

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

**APPLICATION OF MEWBOURNE OIL COMPANY  
FOR A NON-STANDARD OIL SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No 15,635**

**AFFIDAVIT OF NOTICE**

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

James Bruce being duly sworn upon his oath deposes and states

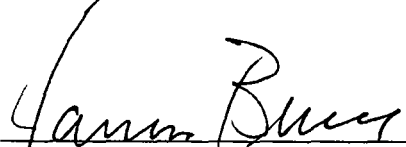
1       I am over the age of 18 and have personal knowledge of the matters stated herein

2       I am an attorney for Mewbourne Oil Company

3       Mewbourne Oil Company has conducted a good faith diligent effort to find the names and correct addresses of the offset operators or interest owners entitled to receive notice of the application filed herein

4       Notice of the application was provided to the interest owners at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A

5       Applicant has complied with the notice provisions of Division Rules NMAC 19 15 4 9 and 19 15 4 12 C

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of March 2017 by James Bruce

My Commission Expires



  
Notary Public

EXHIBIT 7

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE NEW MEXICO 87504

369 MONTEZUMA NO 213  
SANTA FE NEW MEXICO 87501

(505) 982 2043 (Phone)  
(505) 660 6612 (Cell)  
(505) 982 2151 (Fax)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

February 9 2017

CERTIFIED MAIL RETURN RECEIPT REQUESTED

To Persons on Exhibit A

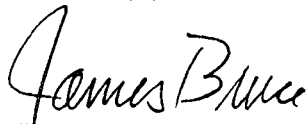
Ladies and gentlemen

Enclosed are copies of two applications for a non standard unit and compulsory pooling filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company regarding (i) a Bone Spring well in the W/2E/2 of Section 2 and the W/2E/2 of Section 11 and (ii) a Wolfcamp well in the E/2 of Section 2 and E/2 of Section 11 in Township 25 South Range 28 East NMPM, Eddy County, New Mexico

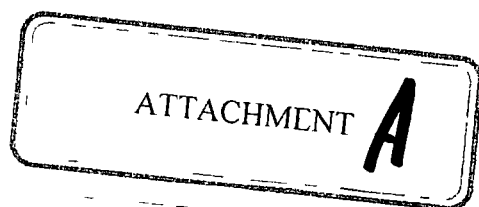
The matters are scheduled for hearing at 8 15 a m on Thursday March 2 2017 in Porter Hall at the Division's offices at 1220 South St Francis Drive Santa Fe New Mexico 87505 You are not required to attend the hearing but as an **offset operator or interest owner** who may be affected by the applications you may appear and present testimony Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date

A party appearing in a Division case is required by Division Rules to file a Pre Hearing Statement no later than Thursday February 23 2017 This statement must be filed with the Division's Santa Fe office at the above address and should include The names of the party and his or her attorney a concise statement of the case the names of the 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 need to be resolved prior to the hearing

Very truly yours

  
James Bruce

Attorney for Mewbourne Oil Company



EXHIBIT

A

Devon Energy Production Company L P  
333 West Sheridan Avenue  
Oklahoma City, Oklahoma 73102  
Attn Mr Brandon Patrick

EOG Resources Inc  
5509 Champions Drive  
Midland TX 79706  
Attn Paul Boland

Chevron U S A Inc  
6301 Deauville Boulevard  
Midland Texas 79706

Attention Permitting Team

RKC Inc  
7500 East Arapahoe Road Suite 380  
Centennial CO 80112 6116  
Attn Anthony Kochevar

RKI Exploration & Production LLC  
3500 One Williams Center Suite 3500  
Tulsa Oklahoma 74172  
Attn Justin Hall

Jetta X 2 L P  
777 Taylor Street  
Fort Worth Texas 76102 4914  
Attn Mr Joe W Glazner

Falconer Resources 2001 Limited Partnership I LP  
1001 ESE Loop 323, Suite 160  
Tyler Texas 75701  
Attn Jean Crawley

Magnum Hunter Production Inc  
600 N Marienfeld Ste 600  
Midland Texas 79701  
Attn Kelly Reese

Wells Fargo Bank NA  
Trustee of the Robert N Enfield  
Revocable Trust u/t/a dated March 16 1999  
P O Box 1959  
Midland Texas 79702

KDL Properties LLC  
P O Box 3422  
Midland Texas 79702

Dexter Resources Co  
P O Box 7015  
Midland Texas 79708

Kaye H Gassie  
4110 Esters Road Apt #176  
Living Texas 75038

Cimarex Energy Co  
600 N Marienfeld Ste 600  
Midland Texas 79701  
Attn Kelly Reese

COG Operating LLC  
600 W Illinois Avenue  
One Concho Center  
Midland Texas 79701  
Attn Mrs Rita Buess

# 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

Malicon Resources 2001 Limited Partnership LP  
1001 FSE Loop 3 S t 160  
Iyle T 75701

9590 9402 1676 6053 6582 14

2 Article Number (Transfer from service label)

7014 0510 0000 9539 7539

PS Form 3811 July 2015 PSN 7530 02 000 9053

# COMPLETE THIS SECTION ON DELIVERY

A Signature

X *[Signature]*

- ☐ Agent
- ☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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

Restricted Delivery

Domestic Return Receipt

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark  
He

Sent To

Chevron USA Inc  
6301 Deauville Boulevard  
Midland Texas 79706

Street Apt No  
PO Box No  
City State ZIP 4

PS Form 3800 August 2005

See Reverse for Instructions

7014 0510 0000 9539 7577

# SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Chevron USA Inc  
6301 Deauville Boulevard  
Midland Texas 79706

9590 9402 1676 6053 6582 52

2 Article

7014 0510 0000 9539 7577

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

# COMPLETE THIS SECTION ON DELIVERY

A Signature

X *[Signature]*

- ☒ Agent
- ☐ Addressee

B Received by (Printed Name)

C Date of Delivery

2/7/17

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

1 Delivery

Domestic Return Receipt

7014 0510 0000 9539 7539

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark  
H

Sent To

Malicon Resources 2001 Limited Partnership LP  
1001 FSE Loop 3 S t 160  
Iyle Tc 75701

Street Apt No  
PO Box No  
City State ZIP 4

PS Form 3800 August 2005

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1 2 and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p> <p>1 Article Addressed to</p> <p>COX Operating LLC 600 W Illinois Ave Olathe, MO 66061 Midland Texas 79701</p>		<p>A. Signature X <i>Donna Simmons</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Donna Simmons</i></p> <p>C. Date of Delivery <i>2/17/17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below</p>	
<p>9590 9402 1676 6053 6581 46</p> <p>2 Ar 7014 0510 0000 9539 7461</p>		<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811 July 2015 PSN 7530 02 000 9053

M H Domestic Return Receipt

U.S. Postal Service™	
<p><b>CERTIFIED MAIL™ RECEIPT</b></p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees \$</p>	<p>Postmark Here</p>
<p>Sent To Wells Fargo Bank NA Trust of Robert N. Infield Revocable Trust u/a dated March 16 1999 P.O. Box 1959 Midland Texas 79702</p>	
<p>PS Form 3800 August 2006 See Reverse for Instructions</p>	

7014 0510 0000 9539 7515

U.S. Postal Service™	
<p><b>CERTIFIED MAIL™ RECEIPT</b></p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees \$</p>	<p>Postmark Here</p>
<p>Sent To COX Operating LLC 600 W Illinois Ave Olathe, MO 66061 Midland Texas 79701</p>	
<p>PS Form 3800 August 2006 See Reverse for Instructions</p>	

7014 0510 0000 9539 7461

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1 2 and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p> <p>1 Article Addressed to</p> <p>Wells Fargo Bank NA Trust of Robert N. Infield Revocable Trust u/a dated March 16 1999 P.O. Box 1959 Midland Texas 79702</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>2-21-17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below</p>	
<p>9590 9402 1676 6053 6581 91</p> <p>7014 0510 0000 9539 7515</p>		<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811 July 2015 PSN 7530 02 000 9053

M H Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Devon Energy Production Company LLC  
333 West Sheridan Avenue  
Oklahoma City Oklahoma 73107

9590 9402 1676 6053 6582 76

7014 0510 0000 9539 7591

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

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

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

7014 0510 0000 9539 7553

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To  
RKI Exploration & Production LLC  
500 One Williams Center Suite 3500  
Tulsa Oklahoma 74172  
City State ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To  
Devon Energy Production Company LLC  
33 West Sheridan Avenue  
Oklahoma City Oklahoma 73102  
City State ZIP+4

PS Form 3800, August 2005 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

RKI Exploration & Production LLC  
500 One Williams Center Suite 3500  
Tulsa Oklahoma 74172

9590 9402 1676 6053 6582 38

2 Article N

7014 0510 0000 9539 7553

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

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

Delivery

Domestic Return Receipt

# SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

KDI Properties LLC  
P O Box 3422  
Midland Texas 79702

9590 9402 1676 6053 6581 84

2 Article Number (Transfer from service label)

7014 0510 0000 9539 7508

PS Form 3811 July 2015 PSN 7530 02 000 9053

# COMPLETE THIS SECTION ON DELIVERY

A Signature

*[Signature]*

☐ Agent

☐ Addressee

B Received by (Printed Name)

*[Signature]*

C Date of Delivery

*12-1-11*

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

Restricted Delivery

Domestic Return Receipt

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Letter X 2 L P

777 Taylor Street

Fort Worth Texas 76102-4914

Set To

Street Apt No

PO Box No

City State ZIP 4

PS Form 3800 August 2006

See Reverse for Instructions

7014 0510 0000 9539 7546

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fee \$

Set To KDI Properties LLC  
P O Box 3422  
Midland Texas 79702

Street Apt No

PO Box No

City State ZIP 4

PS Form 3800 August 2006

See Reverse for Instructions

7014 0510 0000 9539 7508

# 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

Letter X 2 L P  
777 Taylor Street  
Fort Worth Texas 76102-4914

9590 9402 1676 6053 6582 21

2 Article Number (Transfer from service label)

7014 0510 0000 9539 7546

PS Form 3811 July 2015 PSN 7530-02 000 9053

# COMPLETE THIS SECTION ON DELIVERY

A Signature

*[Signature]*

☐ Agent

☐ Addressee

B Received by (Printed Name)

*[Signature]*

C Date of Delivery

*12-1-11*

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

Restricted Delivery

Domestic Return Receipt

(over 3000)

PS Form 3811 July 2015 PSN 7530-02 000 9053

## 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

Cimarex Energy Co  
600 N Marienfeld Ste 600  
Midland Texas 79701

9590 9402 1676 6053 6581 53

2

7014 0510 0000 9539 7478

Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053

## COMPLETE THIS SECTION ON DELIVERY

A Signature

X *Jackie Norris*☐ Agent☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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

## 3 Service Type

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

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage

\$

Certified Fee

\$

Return Receipt Fee  
(Endorsement Required)

\$

Restricted Delivery Fee  
(Endorsement Required)

\$

Total Postage &amp; Fees

\$

Postmark  
Here

Sent to

Magnum Hunter Production Inc  
600 N Marienfeld Ste 600  
Midland Texas 79701

Street Apt No  
or PO Box No

City State ZIP 4

PS Form 3800 August 2005

See Reverse for Instructions

7014 0510 0000 9539 7522

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage

\$

Certified Fee

\$

Return Receipt Fee  
(Endorsement Required)

\$

Restricted Delivery Fee  
(Endorsement Required)

\$

Total Postage &amp; Fees

\$

Sent to

Cimarex Energy Co  
600 N Marienfeld Ste 600  
Midland Texas 79701

Street Apt No  
or PO Box No

City State ZIP 4

PS Form 3800 August 2005

See Reverse for Instructions

7014 0510 0000 9539 7478

## 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

Magnum Hunter Production Inc  
600 N Marienfeld Ste 600  
Midland Texas 79701

9590 9402 1676 6053 6582 07

## 2 Address (Transfer from service label)

7014 0510 0000 9539 7522

Restricted Delivery

PS Form 3811 July 2015 PSN 7530-02 000 9053

## COMPLETE THIS SECTION ON DELIVERY

A Signature

X *Jackie Norris*☐ Agent☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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

## 3 Service Type

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

Domestic Return Receipt

MH



## 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

RKC I  
7500 California Avenue Suite 80  
Centennial CO 80112 6116

9590 9402 1676 6053 6582 45

2 Article Number (Transit message only)

7014 0510 0000 9539 7560

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

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

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

Street Apt No  
or PO Box No

City State ZIP 4

FOC Resources Inc  
5509 Champions Drive  
Midland TX 79706

PS Form 3800 August 2006

See Reverse for Instructions

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

Street Apt No  
or PO Box No

City State ZIP 4

RKC I

7500 California Avenue Suite 80  
Centennial CO 80112 6116

PS Form 3800 August 2006

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

FOC Resources Inc  
5509 Champions Drive  
Midland TX 79706

9590 9402 1676 6053 6582 69

2 Article Number (Transit message only)

7014 0510 0000 9539 7584

PS Form 3811 July 2015 PSN 7530-02 000 9053

## COMPLETE THIS SECTION ON DELIVERY

A Signature

*Jimmy Whitfield*  
Received by (Printed Name)

☐ Agent☐ Addressee

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p>		<p>A Signature  <input checked="" type="checkbox"/> <i>F. M. C.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1 Article Addressed to</p> <p>Dexter Resources Co  P O Box 7015  Midland Texas 79708</p>		<p>B Received by (Printed Name)  <i>F. M. C.</i></p>	<p>C Date of Delivery  <i>2-18-17</i></p>
<p>9590 9402 1676 6053 6581 77</p>		<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES enter delivery address below <input checked="" type="checkbox"/> No</p>	
<p>7014 0510 0000 9539 7492</p>		<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>(over \$500)</p>	

PS Form 3811 July 2015 PSN 7530 02 000 9053

Domestic Return Receipt

*M A*

7014 0510 0000 9539 7492

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<p>Postmark Here</p>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Postage & Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To Dexter Resources Co  P O Box 7015  Midland Texas 79708</p> <p>Street Apt No  or PO Box No  City State ZIP+4</p>	

PS Form 3800, August 2005 See Reverse for Instructions

LD  
314

### 1st Notice

3 14

---

**CERTIFIED MAIL**



071V00607931

87501

000094576

LM  
2-17

Kaye H Gassie  
4110 Esters Road Apt #176  
T 75038

SECRET

\*2 22 3-38- 3 19

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$	PS Form 3800, August 2006 P 51m rk He e
See To  Street Apt No or PO Box No  City St to ZIP 4	Kave H Gassie 4110 Lesters Road Apt #176 Irving Texas 75038