

**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

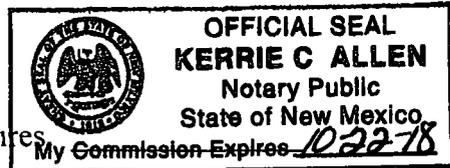
4       Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A

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



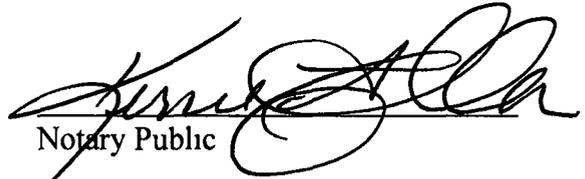
  
\_\_\_\_\_  
Notary Public

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

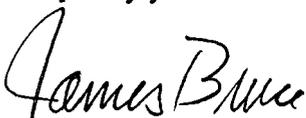
Ladies and gentlemen

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 LLP  
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 Bures

**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

Iconor Resources 2001 Limited Partnership I LP  
1001 ESE Loop 323 Suite 160  
Tyler TX 75701

9590 9402 1676 6053 6582 14

2 Article Number (Transfer from service label)

7014 0510 0000 9539 7539 Restricted Delivery

**COMPLETE THIS SECTION ON DELIVERY**

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

PS Form 3811 July 2015 PSN 7530 02-000 9053 *M H* Domestic Return Receipt

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
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7014 0510 0000 9539 7577

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

Postmark Here

Sent To Chevron USA Inc  
 6301 Deauville Boulevard  
 Midland Texas 79706

Street Apt No \_\_\_\_\_  
 or PO Box No \_\_\_\_\_  
 City State ZIP+4 \_\_\_\_\_

PS Form 3811 August 2015 See Reverse for Instructions

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at www.usps.com

7014 0510 0000 9539 7539

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

Postmark Here

Sent To Iconor Resources 2001 Limited Partnership I LP  
 1001 ESE Loop 323 Suite 160  
 Tyler TX 75701

Street Apt No \_\_\_\_\_  
 or PO Box No \_\_\_\_\_  
 City State ZIP+4 \_\_\_\_\_

PS Form 3811 August 2015 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

Chevron U S A Inc  
 6301 Deauville Boulevard  
 Midland Texas 79706

9590 9402 1676 6053 6582 52

2 Article

7014 0510 0000 9539 7577 Restricted Delivery

**COMPLETE THIS SECTION ON DELIVERY**

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

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

COG Operating LLC  
600 W Illinois Ave  
One Concho Center  
Midland Texas 79701

9590 9402 1676 6053 6581 46

2 Article Addressed to

7014 0510 0000 9539 7461

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Donna Simmons*  Agent  
 Addressee

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

C. Date of Delivery  
*2/2/17*

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

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**OFFICIAL USE**

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

Sent To: Wells Fargo Bank NA  
 Trustee of the Robert N Enfield  
 Revocable Trust w/t/a dated March 16 1999  
 Street Apt No or PO Box No: P O Box 1959  
 City State ZIP+4: Midland Texas 79702

PS Form 3811, August 2006 See Reverse for Instructions

7014 0510 0000 9539 7515

PS Form 3811 July 2015 PSN 7530 02 000 9053

Domestic Return Receipt

*MH*

7014 0510 0000 9539 7461

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**OFFICIAL USE**

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

Sent To: COG Operating LLC  
 600 W Illinois Ave  
 One Concho Center  
 Midland Texas 79701

PS Form 3811, 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

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

9590 9402 1676 6053 6581 91

7014 0510 0000 9539 7515

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*2-2-17*

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

PS Form 3811 July 2015 PSN 7530 02 000 9053

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

Devon Energy Production Company 11  
333 West Sheridan Avenue  
Oklahoma City Oklahoma 73102

9590 9402 1676 6053 6582 76

7014 0510 0000 9539 7591

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*David Carmello*

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

Postmark Here

USPS

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

Sent To: RKI Explor on & Prod on LLC  
 3500 One Williams Center Suite 3500  
 Tulsa Oklahoma 74172

Street Apt or PO Box 1  
 City State ZIP 4

PS Form 3811, August 2009

7014 0510 0000 9539 7553

PS Form 3811 July 2015 PSN 7530 02 000 9053 M H Domestic Return Receipt

**U.S. Postal Service™**  
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Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fees \$ \_\_\_\_\_

Sent To: Devon Energy Production Company 11  
 333 West Sheridan Avenue  
 Oklahoma City Oklahoma 73102

Street Apt No or PO Box No  
 City State ZIP+4

PS Form 3811, August 2009

7014 0510 0000 9539 7591

**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  
 3500 One Williams Center Suite 3500  
 Tulsa Oklahoma 74172

9590 9402 1676 6053 6582 38

2 Article N (Transfer from service label) \_\_\_\_\_

7014 0510 0000 9539 7553 Delivery

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*B Bailey*

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

Postmark Here

PS Form 3811 July 2015 PSN 7530 02 000 9053 M A 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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

B. Received by (Printed Name)  Agent  Addressee

*Debrae Glenn* *2-21-17*

C. Date of Delivery

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

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

Restricted Delivery

**U.S. Postal Service™**  
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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 \$

Postmark Here

Sent To

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

Street Apt No or PO Box No

City State ZIP+4

PS Form 3811, August 2015 See Reverse for Instructions

7014 0510 0000 9539 7546

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

KDI Properties LLC  
P O Box 3422  
Midland Texas 79702

Street Apt No or PO Box No

City State ZIP+4

PS Form 3811, August 2015 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

Jetta 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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

B. Received by (Printed Name)  Agent  Addressee

*Christina* *2/21/17*

C. Date of Delivery

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

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

Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 *MH* Domestic Return Receipt

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1 2 and 3</li> <li>Print your name and address on the reverse so that we can return the card to you</li> <li>Attach this card to the back of the mailpiece or on the front if space permits</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Jackie Norris</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES enter delivery address below      <input type="checkbox"/> No</p>	
<p>1 Article Addressed to</p> <p>Cimarex Energy Co          600 N Manenfeld Ste 600          Midland Texas 79701</p>		<p>3 Service Type</p> <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	
<p>2 Article Number (Transfer from service label)</p> <p>9590 9402 1676 6053 6581 53</p> <p>7014 0510 0000 9539 7478</p>		<p>Restricted Delivery</p>	

<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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Magnum Hunter Production Inc 600 N Manenfeld Ste 600 Midland Texas 79701
Street Apt No or PO Box No	
City State ZIP 4	
PS Form 3811 August 2015 See Reverse for Instructions	

7014 0510 0000 9539 7522

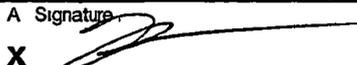
PS Form 3811 July 2015 PSN 7530 02 000 9053 *MA* Domestic Return Receipt

<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>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Cimarex Energy Co 600 N Manenfeld Ste 600 Midland Texas 79701
Street Apt No or PO Box No	
City State ZIP+4	
PS Form 3811 August 2015 See Reverse for Instructions	

7014 0510 0000 9539 7478

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1 2 and 3</li> <li>Print your name and address on the reverse so that we can return the card to you</li> <li>Attach this card to the back of the mailpiece or on the front if space permits</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Jackie Norris</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES enter delivery address below      <input type="checkbox"/> No</p>	
<p>1 Article Addressed to</p> <p>Magnum Hunter Production Inc          600 N Manenfeld Ste 600          Midland Texas 79701</p>		<p>3 Service Type</p> <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	
<p>2 Article Number (Transfer from service label)</p> <p>9590 9402 1676 6053 6582 07</p> <p>7014 0510 0000 9539 7522</p>		<p>Restricted Delivery</p>	

PS Form 3811 July 2015 PSN 7530 02 000 9053 *MA* Domestic Return Receipt

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1 2 and 3</li> <li>Print your name and address on the reverse so that we can return the card to you</li> <li>Attach this card to the back of the mailpiece or on the front if space permits</li> </ul>		A Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1 Article Addressed to		B Received by (Printed Name)	C Date of Delivery
RKC 1 c 7500 E Arapahoe Road Suite 80 Centennial CO 80112 6116		D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below <input type="checkbox"/> No	
9590 9402 1676 6053 6582 45		3 Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)	
2 Article Number (Transfer from envelope)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
7014 0510 0000 9539 7560			
PS Form 3811 July 2015 PSN 7530 02 000 9053		M H Domestic Return Receipt	

<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>			
OFFICIAL USE			
Postage \$		Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees \$			
Sent To		EOC Resources Inc 5509 Champions Drive Midland TX 79706	
Street Apt No or PO Box No			
City State ZIP+4			
PS Form 3800 August 2009		See Reverse for Instructions	

<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>			
OFFICIAL USE			
Postage \$		Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees \$			
Sent To		RKC 1 7500 E Arapahoe Road Suite 380 Centennial CO 80112 6116	
Street Apt No or PO Box No			
City State ZIP+4			
PS Form 3800 August 2009		See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1 2 and 3</li> <li>Print your name and address on the reverse so that we can return the card to you</li> <li>Attach this card to the back of the mailpiece or on the front if space permits</li> </ul>		A Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1 Article Addressed to		B Received by (Printed Name)	C Date of Delivery
EOC Resources Inc 5509 Champions Drive Midland TX 79706		D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below <input type="checkbox"/> No	
9590 9402 1676 6053 6582 69		3 Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)	
2 Article Number (Transfer from envelope)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
7014 0510 0000 9539 7584			
PS Form 3811 July 2015 PSN 7530 02 000 9053		M H Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>Complete items 1 2 and 3</li> <li>Print your name and address on the reverse so that we can return the card to you</li> <li>Attach this card to the back of the mailpiece or on the front if space permits</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>F RAO</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>												
<p>1 Article Addressed to</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Dexter Resources Co  P O Box 7015  Midland Texas 79708</p> </div> <p style="text-align: center; margin-top: 20px;">9590 9402 1676 6053 6581 77</p> <p style="text-align: center; margin-top: 20px;">7014 0510 0000 9539 7492</p>	<p>B Received by (Printed Name) <i>F RAO</i> C Date of Delivery <i>2-18-17</i></p>												
	<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES enter delivery address below</p>												
	<p>3 Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> <p style="font-size: small;">(over \$500)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input 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												

PS Form 3811 July 2015 PSN 7530 02 000 9053 M A Domestic Return Receipt

U.S. Postal Service™  
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Sent To **Dexter Resources Co**  
**P O Box 7015**  
**Midland Texas 79708**

Street Apt No  
or PO Box No  
City State ZIP+4

PS Form 3800 August 2005 See Reverse for Instructions

7014 0510 0000 9539 7492

James Bruce  
P O Box 1056  
Santa Fe New Mexico 87504

LDJ  
3/14

**NAME**  
1st Notice 3/14  
2nd Notice

\$6 890  
**US POSTAGE**  
FIRST CLASS

071V00607931  
87501  
000094576



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

Return

LM  
2-17

7014 0510 0000 9539 7485

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

POSTAGE WILL BE PAID BY ADDRESSEE  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES  
\*2382-04080-10-19

<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>											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Registered Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td><b>\$</b></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Registered Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>\$</b>	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Registered Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>\$</b>										
<table border="1"> <tr> <td style="width: 50%;"><i>Sent To</i></td> <td>Kaye H Gassie 4110 Esters Road Apt #176 Irving Texas 75038</td> </tr> <tr> <td><i>Street Apt No or PO Box No</i></td> <td></td> </tr> <tr> <td><i>City State ZIP 4</i></td> <td></td> </tr> </table>		<i>Sent To</i>	Kaye H Gassie 4110 Esters Road Apt #176 Irving Texas 75038	<i>Street Apt No or PO Box No</i>		<i>City State ZIP 4</i>					
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<i>Street Apt No or PO Box No</i>											
<i>City State ZIP 4</i>											
PS Form 3800, August 2006 See Reverse for Instructions											

7014 0510 0000 9539 7485