

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

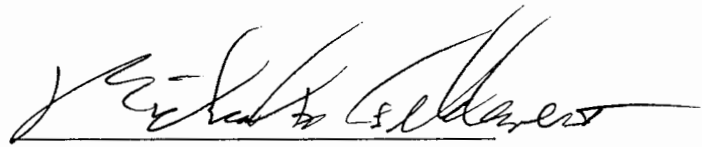
**IN THE MATTER OF THE APPLICATION OF COG OPERATING LLC TO AMEND
ORDER R-13535 TO COMPULSORY POOL ADDITIONAL MINERAL INTERESTS IN
THE APPROVED SPACING AND PRORATION UNIT, AND TO CHANGE THE
INITIAL WELL DEDICATED TO THE UNIT, EDDY COUNTY, NEW MEXICO.**

CASE NO. 14795(RE-OPENED)

AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC Company, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letters and proof of receipt attached hereto.

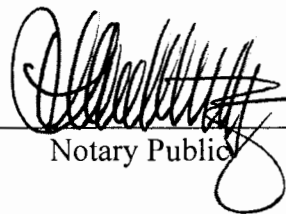


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 5th day of February 2014 by Michael H. Feldewert.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: COG OPERATING LLC
Hearing Date: February 6, 2014

HOLLAND & HART^{LLP}



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law -
New Mexico Board of Legal
Specialization
mfeldewert@hollandhart.com

January 17, 2013

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application To Amend Order R-13535 To Compulsory Pool Additional Mineral Interests In The Approved Spacing And Proration Unit, And to Change The Well Dedicated To The Unit, Eddy County, New Mexico.
Falabella 31 Fee 8H Well

Ladies & Gentlemen:

This letter is to advise you that COG Operating, LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on February 6, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13 to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Sean Johnson, at (432) 683-7443.

Sincerely,

Michael H. Feldewert

Holland & Hart^{LLP}

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

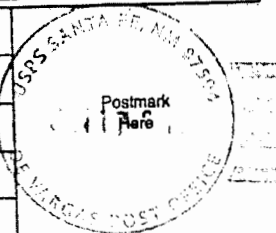
7006 2760 0001 6376 1444

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|---|----------------|
| Postage | \$ 66 |
| Certified Fee | 310 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Loco 79 Ltd.
 South 4th Street
 Artesian, NM 88210

PS Form 3800, August 2000

for instructions

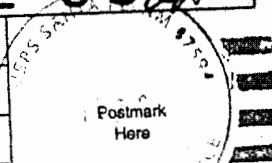
7006 2760 0001 6376 1451

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| | |
|---|----------------|
| Postage | \$ 66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Thomas M. Beall
 P.O. Box 3098
 Midland, TX 79702

PS Form 3800, August 2000

for instructions

| CERTIFIED MAIL | | ACTION ON DELIVERY | |
|---|--|---|--|
| SENDER: | | PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE | |
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| 1. Article Addressed to: | | <p>B. Received by (Printed Name) C. Date of Delivery</p> | |
| <p>Thomas M. Beall P.O. Box 3098 Midland, TX 79702</p> | | <p>122-14</p> | |
| 2. Article Number (Transfer from service label) | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>7006 2760 0001 6376 1451</p> | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>PS Form 3841, February 2004</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

Domestic Return Receipt

102595-02-M-1540

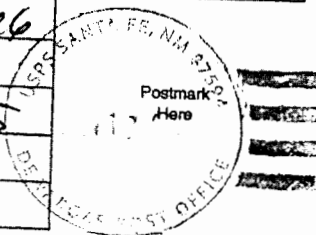
7006 2760 0001 6376 1468

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| | |
|---|----------|
| Postage | \$ 66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 10.31 |



Mark Wilson Family
 Partnership
 4501 Green Tree Blvd.
 Midland, TX 79707

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6376 1475

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| | |
|---|----------|
| Postage | \$ 66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 10.31 |



Rio Pecos Corporation
 4501 Green Tree Blvd.
 Midland, TX 79707

PS Form 3800, August 2006

See Reverse for Instructions

7006 0100 0005 5771 1642

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| | |
|---|---------|
| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



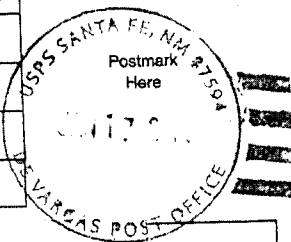
Alison Claire Curry Sanders
 P.O. Box 27391
 Austin, TX 78755
 See Reverse for Instructions

Returned

7006 0100 0005 5771 1642

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| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Gayle Glass Roche
 P.O. Box 50248
 Austin, TX 78763
 PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Gayle Glass Roche
 P.O. Box 50248
 Austin, TX 78763

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gayle Glass Roche* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Gayle Glass Roche*
 C. Date of Delivery:
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 0100 0005 5771 1642

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5771 1666

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| | |
|---|----------------|
| Postage | \$ <u>66</u> |
| Certified Fee | <u>3.10</u> |
| Return Receipt Fee (Endorsement Required) | <u>2.55</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>6.31</u> |



Jefferson Milner Langford
Rt. 2 Box 433
Santa Fe, NM 87505

7006 0100 0005 5771 1666

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OFFICIAL USE

| | |
|---|----------------|
| Postage | \$ <u>66</u> |
| Certified Fee | <u>3.10</u> |
| Return Receipt Fee (Endorsement Required) | <u>2.55</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>6.31</u> |



Linda Kaye Nordstrom
6436 Shady Spring Way
Citrus Heights, CA 95621

7006 0100 0005 5771 1673

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| | |
|---|---------|
| Postage | \$ 66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Tulipan LLC
 P.O. Box 1020
 Artesia, NM 88211

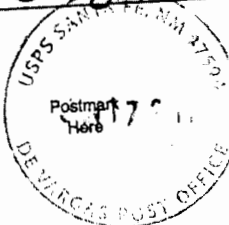
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| | |
|---|---------|
| Postage | \$ 66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



The Parrish Family Trust
 P.O. Box 178
 Gravity, Iowa 50848

PS Form 3800, June 2002

for Instructions

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tulipan LLC
 P.O. Box 1020
 Artesia, NM 88211

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 1673

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Parrish Family Trust
 P.O. Box 178
 Gravity, Iowa 50848

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 1680

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ON DELIVERY

A. Signature

X *T. Fudek*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

JAN 23 2014

ON DELIVERY

A. Signature

X *Carol Parrish*

☒ 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

2141 200th St
 Gravity, IA 50848

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

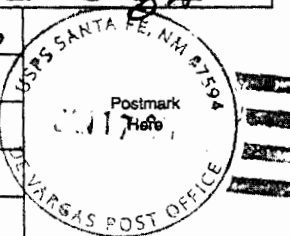
7006 0100 0005 5771 1697

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Postage \$ 66
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.31



The Parrish Family Trust
 2141 200th Street
 Gravity, Iowa 50848

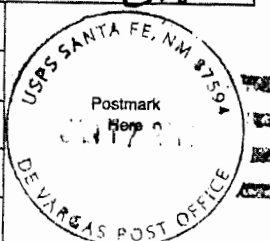
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Postage \$ 66
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.31



Santo Legado
 P.O. Box 1020
 Artesia, NM 88211

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 5771 1703

SENDER: C

ION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Parrish Family Trust
 2141 200th Street
 Gravity, Iowa 50848

2. Article Number
 (Transfer from service label)

7006 0100 0005 5771 1697

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature Carol Parrish ☒ Agent ☐ Addressee
 B. Received by (Printed Name) CAROL PARRISH C. Date of Delivery 01-24-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

TION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Santo Legado
 P.O. Box 1020
 Artesia, NM 88211

2. Article Number
 (Transfer from service label)

7006 0100 0005 5771 1703

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature Fugua ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Fugua C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



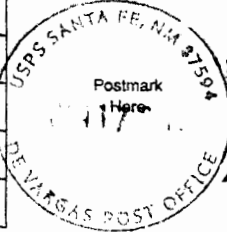
7006 0100 0005 5771 1710

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|---|----------------|
| Postage | \$ <u>6.66</u> |
| Certified Fee | <u>3.10</u> |
| Return Receipt Fee (Endorsement Required) | <u>2.55</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>6.31</u> |



Robert Glass Langford
 Route 3, Box 49
 Lockhart, TX 78644

PS Form 3800, June 2002

See Reverse for Instructions

Returned

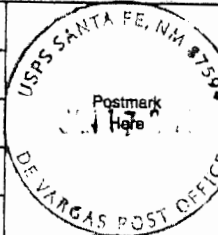
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| | |
|---|----------------|
| Postage | \$ <u>6.66</u> |
| Certified Fee | <u>3.10</u> |
| Return Receipt Fee (Endorsement Required) | <u>2.55</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>6.31</u> |



OXY USA Inc.
 Post Office Box 4294
 Houston, TX 77210

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OXY USA Inc.
 Post Office Box 4294
 Houston, TX 77210

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 1727

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature**
 X [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name)**
S. Box
- C. Date of Delivery**
3/17/02
- D. Is delivery address different from item 1?** ☒ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5771 1734

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|---|---------|
| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Marigold LLP
 P.O. Box 1290
 Artesia, NM 88211

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: C...

TION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marigold LLP
 P.O. Box 1290
 Artesia, NM 88211

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 1734

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: CO...

V ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Heirs or Devises of Dorothy
 M. Glatt
 422 Sleepy Hollow Loop
 Grant Pass, OR 97527

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 1741

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

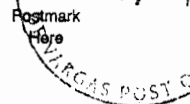
7006 0100 0005 5771 1741

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| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Heirs or Devises of Dorothy
 M. Glatt
 422 Sleepy Hollow Loop
 Grant Pass, OR 97527

PS Form 3800, June 2002

See Reverse for Instructions

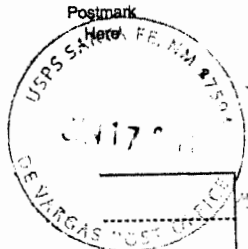
7006 0100 0005 5771 1758

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|---|---------|
| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Colossal Energy, LLC
 P.O. Box 94516
 Lubbock, TX 79516

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

ACTION ON DELIVERY

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature
 x *James Hervey* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) *James Hervey* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Colossal Energy, LLC
 P.O. Box 94516
 Lubbock, TX 79516

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

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 1758

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5771 1765

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

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

OFFICIAL USE

| | |
|---|---------|
| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |



Boling Enterprises, Ltd.
 P.O. Box 2563
 Roswell, NM 88202

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: CC

ACTION ON DELIVERY

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature
 x *R. M. Boling* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) *R. M. Boling* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Boling Enterprises, Ltd.
 P.O. Box 2563
 Roswell, NM 88202

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

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 1765

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

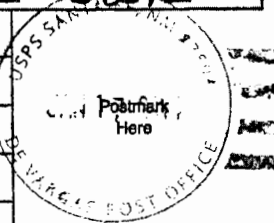
7006 0100 0005 5770 8161

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

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

OFFICIAL USE

| | |
|---|----------------|
| Postage | \$ <u>66</u> |
| Certified Fee | <u>3.10</u> |
| Return Receipt Fee (Endorsement Required) | <u>2.55</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>6.31</u> |



Alfred Foy Curry, IV
 1016 Alta Loma Circle
 San Angelo, TX 76901

PS Form 3800, June 2002

See Reverse for Instructions

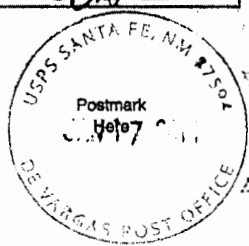
7006 0100 0005 5770 8154

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

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

OFFICIAL USE

| | |
|---|----------------|
| Postage | \$ <u>66</u> |
| Certified Fee | <u>3.10</u> |
| Return Receipt Fee (Endorsement Required) | <u>2.55</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>6.31</u> |



Gayle Elizabeth Langford
 Turner
 1211 Marshall Lane
 Austin, TX 78703

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 5770 8147

| | |
|--|---------|
| U.S. Postal Service TM | |
| CERTIFIED MAILTM RECEIPT | |
| (Domestic Mail Only; No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |

Glea Sheppard
P.O. Box 281
Dallas Center, IA 50063

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5771 1628

| | |
|--|---------|
| U.S. Postal Service TM | |
| CERTIFIED MAILTM RECEIPT | |
| (Domestic Mail Only; No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |

Lou Ann Langford
3721 North Hall, #401
Dallas, TX 75219

PS Form 3800, June 2002 See Reverse for Instructions