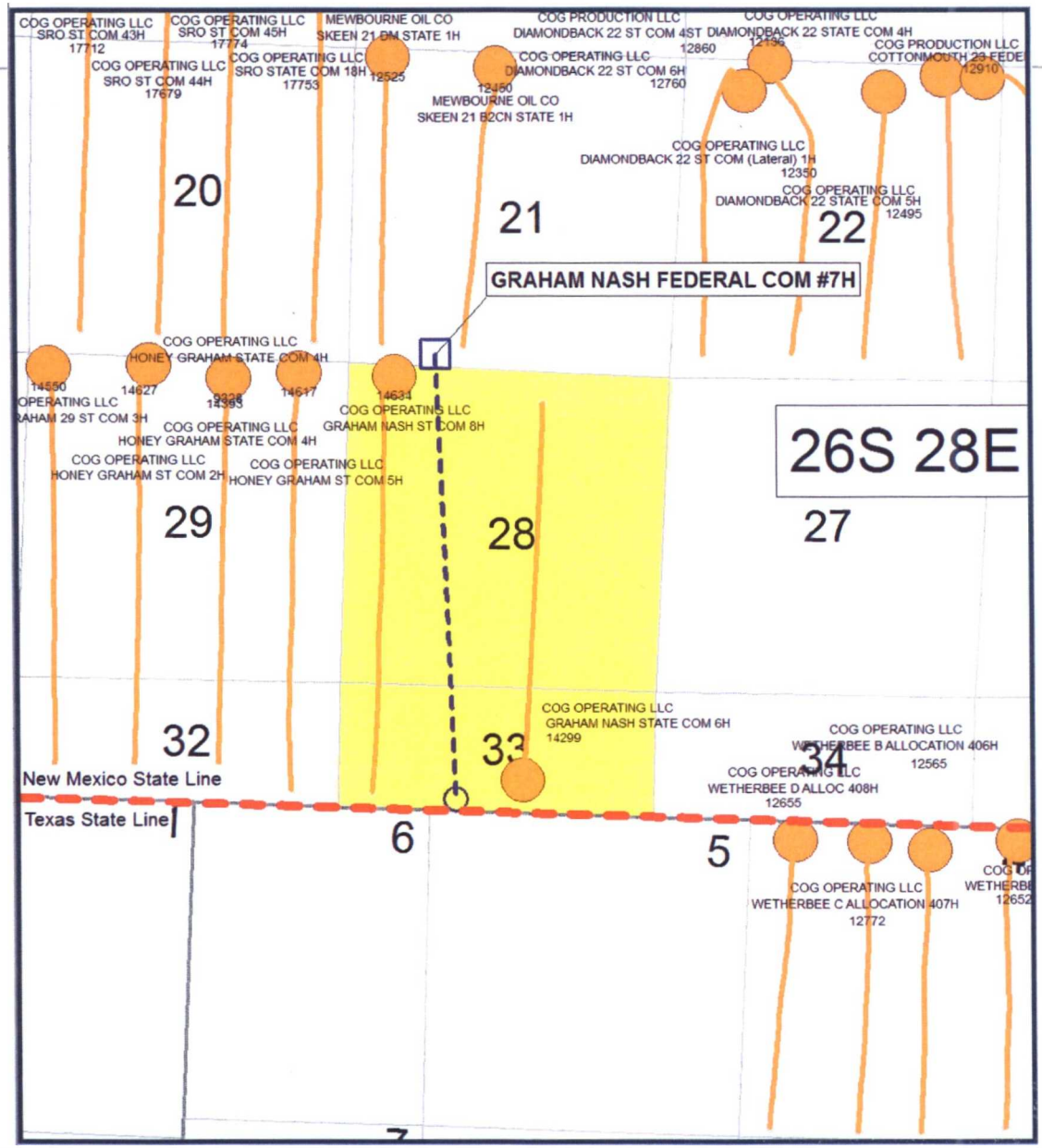
(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: The Allar Company, Yates Petroleum Corporation, Abo Petroleum Corporation, Myco Industries, Inc., Sharbro Energy, LLC, Yates Industries, LCC, OXY Y-1 Company, OXY USA Inc., Christine Speidel Fowlkes, her heirs and devisees, Christopher Clegg Fowlkes, his heirs and devisees, Janet Renee Fowlkes Murray, her heirs and devisees, Kathleen K. Fowlkes, her heirs and devisees, J.M. Fowlkes, Jr., his heirs and devisees, Maco Fowlkes, his heirs and devisees, Nancy Fowlkes Donley, her heirs and devisees, Nancy A. Donley, Trustee of the NVMR Trust No. 1 dated Oct. 1, 1988, John M. Fowlkes, his heirs and devisees, Preston L. Fowlkes, his heirs and devisees, Patrick K. Fowlkes, his heirs and devisees, Lauren Fowlkes, her heirs and devisees, Trey Fowlkes his heirs and devisees, Edwin H. Fowlkes III, his heirs and devisees.

CASE No. 15607: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a 223.77-acre, more or less, spacing and proration unit comprised of the E/2 W/2 of Section 28 and the NE/4 NW/4 and Lot 2 of Irregular Section 33, Township 26 South, Range 28 East, NMPM, Eddy County, New Mexico; and (2) pooling all uncommitted interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed **Graham Nash Federal Com No. 7H Well**, which will be horizontally drilled from a surface location in the SE/4 SW/4 (Unit N) of Section 21 to a standard bottom hole location in the SW/4 NW/4 (Lot 2) of irregular Section 33. The completed interval for this well will remain within the 330-foot standard offset required by the rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 20 miles southeast of Loco Hills, New Mexico.

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 6 – Case Nos. 15607
Submitted by: **COG Operating LLC**
Hearing Date: January 5, 2017

Hay Hollow Pool
Graham Nash Fed Com #7H



Map Legend

SHL

BHL

COG - Horizontal Location

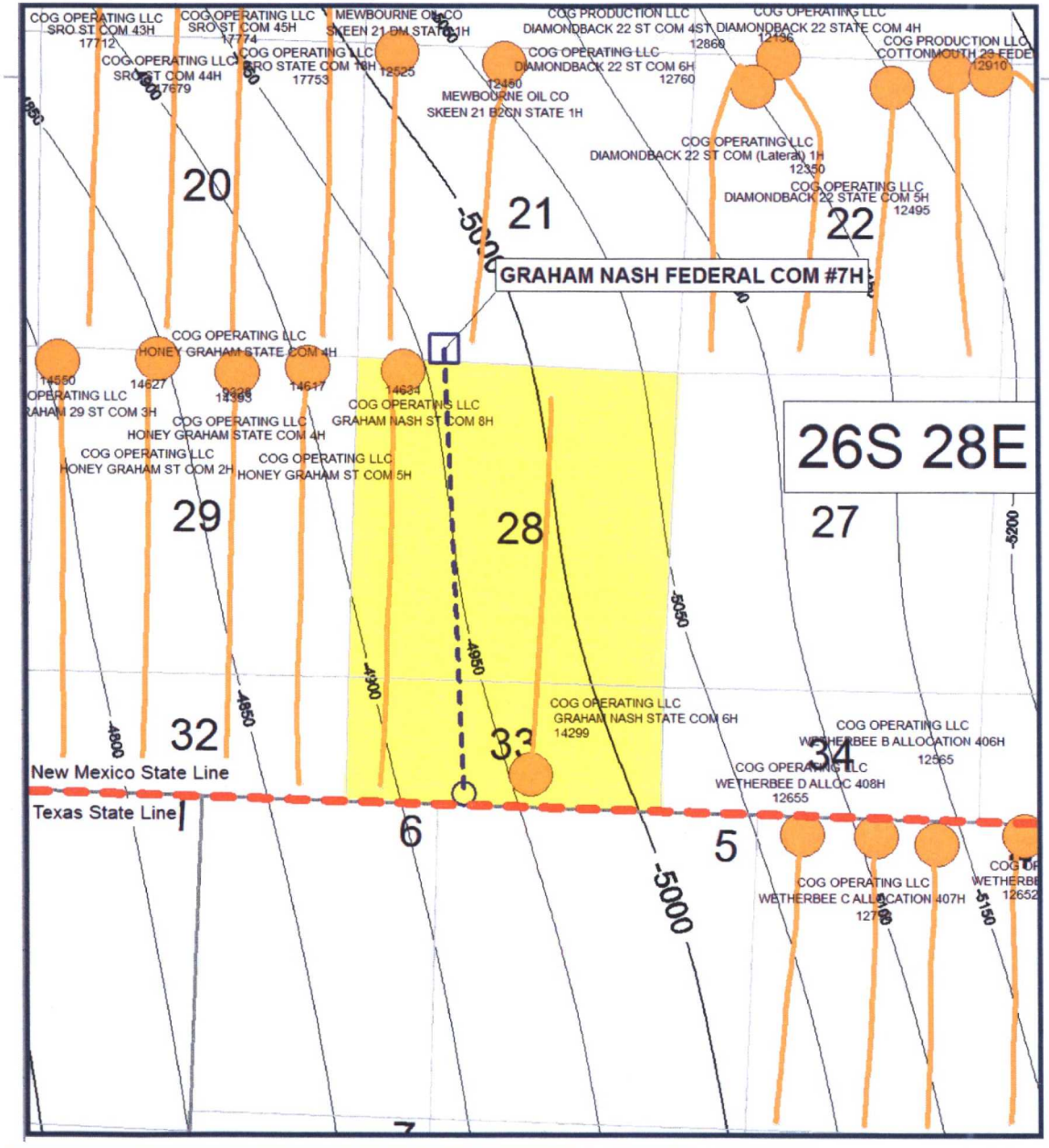
Producing 2nd Bone Spring Wells

COG Acreage

CONCHO

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 7 – Case Nos. 15607
Submitted by: **COG Operating LLC**
Hearing Date: January 5, 2017

Hay Hollow Pool
2nd Bone Springs Structure Map



Map Legend

SHL

COG - Horizontal Location

BHL

Producing 2nd Bone Spring Wells

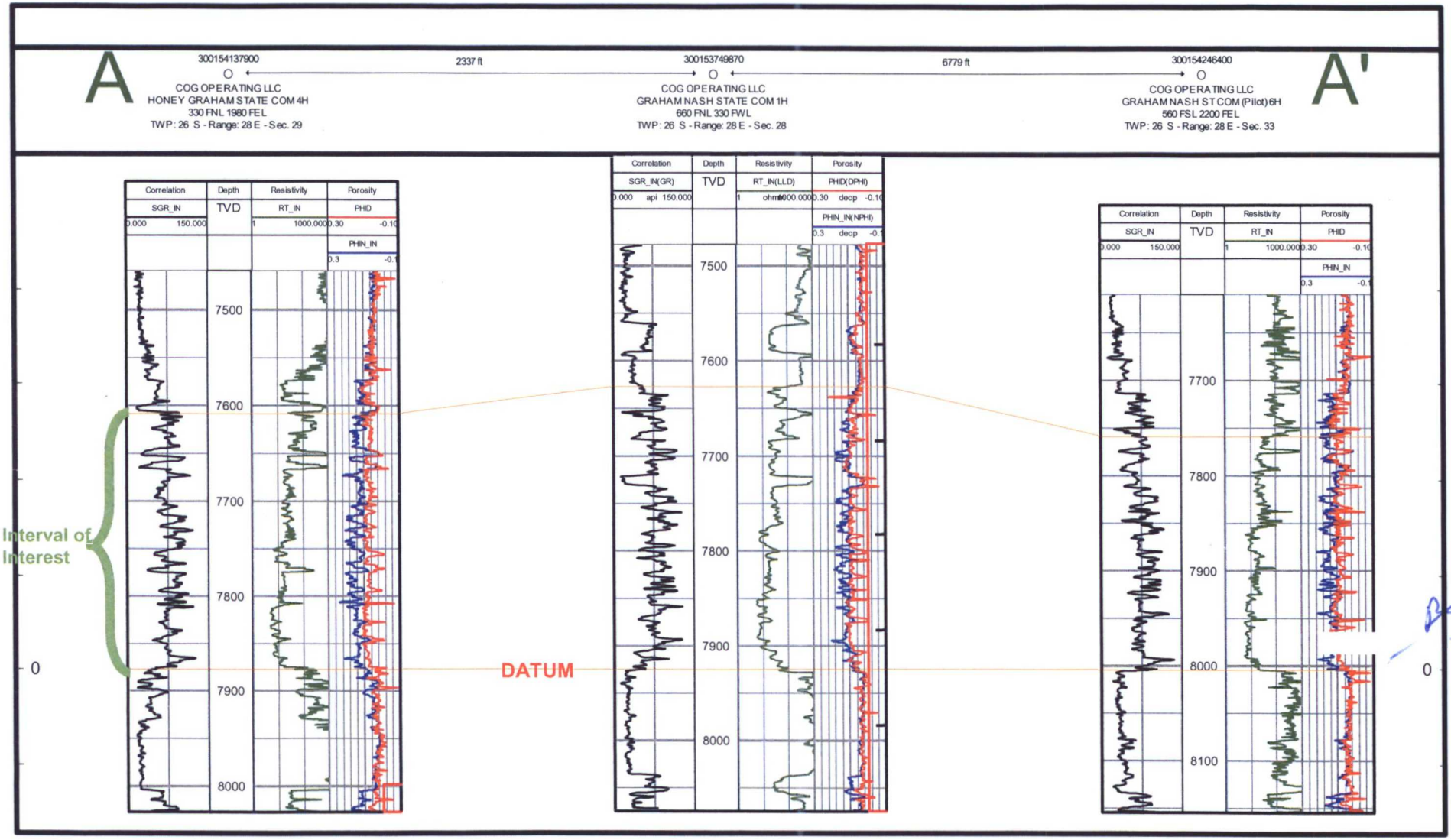
2nd Bone Spring Structure
CI: 50'

COG Acreage

CONCHO

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 8 – Case Nos. 15607
Submitted by: **COG Operating LLC**
Hearing Date: January 5, 2017

Stratigraphic Cross Section A – A'



CONCHO

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 10 – Case Nos. 15607
Submitted by: **COG Operating LLC**
Hearing Date: January 5, 2017