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| DATE 11/13/2014 | SUSPENSE | ENGINEER Mary | LOGGED IN 10/21/2014 | TYPE NSL | APP NO PMAM1429455297 |
|-----------------|----------|---------------|----------------------|----------|-----------------------|

ABOVE THIS LINE FOR DIVISION USE ONLY

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NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
☒ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other: Specify _____

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

- [A] ☐ Working, Royalty or Overriding Royalty Interest Owners
[B] ☒ Offset Operators, Leaseholders or Surface Owner
[C] ☐ Application is One Which Requires Published Legal Notice
[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,
[F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Melanie J. Parker
Print or Type Name

Melanie J. Parker
Signature

Regulatory Analyst
Title

10/16/2014
Date

mparker@concho.com
e-mail Address

- NSL 7190
- CDG Operating, LLC
229137
Well
- Wildcat State SH
30-015-42720
Pool
- WC Williams
Sink, Bone Spring
97650



October 16, 2014

New Mexico Oil Conservation Division
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

Attention: Mr. Michael McMillan

Re: Application for Unorthodox Well Location
Wild Cap State #8H API No. 30-015-42720
SHL: 190' FSL & 1300' FWL (Unit M) Section 36, T19S, R31E
BHL: 330' FNL & 1300' FWL (Unit D) Section 36, T19S, R31E
Eddy County, New Mexico

Dear Michael:

Pursuant to Division Rule 19.15.15.13, COG Operating LLC (COG) respectfully requests administrative approval of an unorthodox oil well location for its Wild Cap State #8H well. This well does not meet the 330' from the outer boundary of the project area requirement. This is an increased density test in a developed area where engineering study shows the (older) offsetting wells do not appear to have been stimulated sufficiently to drain the Second Bone Spring reservoir.

COG is the designated operator of all of the offset tracts, however due to non-consent interest in offset wells, ownership is currently not uniform throughout all affected offset tracts. All owners have been notified of the proposal to drill this well and have been sent a copy of this application by certified mail. A copy of this application has also been sent by certified mail, return receipt requested, to the New Mexico State Land Office.

Attached is a Form C-102 showing the proposed well and the project area, being the W/2W/2 of Section 36, T19S, R31E.

Thank you for your consideration of this application. Should you have questions or require further information, please contact me at 575-748-6952 or by email at mparker@concho.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Melanie J. Parker".

Melanie J. Parker
Lead Regulatory Analyst

DISTRICT I
1625 N. FRENCH DR., BOBBS, NM 86240
Phone: (878) 383-6141 Fax: (878) 393-0780

DISTRICT II
511 S. FIRST ST., ARTESIA, NM 88210
Phone: (878) 748-1883 Fax: (878) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3480 Fax: (505) 478-3482

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|-----------------------------------|--------------------------------------------|---------------------------------------------------|
| API Number 30-015-42720 | Pool Code 97650 | Pool Name WC WILLIAMS SINK; BONE SPRING |
| Property Code 308189 | Property Name WILD CAP STATE | Well Number 8H |
| GRID No. 229137 | Operator Name COG OPERATING, LLC | Elevation 3479.8' |

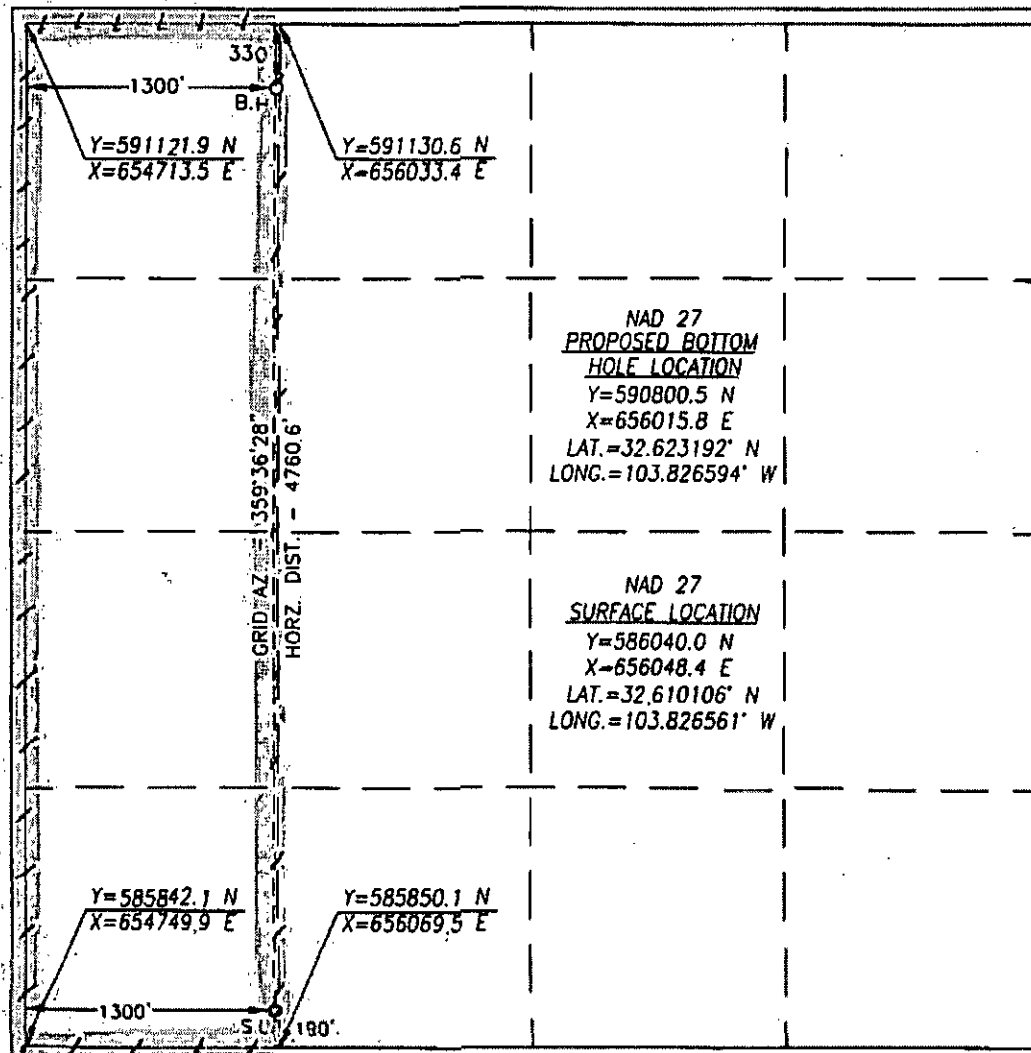
Surface Location

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| M | 36 | 19-S | 31-E | | 190 | SOUTH | 1300 | 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 |
|----------------------------------|-----------------|--------------------|-----------|---------|---------------|------------------|---------------|----------------|--------|
| D | 36 | 19-S | 31-E | | 330 | NORTH | 1300 | WEST | EDDY |
| Dedicated Acres 160.00 | Joint or Infill | Consolidation Code | Order No. | | | | | | |

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



OPERATOR CERTIFICATION

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

Melanie J. Parker 10/16/14
Signature Date

Melanie J. Parker
Printed Name

mparker@concho.com
E-mail Address

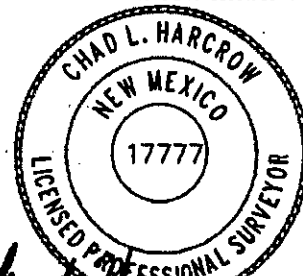
SURVEYOR CERTIFICATION

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.

SEPTEMBER 23, 2014

Date of Survey

Signature & Seal of Professional Surveyor



Chad L. Harcrow 9/26/14
Certificate No. CHAD HARCROW 17777
W.O. # 14-858 DRAWN BY: AD

C. Mark Wheeler
24 Smith Road, Suite 405
Midland, TX 79705

State of New Mexico
Commissioner of Public Lands
310 Old Santa Fe Trail
Santa Fe, NM 87501

D2 Royalties, LLC
Dale Douglas, President
P.O. Box 10187
Midland, TX 79702

D2 Resources, LLC
P.O. Box 10187
Midland, TX 79702

Jareed Partners Ltd.
A TX Limited Partnership
P.O. Box 51451
Midland, TX 79710

Javelina Partners
616 Texas St
Ft. Worth, TX 76102

Jerry B. Elger
P.O. Box 2623
Midland, TX 79702

Penroc Oil Corporation
P.O. Box 2769
Hobbs, NM 88241

Myja Trust
James E. Geitgey, Trustee
P.O. Box 51451
Midland, TX 79710

Scolado LLC
P.O. Box 660
Artesia, NM 88211

Nestegg Energy & Dastarac, Inc.
2308 Sierra Vista Rd
Artesia, NM 88210

Solis Energy, LLC
P.O. Box 51451
Midland, TX 79710

Parkison Oil & Gas, LLC
507 Adobe Drive
Midland, TX 79707

Westall Oil & Gas Co, LLC
P.O. Box 4
Loco Hills, NM 88255

Raptor Partnership Ltd.
267 E. Cherry Ave
Arroyo Grande, CA 93420

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

Slash Exploration Limited Partnership
P.O. Box 1973
Roswell, NM 88202

Elysium Enterprises, LP
1310 W. El Paso St.
Ft. Worth, TX 76102

Keith Williams
2015 Coleman Court
Midland, TX 79705

McMillan, Michael, EMNRD

From: Melanie Parker <MParker@concho.com>
Sent: Monday, November 10, 2014 1:57 PM
To: McMillan, Michael, EMNRD
Subject: RE: Wild Cap State #8H perforations API 30-015-42720

Michael,

Our first perforation will be at 541' FSL & 1300' FWL. The last perforation will be at 350' FNL & 1300' FWL.

If you need anything else just let me know.

Thank you!!

Melanie

From: McMillan, Michael, EMNRD [<mailto:Michael.McMillan@state.nm.us>]
Sent: Monday, November 10, 2014 1:31 PM
To: Melanie Parker
Subject: RE: Wild Cap State #8H perforations API 30-015-42720

Also check on the final perf

Michael McMillan

From: Melanie Parker [<mailto:MParker@concho.com>]
Sent: Monday, November 10, 2014 1:26 PM
To: McMillan, Michael, EMNRD
Subject: RE: Wild Cap State #8H perforations API 30-015-42720

Michael,

I am checking with our engineering group to get the first perf. I will let you know ASAP.

Thank you,

Melanie

From: McMillan, Michael, EMNRD [<mailto:Michael.McMillan@state.nm.us>]
Sent: Monday, November 10, 2014 8:53 AM
To: Melanie Parker
Subject: Wild Cap State #8H perforations API 30-015-42720

Ms. Parker:

Can you tell me the beginning of the perforated interval in the Wild Cap State #8H, Eddy Co?

Thank You

Michael McMillan

CONFIDENTIALITY NOTICE: The information in this email may be confidential and/or privileged. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or the information contained

SECTION 1 - GENERAL INFORMATION

1. **Company Name:** Wild Cap 8, NLS
Address: 616 Frost St.
 P.O. Box 27610
 Dallas, TX 75227

2. **Product Name:** Wild Cap 8, NLS
Product Code: 7013 3020 0000 6749 6323

3. **Product Type:** ☒ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

4. **Product Description:** ☐ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

5. **Product Status:** ☐ New ☐ Existing ☐ Discontinued

6. **Product Date:** 7/1/2013

7. **Product Code:** 7013 3020 0000 6749 6323

8. **Product Code:** 7013 3020 0000 6749 6323

9. **Product Code:** 7013 3020 0000 6749 6323

10. **Product Code:** 7013 3020 0000 6749 6323

11. **Product Code:** 7013 3020 0000 6749 6323

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18. **Product Code:** 7013 3020 0000 6749 6323

19. **Product Code:** 7013 3020 0000 6749 6323

20. **Product Code:** 7013 3020 0000 6749 6323

SECTION 2 - PRODUCT INFORMATION

1. **Product Name:** Wild Cap 8, NLS
Product Code: 7013 3020 0000 6749 6323

2. **Product Type:** ☒ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

3. **Product Description:** ☐ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

4. **Product Status:** ☐ New ☐ Existing ☐ Discontinued

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19. **Product Code:** 7013 3020 0000 6749 6323

20. **Product Code:** 7013 3020 0000 6749 6323

SECTION 3 - DISTRIBUTION INFORMATION

1. **Distributor Name:** Wild Cap 8, NLS
Address: 616 Frost St.
 P.O. Box 27610
 Dallas, TX 75227

2. **Distributor Code:** 7013 3020 0000 6749 6323

3. **Distributor Type:** ☒ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

4. **Distributor Description:** ☐ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

5. **Distributor Status:** ☐ New ☐ Existing ☐ Discontinued

6. **Distributor Date:** 7/1/2013

7. **Distributor Code:** 7013 3020 0000 6749 6323

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SECTION 4 - ADDITIONAL INFORMATION

1. **Product Name:** Wild Cap 8, NLS
Product Code: 7013 3020 0000 6749 6323

2. **Product Type:** ☒ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

3. **Product Description:** ☐ Prescription Drug ☐ Over-the-Counter Drug ☐ Medical Device ☐ Other

4. **Product Status:** ☐ New ☐ Existing ☐ Discontinued

5. **Product Date:** 7/1/2013

6. **Product Code:** 7013 3020 0000 6749 6323

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19. **Product Code:** 7013 3020 0000 6749 6323

20. **Product Code:** 7013 3020 0000 6749 6323

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SENDER'S INFORMATION

1. Complete Items 1, 2, and 3. Use complete item 4 if fluorescent delivery is desired.

2. ☒ **Yes** I am enclosing a return label for the recipient to use to return the goods to the sender.

3. ☒ Attach this card to the back of the package.

4. ☐ or on the inside of package.

5. **Country** Germany **Zip** 1000

Seller's Name Solis Energy, LLC

P.O. Box 51451

City Midland, TX **State** TX **Zip** 79710

SHIP TO: ADDRESSEE'S INFORMATION

1. **Name** WALCAP 8, XSL

2. **Address** Walter

3. **City** Midland **State** TX **Zip** 79701

4. **Country** USA

5. **Phone** 806-735-1111

6. **Business Hours** 9-5

7. **Day** Mon

8. **Time** 10:00

9. **Order Number** 1000

10. **Invoice Number** 1000

11. **Order Date** 10/10/00

12. **Order Status** Shipped

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| SENDER INFORMATION | | ADDRESSEE INFORMATION | |
| 1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. If you are not the addressee, please indicate how we can return the card to you. 3. Attach this card to the back of the envelope. If you are not using a separate envelope. | | 4. Address Addressee to: Elyadum Enterprises, LP 1310 W. El Paso St. R. Worth, TX 76092 | |
| 5. Address Addressee to: A. Express <input type="checkbox"/> B. Registered Mail <input checked="" type="checkbox"/> C. Registered by Return Receipt <input type="checkbox"/> D. Insured <input type="checkbox"/> E. Insured by Return Receipt <input type="checkbox"/> F. Insured delivery address below: 77 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> | | 6. Markers Yes <input type="checkbox"/> No <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Mail <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Non-Restricted Delivery <input type="checkbox"/> Return Receipt <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 7. Article Number (Number from service label) 7013 3020 0000 8794 4365 | | 8. Postage Paid 7013 3020 0000 8794 4365 | |

[illegible][illegible]

SENDER'S INFORMATION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If Restricted Delivery is desired, attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Rapier Partnership Ltd.
 267 E. Cherry Ave.
 Arroyo Grande, CA 93420

2. Article Number: 7013 3020 0000 8749 8414
 PS Form 3811, July 2013

RECIPIENT'S INFORMATION

3. Delivery address (attach form back if):
☐ Yes ☐ No

4. Restricted Delivery (Elder Care):
☐ Yes ☐ No

5. Signature Type:
☐ Signature ☐ Marked Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail

6. Signature Type:
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7. Signature Type:
☐ Signature ☐ Marked Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail

SENDER'S INFORMATION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If Restricted Delivery is desired, attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Partion Oil & Gas, LLC
 507 Adobe Drive
 Midland, TX 79707

2. Article Number: 7013 3020 0000 8749 8477
 PS Form 3811, July 2013

RECIPIENT'S INFORMATION

3. Delivery address (attach form back if):
☐ Yes ☐ No

4. Restricted Delivery (Elder Care):
☐ Yes ☐ No

5. Signature Type:
☐ Signature ☐ Marked Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail

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7. Signature Type:
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SENDER'S INFORMATION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If Restricted Delivery is desired, attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 State Exploration Limited Partnership
 P.O. Box 3773
 Roseville, MN 55002

2. Article Number: 7013 3020 0000 8749 8413
 PS Form 3811, July 2013

RECIPIENT'S INFORMATION

3. Delivery address (attach form back if):
☐ Yes ☐ No

4. Restricted Delivery (Elder Care):
☐ Yes ☐ No

5. Signature Type:
☐ Signature ☐ Marked Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail

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7. Signature Type:
☐ Signature ☐ Marked Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail ☐ Registered Mail

McMillan, Michael, EMNRD

From: Melanie Parker <MParker@concho.com>
Sent: Thursday, November 13, 2014 2:18 PM
To: McMillan, Michael, EMNRD
Subject: RE: Wild Cap State #8H perforations API 30-015-42720
Attachments: Wild Cap State #8H Green Cards - 2nd.pdf

Michael,

Attached are copies of the green cards to the Section 25 owners. These have gone out in today's mail. Please let me know if you need anything further from me.

Thank you.

Melanie

From: McMillan, Michael, EMNRD [<mailto:Michael.McMillan@state.nm.us>]
Sent: Wednesday, November 12, 2014 8:01 AM
To: Melanie Parker
Subject: RE: Wild Cap State #8H perforations API 30-015-42720

Ms. Parker

You will need to describe the footage calls of the perms.

Michael McMillan

From: Melanie Parker [<mailto:MParker@concho.com>]
Sent: Tuesday, November 11, 2014 7:55 AM
To: McMillan, Michael, EMNRD
Subject: RE: Wild Cap State #8H perforations API 30-015-42720

It looks like Devon is the operator. If we back off on the perms, will they still be affected?

From: McMillan, Michael, EMNRD [<mailto:Michael.McMillan@state.nm.us>]
Sent: Monday, November 10, 2014 4:00 PM
To: Melanie Parker
Subject: RE: Wild Cap State #8H perforations API 30-015-42720

Ms. Parker:

Who owns the SE/4 SW/4 of Section 25? Based on Pythagreom Theorem, they are an affected party.

Michael McMillan

Michael A. McMillan

Engineering and Geological Services Bureau, Oil Conservation Division
1220 South St. Francis Dr., Santa Fe NM 87505
O: 505.476.3448 F. 505.476.3462

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| SENDER COMPLETES THIS SECTION ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ 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. | | ADDRESSEE COMPLETES THIS SECTION A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery C. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: | |
| 1. Article Addressed to: Sharbro Energy, LLC PO Box 840 Artesia NM 88211 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7013 3020 0000 8749 6545 | | 3. Article Number (Transfer from service label) 7013 3020 0000 8749 6545 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

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| SENDER COMPLETES THIS SECTION ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ 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. | | ADDRESSEE COMPLETES THIS SECTION A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery C. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: | |
| 1. Article Addressed to: McVay Drilling Co. PO Box 2450 Hobbs NM 88240 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7013 3020 0000 8749 6521 | | 3. Article Number (Transfer from service label) 7013 3020 0000 8749 6521 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

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| 1. Article Addressed to: Yates Industries LLC PO Box 1051 Artesia NM 88211 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7013 3020 0000 8749 8552 | | 3. Article Number (Transfer from service label) 7013 3020 0000 8749 8552 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

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| 1. Article Addressed to: Oxy V-8 Company PO Box 841803 Dallas TX 75284 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7013 3020 0000 8749 8536 | | 3. Article Number (Transfer from service label) 7013 3020 0000 8749 8536 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

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| 1. Article Addressed to: ConocoPhillips Company 4001 Pembroke Odessa TX 79762 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7013 3020 0000 8749 8507 | | 3. Article Number (Transfer from service label) 7013 3020 0000 8749 8507 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

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| 1. Article Addressed to: Marathon Oil Company PO Box 732312 Dallas TX 75373 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7013 3020 0000 8749 8496 | | 3. Article Number (Transfer from service label) 7013 3020 0000 8749 8496 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

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| 1. Article Addressed to: Moutray Properties, LLC PO Box 1598 Carlsbad NM 88221 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7013 3020 0000 8749 6514 | | 3. Article Number (Transfer from service label) 7013 3020 0000 8749 6514 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

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| 1. Article Addressed to: Devon Energy Production Company, L.P. 333 W Sheridan Avenue Oklahoma City OK 73102 Wild Cap St BH NSL | | D. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery E. Restricted Delivery? (State Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) 7012 3460 0000 7063 4221 | | 3. Article Number (Transfer from service label) 7012 3460 0000 7063 4221 | |
| PS Form 3811, July 2018 Domestic Return Receipt | | | |

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
BLM
620 E Greene St
Carlsbad NM 88220

5. Signature: *Wild Cap 814NS*

6. Restricted by Printed Name: ☒ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☒ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8743
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
Jenny Barnes
PO Box 768
Chillicothe MO 64601

5. Signature: _____

6. Restricted by Printed Name: ☐ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☐ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8576
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
Bryan Hawkins
1 Tangle Brush Drive
The Woodlands, TX 77381

5. Signature: _____

6. Restricted by Printed Name: ☐ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☐ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8736
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
Jim Broten
PO Box 1536
Oklahoma City OK 73101

5. Signature: _____

6. Restricted by Printed Name: ☐ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☐ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8563
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
Dennis Elmers
PO Box 50637
Midland TX 79710

5. Signature: _____

6. Restricted by Printed Name: ☐ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☐ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8570
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
Entech Enterprises, Inc
4900 Woodway, Ste 800
Houston TX 77056

5. Signature: _____

6. Restricted by Printed Name: ☐ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☐ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8633
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
Hodges Family Trust used 8/14/2006
435 32 Road Unit 736
Cibola CO 81520

5. Signature: _____

6. Restricted by Printed Name: ☐ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☐ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8606
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:
Salem's Investments LLC
4900 Woodway, Ste 800
Houston TX 77056

5. Signature: _____

6. Restricted by Printed Name: ☐ Agent ☐ Addressee

7. Date of Delivery: _____

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

9. Service Type: ☐ Certified Mail ☐ Priority Mail Express ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Rate Fee) ☐ Yes ☒ No

10. Article Number: 7013 3020 0000 8749 8620
(Transfer from service label)

11. Postmark: PB Form SB11, July 2013

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| <p>DELIVER TO THE ADDRESSEE</p> <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>D. Stephen Slace 5800 Woodley, Apt. 336 Houston TX 77057 Wild Cap State BH NSL</p> <p>5. Article Number (Transfer from service label) 7013 3020 0000 8749 6637</p> <p>PS Form 3811, July 2013</p> | <p>DELIVER TO THE ADDRESSEE</p> <p>1. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>2. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <input type="checkbox"/></p> <p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/></p> <p>4. Signature Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery? (Blue Flag) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| <p>DELIVER TO THE ADDRESSEE</p> <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Richard Espinosa 47 Glenloch Estates Drive Spring, TX 77379 Wild Cap State BH NSL</p> <p>5. Article Number (Transfer from service label) 7013 3020 0000 8749 6652</p> <p>PS Form 3811, July 2013</p> | <p>DELIVER TO THE ADDRESSEE</p> <p>1. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>2. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <input type="checkbox"/></p> <p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/></p> <p>4. Signature Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery? (Blue Flag) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| <p>DELIVER TO THE ADDRESSEE</p> <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Ter-Mar Energy, LLC PO Box 368 Groveland, TX 75845 Wild Cap State BH NSL</p> <p>5. Article Number (Transfer from service label) 7013 3020 0000 8749 6682</p> <p>PS Form 3811, July 2013</p> | <p>DELIVER TO THE ADDRESSEE</p> <p>1. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>2. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <input type="checkbox"/></p> <p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/></p> <p>4. Signature Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery? (Blue Flag) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| <p>DELIVER TO THE ADDRESSEE</p> <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Stephen Gregory Gutzman PO Box 550787 Houston, TX 77255 Wild Cap State BH NSL</p> <p>5. Article Number (Transfer from service label) 7013 3020 0000 8749 6705</p> <p>PS Form 3811, July 2013</p> | <p>DELIVER TO THE ADDRESSEE</p> <p>1. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>2. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <input type="checkbox"/></p> <p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/></p> <p>4. Signature Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery? (Blue Flag) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| FILL IN THESE SPACES FIRST | | COMPLETE THE RETURN INFORMATION | |
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| <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the envelope, or on the front if space permits.</p> | | <p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>4. Article Addressed to:</p> <p>Cornie, A. Mary</p> <p>PO Box 655</p> <p>Spring, TX 77383</p> <p>Wild Cap State Bldg NSL</p> | | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> | |
| <p>5. Article Number (Number from service label)</p> <p>7013 3020 0000 8749 8729</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>6. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> | | <p>7. Restricted Delivery (State Post) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |

PS Form 3811, July 2010 Domestic Return Receipt