

|                          |                     |                 |                              |
|--------------------------|---------------------|-----------------|------------------------------|
| RECEIVED <b>7/6/2017</b> | REVIEWER <b>LRL</b> | TYPE <b>NSL</b> | APP NO <b>PLEL1718763673</b> |
|--------------------------|---------------------|-----------------|------------------------------|

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
 - Geological & 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

**Applicant:** COG Operating LLC**NSL- 7560****OGRID Number:** 229137**Well Name:** Bone Yard 11 Fee #16H**API:** 30-015-43999**Pool:** N Seven Rivers, Glorieta-Yeso**Pool Code:** 97565

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION  
 INDICATED BELOW**

**1) TYPE OF APPLICATION:** Check those which apply for [A].

A. Location - Spacing Unit - Simultaneous Dedication

☒ NSL☐ NSP (PROJECT AREA)☐ NSP (PRORATION UNIT)☐ SD

B. Check one only for [I] or [II]

[I.] Commingling - Storage - Measurement

☐ DHC☐ CTB☐ PLC☐ PC☐ OLS☐ OLM

[II.] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX☐ PMX☐ SWD☐ IPI☐ EOR☐ PPR**2) NOTIFICATION REQUIRED TO:** Check those which apply.A. ☒ Offset operators or lease holdersB. ☐ Royalty, overriding royalty owners, revenue ownersC. ☐ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☐ Notification and/or concurrent approval by BLMF. ☐ Surface ownerG. ☒ For all of the above, proof of notification or publication is attached, and/or;H. ☐ No notice required**FOR OCD ONLY**

Notice Complete

Application  
Content  
Complete

**3) 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.**

Robyn Russell

Print or Type Name

07/05/2017

Date

(432) 685-4385

Phone Number

Russell@concho.com

e-mail Address

Signature



July 5, 2017

New Mexico Oil Conservation Division  
1220 S. St Francis Drive  
Santa Fe, NM 87505

RE **Bone Yard 11 Fee #16H NSL**

To Whom It May Concern,

COG Operating LLC respectfully requests approval of a non-standard project area for the following wells

Bone Yard 11 Fee #16H - API# 3001543999

SHL: 2375 FSL 2310 FWL, UL K, Sec 2, T20S, R25E

BHL: 10 FSL 2310 FWL, UL N, Sec 11, T20S, R25E

TVD 3200'

The granting of this NSL will optimize the completed lateral length of this wellbore, reducing waste while protecting correlative rights, and improving well economics and increasing revenue to the State of New Mexico and the Federal Government

COG Operating LLC is the Operator in sections 2 & 11, T20S, R25E McCombs Energy LLC, Et. Al , as non-operating working interest owners of the leasehold in these sections and working interest owners of units C & B of section 14, T20S, R25E, have been sent notification via certified mail Copies of said mail have been attached to this application

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



## **Memorandum**

**To: Leonard Lowe**  
**Engineering Bureau**  
**New Mexico Oil Conservation Division**

**From: Bryan Montgomery**  
**Reservoir Engineering Supervisor, NM Shelf Team**  
**COG Operating LLC**

**Date: June 1, 2017**

**Subject: Bone Yard 11 Fee #16H NSL Engineer Statement**

COG Operating LLC (COG) is requesting a non-standard location exception (NSL) for this horizontal well to be able to access and drain Yeso reserves that would otherwise be left in the reservoir, thereby preventing waste of an economic resource. The Yeso is a very low permeability reservoir that does not sufficiently drain a great distance from wellbores and their hydraulic fractures. In addition, it would not be economical to try to access these reserves with a vertical well.







**Bone Yard 11 Fee #16H**  
**Application for Non-Standard Location**  
**Notification List**

| Tract   | Date Sent | Notification Sent to:                                                                                                                                       | Receipt No.                 |
|---------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Tract 1 | ✓         | McCombs Energy LLC, 5599 San Felipe, Suite 1200, Houston, TX 77056                                                                                          | 91-7199-9991-7036-0788-0944 |
| Tract 1 | ✓         | Marshall & Winston, Inc , PO Box 50880, Midland, TX 79710-0880                                                                                              | 91-7199-9991-7036-0788-0937 |
| Tract 1 | ✓         | Apache Corporation, 303 Veterans Airpark Ln., Suite 600Midland, TX 79705 ✓                                                                                  | 91-7199-9991-7036-0788-0920 |
| Tract 1 | ✓         | Hunt Cimarron LP, 500 N Main, Suite 101, Roswell, NM 88201                                                                                                  | 91-7199-9991-7036-0788-0913 |
| Tract 1 | ✓         | Black Shale Minerals LLC, PO Box 2243, Longview, TX 75606-2243                                                                                              | 91-7199-9991-7036-0788-0920 |
| Tract 1 | ✓         | Plains Production, Inc , 1601 SE 19th Street, Edmond, OK 73013                                                                                              | 91-7199-9991-7036-0788-0890 |
| Tract 1 | ✓         | LR Energy, 8150 N. Central Expy , Suite 1605, Dallas, TX 75206                                                                                              | 91-7199-9991-7036-0788-0883 |
| Tract 1 | ✓         | D2 Resources, LLC, PO Box 10187, Midland, TX 79701                                                                                                          | 91-7199-9991-7036-0788-0876 |
| Tract 1 | ✓         | Solis Energy, LLC, 242 Spring Park Dr., Suite C, Midland, TX 79705                                                                                          | 91-7199-9991-7036-0788-0869 |
| Tract 1 | ✓         | Chisos Ltd., 670 Dona Ana Road, SW, Deming, NM 88030                                                                                                        | 91-7199-9991-7036-0788-0852 |
| Tract 1 | ✓         | Connacht, LLC, 9575 Katy Freeway, Suite 440, Houston, TX 77024                                                                                              | 91-7199-9991-7036-0788-0845 |
| Tract 1 | ✓         | Partin Petroleum, PO Box 41070, Houston, TX 77241                                                                                                           | 91-7199-9991-7036-0788-0838 |
| Tract 2 | ✓         | Chase Oil Corporation, PO Box 1767, Artesia, NM 88211                                                                                                       | 91-7199-9991-7036-0788-0821 |
| Tract 2 | ✓         | Robert C. Chase, PO Box 297, Artesia, NM 88211                                                                                                              | 91-7199-9991-7036-0788-0814 |
| Tract 2 | ✓         | Ventana Minerals LLC, PO Box 359, Artesia, NM 88211                                                                                                         | 91-7199-9991-7036-0788-0807 |
| Tract 2 | ✓         | DiaKan Minerals LLC, PO Box 693, Artesia, NM 88211                                                                                                          | 91-7199-9991-7036-0788-0739 |
| Tract 3 | ✓         | Zanaida Ruth Griffin, 2808 Abingdon Pkwy., Birmingham, AL 35243                                                                                             | 91-7199-9991-7036-0788-0784 |
| Tract 3 | ✓         | Robert D Cole, Trustee of the Robert D. and Tawnya J Cole Revocable Trust<br>5414 70th Place, Lubbock, TX 79424                                             | 91-7199-9991-7036-0788-0777 |
| Tract 3 | ✓         | Charles Lee Cole, Successor Trustee of the Oleta Mounts Cole Trust dated 7/10/1992<br>3730 California Ave., Carmichael, CA 95608                            | 91-7199-9991-7036-0788-0722 |
| Tract 3 | ✓         | Charles Lee Cole and Margaret Kathleen Cole, 3730 California Ave., Carmichael, CA 95608                                                                     | 91-7199-9991-7036-0788-0753 |
| Tract 3 | ✓         | Iris M. Harris, Successor Trustee of the Mildred V. Cole Living Trust, dated 6/7/1990<br>2208 Falling Springs Lane, Yukon, OK 73099                         | 91-7199-9991-7036-0788-0746 |
| Tract 3 | ✓         | David N. Harris and Iris M Harris, Trustees of the David N & Iris M Harris Living Trust, UTA dated 10/16/2009<br>2208 Falling Springs Lane, Yukon, OK 73099 | 91-7199-9991-7036-0788-0739 |
| Tract 3 | ✓         | Iris M. Harris, Trustee of the Nettie Louise Putman Trust, PO Box 850403, Yukon, OK 73085                                                                   | 91-7199-9991-7036-0788-0722 |



June 2, 2017

**Apache Corporation**  
**303 Veterans Airpark Ln., Suite 600**  
**Midland, TX 79705**

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern:

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHO COUNTY

ONE CONCHO COUNTY  
600 W. ILLINOIS AVE. N. 100  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0920

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                  |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <div><div>(A) Signature<br/>X</div><div><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div><div>(B) Received by (Printed Name)<br/>C. Date of Delivery</div></div> <div><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div> <div><div>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input checked="" type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery</div><div><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™<br/><input type="checkbox"/> Registered Mail Restricted Delivery<br/><input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Signature Confirmation™<br/><input type="checkbox"/> Signature Confirmation Restricted Delivery</div></div> |  |
| Apache Corporation<br>303 Veterans Airpark Ln., Suite 600<br>Midland, TX 79705<br>Re: Bone Yard 16H NSL                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 9590 9402 2420 6249 0706 08                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0920                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                   |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                  |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| <input type="checkbox"/> Complete items 1, 2, and 3<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <div><div>(A) Signature<br/>X <i>April Willis</i></div><div><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div><div>(B) Received by (Printed Name)<br/>C. Date of Delivery</div></div> <div><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div> <div><div>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input checked="" type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery</div><div><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™<br/><input type="checkbox"/> Registered Mail Restricted Delivery<br/><input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Signature Confirmation™<br/><input type="checkbox"/> Signature Confirmation Restricted Delivery</div></div> |  |
| Apache Corporation<br>303 Veterans Airpark Ln., Suite 600<br>Midland, TX 79705<br>Re: Bone Yard 16H NSL                                                                                                                                                                        |  | <div>RECEIVED<br/>JUN 06 2017<br/>BY:</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 9590 9402 2420 6249 0706 08                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0920                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                   |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

Apache Corporation  
303 Veterans Airpark Ln., Suite  
Midland, TX 79705





Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0906

June 2, 2017

**Black Shale Minerals LLC  
PO Box 2243  
Longview, TX 75606-2243**

**217 Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico**

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T29S, R25E, Eddy County, New Mexico

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHOC

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0906

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br><b>X</b> <i>[Signature]</i><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Black Shale Minerals LLC<br>PO Box 2243<br>Longview, TX 75606-2243<br>Re: Bone Yard 16H NSL                                                                                                                                                                                     |  | <b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b><br><i>[Signature]</i><br><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</b><br>If YES, enter delivery address below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 9590 9402 2420 6249 0706 22                                                                                                                                                                                                                                                     |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Restricted Delivery<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0906                                                                                                                                                                                                  |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| Black Shale Minerals LLC<br>PO Box 2243<br>Longview, TX 75606-2243<br>Re: Bone Yard 16H NSL                                                                                                                                                                                     |  | <b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b><br><i>[Signature]</i><br><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</b><br>If YES, enter delivery address below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 9590 9402 2420 6249 0706 22                                                                                                                                                                                                                                                     |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Restricted Delivery<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0906                                                                                                                                                                                                  |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

Black Shale Minerals  
PO Box 2243  
Longview, TX 75606



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0753

June 2, 2017

**Charles Lee Cole and Margaret Kathleen Cole**  
**3730 California Ave.**  
**Carmichael, CA 95608**

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Robyn Russell", written in a cursive style.

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHC

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0753

0000000000 11011011010001000000

SENDER: COMPLETE THIS SECTION

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

Charles Lee Cole and Margaret Kathleen Cole  
3730 California Ave.  
Carmichael, CA 95608  
Re: Bone Yard 16H NSL

9590 9402 2420 6249 0705 09

2. Article Number (Transfer from service label)

91 7199 9991 7036 0788 0753

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

Delivery address different from item 1? ☐ Yes  
S, enter delivery address below: ☐ No

3. Service Type

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

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Charles Lee Cole and Margaret Kathleen Cole  
3730 California Ave.  
Carmichael, CA 95608  
Re: Bone Yard 16H NSL

9590 9402 2420 6249 0705 09

2. Article Number (Transfer from service label)

91 7199 9991 7036 0788 0753

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Margaret Cole

B. Received by (Printed Name)

Margaret Cole

☐ Agent

☐ Addressee

C. Date of Delivery

6-6-17

Delivery address different from item 1? ☐ Yes  
S, enter delivery address below: ☐ No

3. Service Type

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

Restricted Delivery

Domestic Return Receipt

Charles Lee Cole and Margaret Kath

3730 California Ave.  
Carmichael, CA 95608



June 2, 2017

**Chase Oil Corporation  
PO Box 1767  
Artesia, NM 88211**

21 Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com





CONCHOC

ONE CONCHO CENTER  
600 W. ILLINOIS AVE. N.W.  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0821

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, on the front if space permits. |  | <b>A. Signature</b><br><b>X</b><br><b>B. Received by (Printed Name)</b><br><b>C. Date of Delivery</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>1</b><br><b>Chase Oil Corporation</b><br><b>PO Box 1767</b><br><b>Artesia, NM 88211</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                   |  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>2. Article Number (Transfer from service label)</b><br><b>91 7199 9991 7036 0788 0821</b>                                                                                                                                                                                 |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Mail Restricted Delivery (1) |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                 |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                      |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, on the front if space permits. |  | <b>A. Signature</b><br><b>Deanequid</b><br><b>B. Received by (Printed Name)</b><br><b>C. Date of Delivery</b><br><b>6-5-17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>1</b><br><b>Chase Oil Corporation</b><br><b>PO Box 1767</b><br><b>Artesia, NM 88211</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                                         |  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>2. Article Number (Transfer from service label)</b><br><b>91 7199 9991 7036 0788 0821</b>                                                                                                                                                                                                       |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Mail Restricted Delivery (1) |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                                       |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

Chase Oil Corporation  
PO Box 1767  
Artesia, NM 88211



June 2, 2017

**Chisos Ltd.  
670 Dona Ana Road, SW  
Deming, NM 88030**

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com

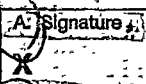
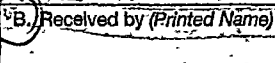
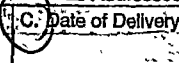


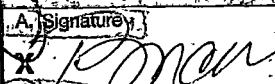
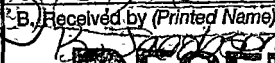
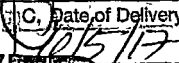
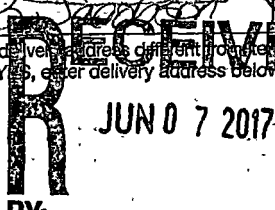
CONCHOC

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND TX 79701

91 7199 9991 7036 0788 0852

USPS MAIL PERMIT NO. 1000 MIDLAND TX

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature <br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br>B. Received by (Printed Name) <br>C. Date of Delivery <br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                             |
| Chisos Ltd.<br>670 Dona Ana Road, SW<br>Deming, NM 88030<br>Re: Bone Yard 16H NSL                                                                                                                                                                                               | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail®<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery<br>Restricted Delivery<br>Domestic Return Receipt |
| 9590 9402 2420 6249 0706 77<br>2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0852<br>PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Chisos Ltd.<br>670 Dona Ana Road, SW<br>Deming, NM 88030<br>Re: Bone Yard 16H NSL                                                                                                                                                                                               | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail®<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery<br>Restricted Delivery<br>Domestic Return Receipt |
| 9590 9402 2420 6249 0706 77<br>2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0852<br>PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                   | RECEIVED<br>JUN 07 2017<br>BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Chisos Ltd.  
670 Dona Ana Road,  
Deming, NM 8803



June 2, 2017

**Connacht, LLC**  
**9575 Katy Freeway, Suite 440**  
**Houston, TX 77024**

RE: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



91 7299 9991 7036 0788 0845

**THE UNIVERSITY OF CHICAGO**

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                               | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Complete items 1, 2, and 3<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you:<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.                                                                             | <div style="border: 1px solid black; padding: 5px;">         A. Signature:  </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 45%;">         B. Received by (Printed Name):<br/>  </div> <div style="width: 45%;"> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee         </div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 45%;">         C. Date of Delivery:<br/>         JUN 07 2017       </div> <div style="width: 45%;"> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No       </div> </div> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin: 0 10px;">JUN 07 2017</div> |
| <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <b>Connacht, LLC</b><br/> <b>9575 Katy Freeway, Suite 440</b><br/> <b>Houston, TX 77024</b><br/> <b>Re: Bone Yard 16H NSL</b> </div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: 1.2em; font-weight: bold; text-align: center;">9590 9402 2420 6249 0706 84</p> | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input checked="" type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail®<br><input type="checkbox"/> Mail Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2. Article Number (Transfer from service label)<br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">91 7199 9991 7036 0788 0845</div>                                                                                                                                                                                                               | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**Connacht, LLC**  
**9575 Katy Freeway, Suite**  
**Houston, TX 77024**



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0876

June 2, 2017

**D2 Resources, LLC  
PO Box 10187  
Midland, TX 79701**

21 Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@conejo.com



CONCHO

ONE CONCHO CENTER

600 W ILLINOIS AVENUE

MIDLAND, TX 79701

91 7199 9991 7036 0788 0876

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <input checked="" type="checkbox"/> A. Signature<br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br><input checked="" type="checkbox"/> B. Received by (Printed Name)<br><input checked="" type="checkbox"/> C. Date of Delivery<br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br><br>3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Mail Restricted Delivery (30)<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |
| 1. A<br><b>D2 Resources, LLC</b><br><b>PO Box 10187</b><br><b>Midland, TX 79701</b><br><b>Re: Bone Yard 16H NSL</b><br><br>9590 9402 2420 6249 0706 53<br>2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0876                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

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

Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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| 1. A<br><b>D2 Resources, LLC</b><br><b>PO Box 10187</b><br><b>Midland, TX 79701</b><br><b>Re: Bone Yard 16H NSL</b><br><br>9590 9402 2420 6249 0706 53<br>2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0876                                                   |  | <b>RECEIVED</b><br><b>JUN 29 2017</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

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

Domestic Return Receipt

D2 Resources, LLC  
PO Box 10187  
Midland, TX 79





Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0739

June 2, 2017

**David N. Harris and Iris M. Harris, Trustees  
of the David N. & Iris M. Harris Living Trust  
UTA dated 10/16/2009  
2208 Falling Springs Lane  
Yukon, OK 73099**

RE: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

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Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHO

ONE CONCHO CENTER

600 W ILLINOIS AVENUE

MIDLAND, TX 79701

91 7199 9991 7036 0788 0739

CENTURY 21

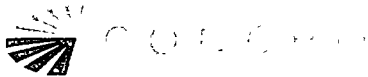
| SENDER, COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 9590 9402 2420 6249 0705 23<br>Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0739                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

| SENDER, COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Complete items 1, 2, and 3<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.<br><br>David N. Harris and Iris M. Harris, Trustees<br>of the David N. & Iris M. Harris Living Trust<br>UTA dated 10/16/2009<br>2208 Falling Springs Lane<br>Yukon, OK 73099<br>Re: Bone Yard 16H NSL | <div><input checked="" type="checkbox"/> Signature<br/><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div> <div><input checked="" type="checkbox"/> Received by (Printed Name)<br/><input type="checkbox"/> Date of Delivery</div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div> <div>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input checked="" type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Registered Mail<br/><input type="checkbox"/> Mail Restricted Delivery</div> <div><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™<br/><input type="checkbox"/> Registered Mail Restricted Delivery<br/><input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Signature Confirmation™<br/><input type="checkbox"/> Signature Confirmation Restricted Delivery</div> |
| 9590 9402 2420 6249 0705 23<br>Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0739                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

David N. Harris and Iris M. Harris, Tr  
of the David N. & Iris M. Harris Living  
UTA dated 10/16/2009  
2208 Falling Springs Lane  
Yukon, OK 73099



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0791

June 2, 2017

**DiaKan Minerals LLC**  
**PO Box 693**  
**Artesia, NM 88211**

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Robyn Russell", with a stylized, cursive script.

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Rrussell@concho.com



CONCH

91 7199 9991 7036 0788 0791

ONE CONCH CENTER  
600 W. ILLINOIS AVENUE  
MIDLAND, TX 79701

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 1. A<br><br><b>DiaKan Minerals LLC</b><br><b>PO Box 693</b><br><b>Artesia, NM 88211</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                         |  | <input checked="" type="checkbox"/> Signature<br><br><input type="checkbox"/> Received by (Printed Name)<br><br><input type="checkbox"/> Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 2. Article Number (Transfer from service label)<br><br>91 7199 9991 7036 0788 0791<br>PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                              |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                 |  | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Restricted Delivery<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |

Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 1. A<br><br><b>DiaKan Minerals LLC</b><br><b>PO Box 693</b><br><b>Artesia, NM 88211</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                         |  | <input checked="" type="checkbox"/> Signature<br><b>Kathy Beauregard</b><br><br><input type="checkbox"/> Received by (Printed Name)<br><b>KATHY BEAUREGARD</b><br><br><input type="checkbox"/> Date of Delivery<br><b>6-5-17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2. Article Number (Transfer from service label)<br><br>91 7199 9991 7036 0788 0791<br>PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                              |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                 |  | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Restricted Delivery<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |

Domestic Return Receipt

DiaKan Minerals |  
PO Box 693  
Artesia, NM 882



COG Operating, LLC

Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0913

June 2, 2017

**Hunt Cimarron LP  
500 N. Main, Suite 101  
Roswell, NM 88201**

**Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico**

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCILIO

91 7199 9991 7036 0788 0913

ONE CONCILIO CENTER  
600 W. ILLINOIS AVENUE  
MIDLAND, TX 79701

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br>X<br><b>B. Received by (Printed Name)</b><br>C. Date of Delivery<br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 1. <b>Hunt Cimarron LP</b><br><b>500 N. Main, Suite 101</b><br><b>Roswell, NM 88201</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                         |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 9590 9402 2420 6249 0706 15                                                                                                                                                                                                                                                     |  | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Mail Restricted Delivery<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |
| Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0913                                                                                                                                                                                                     |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

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

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br>X <i>Janet Royal</i><br><b>B. Received by (Printed Name)</b><br>JANET ROYAL<br><b>C. Date of Delivery</b><br>6/5/17<br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 1. <b>Hunt Cimarron LP</b><br><b>500 N. Main, Suite 101</b><br><b>Roswell, NM 88201</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                         |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 9590 9402 2420 6249 0706 15                                                                                                                                                                                                                                                     |  | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Mail Restricted Delivery<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |
| Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0913                                                                                                                                                                                                     |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

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

Hunt Cimarron LP  
500 N. Main, Suite  
Roswell, NM 88201



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0883

June 2, 2017

**LR Energy**  
**8150 N. Central Expy., Suite 1605**  
**Dallas, TX 75206**

2F Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHO CENTER

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0883

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Complete items 1, 2, and 3<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | <div><input checked="" type="checkbox"/> A. Signature<br/><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div> <div><input checked="" type="checkbox"/> B. Received by (Printed Name)<br/><input type="checkbox"/> C. Date of Delivery</div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>LR Energy</b><br>8150 N. Central Expy., Suite 1605<br>Dallas, TX 75206<br>Re: Bone Yard 16H NSL                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 9590 9402 2420 6249 0706 46                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0883                                                                                                                                                                                                 | <div>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input checked="" type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Restricted Delivery</div> <div><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™<br/><input type="checkbox"/> Registered Mail Restricted Delivery<br/><input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Signature Confirmation™<br/><input type="checkbox"/> Signature Confirmation Restricted Delivery</div> |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <input type="checkbox"/> Complete items 1, 2, and 3<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | <div><input checked="" type="checkbox"/> A. Signature<br/><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div> <div><input checked="" type="checkbox"/> B. Received by (Printed Name)<br/><input type="checkbox"/> C. Date of Delivery</div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>LR Energy</b><br>8150 N. Central Expy., Suite 1605<br>Dallas, TX 75206<br>Re: Bone Yard 16H NSL                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 9590 9402 2420 6249 0706 46                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0883                                                                                                                                                                                                 | <div>3. Service Type<br/><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input checked="" type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Restricted Delivery</div> <div><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™<br/><input type="checkbox"/> Registered Mail Restricted Delivery<br/><input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Signature Confirmation™<br/><input type="checkbox"/> Signature Confirmation Restricted Delivery</div> |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

LR Energy  
8150 N. Central Expy., Suite 1605  
Dallas, TX 75206





June 2, 2017

**Marshall & Winston, Inc.**  
**PO Box 50880**  
**Midland, TX 79710-0880**

PL Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern:

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Rrussell@concho.com



CONCHOC

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0937

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br><br><b>B. Received by (Printed Name)</b><br><br><b>C. Date of Delivery</b><br>                                                                                                           |  |
| <b>1.</b><br><b>Marshall &amp; Winston, Inc.</b><br><b>PO Box 50880</b><br><b>Midland, TX 79710-0880</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                   |  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                |  |
| <b>2. Article Number (Transfer from service label)</b><br>91 7199 9991 7036 0788 0937                                                                                                                                                                                                      |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Restricted Delivery |  |
|                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery                                                                                                         |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                               |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br><br><b>B. Received by (Printed Name)</b><br><br><b>C. Date of Delivery</b><br>                                                                                                       |  |
| <b>1.</b><br><b>Marshall &amp; Winston, Inc.</b><br><b>PO Box 50880</b><br><b>Midland, TX 79710-0880</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                   |  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                |  |
| <b>2. Article Number (Transfer from service label)</b><br>91 7199 9991 7036 0788 0937                                                                                                                                                                                                      |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Restricted Delivery |  |
|                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery                                                                                                         |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                               |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

Marshall & Winston  
PO Box 50880  
Midland, TX 79710-



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0944

June 2, 2017

**McCombs Energy LLC**  
**5599 San Felipe, Suite 1200**  
**Houston, TX 77056**

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern:

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHO

ONE CONCHO CENTER

600 W. ILLINOIS AVENUE

MIDLAND, TX 79701

91 7199 9991 7036 0788 0944

**SENDER: COMPLETE THIS SECTION**

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

**McCombs Energy LLC**  
**5599 San Felipe, Suite 1200**  
**Houston, TX 77056**  
**Re: Bone Yard 16H NSL**

9590 9402 2420 6249 0705 85

2. Article Number (Transfer from service label)

91 7199 9991 7036 0788 0944

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

**COMPLETE THIS SECTION ON DELIVERY**

(A) Signature

X

☐ Agent

☐ Addressee

(B) Received by (Printed Name)

(C) Date of Delivery

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

**3. Service Type**

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

Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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

**McCombs Energy LLC**  
**5599 San Felipe, Suite 1200**  
**Houston, TX 77056**  
**Re: Bone Yard 16H NSL**

9590 9402 2420 6249 0705 85

2. Article Number (Transfer from service label)

91 7199 9991 7036 0788 0944

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

**COMPLETE THIS SECTION ON DELIVERY**

(A) Signature

X

☐ Agent

☐ Addressee

(B) Received by (Printed Name)

(C) Date of Delivery

6-13-17

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

COG OPERATING LLC

RECEIVED

JUN 19 2017

**3. Service Type**

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

Restricted Delivery

Domestic Return Receipt

McCombs Energy LLC  
5599 San Felipe, Suite  
Houston, TX 77056



June 2, 2017

**Iris M. Harris, Successor Trustee of the  
Mildred V. Cole Living Trust, dated 6/7/1990  
2208 Falling Springs Lane  
Yukon, OK 73099**

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHOC

91 7199 9991 7036 0788 0746

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND TX 79701

SENDER: COMPLETE THIS SECTION

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

Iris M. Harris, Successor Trustee of the  
Mildred V. Cole Living Trust, dated 6/7/1990  
2208 Falling Springs Lane  
Yukon, OK 73099  
Re: Bone Yard 16H NSL

9590 9402 2420 6249 0705 16

2. Article Number (Transfer from service label)

91 7199 9991 7036 0788 0746

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

- ☐ Agent
- ☐ Addressee

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

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

Mail Restricted Delivery  
10)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Iris M. Harris, Successor Trustee of the  
Mildred V. Cole Living Trust, dated 6/7/1990  
2208 Falling Springs Lane  
Yukon, OK 73099  
Re: Bone Yard 16H NSL

9590 9402 2420 6249 0705 16

2. Article Number (Transfer from service label)

91 7199 9991 7036 0788 0746

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Iris M. Harris  
I. HARRIS

B. Received by (Printed Name)

- ☐ Agent
- ☐ Addressee

C. Date of Delivery

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



3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

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

Mail Restricted Delivery  
10)

Domestic Return Receipt

Iris M. Harris, Successor Trustee of the  
Mildred V. Cole Living Trust, dated 6/7/1990  
2208 Falling Springs Lane  
Yukon, OK 73099

June 2, 2017

Iris M. Harris, Trustee of the  
Nettie Louise Putman Trust  
PO Box 850403  
Yukon, OK 73085

Dedication of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

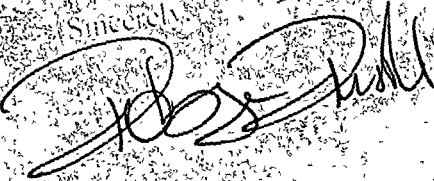
To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and  
Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-  
standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from  
the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of  
protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,



Robyn Russell  
Regulatory Analyst  
COG Operating LLC  
(432) 685-4385  
Rrussell@concho.com



CONCHO CENTER

ONE CONCHO CENTER

600 W ILLINOIS AVENUE

MIDLAND, TX 79701

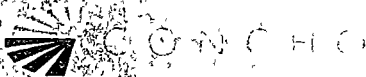
91 7199 9991 7036 0788 0722

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                 |  |
| <b>1. Address</b><br>Iris M. Harris, Trustee of the<br>Nettie Louise Putman Trust<br>PO Box 850403<br>Yukon, OK 73085<br>Re: Bone Yard 16H NSL                                                                                                                                  |  | <b>B. Received by (Printed Name)</b><br><b>C. Date of Delivery</b>                                                                                     |  |
| <b>2. Article Number (Transfer from service label)</b><br>91 7199 9991 7036 0788 0722                                                                                                                                                                                           |  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                    |  | Domestic Return Receipt                                                                                                                                |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                 |  |
| <b>1. Address</b><br>Iris M. Harris, Trustee of the<br>Nettie Louise Putman Trust<br>PO Box 850403<br>Yukon, OK 73085<br>Re: Bone Yard 16H NSL                                                                                                                                  |  | <b>B. Received by (Printed Name)</b><br>IRIS M. HARRIS<br><b>C. Date of Delivery</b><br>JUL 16 2017                                                    |  |
| <b>2. Article Number (Transfer from service label)</b><br>91 7199 9991 7036 0788 0722                                                                                                                                                                                           |  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                    |  | Domestic Return Receipt                                                                                                                                |  |

Iris M. Harris, Trustee of  
Nettie Louise Putman  
PO Box 850403  
Yukon, OK 73085





Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0760

June 2, 2017

**Charles Lee Cole, Successor Trustee of the  
Oleta Mounts Cole Trust dated 7/10/1992  
3730 California Ave.  
Carmichael, CA 95608**

**Re: Designation of a Non-Standard Location by COG Operating, LLC  
Eddy County, New Mexico**

To Whom It May Concern,

This letter is to advise you that COG Operating, LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHOC

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND TX 79701

91 7199 9991 7036 0788 0760

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | <div><div>A. Signature<br/>X</div><div>B. Received by (Printed Name)<br/>Charles Lee Cole</div><div>C. Date of Delivery<br/>JUN 12 2017</div></div> <div><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div> |
| Charles Lee Cole, Successor Trustee of the<br>Oleta Mounts Cole Trust dated 7/10/1992<br>3730 California Ave.<br>Carmichael, CA 95608<br>Re: Bone Yard 16H NSL                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                  |
| 9590 9402 2420 6249 0704 93                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0760                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                    | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                          |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                    | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Complete items 1, 2, and 3.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | <div><div>A. Signature<br/>X Charles Lee Cole</div><div>B. Received by (Printed Name)<br/>Charles Lee Cole</div><div>C. Date of Delivery<br/>JUN 12 2017</div></div> <div><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div> |
| Charles Lee Cole, Successor Trustee of the<br>Oleta Mounts Cole Trust dated 7/10/1992<br>3730 California Ave.<br>Carmichael, CA 95608<br>Re: Bone Yard 16H NSL                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 9590 9402 2420 6249 0704 93                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0760                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                                                     | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                           |

Charles Lee Cole, Successor Trustee  
Oleta Mounts Cole Trust dated 7/10/  
3730 California Ave.  
Carmichael, CA 95608



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0838

June 2, 2017

**Partin Petroleum  
PO Box 41070  
Houston, TX 77241**

RE: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Rrussell@concho.com



CONCHO

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0838

**SENDER: COMPLETE THIS SECTION**

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

**Partin Petroleum**  
**PO Box 41070**  
**Houston, TX 77241**  
**Re: Bone Yard 16H NSL**

9590 9402 2420 6249 0707 21

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

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

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

Restricted Delivery

Article Number (Transfer from service label)

91 7199 9991 7036 0788 0838

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

Domestic Return Receipt

**Partin Petroleum**  
**PO Box 41070**  
**Houston, TX 77241**

Tracking Number: 9171999991703607880838



In-Transit

Expected Delivery Day: Monday, June 5, 2017 ⓘ

## Product & Tracking Information

[See Available Actions](#)

**Postal Product:**

First-Class Mail®

**Features:**

Certified Mail™

| DATE & TIME                                                                                                 | STATUS OF ITEM                                    | LOCATION                |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------|
| June 5, 2017, 12:32 pm                                                                                      | Available for Pickup                              | HOUSTON, TX 77240       |
| Your item arrived at the HOUSTON, TX 77240 post office at 12:32 pm on June 5, 2017 and is ready for pickup. |                                                   |                         |
| June 5, 2017, 12:08 am                                                                                      | Departed USPS Destination Facility                | NORTH HOUSTON, TX 77315 |
| June 4, 2017, 12:47 am                                                                                      | Arrived at USPS Destination Facility              | NORTH HOUSTON, TX 77315 |
| June 3, 2017, 12:46 am                                                                                      | Departed USPS Facility                            | MIDLAND, TX 79711       |
| June 2, 2017, 9:10 pm                                                                                       | Arrived at USPS Origin Facility                   | MIDLAND, TX 79711       |
| June 2, 2017, 7:55 pm                                                                                       | Accepted at USPS Origin Facility                  | MIDLAND, TX 79701       |
| June 2, 2017                                                                                                | Pre-Shipment Info Sent to USPS USPS Awaiting Item |                         |



CONCHO

Sent Certified Mail  
Receipt #. 91-7199-9991-7036-0788-0890

June 24, 2017

**Plains Production, Inc.**  
**1601 SE 19th Street**  
**Edmond, OK 73013**

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern:

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non-response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating LLC  
(432) 685-4385  
Russell@concho.com



CONCHO

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

91 7199 9991 7036 0788 0890

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <div><div>(A) Signature<br/>X</div><div><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div></div> <div><div>(B) Received by (Printed Name)<br/>X</div><div>(C) Date of Delivery<br/>X</div></div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div> |  |
| Plains Production, Inc.<br>1601 SE 19th Street<br>Edmond, OK 73013<br>Re: Bone Yard 16H NSL                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 9590 9402 2420 6249 0706 39                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0890                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                    |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                               |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <div><div>(A) Signature<br/>X <i>San Kusse</i></div><div><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</div></div> <div><div>(B) Received by (Printed Name)<br/>San Kusse</div><div>(C) Date of Delivery<br/>06/15/17</div></div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</div> |  |
| Plains Production, Inc.<br>1601 SE 19th Street<br>Edmond, OK 73013<br>Re: Bone Yard 16H NSL                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 9590 9402 2420 6249 0706 39                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0890                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                    |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                               |  |

Plains Production,  
1601 SE 19th Stre  
Edmond, OK 730



June 2, 2017

**Robert D. Cole, Trustee of the  
Robert D. and Tawnya J. Cole Revocable Trust  
5414 70th Place  
Lubbock, TX 79424**

RE: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico

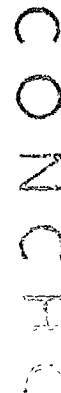
Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Rrussell@concho.com



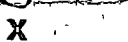


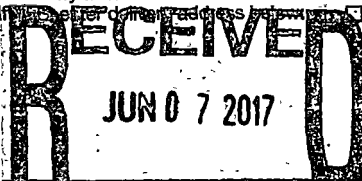
ONE CON - 100 C HILL  
600 W. HILL TOPS AVENUE

77 7199 9991 7036 0788 0777

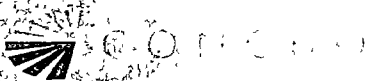


**SECRET**

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Complete items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.                                                                                                                                                                                                                                                                                                                       | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> <b>A. Signature</b><br/> <br/> <input checked="" type="checkbox"/> <b>B. Received by (Printed Name)</b><br/>           [Handwritten Name]         </div> <div style="width: 35%;"> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee<br/> <input checked="" type="checkbox"/> <b>C. Date of Delivery</b><br/>           [Handwritten Date]         </div> </div> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><b>Robert D. Cole, Trustee of the</b><br/> <b>Robert D. and Tawnya J. Cole Revocable Trust</b><br/> <b>5414 70th Place</b><br/> <b>Lubbock, TX 79424</b><br/> <b>Re: Bone Yard 16H NSL</b></p> </div> <div style="width: 15%;"> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No           </div> </div>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>9590 9402 2420 6249 0704 86</p> </div> <div style="width: 15%;"> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery           </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>71 7199 9991 7036 0788 0777</p> </div> <div style="width: 15%;"> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery           </div> </div>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| SENDER COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <input type="checkbox"/> Complete items 1, 2, and 3<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Signature<br/>  </div> <div style="width: 45%;"> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Received by (Printed Name)<br/> <b>ROBERT D. COLE</b> </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Date of Delivery<br/> <b>6/5/17</b> </div> </div>                                                                                                                                                                                                                                                                                               |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: left; width: 45%;"> <p><b>Robert D. Cole, Trustee of the</b><br/> <b>Robert D. and Tawnya J. Cole Revocable Trust</b><br/> <b>5414 70th Place</b><br/> <b>Lubbock, TX 79424</b><br/> <b>Re: Bone Yard 16H NSL</b></p> </div> <div style="text-align: right; width: 45%;"> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>             If so, enter delivery address below <input type="checkbox"/> No</p> </div> </div> <div style="text-align: center; margin-top: 20px;">  </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p style="font-size: 1.2em; margin: 0;">9590 9402 2420 6249 0704 86</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>3. Service Type</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Mail Restricted Delivery             </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery             </div> </div> |
| <p>2 Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">91 7199 9991 7036 0788 0777</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

**Robert D. Cole, Trustee of the  
Robert D. and Tammy J. Cole Revocable  
5414 70th Place  
Lubbock, TX 79424**



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0814

June 2, 2017

**Robert C. Chase**  
**PO Box 297**  
**Artesia, NM 88211**

**Re: Designation of a Non-Standard Location by COG Operating LLC**  
**Eddy County, New Mexico**

To Whom It May Concern,

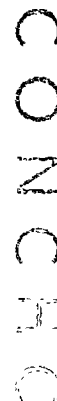
This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 14, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



ONLY CONDUCTING IT

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**SECRET**

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| <b>SENDER: COMPLETE THIS SECTION</b><br><input type="checkbox"/> Complete Items 1, 2, and 3.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | <b>COMPLETE THIS SECTION ON DELIVERY</b><br><input checked="" type="checkbox"/> A. Signature<br><input checked="" type="checkbox"/> B. Received by (Printed Name)<br><input type="checkbox"/> C. Date of Delivery                                                                                                                                                                                                                                                   |
| 1. <b>Robert C. Chase</b><br><b>PO Box 297</b><br><b>Artesia, NM 88211</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                                                                              | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                             |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0768 0814                                                                                                                                                                                                                                          | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Mail Restricted Delivery |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery                                                                                                       |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
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| <p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p><br><p>1. <b>Robert C. Chase</b><br/> <b>PO Box 297</b><br/> <b>Artesia, NM 88211</b><br/> <b>Re: Bone Yard 16H NSL</b></p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center; font-weight: bold;">9590 9402 2420 6249 0705 54</p> | <p><b>A. Signature</b><br/> </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b><br/> <b>KATHY BEAUREGARD 6-5-17</b></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <small>If "Yes," enter delivery address below</small></p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;"> RECEIVED </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">JUN 07 2017</p>                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-weight: bold; font-size: 1.2em;">91 7199 9991 7036 0788 0814</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>3. Service Type</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail |  | <input type="checkbox"/> Registered Mail Restricted Delivery |  |
| <input type="checkbox"/> Adult Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Priority Mail Express®                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Registered Mail™                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <input checked="" type="checkbox"/> Certified Mail®                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Registered Mail Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Return Receipt for Merchandise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <input type="checkbox"/> Collect on Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Signature Confirmation™                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Signature Confirmation Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <input type="checkbox"/> Insured Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |
| <input type="checkbox"/> Registered Mail Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                 |                                                              |                                           |                                                     |                                                              |                                                             |                                                                    |                                              |                                                  |                                                                  |                                                                     |                                       |  |                                                              |  |

**Robert C. Chai**  
**PO Box 297**  
**Artesia, NM 88218**



CONCHO ENERGY

Sent Certified Mail

Receipt # 91-7199-9991-7036-0788-0869

June 2, 2017

**Solis Energy, LLC**  
**242 Spring Park Dr., Suite C**  
**Midland, TX 79705**

**Re: Designation of a Non-Standard Location by COG Operating LLC**  
**Eddy County, New Mexico**

To Whom It May Concern,

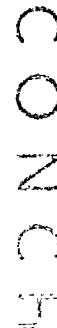
This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non-response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

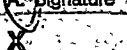
Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Rrussell@concho.com



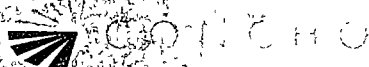
ONE CONCORD CENTER  
600 W ILLINOIS AVENUE

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91 7199 9991 7036 0788 0865

| <b>SENDER'S COMPLETE THIS SECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>COMPLETE THIS SECTION ON DELIVERY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p><br><p style="font-size: 1.2em; margin-top: 20px;"><b>Solis Energy, LLC</b><br/> <b>242 Spring Park Dr., Suite C</b><br/> <b>Midland, TX 79705</b><br/> <b>Re: Bone Yard 16H NSL</b></p><br><p style="text-align: center; border-top: 1px dashed black; margin-top: 20px;">9590 9402 2420 6249 0706 60</p> <p><b>2. Article Number (Transfer from service label)</b></p> <p style="font-size: 1.2em; margin-top: 10px;">91 7199 9991 7036 0788 0869</p> | <p><b>A. Signature</b><br/> </p> <p><input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b><br/> <span style="border: 1px solid black; padding: 2px;">J. C. ...</span></p> <p><b>C. Date of Delivery</b><br/> <span style="border: 1px solid black; padding: 2px;">7/1/00</span></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p><br><p><b>3. Service Type</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div> <p><b>Mail Restricted Delivery</b><br/> <input type="checkbox"/> <b>ID)</b></p> |

| SENDER COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 10px;">91 7199 9991 7036 0788 0869</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery (1)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |

**Solis Energy, LLC**  
**242 Spring Park Dr., Suite 200**  
**Midland, TX 79701**



Sent Certified Mail

Receipt # 91-7199-9991-7036-0788-0807

June 2, 2017

Ventana Minerals LLC  
PO Box 359  
Artesia, NM 88211

Re: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



CONCHO CENTER

91 7199 9991 7036 0788 0807

ONE CONCHO CENTER  
600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                  |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
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| <input type="checkbox"/> Complete items 1, 2, and 3<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br><b>X</b><br><b>B. Received by (Printed Name)</b><br><b>C. Date of Delivery</b><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b><br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1. <b>Ventana Minerals LLC</b><br><b>PO Box 359</b><br><b>Artesia, NM 88211</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                                |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0807                                                                                                                                                                                                 |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

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

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                  |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>A. Signature</b><br><b>X Kathy Beauregard</b><br><b>B. Received by (Printed Name)</b><br><b>C. Date of Delivery</b><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b><br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 1. <b>Ventana Minerals LLC</b><br><b>PO Box 359</b><br><b>Artesia, NM 88211</b><br><b>Re: Bone Yard 16H NSL</b>                                                                                                                                                                |  | <b>RECEIVED</b><br><b>JUN 07 2017</b><br><b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  |
| 2. Article Number (Transfer from service label)<br>91 7199 9991 7036 0788 0807                                                                                                                                                                                                 |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

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

Ventana Minerals LLC  
PO Box 359  
Artesia, NM 88211



Sent Certified Mail  
Receipt # 91-7199-9991-7036-0788-0784

June 2, 2017

**Zanaida Ruth Griffin**  
**2808 Abingdon Pkwy.**  
**Birmingham, AL 35243**

RE: Designation of a Non-Standard Location by COG Operating LLC  
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Sections 2 & 11, T20S, R25E, Eddy County, New Mexico

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location

Please contact me should you have any questions

Sincerely,

Robyn Russell  
Regulatory Analyst  
COG Operating, LLC  
(432) 685-4385  
Russell@concho.com



**SENDER: COMPLETE THIS SECTION**

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

**Zanaida Ruth Griffin**  
**2808 Abingdon Pkwy.**  
**Birmingham, AL 35243**  
**Re: Bone Yard 16H NSL**

9590 9402 2420 6249 0704 79

2. Article Number (Transfer from service label)

91 7199 9991 7036 0788 0784

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

**COMPLETE THIS SECTION ON DELIVERY**

(A) Signature

X

☐ Agent

☐ Addressee

(B) Received by (Printed Name)

(C) Date of Delivery

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

**3. Service Type**

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

II Restricted Delivery

Domestic Return Receipt



**CONCHO**

ONE CONCHO CENTER  
 600 W ILLINOIS AVENUE  
 MIDLAND, TX 79701

91 7199 9991 7036 0788 0784

**Zanaida Ruth Grif**  
**2808 Abingdon Pky**  
**Birmingham, AL 35**

US000419527W/1/15

Tracking Number: 9171999991703607880784

In-Transit

## Product & Tracking Information

See Available Actions

Postal Product:  
First-Class Mail®

Features:  
Certified Mail™

| DATE & TIME                                                                                                                                                    | STATUS OF ITEM                                     | LOCATION             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------|
| June 6, 2017, 12:05 pm                                                                                                                                         | Notice Left (No Authorized Recipient Available)    | BIRMINGHAM, AL 35243 |
| We attempted to deliver your item at 12:05 pm on June 6, 2017 in BIRMINGHAM, AL 35243 and a notice was left because an authorized recipient was not available. |                                                    |                      |
| June 6, 2017, 3:53 am                                                                                                                                          | Departed USPS Destination Facility                 | BIRMINGHAM, AL 35222 |
| June 5, 2017, 5:05 am                                                                                                                                          | Arrived at USPS Destination Facility               | BIRMINGHAM, AL 35222 |
| June 3, 2017, 12:46 am                                                                                                                                         | Departed USPS Facility                             | MIDLAND, TX 79711    |
| June 2, 2017, 9:12 pm                                                                                                                                          | Arrived at USPS Origin Facility                    | MIDLAND, TX 79711    |
| June 2, 2017, 7:57 pm                                                                                                                                          | Accepted at USPS Origin Facility                   | MIDLAND, TX 79701    |
| June 2, 2017                                                                                                                                                   | Pre-Shipment Info Sent to USPS; USPS Awaiting Item |                      |

## **Lowe, Leonard, EMNRD**

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**From:** Robyn Russell <Russell@concho.com>  
**Sent:** Monday, July 24, 2017 9:58 AM  
**To:** Lowe, Leonard, EMNRD  
**Cc:** Jones, William V, EMNRD  
**Subject:** RE: NSL application for Bone Yard 11 Fee No. 161H  
**Attachments:** Bone Yard 11 Fee 16H C102 Revised.pdf

Hey Leonard,

I have revised the First Take Point. Please see the revised C102 attached.

Thank you,

Robyn Russell  
Regulatory Analyst  
(432) 685-4385

---

**From:** Lowe, Leonard, EMNRD [mailto:Leonard.Lowe@state.nm.us]  
**Sent:** Monday, July 24, 2017 10:45 AM  
**To:** Robyn Russell  
**Cc:** Jones, William V, EMNRD  
**Subject:** [External] RE: NSL application for Bone Yard 11 Fee No. 161H

\*\*\*\* External email. Use caution. \*\*\*\*

I meant surface location only. Sorry.

**Leonard Lowe**  
Engineering Bureau  
Oil Conservation Division  
Energy Minerals and Natural Resources Department  
1220 South St. Frances  
Santa Fe, New Mexico 87004  
Office: 505-476-3492  
Cell: 505-930-6717  
Fax: 505-476-3462  
E-mail: [leonard.lowe@state.nm.us](mailto:leonard.lowe@state.nm.us)  
Website: <http://www.emnrd.state.nm.us/ocd/>

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**From:** Lowe, Leonard, EMNRD  
**Sent:** Monday, July 24, 2017 9:43 AM  
**To:** 'Robyn Russell' <Russell@concho.com>  
**Cc:** Jones, William V, EMNRD <WilliamV.Jones@state.nm.us>  
**Subject:** NSL application for Bone Yard 11 Fee No. 161H  
**Importance:** High

Dear Robyn Russell,

Good morning Ma'am.

In review of your NLS application for the **Bone Yard 11 Fee No. 161H (API 30-015-43999)**.

Your application states that your first perf and last perf are the same as your surface location and bottom hole location.

Is this correct? Please explain.

Thank you,

**Leonard Lowe**

Engineering Bureau

**Oil Conservation Division**

**Energy Minerals and Natural Resources Department**

1220 South St. Frances

Santa Fe, New Mexico 87004

Office: 505-476-3492

Cell: 505-930-6717

Fax: 505-476-3462

E-mail: [leonard.lowe@state.nm.us](mailto:leonard.lowe@state.nm.us)

Website: <http://www.emnrd.state.nm.us/oed/>

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