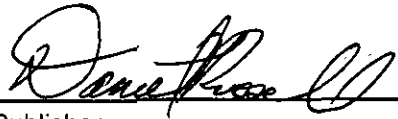


Affidavit of Publication

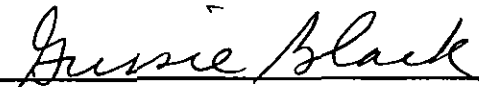
STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

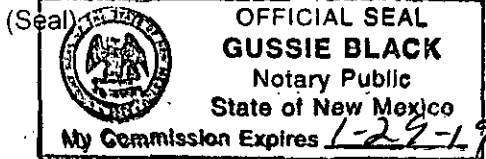
Beginning with the issue dated
March 07, 2015
and ending with the issue dated
March 07, 2015.


Publisher

Sworn and subscribed to before me this
7th day of March 2015.


Business Manager

My commission expires
January 29, 2019



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

Final Notice — interval changes (matching
GSA & one surface location
STATE ENGINEER OFFICE
ROSWELL, NEW MEXICO

2015 MAR 11 AM 11:16

LEGAL NOTICE
March 7, 2015

Before the Oil Conservation Division of the State of New Mexico

APPLICANT: ConocoPhillips Company

RELIEF SOUGHT: Administrative Approval for an expansion of current East Vacuum Unit project to inject produced water, alternating with carbon dioxide and hydrocarbon gas via the wells listed below. Injection target is the unitized interval of the Grayburg and San Andres formations. Two previously noticed project requests are being consolidated.

Notice is Given That: the applicant is requesting that the New Mexico Oil Conservation Division administratively authorize the project expansion to inject produced water, alternating with carbon dioxide and hydrocarbon gas into wells listed below.

The wells are located in Township 17S, Range 35E, Lea County, NM.

East Vacuum GBSA Unit 523W (new well): Surface location – Sec. 23; 2003' FNL & 1529' FWL; bottom hole location – 2254' FNL & 1540' FWL; injection interval 4045-5045' TVD (est.)

East Vacuum GBSA Unit 522W (new well): Surface location – Sec. 27; 2310' FSL & 1120' FWL; bottom hole location – 2338' FSL & 895' FWL; injection interval 4037-5037' TVD (est.)

East Vacuum GBSA Unit 525W (new well): Surface location – Sec. 27; 1690' FSL & 2230' FEL; bottom hole location – same as surface; injection interval 4030-5030' TVD (est.)

East Vacuum GBSA Unit 512W (new well): Surface location – Sec. 32; 1587' FNL & 186' FEL; bottom hole location – same as surface; injection interval 4048-5048' TVD (est.)

East Vacuum GBSA Unit 513W (new well): Surface location – Sec. 32; 2455' FNL & 442' FEL; bottom hole location – 2332' FNL & 1054' FEL; injection interval 4041-5041' TVD (est.)

East Vacuum GBSA Unit 511W (new well): Surface location – Sec. 33; 1073' FNL & 418' FWL; bottom hole location – same as surface; injection interval 4039-5039' TVD (est.)

East Vacuum GBSA Unit 520W (new well): Surface location – Sec. 33; 471' FSL & 1759' FWL; bottom hole location – same as surface; injection interval 4140-5140' TVD (est.)

East Vacuum GBSA Unit 521W (new well): Surface location – Sec. 33; 991' FSL & 2290' FWL; bottom hole location – same as surface; injection interval 4120-5120' TVD (est.)

East Vacuum GBSA Unit 516W (new well): Surface location – Sec. 33; 2321' FSL & 940' FWL; bottom hole location – same as surface; injection interval 4059-5059' TVD (est.)

East Vacuum GBSA Unit 517W (new well): Surface location – Sec. 33; 1815' FSL & 405' FWL; bottom hole location – 1660' FSL & 300' FWL; injection interval 4081-5081' TVD (est.)

East Vacuum GBSA Unit 527W (new well): Surface location – Sec. 27; 1168' FSL & 2141' FWL; bottom hole location – 1015' FSL & 2250' FWL; injection interval 4040-5040' TVD (est.)

East Vacuum GBSA Unit 3308 #400 (existing water injection well): Surface location – Sec. 33; 800' FNL & 330' FWL; injection interval 4057' to 5057' TVD.

Maximum Surface Injection Pressure and Rate: Maximum injection surface pressure will be 1350 psi for produced water and 1800 psi for CO₂ with hydrocarbon gas. Maximum injection rate will be 3500 barrels of produced water per day alternating with 2.5 MMSCF of CO₂ and hydrocarbon gas per day.

Notice is Further Given That: Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Francis Drive, Santa Fe, New Mexico 87504 within 15 days of this notice.

Name and Address of Applicant: ConocoPhillips Company, 600 N. Dairy Ashford Rd, Houston, TX 77079-1175; Susan B. Maunder (281) 206-5281 #29834

67111011 00152819

SUSAN MAUNDER
CONOCOPHILLIPS (HOUSTON)
600 N. DAIRY ASHFORD ROAD
ATTN: P10-4-4054
HOUSTON, TX 77079

SENDER: COMPLETE 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.

Article Addressed to:

Stovall Energy LTD
Attn: Norman D. Stovall, Jr
PO Box 10
Graham, TX 76046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Lila Clarke* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *LILA CLARKE* C. Date of Delivery *8/29/14*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) **7014 1200 0000 7813 5120**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE 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.

1. Article Addressed to:

ZIP Delaware I LLC
Attn: Michelle Hanson
303 Veterans Airpark Lane, Suite 3000
Midland, TX 79705-4561

2. Article Number
(Transfer from service label) **7014 1200 0000 7813 5106**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Norman D. Stovall* ☐ 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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

Article Addressed to:

Boyd Laughlin Management Trust
Nicholas C. Taylor Succ. Trustee
214 W. Texas Ave.
Midland, TX 79701-4600

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Anna M. Coshlo* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Anna M. Coshlo* C. Date of Delivery *8/28/14*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) **7014 1200 0000 7813 5137**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE 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.

1. Article Addressed to:

Mary D. Fleming Walsh
Attn: Gary F. Goble
500 West Seventh St., Suite 1007
Fort Worth, TX 76102

2. Article Number
(Transfer from service label) **7014 1200 0000 7813 5113**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Stephanie Perez* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Stephanie Perez* C. Date of Delivery *8/28*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Article Addressed to:</p> <p>OBO, Inc. % Lowell S. Dunn II PO Box 22577 Hialeah, FL 33002-2577</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>PRUDYS RICHARD</i> C. Date of Delivery <i>8/2/14</i></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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Martha Leonard Revocable Trust Bank One Texas, NA, Trustee PO Box 2605 Fort Worth, TX 76113</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Robert Boley</i> C. Date of Delivery <i>8/2/14</i></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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Transfer from service label) 7014 1200 0000 7813 5151</p>		<p>2. Article Number (Transfer from service label) 7014 1200 0000 7813 5373</p>	
<p>S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Article Addressed to:</p> <p>John R. Bryant % John Thomas Bryant POA PO Box 655 Addison, TX 75001</p>	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Vickie Mann</i> C. Date of Delivery <i>8/28/14</i></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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Marathon Oil Company ATTN: Permian OBO PO Box 3128 Mail Stop 35:01 Houston, TX 77253-3128</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JAMES FELDER</i> C. Date of Delivery <i>8/28/14</i></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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Transfer from service label) 7014 1200 0000 7813 5168</p>		<p>2. Article Number (Transfer from service label) 7014 1200 0000 7813 5144</p>	
<p>S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE 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.

1. Article Addressed to:

Magnum Hunter Production, Inc.
% Cimarex Energy Co.
ATTN: Manager – Outside Operated
202 S. Cheyenne Ave., Suite 1000
Tulsa, OK 74103

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Justin Wallace* Agent
B. Received by (Printed Name) **JUSTIN WALLACE** C. Date of Delivery

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

8/28/14

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

Article Addressed to:

McRae Management Trust
PO Box 5401
Midland, TX 79704

Article Number

(Transfer from service label)

7014 1200 0000 7813 5175

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Terri L. Wiger* Agent
B. Received by (Printed Name) **Terri L. Wiger** C. Date of Delivery

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

9/8/14

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

XTO Energy
Attn: Steve Cobb
810 Houston Street
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Steve Cobb* Agent
B. Received by (Printed Name) C. Date of Delivery

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

AUG 28 2014

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

Article Addressed to:

Mary Leonard Children's Trust
Bank One Texas, NA, Trustee
PO box 2605
Fort Worth, TX 76113

Article Number

(Transfer from service label)

7014 1200 0000 7813 5182

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert M. B...* Agent
B. Received by (Printed Name) C. Date of Delivery

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

AUG 28 2014

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

Article Addressed to:

Development Oil & Gas LLC
ATTN: Frances M Gray
PO Box 55809
Jackson, MS 39296-5809

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A Toombs ☒ Agent ☐ Addressee

B. Received by (Printed Name) **A Toombs** C. Date of Delivery **8/29/14**

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

Article Addressed to:

Miranda Leonard Revocable Trust
Bank One Texas, NA, Trustee
PO Box 2605
Fort Worth, TX 76113-2605

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Boley ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Robert Boley** C. Date of Delivery **8/26**

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number **7014 1200 0000 7813 5243**
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Article Number **7014 1200 0000 7813 5229**
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE 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.

Article Addressed to:

C.W. Seely
815 W. 10th Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan Little ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Susan Little** C. Date of Delivery **8/25**

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Frost National Bank FAO
% Bright Hawk Resources, Inc.
PO Box 79790
Houston, TX 77279-9790

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Carroll ☐ Agent ☐ Addressee

B. Received by (Printed Name) **J CARROLL** C. Date of Delivery **9-4-2014**

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number **7014 1200 0000 7813 5250**
(Transfer from service label)

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Article Number **7014 1200 0000 7813 5236**
(Transfer from service label)

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE 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.

Article Addressed to:

The Josephine Laughlin Living Trust
Josephine Laughlin, Trustee
13505 McCall Court, N.E.
Albuquerque, N.M. 87123-1468

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Josephine Laughlin*
B. Received by (Printed Name) *Terri McCade* C. Date of Delivery *8/30/14*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

Davoil, Inc.
PO Box 122269
Fort Worth, TX 76121-2269

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Ron Coffey*
B. Received by (Printed Name) *Ron Coffey* C. Date of Delivery *8-29-14*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label)

7014 1200 0000 7813 5359

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number

(Transfer from service label) 7014 1200 0000 7813 5267

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE 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.

Article Addressed to:

Patricia Penrose Schieffer Test. Tr.
Bank of America, N.A., Agent
P.O. Box 2546
Fort Worth, TX 76113-2546

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Patricia Penrose Schieffer*
B. Received by (Printed Name) *Patricia Penrose Schieffer* C. Date of Delivery *8/28/14*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

Madelon L. Bradshaw
2120 Ridgmar Blvd., Suite 12
Fort Worth, TX 76116

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Patricia Penrose Schieffer*
B. Received by (Printed Name) *Patricia Penrose Schieffer* C. Date of Delivery *8/28/14*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label)

7014 1200 0000 7813 5342

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number

(Transfer from service label) 7014 1200 0000 7813 5274

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE 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.

1. Article Addressed to:

Belva Little
PO Box 279
Cross Plains, TX 76443

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Belva Little* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/28/14

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

Article Addressed to:

S.B. Street & Company
PO Box 206
Graham, TX 76046

Article Number

(Transfer from service label)

7014 1200 0000 7813 5335

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M Bryant* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/29/14

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

AUG 29 2014

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

Great Western Drilling Co.
Attn: Donald Knipe
PO Box 1659
Midland, TX 79701

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5304

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D Coffin* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/2/14

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

Larry O. Husley
220 Oak Street
PO box 1143
Graham, TX 76450

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Larry O. Husley* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/29/14

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

Rachel Kathleen Williams
2901 FM 205
Stephenville, TX 76401

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5281

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rachel Williams* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

RACHEL WILLIAMS

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

AYCO Energy, LLC
2909 Hillcroft Ave., Suite 103
Houston, TX 77057

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5366

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. MARRANTEL* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

J. MARRANTEL

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

Nancy Payne Stacks
1514 W. Pine
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nancy Payne Stacks* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

NANCY PAYNE STACKS

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

we will re-send.
Susan
MarranTEL
Betelgeuse Production
did not return card
and package did not
come back.

SENDER: COMPLETE 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.

1. Article Addressed to:

Stovall Energy LTD.
Attn: Norman D. Stovall, Jr.
P. O. Box 10
Graham, TX 76046

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 9591

PS Form 3811, July 2013

Domestic Return Receipt

EVGSALU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Lila Clarke

☐ Agent☐ Addressee

B. Received by (Printed Name)

LILA CLARKE

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE 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.

1. Article Addressed to:

ZPZ Delaware I LLC
Attn: Michelle Hanson
303 Veterans Airpark Ln, Suite 3000
Midland, TX 79705-4561

PS Form 3811, July 2013

Domestic Return Receipt

EVGSALU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sheila Treat

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sheila Treat

C. Date of Delivery

2-2-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

9577

SENDER: COMPLETE 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.

1. Article Addressed to:

Boyd Laughlin Management Trust
Nicholas C. Taylor Succ. Trustee
214 W. Texas Ave.
Midland, TX 79701-4600

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 9607

PS Form 3811, July 2013

Domestic Return Receipt

EVGSALU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dana Howard

☒ Agent☐ Addressee

B. Received by (Printed Name)

Dana Howard

C. Date of Delivery

2/2/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE 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.

Article Addressed to:

Mary D. Fleming Walsh
Attn: Gary F. Goble
500 West Seventh St., Suite 1007
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 9584

PS Form 3811, July 2013

Domestic Return Receipt

EVGSALU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X S. Perez

☐ Agent☐ Addressee

B. Received by (Printed Name)

S. Perez

C. Date of Delivery

2/2/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 X <u><i>Arzlys Ricard</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Arzlys Ricard</u> C. Date of Delivery <u>2/2</u></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>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 X <u><i>Arzlys Ricard</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Arzlys Ricard</u> C. Date of Delivery <u>2/2</u></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>OBO, Inc. c/o Lowell S. Dunn II P. O. Box 22577 Hialeah, FL 33002-2577</p>		<p>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>1. Article Addressed to:</p> <p>Martha Leonard Revocable Trust JPMorgan Chase Bank, N.A. Oil & Gas Management, Mail Cde TX1-1315 420 Throckmorton, Suite 900 Fort Worth, TX 76102</p>		<p>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <u>7012 3460 0003 2134 9720</u> (Transfer from service label)</p>		<p>2. Article Number <u>7012 3460 0003 2134 9706</u> (Transfer from service label)</p>		<p>PS Form 3811, July 2013 Domestic Return Receipt <u>EV6SAU 3308-400</u></p>		<p>PS Form 3811, July 2013 Domestic Return Receipt <u>EV6SAU 3308-400</u></p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 X <u><i>John R. Bryant</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>John R. Bryant</u> C. Date of Delivery <u>2-2-15</u></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>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 X <u><i>Marcos Camey</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Marcos Camey</u> C. Date of Delivery <u>2-2-15</u></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>John R. Bryant C/O John Thomas Bryant POA PO Box 655 Addison, TX 75001</p>		<p>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>1. Article Addressed to:</p> <p>Marathon Oil Company ATTN: WYAT OBO Joint Interest Rep. 5555 San Felipe Street, Mail Stop 35:01 Houston, TX 77253-3128</p>		<p>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <u>7012 3460 0003 2134 9737</u> (Transfer from service label)</p>		<p>2. Article Number <u>7012 3460 0003 2134 9713</u> (Transfer from service label)</p>		<p>PS Form 3811, July 2013 Domestic Return Receipt <u>EV6SAU 3308-400</u></p>		<p>PS Form 3811, July 2013 Domestic Return Receipt <u>EV6SAU 3308-400</u></p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i></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. c/o Cimarex Energy Co. Attn: Manager - Outside Operated 202 S. Cheyenne Ave., Suite 1000 Tulsa, OK 74103</p>		<p>3. 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label) 7002 3150 0001 5931 1332</p>		<p>Domestic Return Receipt EVGSAU 3308-400</p>	

PS Form 3811, July 2013

U.S. Postal Service™	
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For delivery information visit our website at www.usps.com®	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p> <p>McRae Management Trust P. O. Box 5401 Midland, TX 79704</p>	
PS Form 3800, A	

7012 3460 0003 2134 9744

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com®	
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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p> <p>Betelgeuse Production Box 1937 Fredericksburg, TX 78624</p>	
PS Form 3800, Ju	

64ET TEB5 T000 057E 2002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i></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>Mary Leonard Children's Trust JPMorgan Chase Bank, N.A. Oil & Gas Management, Mail Cde TX1-1315 420 Throckmorton, Suite 900 Fort Worth, TX 76102</p>		<p>3. 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label) 7002 3150 0001 5931 1325</p>		<p>Domestic Return Receipt EVGSAU 3308-400</p>	

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Development Oil & Gas LLC Attn: Frances M Gray PO Box 55809 Jackson, MS 39296-5809</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>GWITHERS</i> C. Date of Delivery <i>2.3.15</i></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>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>XTO Energy Attn: Steve Cobb 810 Houston Street Fort Worth, TX 76102</p>	<p>A. Signature <i>[Signature]</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>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7002 3150 0001 5931 1370</u></p> <p>PS Form 3811, July 2013 Domestic Return Receipt <i>EVGSAU 3308-400</i></p>		<p>2. Article Number (Transfer from service label) <u>7002 3150 0001 5931 1356</u></p> <p>PS Form 3811, July 2013 Domestic Return Receipt <i>EVGSAU 3308-400</i></p>	

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

Sent To

Street, Apt. No., or PO Box No. *C. W. Seely*
815 W. 10th Street
 City, State, ZIP+4 *Fort Worth, TX 76102*

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Bright Hawk Burkard Venture 0.00 C/O FROST NATIONAL BANK P.O. Box 79790 Houston, TX 77279-9790</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. Cannon</i> C. Date of Delivery <i>2-17-2015</i></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>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7002 3150 0001 5931 1363</u></p> <p>PS Form 3811, July 2013 Domestic Return Receipt <i>EVGSAU 3308-400</i></p>	

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>The Josephine Laughlin Living Trust Terri Laughlin McCaslin, Trustee 13505 McCall Court, N.E. Albuquerque, NM 87123-1468</p>	<p>A. Signature X <i>Terri Laughlin</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>TERRI McCASLIN</i> C. Date of Delivery <i>2/3/15</i></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>3. Service Type <input checked="" 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Davoil, Inc. P. O. Box 122269 Fort Worth, TX 76121-2269</p>	<p>A. Signature X <i>Ron Caffey</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ron Caffey</i> C. Date of Delivery <i>2-2-15</i></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>3. Service Type <i>USPS</i> <input checked="" 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>7002 3150 0001 5931 1417</i> (Transfer from service label)</p>		<p>2. Article Number <i>7002 3150 0001 5931 1394</i> (Transfer from service label)</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt <i>EVGSAU 3308-400</i></p>		<p>PS Form 3811, July 2013 Domestic Return Receipt <i>EVGSAU 3308-400</i></p>	

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Patricia Penrose Schieffer Test. Tr. Bank of America, N.A., Agent P. O. Box 2546 Fort Worth, TX 76113-2546</p>	<p>A. Signature X <i>P. Schieffer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>P. Schieffer</i> 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>3. Service Type <input checked="" 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Madelon L. Bradshaw 2120 Ridgmar Blvd., Suite 12 Fort Worth, TX 76116</p>	<p>A. Signature X <i>Terri Littlefield</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Terri Littlefield</i> C. Date of Delivery <i>2-2-15</i></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>3. Service Type <input checked="" 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>7002 3150 0001 5931 1424</i> (Transfer from service label)</p>		<p>2. Article Number <i>7002 3150 0001 5931 1400</i> (Transfer from service label)</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt <i>EVGSAU 3308-400</i></p>		<p>PS Form 3811, July 2013 Domestic Return Receipt <i>EVGSAU 3308-400</i></p>	

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Belva Little P.O. Box 279 Cross Plains, TX 76443</p>	<p>A. Signature X <i>B. Little</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>B. LITTLE</i></p> <p>C. Date of Delivery <i>2/2/2015</i></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>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>S. B. Street & Company P. O. Box 206 Graham, TX 76046</p>	<p>A. Signature X <i>M. Bryant</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Bryant</i></p> <p>C. Date of Delivery <i>2/2/15</i></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>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 3150 0001 5931 1455</p>		<p>2. Article Number (Transfer from service label) 7002 3150 0001 5931 1431</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400</p>		<p>PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Great Western Drilling Co. Attn: Donald Knipe P. O. Box 1659 Midland, TX 79701</p>	<p>A. Signature X <i>Eric Mendoza</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Eric Mendoza</i></p> <p>C. Date of Delivery <i>2-5-15</i></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>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>Article Addressed to:</p> <p>Larry O. Hulsey 220 Oak Street P. O. Box 1143 Graham, TX 76450</p>	<p>A. Signature X <i>Larry O. Hulsey</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>LARRY O. HULSEY</i></p> <p>C. Date of Delivery <i>FEB - 2 2015</i></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>3. Service Type <input checked="" 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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 3150 0001 5931 1462</p>		<p>2. Article Number (Transfer from service label) 7002 3150 0001 5931 1448</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400</p>		<p>PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400</p>	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rachel Kathleen Williams
2797 E. Washington ST.
Stephenville, TX 76401

2. Article Number
(Transfer from service label)

7002 3150 0001 5931 1493

PS Form 3811, July 2013

Domestic Return Receipt

EVGSAU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Danielle Hess

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Danielle Hess

C. Date of Delivery

2/2/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AYCO Energy, L.L.C.
2909 Hillcroft Ave., Suite 103
Houston, Texas 77057

Article Number
(Transfer from service label)

7002 3150 0001 5931 1479

PS Form 3811, July 2013

Domestic Return Receipt

EVGSAU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. MARCANTEL

☐ Agent
☐ Addressee

B. Received by (Printed Name)

J. MARCANTEL

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Miranda Leonard Revocable Trust
JPMorgan Chase Bank, N.A.
Oil & Gas Management, Mail Cde TX1-1315
420 Throckmorton, Suite 900
Fort Worth, TX 76102

2. Article Number
(Transfer from service label)

7002 3150 0001 5931 1509

PS Form 3811, July 2013

Domestic Return Receipt

EVGSAU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Nancy Payne Stacks

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Nancy Payne Stacks

C. Date of Delivery

2/2

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Nancy Payne Stacks
1303 Lakeshore Dr
Marble Falls, TX 78654

2. Article Number
(Transfer from service label)

7002 3150 0001 5931 1486

PS Form 3811, July 2013

Domestic Return Receipt

EVGSAU 3308-400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Nancy Payne Stacks

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Nancy Payne Stacks

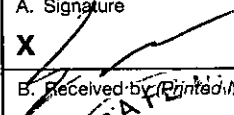
C. Date of Delivery

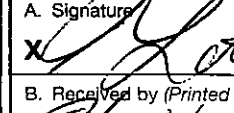
2/3/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: New Mexico State Land Office Attn: Nick Jaramillo P.O. Box 1148 Santa Fe, New Mexico 87504		B. Received by (Printed Name) STATE 3150	C. Date of Delivery FEB - 3 2015
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" 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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7002 3150 0001 5931 1516	
PS Form 3811, July 2013		Domestic Return Receipt EVGSAU 8308-400	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: New Mexico Oil Conservation Div 1624 N. French Drive Hobbs, NM 88240		B. Received by (Printed Name) Nick Jaramillo	C. Date of Delivery 2-2-15
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. 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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7002 3150 0001 5931 1523	
PS Form 3811, July 2013		Domestic Return Receipt EVGSAU 3308-400	

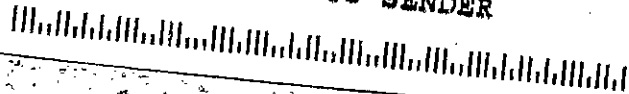
7002 3150 0001 5931 1349

NIXIE

786241094-1N

03/04/15

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER



Betelgeuse Production
Box 1937
Fredericksburg, TX 78624

Security Screened
MAR 09 2015
Security Screened

1st NOTICE 2-2
2nd NOTICE 2-10
RETURNED 2-17



Susan B. Maunder
Sr. Regulatory Specialist
Phone: (281) 206-5281

ConocoPhillips Company
600 N. Dairy Ashford Rd., Office P10-3-3096
Houston, TX 77079-1175

March 16, 2015 ✓

State of New Mexico
Oil Conservation Division
Attn: Mr. Phillip Goetze
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

SUBJECT: EAST VACUUM GRAYBURG SAN ANDRES UNIT C-108 APPLICATION AND EAST VACUUM
GRAYBURG SAN ANDRES WELL 3308-400 C-108 APPLICATION CONSOLIDATION

Dear Mr. Goetze:

ConocoPhillips Company (COPC) respectfully requests that the two subject applications be consolidated into one review package. The eleven well application package submitted in August 2014 (additional information provided December 2014) is in the same project area as the single well application submitted January 2015 (EVGSAU 3308-400).

Legal Notices were published August 27, 2014 and December 14, 2014. The December 2014 legal notice indicated that COPC requests would be consolidated. However, during our recent meeting with NMOCD staff, you requested publication of a consolidated legal notice. The affidavit for publication verification of the March 7, 2015 legal notice will be sent, under separate cover, by the Hobbs Daily News-Sun.

Enclosed with this consolidation request is the affidavit of our December 14, 2014 legal notice and evidence of notification to interested parties of our single well application.

Our planning for this project is progressing with first injection planned for third or fourth quarter 2015, following NMOCD approval.

If you have questions regarding this request or need additional information prior to approval, I can be reached at 281-206-5281, 432-269-4378, or via email at Susan.B.Maunder@conocophillips.com.

Sincerely,

Susan B. Maunder
Senior Regulatory Specialist
ConocoPhillips Company

Cc: w/Enclosures

Xtra



Susan B. Maunder
Sr. Regulatory Specialist
Phone: (281) 206-5281

ConocoPhillips Company
600 N. Dairy Ashford Rd., Office P10-3-3096
Houston, TX 77079-1175

December 17, 2014

State of New Mexico
Oil Conservation Division
Attn: Mr. Phillip Goetze
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

SUBJECT: EAST VACUUM GRAYBURG SAN ANDRES UNIT C-108 APPLICATION, ADDITIONAL
INFORMATION SUBMITTAL

Dear Mr. Goetze:

ConocoPhillips Company submitted the subject application in August 2014. Additional information was requested to complete our application for the eleven well expansion project. Our planning for this project is progressing with first injection planned for third quarter 2015, following NMOCD approval. The following is provided:

- Verification of Publication
- Verification of Notification of Interested Parties
- Copy of the New Mexico Form C-102 for each well

If you have questions regarding this request, I can be reached at 281-206-5281, 432-269-4378, or via email at Susan.B.Maunder@conocophillips.com.

Sincerely,

A handwritten signature in black ink that reads "Susan B. Maunder".

Susan B. Maunder
Senior Regulatory Specialist
ConocoPhillips Company

Cc: w/Enclosures