

COG OPERATING LLC
CUSTER 16 STATE COM #1H WELL

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

Adventure Energy Holdings, LLC
500 West Texas Avenue
Suite 1000
Midland, TX 79701

Aldan Partners, LLC
26025 Pennsylvania Dr.
Lomita, CA 90717

Aspen Discovery, LP
201 W. 6th Street, Suite 1301
Fort Worth, TX 76001

C. W. Trainer
PO Box 754
Midland, TX 79702

Chi Energy Inc.
PO Box 1799
Midland, TX 79702

Christopher P. Renaud
P.O. Box 11301
Midland, TX 79702

Devon Energy Corporation
333 W. Sheridan Avenue
Oklahoma City, OK 73102-
5010

Flying W Resources, LLC
P.O. Box 50546
Midland, TX 79710

Fuel Partners Inc.
PO Box 3098
Midland, TX 79702

Habanero Exploration 2006-1
JV, Ltd.
802 Rio Grande
Austin, TX 78701

Habanero Oil & Gas, L.P.
802 Rio Grande
Austin, TX 78701

Helen Leatherwood-Beaty
713 North Doheney Drive
Beverly Hills, CA 90210

Istranco Energy, LLC
11767 Katy Freeway, Suite 711
Houston, TX 77079-1715

James R. Lochhead
3500 Lincoln Drive
Phoenix, AZ 85018

Joe Cox and Janet Cox
3112 Dona Ana
Carlsbad, NM 88220

Judson Properties LTD
PO Box 3340
Midland, TX 79702-3340

Legacy Reserves Operating, LP
303 West Wall, Suite 1600
Midland, TX 79701

Legacy Royalties LLC
PO Box 1091
Artesia, NM 88211-1091

Liberty Energy, LLC
P.O. Box 418109
Boston, MA 0241-8109

COG OPERATING LLC
CUSTER 16 STATE COM #1H WELL

Loyd Whitley
P.O. Box 168
Midland, TX 79702

M. Wayne Luna
PO Box 1889
Midland, TX 79702

Marshall & Winston, Inc.
P.O. Box 50880
Midland, TX 79710-0880

Matthew Randell Vann
5673 West "A" Street
West Linn, OR 97068

McCombs Energy Ltd.
5599 San Felipe, Suite 1200
Houston, TX 77056

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, TX 77056

Michael Sankey
2808 Browning Drive,
Plano, TX 75093

Midland Oil and Gas, Inc.
800 N. Marienfeld, Suite 203
Midland, TX 79701

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

Nadel & Gussman Permian
LLC
601 N. Marienfeld, Suite 508
Midland, TX 79701

Newmont Realty Company
1700 Lincoln St.
Denver, CO 80203

NM State Highway and
Transportation Department
Attn: Dan Baker
PO Box 1149
Santa Fe, NM 87504

OXY USA
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Patricia Floyd Reynolds
860 County Road 783
Cullman, AZ 85233

Patterson Growth Fund-2003
Ltd.
PO Box 2677
Abilene, TX 79604

Pear Resources
C/o J.M. Gahr, Partner
PO Box 11044
Midland, TX 79702

Pradesa Energy, Inc.
P.O. Box 814
Rockwall, TX 75087-0814

Rubicon Oil & Gas II, LP
P.O. Box 11301
Midland, TX 79702

S.F. Pacific Properties, LLC
4545 Airport Way
Denver, CO 80239

Sandra K. Lawlis
PO Box 1889
Midland, TX 79702

Sharbro Energy, LLC
105 S. Fourth Street
Artesia, NM 88210

Sharbro Holdings LLC
PO Box 840
Artesia, NM 88211-0840

Spring Energy Company, Inc.
3100 Woodridge Lane
Odessa, TX 79762-5234

The Beveridge Company
P.O. Box 993
Midland, TX 79702

V-F Petroleum, Inc
PO Box 1889
Midland, TX 79702

William R. Barth Jr.
PO Box 1177
Bismarck, ND 58502-1177

COG OPERATING LLC
CUSTER 16 STATE COM #1H WELL

WTG Exploration, Inc.
401 W. Wadley
Midland, TX 79705

Xplore 2008, LP
801 Cherry Street, Suite
2355, Unit 10
Fort Worth, TX 76102

Yates Industries LLC
105 S. Fourth Street
Artesia, NM 88210

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

November 25, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Custer 16 State Com No. 1H 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 December 17, 2015. 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.B 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☐

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

November 25, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Custer 16 State Com No. 1H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on December 17, 2015. 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.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☏

7015 1730 0000 3819 4988

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 1H

OFFICE

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here
 NOV 25 2015
 U.S. POSTAL SERVICE DE VARGAS POST OFFICE

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4988

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 1H

OFFICE

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here
 NOV 25 2015
 U.S. POSTAL SERVICE DE VARGAS POST OFFICE

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 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.

Article Addressed to:
 Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6825 79

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4988

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

SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Sternan

C. Date of Delivery
 11/25/15

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

3. Service Type
 Priority Mail Express®
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail Restricted Delivery

Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 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.

Article Addressed to:
 Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6825 93

7015 1730 0000 3819 4940

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Sternan

C. Date of Delivery
 11/25/15

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

3. Service Type
 Priority Mail Express®
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail Restricted Delivery (over \$500)

Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 4933

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/COG
CUSTER 1H

OFFIC

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$



Adventure Energy Holdings, LLC
500 West Texas Avenue
Suite 1000
Midland, TX 79701

for Instructions

7015 1730 0000 3819 4926

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/COG
CUSTER 1H

OFFIC

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

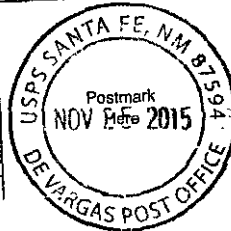
Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$



Aldan Partners, LLC
26025 Pennsylvania Dr.
Lomita, CA 90717

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

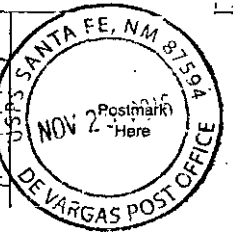
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Marcia K. Moore</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 11/28/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>Aldan Partners, LLC 26025 Pennsylvania Dr. Lomita, CA 90717</p> <p>9590 9403 0643 5183 8218 68</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"/> Collection Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>7015 1730 0000 3819 4926</p>	<p>(over \$500)</p>
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7015 1730 0000 3819 4919

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**
MHF/COG
CUSTER 1H

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	



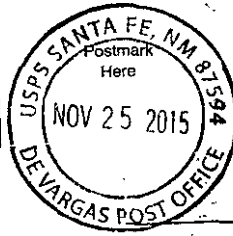
Postage _____
Aspen Discovery, LP
201 W. 6th Street, Suite 1301
Fort Worth, TX 76001

7015 1730 0000 3819 4902

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**
MHF/COG
CUSTER 1H

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	



Postage _____
C. W. Trainer
PO Box 754
Midland, TX 79702

7015 1730 0000 3819 9600

U.S. Postal Service[™]
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 1H

For delivery information, visit [www.usps.com](#)

OFFICIAL

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Chi Energy Inc.
 PO Box 1799
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9594

U.S. Postal Service[™]
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 1H

For delivery information, visit [www.usps.com](#)

OFFICIAL

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 24 2015
 DE VARGAS POST OFFICE

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9600

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.

Chi Energy Inc.
 PO Box 1799
 Midland, TX 79702

9590 9403 0643 5183 8218 37

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Dianna Bell

B. Received by (Printed Name) C. Date of Delivery
 Dianna Bell 12-4-15

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

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

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 9600 (all Restricted Delivery over \$500)

Domestic Return Receipt

7015 1730 0000 3819 9594

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.

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

9590 9403 0643 5183 8218 20

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Christopher Renaud

B. Received by (Printed Name) C. Date of Delivery
 Christopher Renaud 12/4/15

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

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

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 9594

Domestic Return Receipt

7015 1730 0000 3819 9587

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Postmark
 NOV 25 2015
 SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

9590 9403 0643 5183 8218 13

7015 1730 0000 3819 9587

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 David Carrillo

B. Received by (Printed Name) _____ C. Date of Delivery
 NOV 30 2015
 OKLAHOMA CITY, OK
 USPS

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

7015 1730 0000 3819 9570

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Postmark
 NOV 25 2015
 SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

9590 9403 0643 5183 8218 06

7015 1730 0000 3819 9570

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 Matt Henderson

B. Received by (Printed Name) _____ C. Date of Delivery
 12/3/15

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

7015 1730 0000 3819 9562

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Fuel Partners Inc.
 PO Box 3098
 Midland, TX 79702

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AND POST HERE

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.

Fuel Partners Inc.
 PO Box 3098
 Midland, TX 79702

9590 9403 0643 5183 8217 90

2 Article Number (Transfer from service label) 7015 1730 0000 3819 9562

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Andrea Alvarez

B. Received by (Printed Name) *Andrea Alvarez* C. Date of Delivery *12-17-15*

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

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

7015 1730 0000 3819 9556

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Habanero Exploration 2006-1
 JV, Ltd.
 802 Rio Grande
 Austin, TX 78701

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AND POST HERE

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.

Habanero Exploration 2006-1
 JV, Ltd.
 802 Rio Grande
 Austin, TX 78701

9590 9403 0643 5183 8217 83

2 Article Number (Transfer from service label) 7015 1730 0000 3819 9556

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
J Balsam

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

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

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

7015 1730 0000 3819 9519

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**
 MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.70
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Habanero Oil & Gas, L.P.
 802 Rio Grande
 Austin, TX 78701

Postmark Here **NOV 23 2015**
 SANTA FE, NM 87594
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9037 See Reverse for Instructions

7015 1730 0000 3819 9532

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFI**
 MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.70
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Helen Leatherwood-Beaty
 713 North Doheny Drive
 Beverly Hills, CA 90210

Postmark Here **NOV 23 2015**
 SANTA FE, NM 87594
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9037 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS LABEL AT BOTTOM LINE

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.

Habanero Oil & Gas, L.P.
 802 Rio Grande
 Austin, TX 78701

9590 9403 0643 5183 8218 82

7015 1730 0000 3819 9549

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
J. Balsan

B. Received by (Printed Name) *J. Balsan* C. Date of Delivery _____

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

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

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

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS LABEL AT BOTTOM LINE

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.

Helen Leatherwood-Beaty
 713 North Doheny Drive
 Beverly Hills, CA 90210

9590 9403 0643 5183 8218 99

7015 1730 0000 3819 9532

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Helen Leatherwood-Beaty

B. Received by (Printed Name) *Helen Leatherwood-Beaty* C. Date of Delivery *11/30/15*

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

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

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

7015 1730 0000 3819 9525

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 1H

Certified Mail Fee
 \$ 3.45

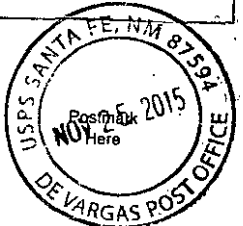
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Isramco Energy, LLC
 11767 Katy Freeway, Suite 711
 Houston, TX 77079-1715

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 9518

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 1H

Certified Mail Fee
 \$ 3.45

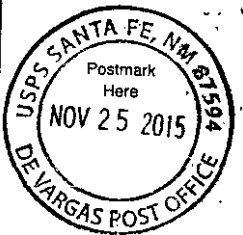
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

James R. Lochhead
 3500 Lincoln Drive
 Phoenix, AZ 85018

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AND DOTTED LINE

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Scott J. Wehr

C. Date of Delivery

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

James R. Lochhead
 3500 Lincoln Drive
 Phoenix, AZ 85018

PHOENIX, AZ NOV 25 2015

9590 9403 0643 5183 8219 12

7015 1730 0000 3819 9518

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input checked="" type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 9709

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Joe Cox and Janet Cox
 3112 Dona Ana
 Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9693

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Judson Properties LTD
 PO Box 3340
 Midland, TX 79702-3340

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Judson Properties LTD
 PO Box 3340
 Midland, TX 79702-3340

2. Article Number (Transfer from service label)

9590 9403 0643 5183 8222 30

7015 1730 0000 3819 9693

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

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

Katie Morris DEC - 4 2015
 MIDLAND DOWNTOWN STA 79701
 USPS

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

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

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

7015 1730 0000 3819 9679

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
CUSTER 1H

For delivery information:
OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Legacy Royalties LLC
 PO Box 1091
 Artesia, NM 88211-1091

USPS SANTA FE, NM
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

Article Addressed to:

Legacy Royalties LLC
 PO Box 1091
 Artesia, NM 88211-1091

9590 9403 0643 5183 8219 50

Article Number (Transfer from source label)

7015 1730 0000 3819 9679

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Frances Moreau

B. Received by (Printed Name) C. Date of Delivery
 FRANCES MOREAU 11-30-15

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

3. Service Type

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Delivery Restricted Delivery (over \$500)

7015 1730 0000 3819 9679

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
CUSTER 1H

For delivery information:
OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Legacy Reserves Operating, LP
 303 West Wall, Suite 1600
 Midland, TX 79701

USPS SANTA FE, NM 87594
 NOV 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

Article Addressed to:

Legacy Reserves Operating, LP
 303 West Wall, Suite 1600
 Midland, TX 79701

9590 9403 0643 5183 8219 67

Article Number (Transfer from source label)

7015 1730 0000 3819 9686

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jeff Gull

B. Received by (Printed Name) C. Date of Delivery
 J GULL 11-30

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

3. Service Type

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Delivery Restricted Delivery (over \$500)

7015 1730 0000 3819 9655

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
 CUSTER 1H

For delivery information, visit usps.com

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

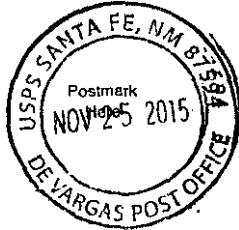
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Liberty Energy, LLC
 P.O. Box 418109
 Boston, MA 0241-8109

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 9655

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
 CUSTER 1H

For delivery information, visit usps.com

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

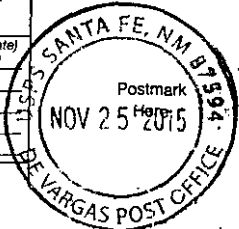
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Loyd Whitley
 P.O. Box 168
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

Liberty Energy, LLC
 P.O. Box 418109
 Boston, MA 0241-8109

9590 9403 0643 5183 8219 43

Article Number (Transfer from service label)
 7015 1730 0000 3819 9655

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

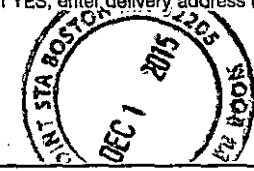
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Robert Hillis

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

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

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



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.

Loyd Whitley
 P.O. Box 168
 Midland, TX 79702

9590 9403 0643 5183 8219 36

Article Number (Transfer from service label)
 7015 1730 0000 3819 9655

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Marlyn Mason

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

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

7015 1730 0000 3819 9648

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information

OFFI

MHF/COG
CUSTER 1H

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



M. Wayne Luna
PO Box 1889
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9631

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

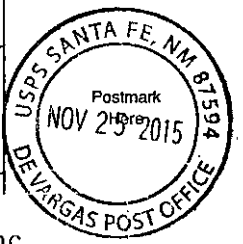
Domestic Mail Only

For delivery information

OFFI

MHF/COG
CUSTER 1H

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Marshall & Winston, Inc.
P.O. Box 50880
Midland, TX 79710-0880

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Andrew D...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Andrew D...</i></p> <p>C. Date of Delivery <i>11/21/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to</p> <p>M. Wayne Luna PO Box 1889 Midland, TX 79702</p> <p>9590 9403 0670 5183 6883 04</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (over 500g) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 3819 9648</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kim P...</i></p> <p>C. Date of Delivery <i>11/30/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to</p> <p>Marshall & Winston, Inc. P.O. Box 50880 Midland, TX 79710-0880</p> <p>9590 9403 0670 5183 6883 11</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (over 500g) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 3819 9631</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7015 1730 0000 3819 9624

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 1H

For delivery information, visit **OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Matthew Randell Vann
 5673 West "A" Street
 West Linn, OR 97068

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9617

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 1H

For delivery information, visit **OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

McCombs Energy Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Matthew Randell Vann
 5673 West "A" Street
 West Linn, OR 97068

9590 9403 0670 5183 6883 28

Article Number (Transfer from carrier label)
 7015 1730 0000 3819 9624

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Austin Peckham*

B. Received by (Printed Name) Date of Delivery
 Austin Peckham

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

3. Service Type

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

USPS
 NOV 25 2015

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 Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

9590 9403 0670 5183 6883 35

Article Number (Transfer from carrier label)
 7015 1730 0000 3819 9617

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Sam Kemp*

B. Received by (Printed Name) C. Date of Delivery
 Sam Kemp 11/30/15

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

3. Service Type

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

7015 1730 0000 3819 7606

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**
MHF/COG
CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee to postage rate)

Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, TX 77056

7015 1730 0000 3819 7590

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**
MHF/COG
CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee to postage rate)

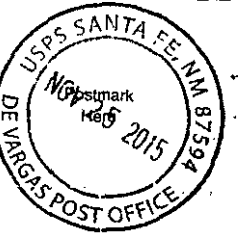
Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



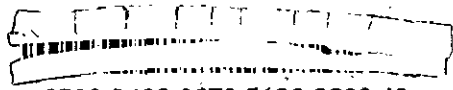
Michael Sankey
2808 Browning Drive,
Plano, TX 75093

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

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, Ltd.
5599 San Felipe, Suite 1200
Houston, TX 77056



9590 9403 0670 5183 6883 42

7015 1730 0000 3819 7606

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 [Signature]

B. Received by (Printed Name) *Dan K...* C. Date of Delivery *11/30/15*

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

3. Service Type
- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

7015 1730 0000 3819 7583

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 1H

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

SANTA FE, NM 87504
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

9590 9403 0670 5183 6883 66

Article Number (Transfer from service label)
 7015 1730 0000 3819 7583

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

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

7015 1730 0000 3819 7576

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 1H

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

SANTA FE, NM 87504
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6883 73

Article Number (Transfer from service label)
 7015 1730 0000 3819 7576

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

THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

7015 1730 0000 3819 4971

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 1H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

USPS SANTA FE, NM 87504
 Postmark Here
NOV 25 2015
DE VARGAS POST OFFICE

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047. See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

2. Article Number (Transfer from service label)
 9590 9403 0670 5183 6825 62

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®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery *[Signature]*

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

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

7015 1730 0000 3819 7545

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 1H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

USPS SANTA FE, NM 87504
 Postmark Here
NOV 25 2015
DE VARGAS POST OFFICE

NM State Highway and
 Transportation Department
 Attn: Dan Baker
 PO Box 1149
 Santa Fe, NM 87504

PS Form 3800, April 2015 PSN 7530-02-000-9047. See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 NM State Highway and
 Transportation Department
 Attn: Dan Baker
 PO Box 1149
 Santa Fe, NM 87504

2. Article Number (Transfer from service label)
 9590 9403 0670 5183 6877 03

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®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery **NOV 30 2015**

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

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

7015 1730 0000 3819 7569

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

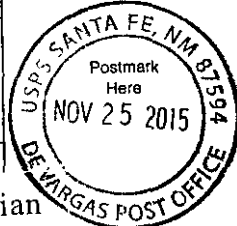
OFFICE

MHF/COG
CUSTER 1H

Certified Mail Fee

Extra Services & Fees (check box, add fee)	3.45
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage



Nadel & Gussman Permian
LLC
601 N. Marienfeld, Suite 508
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 7552

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

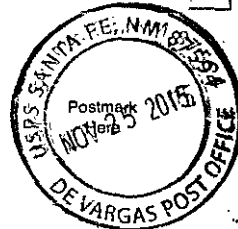
OFFICE

MHF/COG
CUSTER 1H

Certified Mail Fee

Extra Services & Fees (check box, add fee)	3.45
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage



Newmont Realty Company
1700 Lincoln St.
Denver, CO 80203

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT BOTTOM LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nadel & Gussman Permian
LLC
601 N. Marienfeld, Suite 508
Midland, TX 79701

9590 9403 0670 5183 6883 80

7015 1730 0000 3819 7569

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Darcy Heck Agent Addressee

B. Received by (Print name)

C. Date of Delivery

11/30/15

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

3. Service Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input checked="" 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"/> Restricted Delivery |

Domestic Return Receipt

7015 1730 0000 3819 7538

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
CUSTER 1H

For delivery information:
OFFI

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

OXY USA
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4995

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
CUSTER 1H

For delivery information:
OFFI

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

2. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail Restricted Delivery

3. Signature
 Agent
 Addressee

4. Received by (Printed Name)
 J. B. ...

5. Date of Delivery

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

7. Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

9590 9403 0670 5183 6825 86

7015 1730 0000 3819 4995

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

7015 1730 0000 3819 7521

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87504
 NOV 25 2015
 Postmark Here
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4964

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87504
 NOV 25 2015
 Postmark Here
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0670 5183 6877 27

7015 1730 0000 3819 7521

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

James Brown

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

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

3. Service Type: Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery (over \$500)

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.

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0670 5183 6825 55

- 71

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

SECTION ON DELIVERY

A. Signature Agent Addressee

James Brown

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

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

3. Service Type: Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery (over \$500)

Information Delivery

7015 1730 0000 3819 7514

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Patricia Floyd Reynolds
 860 County Road 783
 Cullman, AZ 85233

USPS SANTA FE, NM 87594
 NOV 23 2015
 DE VARGAS POST OFFICE

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

7015 1730 0000 3819 9747

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Patterson Growth Fund-2003
 Ltd.
 PO Box 2677
 Abilene, TX 79604

USPS SANTA FE, NM 87594
 NOV 23 2015
 DE VARGAS POST OFFICE

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Patricia Floyd Reynolds
 860 County Road 783
 Cullman, AZ 85233

9590 9403 0670 5183 6877 34

Article Number (Transfer from service label)
 7015 1730 0000 3819 7514

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Patricia Reynolds

B. Received by (Printed Name) C. Date of Delivery
 Patricia Reynolds 12-10

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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.

Patterson Growth Fund-2003
 Ltd.
 PO Box 2677
 Abilene, TX 79604

9590 9403 0670 5183 6877 41

Article Number (Transfer from service label)
 7015 1730 0000 3819 9747

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Christie Sanders

B. Received by (Printed Name) C. Date of Delivery
 Christie Sanders 12-3-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 9730

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: **OFFFI**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Pear Resources
 C/o J.M. Gahr, Partner
 PO Box 11044
 Midland, TX 79702

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9723

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: **OFFFI**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Pradesa Energy, Inc.
 P.O. Box 814
 Rockwall, TX 75087-0814

USPS SANTA FE, NM 87594
 NOV 24 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

Article Addressed to:
 Pear Resources
 C/o J.M. Gahr, Partner
 PO Box 11044
 Midland, TX 79702

9590 9403 0670 5183 6877 58

Article Number (Transfer from service label)
 7015 1730 0000 3819 9730

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 JOANN JACKSON 12-3-15

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

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

Pradesa Energy, Inc.
 P.O. Box 814
 Rockwall, TX 75087-0814

9590 9403 0670 5183 6877 65

Article Number (Transfer from service label)
 7015 1730 0000 3819 9723

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Janet S. Prada 12-4-15

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

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

7015 1730 0000 3819 9716

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 1H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Rubicon Oil & Gas II, LP
 P.O. Box 11301
 Midland, TX 79702

USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE
 NG Postmark Here 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 7668

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 1H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

S.F. Pacific Properties, LLC
 4545 Airport Way
 Denver, CO 80239

USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE
 NG Postmark Here 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AND TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 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
 S.F. Pacific Properties, LLC
 4545 Airport Way
 Denver, CO 80239

9590 9403 0670 5183 6877 89

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *S.F. Pacific Properties, LLC* C. Date of Delivery *11-30-15*

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

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

Not Your Service

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

7015 1730 0000 3819 7637

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFFI**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

USPS SANTA FE, NM 87594
 NOV 2 9 2015
 DE VARGAS POST OFFICE

Sharbro Holdings LLC
 PO Box 840
 Artesia, NM 88211-0840

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

Sharbro Holdings LLC
 PO Box 840
 Artesia, NM 88211-0840

9590 9403 0670 5183 6876 11

7015 1730 0000 3819 7637

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

Received by: Colby... Date: 11-30-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 7644

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFFI**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Sharbro Energy, LLC
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

TURN ADDRESS FOLD AT DOTTED LINE

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.

Sharbro Energy, LLC
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6876 04

7015 1730 0000 3819 7644

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

Received by: Steman Date: 11-30-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 7651

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

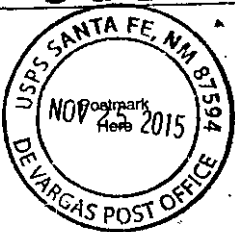
For delivery information, visit usps.com

OFFICIAL

MHF/COG
CUSTER 1H

Certified Mail Fee

\$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.40
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage

Sandra K. Lawlis
PO Box 1889
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 7620

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

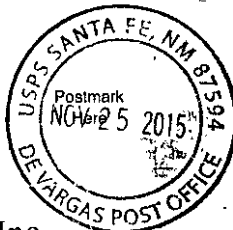
For delivery information, visit usps.com

OFFICIAL

MHF/COG
CUSTER 1H

Certified Mail Fee

\$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.40
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage

Spring Energy Company, Inc.
3100 Woodridge Lane
Odessa, TX 79762-5234

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sandra K. Lawlis
PO Box 1889
Midland, TX 79702

9590 9403 0670 5183 6877 96

2. Tracking Number

7015 1730 0000 3819 7651

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Andrea Hivall

- Agent
- Addressee

B. Received by (Printed Name)

Andrea Hivall

C. Date of Delivery

11-15

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

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

Domestic Return Receipt

7015 1730 0000 3819 7613

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

The Beveridge Company
 P.O. Box 993
 Midland, TX 79702

USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE
 Postmark Here NOV 25 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9792

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

V-F Petroleum, Inc
 PO Box 1889
 Midland, TX 79702

USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE
 Postmark Here NOV 25 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

The Beveridge Company
 P.O. Box 993
 Midland, TX 79702

9590 9403 0670 5183 6876 35

Article Number (Transfer from service label)
 7015 1730 0000 3819 7613

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Sherry Waller

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 P O Box 993
 Midland, TX

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

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.

V-F Petroleum, Inc
 PO Box 1889
 Midland, TX 79702

9590 9403 0670 5183 6876 42

Article Number (Transfer from service label)
 7015 1730 0000 3819 9792

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Andrea Cruz

B. Received by (Printed Name) C. Date of Delivery
 Andrea Cruz 12-1-15

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

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

7015 1730 0000 3819 9778

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

WTG Exploration, Inc.
 401 W. Wadley
 Midland, TX 79705

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 23 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9785

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 1H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

William R. Barth Jr.
 PO Box 1177
 Bismarck, ND 58502-1177

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 23 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

WTG Exploration, Inc.
 401 W. Wadley
 Midland, TX 79705

9590 9403 0670 5183 6876 66

Article Number (Transfer from service label)
 7015 1730 0000 3819 9778

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Keri Gonzalez

B. Received by (Printed Name) *Keri Gonzalez* C. Date of Delivery *11-30-15*

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

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

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.

William R. Barth Jr.
 PO Box 1177
 Bismarck, ND 58502-1177

9590 9403 0670 5183 6876 59

Article Number (Transfer from service label)
 7015 1730 0000 3819 9785

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X William Barth

B. Received by (Printed Name) *William Barth* C. Date of Delivery _____

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

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

7015 1730 0000 3819 9761

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 1H

For delivery information, **OFFICE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Xplore 2008, LP
 801 Cherry Street, Suite
 2355, Unit 10
 Fort Worth, TX 76102

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9754

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 1H

For delivery information, **OFFICE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____


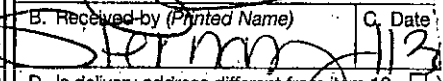
Adult Signature Restricted Delivery \$ _____

Postage _____

Yates Industries LLC
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> </p> <p>B. Received by (Printed Name) C. Date  11/25</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> If YES, enter delivery address below: <input type="checkbox"/></p>
<p>Yates Industries LLC 105 S. Fourth Street Artesia, NM 88210</p>	
<p>9590 9403 0670 5183 6876 80</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Restricted</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 3819 9754</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7015 1730 0000 3819 4957

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** MHF/COG CUSTER 1H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee if appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

USPS SANTA FE, NM 87594
 Postmark Here 23 NOV 2015
 DE VARGAS POST OFFICE

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8216 60

Article Number (Transfer from service label)
 7015 1730 0000 3819 4957

SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) [Signature] C. Date of Delivery 12/2/15

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

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

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

7015 1730 0000 3819 9501

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFF** MHF/COG CUSTER 1H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee if appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

USPS SANTA FE, NM 87594
 Postmark Here 23 NOV 2015
 DE VARGAS POST OFFICE

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6876 97

Article Number (Transfer from service label)
 7015 1730 0000 3819 9501

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) [Signature] C. Date of Delivery 12/2/15

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

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

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

COG OPERATING LLC
CUSTER 16 STATE COM NO. 2H WELL

POOLED PARTIES:

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210"

OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

OFFSETS:

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

Adventure Energy Holdings, LLC
500 West Texas Avenue
Suite 1000
Midland, TX 79701

Aspen Discovery, LP
201 W. 6th Street, Suite 1301
Fort Worth, TX 76001

Christopher P. Renaud
P.O. Box 11301
Midland, TX 79702

Devon Energy Corporation
333 W. Sheridan Avenue
Oklahoma City, OK 73102-
5010

Flying W Resources, LLC
P.O. Box 50546
Midland, TX 79710

Habanero Exploration 2006-1
JV, Ltd.
802 Rio Grande
Austin, TX 78701

Habanero Oil & Gas, L.P.
802 Rio Grande
Austin, TX 78701

Joe Cox and Janet Cox
3112 Dona Ana
Carlsbad, NM 88220

Liberty Energy, LLC
P.O. Box 418109
Boston, MA 0241-8109

Loyd Whitley
P.O. Box 168
Midland, TX 79702

Marshall & Winston, Inc.
P.O. Box 50880
Midland, TX 79710-0880

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, TX 77056

Midland Oil and Gas, Inc.
800 N. Marienfeld, Suite 203
Midland, TX 79701

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Pradesa Energy, Inc.
P.O. Box 814
Rockwall, TX 75087-0814

COG OPERATING LLC
CUSTER 16 STATE COM NO. 2H WELL

Rubicon Oil & Gas II, LP
P.O. Box 11301
Midland, TX 79702

Sharbro Energy, LLC
105 S. Fourth Street
Artesia, NM 88210

The Beveridge Company
P.O. Box 993
Midland, TX 79702

WTG Exploration, Inc.
401 W. Wadley
Midland, TX 79705

Xplore 2008, LP
801 Cherry Street, Suite
2355, Unit 10
Fort Worth, TX 76102

Yates Industries LLC
105 S. Fourth Street
Artesia, NM 88210

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

HOLLAND & HART LLP



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JKessler@hollandhart.com

November 25, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Custer 16 State Com No. 2H 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 December 17, 2015. 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.B 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

November 25, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Custer 16 State Com No. 2H Well

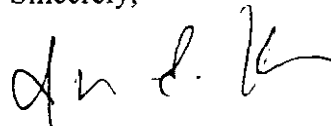
This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on December 17, 2015. 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.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,



Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

7015 1730 0000 3819 9372

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210"

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Adventure Energy Holdings, LLC
 500 West Texas Avenue
 Suite 1000
 Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9334

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.

Article Addressed to:
 Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210"

9590 9403 0643 5183 8214 17

7015 1730 0000 3819 9372

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 11/20/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 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.

Article Addressed to:
 Adventure Energy Holdings, LLC
 500 West Texas Avenue
 Suite 1000
 Midland, TX 79701

9590 9403 0643 5183 8213 70

7015 1730 0000 3819 9334

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 11/20

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 9327

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
 NOV 06 2015
 DE VARGAS POST OFFICE

Aspen Discovery, LP
 201 W. 6th Street, Suite 1301
 Fort Worth, TX 76001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9303

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____


Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
 NOV 06 2015
 DE VARGAS POST OFFICE

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>RENAUD</u></p> <p>C. Date of Delivery <u>NOV 06 2015</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Article Addressed to:</p> <p>Christopher P. Renaud P.O. Box 11301 Midland, TX 79702</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Registered Mail™</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"/> Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>7015 1730 0000 3819 9303</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7015 1730 0000 3819 9297

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 2H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____


Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

9590 9403 0643 5183 8215 30

7015 1730 0000 3819 9297

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X David Carrill Addressee

B. Received by (Printed Name) _____

C. Date of Delivery NOV 30 2015

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

3. Service Type

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

(over \$500)

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

7015 1730 0000 3819 9280

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 2H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

9590 9403 0643 5183 8215 23

7015 1730 0000 3819 9280

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Matti Henderson Addressee

B. Received by (Printed Name) Matti Henderson

C. Date of Delivery 12/3/15

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

3. Service Type

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

(over \$500)

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

7015 1730 0000 3819 9273

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 2H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

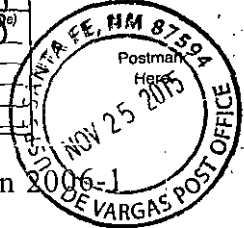
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Habanero Exploration 2006-1
 JV, Ltd.
 802 Rio Grande
 Austin, TX 78701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 9266

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 2H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Habanero Oil & Gas, L.P.
 802 Rio Grande
 Austin, TX 78701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Habanero Exploration 2006-1
 JV, Ltd.
 802 Rio Grande
 Austin, TX 78701

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Delivery Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

7015 1730 0000 3819 9273

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

PLACE STICKER AT TOP OF ENVELOPE TO ENFORCE THE RIGHT TO RETURN MAIL TO ADDRESSEE

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

J Balsam

B. Received by (Printed Name) Agent Addressee

J Balsam

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Habanero Oil & Gas, L.P.
 802 Rio Grande
 Austin, TX 78701

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8215 09

7015 1730 0000 3819 9266

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

PLACE STICKER AT TOP OF ENVELOPE TO ENFORCE THE RIGHT TO RETURN MAIL TO ADDRESSEE

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

J Balsam

B. Received by (Printed Name) Agent Addressee

J Balsam

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

7015 1730 0000 3819 9259

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information
OFFI

MHF/COG
CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Joe Cox and Janet Cox
 3112 Dona Ana
 Carlsbad, NM 88220

USPS SANTA FE, NM 87594
 Postmark NOV 25 2015
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9242

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information
OFFI

MHF/COG
CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Liberty Energy, LLC
 P.O. Box 418109
 Boston, MA 0241-8109

USPS SANTA FE, NM 87594
 Postmark NOV 25 2015
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Liberty Energy, LLC
 P.O. Box 418109
 Boston, MA 0241-8109

9590 9403 0643 5183 8214 86

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Robert Hillis** Agent Addressee

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

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

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

7015 1730 0000 3819 9242

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

7015 1730 0000 3819 9235

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Loyd Whitley
 P.O. Box 168
 Midland, TX 79702

Postmark Here: SANTA FE, NM 87594 NOV 23 2015 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions

7015 1730 0000 3819 9238

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Marshall & Winston, Inc.
 P.O. Box 50880
 Midland, TX 79710-0880

Postmark Here: SANTA FE, NM 87594 NOV 23 2015 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

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

Loyd Whitley
 P.O. Box 168
 Midland, TX 79702

9590 9403 0643 5183 8214 79

7015 1730 0000 3819 9235

PS Form 3811, April 2015 PSN 7530-02-000-9053 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.

COMPLETE THIS SECTION ON DELIVERY

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

Marshall & Winston, Inc.
 P.O. Box 50880
 Midland, TX 79710-0880

9590 9403 0643 5183 8214 62

7015 1730 0000 3819 9238

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

7015 1730 0000 3819 9211

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information visit **OFFFI**

MHF/COG
 CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

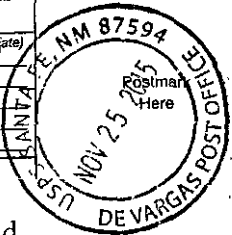
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

McCombs Energy, Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

McCombs Energy, Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

9590 9403 0643 5183 8214 55

2. Article Number (Transfer from service label)

7015 1730 0000 3819 9211

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 11/30/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

7015 1730 0000 3819 9204

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information visit **OFFIC**

MHF/COG
 CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

9590 9403 0643 5183 8216 53

2. Article Number

7015 1730 0000 3819 9204

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 11/30/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

7015 1730 0000 3819 9369

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark Here

USPS SANTA FE, NM 87594
 NOV 23 2015
 DE VARGAS POST OFFICE

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9365

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
CUSTER 2H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark Here

USPS SANTA FE, NM 87594
 NOV 23 2015
 DE VARGAS POST OFFICE

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

Article Addressed to:

MYCO Industries, Inc.
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8214 24

7015 1730 0000 3819 9369

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Stevens

C. Date of Delivery 11/20/15

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

3. Service Type

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

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.

Article Addressed to:

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0643 5183 8214 00

7015 1730 0000 3819 9365

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) J. B. ...

C. Date of Delivery

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

3. Service Type

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 9396

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit [our](#)
OFFICIAL

MHF/COG
 CUSTER 2H

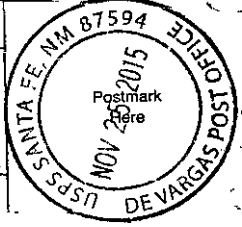
Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 9167

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit [our](#)
OFFICIAL

MHF/COG
 CUSTER 2H

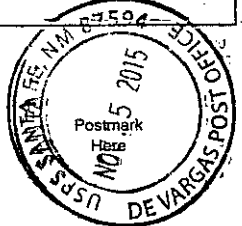
Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Pradesa Energy, Inc.
 P.O. Box 814
 Rockwall, TX 75087-0814

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0643 5183 8214 31

7015 1730 0000 3819 9396

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Insured Mail (over \$500) Signature Confirmation Restricted Delivery

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.

Pradesa Energy, Inc.
 P.O. Box 814
 Rockwall, TX 75087-0814

9590 9403 0643 5183 8216 46

7015 1730 0000 3819 9167

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Insured Mail (over \$500) Signature Confirmation Restricted Delivery

7015 1730 0000 3819 9150

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
CUSTER 2H

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage

Rubicon Oil & Gas II, LP
P.O. Box 11301
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1730 0000 3819 9148

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

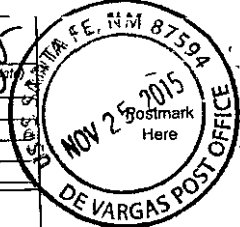
For delivery information, visit

OFFIC

MHF/COG
CUSTER 2H

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage

Sharbro Energy, LLC
105 S. Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015

for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Sharbro Energy, LLC 105 S. Fourth Street Artesia, NM 88210</p>	
<p>2. Barcode: 7015 1730 0000 3819 9148</p>	
<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Delivery Restricted Delivery 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>-Domestic Return Receipt</p>

7015 1730 0000 3819 9136

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/COG
CUSTER 2H

Certified Mail Fee

Extra Services & Fees (check box, add fee if appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage



The Beveridge Company
P.O. Box 993
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

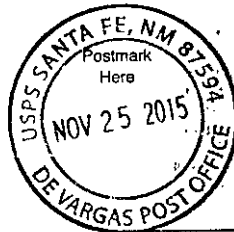
For delivery information, visit
OFFIC

MHF/COG
CUSTER 2H

Certified Mail Fee

Extra Services & Fees (check box, add fee if appropriate)
 Return Receipt (hardcopy) \$ 3.45
 Return Receipt (electronic) \$ 2.80
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage



WTG Exploration, Inc.
401 W. Wadley
Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9129

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.

The Beveridge Company
P.O. Box 993
Midland, TX 79702

9590 9403 0643 5183 8216 15

2. Article Number (Transfer from carrier label)
7015 1730 0000 3819 9136

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sherry Waller Agent
 Addressee

B. Received by (Printed Name)

Sherry Waller C. Date of Delivery

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

P O Box 993
Midland, TX

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Delivery Restricted Delivery
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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.

WTG Exploration, Inc.
401 W. Wadley
Midland, TX 79705

9590 9403 0643 5183 8216 08

2. Article Number (Transfer from carrier label)
7015 1730 0000 3819 9129

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Keri Gonzalez Agent
 Addressee

B. Received by (Printed Name)

Keri Gonzalez 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
- Delivery Restricted Delivery
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 9412

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

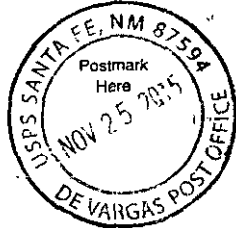
For delivery information, visit our website at www.usps.com®

MHF/COG
CUSTER 2H

OFFICE

Certified Mail Fee

\$	3.45
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Xplore 2008, LP
801 Cherry Street, Suite
2355, Unit 10
Fort Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9412

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

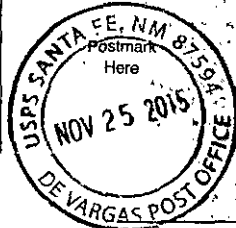
Domestic Mail Only

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

OFFICE

Certified Mail Fee

\$	3.45
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Yates Industries LLC
105 S. Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Stemon</u> C. Date of Delivery <u>11/20/15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Yates Industries LLC 105 S. Fourth Street Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)</p>
<p>2. Tracking Number: <u>9590 9403 0643 5183 8215 78</u></p>	
<p>7015 1730 0000 3819 9412</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7015 1730 0000 3819 9402

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

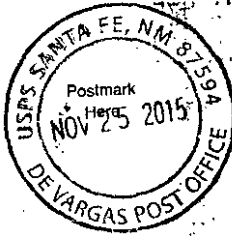
Domestic Mail Only

For delivery information, visit [usps.com](#)

MHF/COG
CUSTER 2H

OFFICE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee to appropriate rate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9053

for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Stewart</u></p> <p>C. Date of Delivery <u>11/25/15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Yates Petroleum Corp 105 S. Fourth Street Artesia, NM 88210</p>	
<p>2. Barcode 9590 9403 0643 5183 8214 48</p>	
<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>7015 1730 0000 3819 9402</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt

COG OPERATING LLC
CUSTER 3H

POOLED PARTIES:

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

"OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

OFFSETS:

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

Adventure Energy Holdings, LLC
500 West Texas Avenue
Suite 1000
Midland, TX 79701

Aspen Discovery, LP
201 W. 6th Street, Suite 1301
Fort Worth, TX 76001

Christopher P. Renaud
P.O. Box 11301
Midland, TX 79702

Devon Energy Corporation
333 W. Sheridan Avenue
Oklahoma City, OK 73102-
5010

Flying W Resources, LLC
P.O. Box 50546
Midland, TX 79710

Habanero Exploration 2006-1
JV, Ltd.
802 Rio Grande
Austin, TX 78701

Habanero Oil & Gas, L.P.
802 Rio Grande
Austin, TX 78701

Joe Cox and Janet Cox
3112 Dona Ana
Carlsbad, NM 88220

Liberty Energy, LLC
P.O. Box 418109
Boston, MA 0241-8109

Loyd Whitley
P.O. Box 168
Midland, TX 79702

Marshall & Winston, Inc.
P.O. Box 50880
Midland, TX 79710-0880

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, TX 77056

Midland Oil and Gas, Inc.
800 N. Marienfeld, Suite 203
Midland, TX 79701

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

Nuevo Seis Limited
Partnership
PO Box 2588
Roswell, NM 88202

OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

COG OPERATING LLC
CUSTER 3H

Pradesa Energy, Inc.
P.O. Box 814
Rockwall, TX 75087-0814

Rubicon Oil & Gas II, LP
P.O. Box 11301
Midland, TX 79702

Sharbro Energy, LLC
105 S. Fourth Street
Artesia, NM 88210

The Beveridge Company
P.O. Box 993
Midland, TX 79702

WTG Exploration, Inc.
401 W. Wadley
Midland, TX 79705

Wygocki Family Trust
721 Robbins Road
Lansing, MI 48917

Xplore 2008, LP
801 Cherry Street, Suite
2355, Unit 10
Fort Worth, TX 76102

Yates Industries LLC
105 S. Fourth Street
Artesia, NM 88210

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

HOLLAND & HART



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JKessler@hollandhart.com

November 25, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Custer 16 State Com No. 3H 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 December 17, 2015. 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.B 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JKessler@hollandhart.com

November 25, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Custer 16 State Com No. 3H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on December 17, 2015. 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.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

7015 1730 0000 3819 4865

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87594
 Postmark NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8210 66

7015 1730 0000 3819 4865

SECTION ON DELIVERY

A. Signature Agent Addressee

X

B. Received by (Printed Name) Denna

C. Date of Delivery 11/30/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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

7015 1730 0000 3819 4847

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87594
 Postmark NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

9590-9403 0643 5183 8222 47

7015 1730 0000 3819 4847

SECTION ON DELIVERY

A. Signature Agent Addressee

X

B. Received by (Printed Name) Denna

C. Date of Delivery 11/25/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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

7015 1730 0000 3819 4433

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4827

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

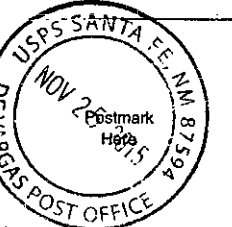
Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Adventure Energy Holdings,
LLC
500 West Texas Avenue, Suite
1000
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

9590 9403 0643 5183 8217 52

2. Article Number (Transfer from service label)

7015 1730 0000 3819 9433

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

RECIPIENT'S SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Sterner

C. Date of Delivery 11/30

D. Is delivery address different from item 1? Yes No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Restricted Delivery

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Adventure Energy Holdings,
LLC
500 West Texas Avenue, Suite
1000
Midland, TX 79701

9590 9403 0670 5183 6845 35

2. Article Number (Transfer from service label)

7015 1730 0000 3819 4827

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

RECIPIENT'S SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery 11/30

D. Is delivery address different from item 1? Yes No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Restricted Delivery

7015 1730 0000 3819 4810

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

9590 9403 0670 5183 6845 42

2... Article Number (Transfer from service label)
 7015 1730 0000 3819 4810

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Tenaud* C. Date of Delivery *12/15*

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

3. Service Type

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 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.

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

9590 9403 0670 5183 6845 59

2... Article Number (Transfer from service label)
 7015 1730 0000 3819 9105

SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *NOV 30 2015*

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

3. Service Type

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 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.

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5010

9590 9403 0670 5183 6845 59

2... Article Number (Transfer from service label)
 7015 1730 0000 3819 9105

SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *NOV 30 2015*

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

3. Service Type

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

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

7015 1730 0000 3819 9082

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information, visit
OFFIC

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

USPS SANTA FE, NM 87594
 NOV 25 2015
 Postmark Here
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9082

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information, visit
OFFIC

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Habanero Exploration 2006-1
 JV, Ltd.
 802 Rio Grande
 Austin, TX 78701

USPS SANTA FE, NM 87594
 NOV 25 2015
 Postmark Here
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

9590 9403 0670 5183 6845 66

7015 1730 0000 3819 9082

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Nathi Henderson

C. Date of Delivery
 12/3/15

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
 Restricted Delivery

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 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.

Habanero Exploration 2006-1
 JV, Ltd.
 802 Rio Grande
 Austin, TX 78701

9590 9403 0670 5183 6845 80

7015 1730 0000 3819 9082

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J Balsan

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
 Restricted Delivery

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

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

7015 1730 0000 3819 9075

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**
MHF/COG
CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

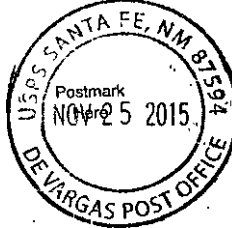
Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Habanero Oil & Gas, L.P.
802 Rio Grande
Austin, TX 78701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 6788 9068

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**
MHF/COG
CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

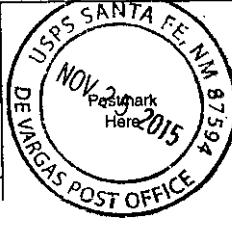
Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Joe Cox and Janet Cox
3112 Dona Ana
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL®

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

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.

Habanero Oil & Gas, L.P.
802 Rio Grande
Austin, TX 78701

9590 9403 0670 5183 6845 73

2. Article Number (Transfer from envelope) 7015 1730 0000 3819 9075

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
J Balsam

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

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

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

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

7015 1730 0000 3819 9051

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information:
OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 NOV 25 2015
 USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE

Liberty Energy, LLC
 P.O. Box 418109
 Boston, MA 0241-8109

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9044

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

For delivery information:
OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Postmark
 NOV 5 2015
 USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE

Lloyd Whitley
 P.O. Box 168
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

■ 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.

Liberty Energy, LLC
 P.O. Box 418109
 Boston, MA 0241-8109

9590 9403 0643 5183 8212 19

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 9051

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

A. Signature
 Robert Willis Agent Addressee

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

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 9051 Mail Restricted Delivery (over \$500)

SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

■ 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.

Lloyd Whitley
 P.O. Box 168
 Midland, TX 79702

9590 9403 0643 5183 8212 95

(Transfer from service label)
 7015 1730 0000 3819 9044

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

A. Signature
 Marilyn Maso Agent Addressee

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

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 9037

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

OFFICIAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Marshall & Winston, Inc.
 P.O. Box 50880
 Midland, TX 79710-0880

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark: NOV 2 2015, DE VARGAS POST OFFICE, SANTA FE, NM 87504

7015 1730 0000 3819 9020

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 3H

OFFICIAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

McCombs Energy, Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark: NOV 25 2015, DE VARGAS POST OFFICE, SANTA FE, NM 87504

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.

Marshall & Winston, Inc.
 P.O. Box 50880
 Midland, TX 79710-0880

9590 9403 0643 5183 8212 88

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 9037

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

SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Tina Foster C. Date of Delivery 11/30/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

McCombs Energy, Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

9590 9403 0643 5183 8212 71

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 9020

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

THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) John Knode C. Date of Delivery 11/30/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 9013

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.10

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

USPS SANTA FE, NM 87504
 Postmark Here
 NOV 23 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4872

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

MYCO Industries, Inc.
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87504
 Postmark Here
 NOV 23 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

9590 9403 0643 5183 8212 64

7015 1730 0000 3819 9013

SECTION ON DELIVERY

A. Signature Sandra Wood Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 11/20/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 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.

MYCO Industries, Inc.
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8210 59

7015 1730 0000 3819 4872

SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Stems C. Date of Delivery 11/20/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 9006

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL CUSTOMER SERVICE

MHF/COG
CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

THIS SECTION ON DELIVERY

■ 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.

A. Signature Agent Addressee
 X

B. Received by (Printed Name) Steven C. Date of Delivery 11/20/15

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

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8212 57

7015 1730 0000 3819 9006

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery

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

Delivery Restricted Delivery (over \$500)

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

7015 1730 0000 3819 9440

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL CUSTOMER SERVICE

MHF/COG
CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

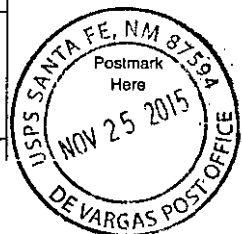
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

SECTION ON DELIVERY

■ 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.

A. Signature Agent Addressee
 X

B. Received by (Printed Name) Steven C. Date of Delivery 11/20/15

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

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8217 45

7015 1730 0000 3819 9440

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery

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

Delivery Restricted Delivery (over \$500)

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

7015 1730 0000 3819 8993

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here
 NOV 25 2015
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Nuevo Seis Limited
 Partnership
 PO Box 2588
 Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Nuevo Seis Limited
 Partnership
 PO Box 2588
 Roswell, NM 88202

9590 9403 0643 5183 8212 40

7015 1730 0000 3819 8993

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input checked="" type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

USPS 88201
 NOV 25 2015

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

7015 1730 0000 3819 4858

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here
 NOV 25 2015
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0643 5183 8210 73

7015 1730 0000 3819 4858

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery _____

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 8986

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL CUSTOMER

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Postmark Here
 NOV 25 2015
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9426

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL CUSTOMER

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Postmark Here
 NOV 25 2015
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0643 5183 8212 33

7015 1730 0000 3819 8986

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

THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

B. Received by (Printed Name) *J B PEARSON*

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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Restricted Delivery (over \$500)

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.

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0643 5183 8217 69

7015 1730 0000 3819 9426

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

THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *J B PEARSON*

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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Restricted Delivery

7015 1730 0000 3619 9457

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE ONLY

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

"OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE
 Postmark Here
 NOV 23 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3619 8979

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **MHF/COG CUSTER 3H**

OFFICIAL USE ONLY

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE
 Postmark Here
 NOV 23 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **ACTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Complete items 1, 2, and 3.
 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.

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
JEBAR

C. Date of Delivery

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

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

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
 Registered Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8212 26

Number (Transfer from service label)
 7015 1730 0000 3619 8979

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

7015 1730 0000 3819 4889

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
 NOV 5 2015
 DE VARGAS POST OFFICE

"OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

"OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 0643 5183 8210 42

2 Article Number (Transfer from service label)
 7015 1730 0000 1380 91 4889

SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
J. Prado

C. Date of Delivery
10-15

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
 Mail Restricted Delivery

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

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

7015 1730 0000 3819 8962

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

USPS SANTA FE, NM 87594
 NOV 5 2015
 DE VARGAS POST OFFICE

Pradesa Energy, Inc.
 P.O. Box 814
 Rockwall, TX 75087-0814

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

Pradesa Energy, Inc.
 P.O. Box 814
 Rockwall, TX 75087-0814

9590 9403 0643 5183 8211 10

2 Article Number (Transfer from service label)
 7015 1730 0000 3819 8962

SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
JANET S. Prado

C. Date of Delivery
10-15

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
 Mail Restricted Delivery

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

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

7015 1730 0000 3819 8955

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

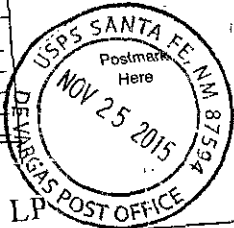
For delivery information, visit **OFFICIAL**

MHF/COG
CUSTER 3H

Certified Mail Fee

3.45

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 2.80
 - Return Receipt (electronic) \$
 - Certified Mail Restricted Delivery \$
 - Adult Signature Required \$
 - Adult Signature Restricted Delivery \$



Rubicon Oil & Gas II, LP
P.O. Box 11301
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1730 0000 3819 8948

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

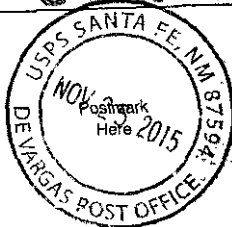
For delivery information, visit **OFFICIAL**

MHF/COG
CUSTER 3H

Certified Mail Fee

3.45

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 2.80
 - Return Receipt (electronic) \$
 - Certified Mail Restricted Delivery \$
 - Adult Signature Required \$
 - Adult Signature Restricted Delivery \$



Sharbro Energy, LLC
105 S. Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent</p>	<p><input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Sharbro Energy, LLC 105 S. Fourth Street Artesia, NM 88210</p> <p>9590 9403 0643 5183 8210 97</p>	<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>[Signature]</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 3819 8948</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	

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

Domestic Return Receipt

7015 1730 0000 3819 8931

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

The Beveridge Company
 P.O. Box 993
 Midland, TX 79702

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

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.

The Beveridge Company
 P.O. Box 993
 Midland, TX 79702

9590 9403 0643 5183 8210 80

7015 1730 0000 3819 8931

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

THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Sherry Walker

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

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

P.O. Box 993
 Midland, TX

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

7015 1730 0000 3819 8924

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

WTG Exploration, Inc.
 401 W. Wadley
 Midland, TX 79705

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

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.

WTG Exploration, Inc.
 401 W. Wadley
 Midland, TX 79705

9590 9403 0643 5183 8216 77

7015 1730 0000 3819 8924

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

THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Kelli Gonzalez

B. Received by (Printed Name) C. Date of Delivery
 Kelli Gonzalez 11-2015

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

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

7015 1730 0000 3819 8917

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **MHF/COG**
OFFICE CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Wygocki Family Trust
 721 Robbins Road
 Lansing, MI 48917

USPS SANTA FE, NM 87594
 Postmark NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

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.

A. Signature Agent Addressee
 X *William Wygocki*

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

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

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

Article Number (Transfer from service label)
 9590 9403 0643 5183 8217 07

7015 1730 0000 3819 8917

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

7015 1730 0000 3819 8900

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **MHF/COG**
OFFICE CUSTER 3H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Xplore 2008, LP
 801 Cherry Street, Suite
 2355, Unit 10
 Fort Worth, TX 76102

USPS SANTA FE, NM 87594
 Postmark NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 9488

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 3H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Yates Industries LLC
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

Yates Industries LLC
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8213 01

7015 1730 0000 3819 9488

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

THIS SECTION ON DELIVERY

A. Signature
 X

B. Received by (Printed Name)
 Jernon

C. Date of Delivery
 11/20/15

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

3. Service Type

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

Domestic Return Receipt

7015 1730 0000 3819 4896

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 3H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0643 5183 8210 35

7015 1730 0000 3819 4896

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

THIS SECTION ON DELIVERY

A. Signature
 X

B. Received by (Printed Name)
 Jernon

C. Date of Delivery
 11/20/15

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

3. Service Type

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

Domestic Return Receipt

7015 1730 0000 3819 9495

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

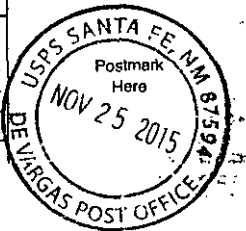
OFFICE

MHF/COG
CUSTER 3H

Certified Mail Fee

Extra Services & Fees (check box, add fee in appropriate rate)	3.45
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage



Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1730 0000 3819 9464

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

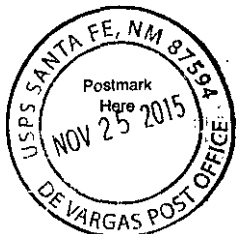
For delivery information, visit our website at www.usps.com

OFFICE CUSTER 3H

Certified Mail Fee

Extra Services & Fees (check box, add fee in appropriate rate)	3.45
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage



Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

1. Complete items 1, 2, and 3.
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.

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

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

3. Service Type: Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Return Receipt for Merchandise
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery (over \$500)

1. Article Addressed to: Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

2. Article Number (Transfer from service label): 7015 1730 0000 3819 9495

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

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

1. Complete items 1, 2, and 3.
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.

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

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

3. Service Type: Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Return Receipt for Merchandise
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery (over \$500)

1. Article Addressed to: Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

2. Article Number (Transfer from service label): 7015 1730 0000 3819 9464

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

COG OPERATING LLC
CUSTER 4H WELL

POOLED PARTIES:

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

OFFSET OWNERS:

Abo Petroleum
105 S. Fourth Street
Artesia, NM 88210

Adventure Energy Holdings, LLC
500 West Texas Avenue
Suite 1000
Midland, TX 79701

Ameristate Exploration, LLC
401 Congress, Suite 2900
Austin, TX 78701

Aspen Discovery, LP
201 W. 6th Street, Suite 1301
Fort Worth, TX 76001

Black Stone Minerals
1001 Fannin, Suite 2020
Houston, TX 77002

C.W. Trainer
PO Box 754
Midland, TX 79702

Catellus Passive, LLC
66 Franklin St., Suite 200
Oakland, CA 94607

Chi Energy, Inc.
PO Box 1799
Midland, TX 79702

Christine V. Merchant
PO Box 1453
Roswell, NM 88202

Christopher P. Renaud
P.O. Box 11301
Midland, TX 79702

Devon Energy Corporation
333 W. Sheridan Avenue
Oklahoma City, OK 73102

Flying W Resources, LLC
P.O. Box 50546
Midland, TX 79710

Fuel Products, Inc.
PO Box 3098
Midland, TX 79702

Garry Porter
10990 Quivira Road
Overland Park, KS 66210

Habanero Exploration 2006-1
JV, Ltd.
802 Rio Grande
Austin, TX 78701

Habanero Oil & Gas, L.P.
802 Rio Grande
Austin, TX 78701

Habanero Oil & Gas, LP
802 Rio Grande
Austin, TX 78701

Isramco Energy, LLC
11767 Katy Freeway, Suite 711
Houston, TX 77079

COG OPERATING LLC
CUSTER 4H WELL

Joe Cox and Janet Cox
3112 Dona Ana
Carlsbad, NM 88220

Kellie M. McCoy
PO Box 1453
Roswell, NM 88202

Kellie M. McCoy, as custodian
for David T. Sorenson
PO Box 1453
Roswell, NM 88202

Lanita C. Williamson Family Living Trust,
dated January 17, 2011
Lanita C. Williamson, Trustee
9325 Highhedge Circle
Dallas, TX 75238

Liberty Energy LLC
PO Box 418109
Boston, MA 02241

Loyd Whitley
P.O. Box 168
Midland, TX 79702

M. Wayne Luna
PO Box 1889
Midland, TX 79702

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

Matthew N. Sorenson
PO Box 1453
Roswell, NM 88202

Max T. Horn
6022 Timberglade Circle
Bloomington, MN 55438

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, TX 77056

Midland Oil and Gas, Inc.
800 N. Marienfeld, Suite 203
Midland, TX 79701

Mr. William R. Barth, Jr.
PO Box 1177
Bismarck, ND 58502

MRC Permian Company
One Lincoln Centre, Ste. 1500
5400 Lyndon B. Johnson Fwy.
Dallas, TX 75240-1017

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

Nadel and Gussman Permian,
LLC
601 N. Marienfeld, Suite 508
Midland, TX 79701

Newmont Realty Corporation
1700 Lincoln St.
Denver, CO 80203

Nuevo Seis Limited
Partnership
PO Box 2588
Roswell, NM 88202

OXY USA Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Pear Resources
c/o J.M Gahr, partner
PO Box 11044
Midland, TX 79702

Petroleum Growth Fund-2003,
LTD
PO Box 2677
Abilene, TX 79604

Pradesa Energy, Inc.
PO Box 814
Rockwall, TX 75087

R.W. Cordry
d/b/a Cordry Oil & Gas
10990 Quivira Road, Suite 130
Overland Park, KS 66210

Rubicon Oil & Gas II, LP
P.O. Box 11301
Midland, TX 79702

Rubicon Oil & Gas II, LP
PO Box 11301
Midland, TX 79702

Sandra K. Lawlis
PO Box 1889
Midland, TX 79702

COG OPERATING LLC
CUSTER 4H WELL

Sharbro Energy, LLC
105 S. Fourth Street
Artesia, NM 88210

Spring Energy Company, Inc.
3100 Woodridge Lane
Odessa, TX 79702

The Beveridge Company
P.O. Box 993
Midland, TX 79702

Trinity Resources, LLC
200 W. 1st St., Suite 859
Roswell, NM 88201

V-F Petroleum Inc.
PO Box 1889
Midland, TX 79702

Williamson Enterprises
PO Box 32570
Santa Fe, NM 87594

WTG Exploration, Inc.
401 W. Wadley
Midland, TX 79705

Wygocki Family Trust
721 Robbins Road
Lansing, MI 48917

Xplore 2008, LP
801 Cherry St., Suite 2355,
Unit 10
Fort Worth, TX 76102

Yates Industries LLC
105 S. Fourth Street
Artesia, NM 88210

Yates Petroleum Corp
105 S. Fourth Street
Artesia, NM 88210

November 25, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.
Custer 16 State No. 4H Well**

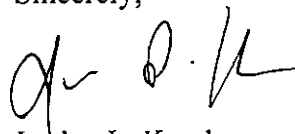
Ladies & Gentlemen:

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 December 17, 2015. 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.B 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,



Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

November 25, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Custer 16 State No. 4H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on December 17, 2015. 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.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☏

7015 1730 0000 3819 8801

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our **OFFICE**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87504
 Postmark NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6849 86

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Sterman C. Date of Delivery 11/30/15

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

3. Service Type

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

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

7015 1730 0000 3819 8856

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our **OFFICE**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87504
 Postmark NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Abo Petroleum
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6881 99

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8856

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Sterman C. Date of Delivery 11/30/15

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

3. Service Type

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

(over \$500)

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

7015 1730 0000 3819 8863

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit www.usps.com

OFFICE

MHF/COG
CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

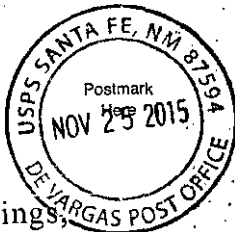
Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage

Adventure Energy Holdings,
LLC
500 West Texas Avenue, Suite
1000
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 8870

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit www.usps.com

OFFICE

MHF/COG
CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

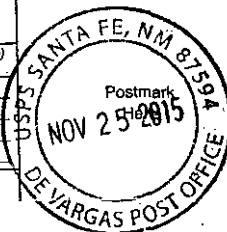
Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage

Ameristate Exploration, LLC
401 Congress, Suite 2900
Austin, TX 78701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

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.

**Adventure Energy Holdings,
LEC
500 West Texas Avenue, Suite
1000
Midland, TX 79701**

9590 9403 0670 5183 6849 79

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8863

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 11-30

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 1730 0000 3819 8887

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/COG
CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

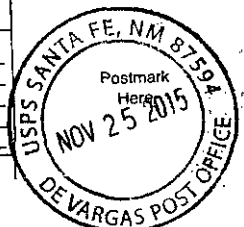
Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Aspen Discovery, LP
201 W. 6th Street, Suite 1301
Fort Worth, TX 76001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 8894

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/COG
CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

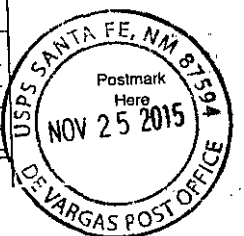
Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Black Stone Minerals
1001 Fannin, Suite 2020
Houston, TX 77002

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF RETURN ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

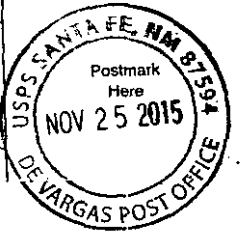
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>P. Klemchuk</i></p> <p>B. Received by (Printed Name) <i>Pak</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Black Stone Minerals 1001 Fannin, Suite 2020 Houston, TX 77002</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9403 0670 5183 6849 48</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>7015 1730 0000 3819 8894</p> <p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7015 1730 0000 3819 4414

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**
MHF/COG
CUSTER 4H

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fee if appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.88
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		



C.W. Trainer
PO Box 754
Midland, TX 79702

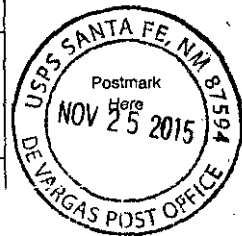
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4421

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**
MHF/COG
CUSTER 4H

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fee if appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.88
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		



Catellus Passive, LLC
66 Franklin St., Suite 200
Oakland, CA 94607

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>S. Wilson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) S. Wilson C. Date of Delivery
Catellus Passive, LLC 66 Franklin St., Suite 200 Oakland, CA 94607	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. A. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
9590 9403 0670 5183 6849 24	Return Receipt

7015 1730 0000 3819 4438

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Chi Energy, Inc.
 PO Box 1799
 Midland, TX 79702

USPS SANTA FE, NM 87504
 NOV 2 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4445

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Christine V. Merchant
 PO Box 1453
 Roswell, NM 88202

USPS SANTA FE, NM 87504
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

Article Addressed to:

Chi Energy, Inc.
 PO Box 1799
 Midland, TX 79702

9590 9403 0670 5183 6849 17

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4438

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Dianna Bell Agent
 Addressee

B. Received by (Printed Name)
 Dianna Bell

C. Date of Delivery
 12-4-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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.

Article Addressed to:

Christine V. Merchant
 PO Box 1453
 Roswell, NM 88202

9590 9403 0670 5183 6849 00

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4445

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Christine Merchant Agent
 Addressee

B. Received by (Printed Name)
 Christine Merchant

C. Date of Delivery
 12-4-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 4452

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

USPS SANTA FE, NM 87594
 Postmark
 NOV 29 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4466

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102

USPS SANTA FE, NM 87594
 Postmark
 NOV 29 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Christopher P. Renaud
 P.O. Box 11301
 Midland, TX 79702

9590 9403 0670 5183 6848 94

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4452

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 KENAC 12/2/15

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

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

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.

Devon Energy Corporation
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102

9590 9403 0670 5183 6843 99

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4466

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 David Carrillo NOV 30 2015

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

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®

Domestic Return Receipt

7015 1730 0000 3819 4476

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL WEBSITE**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Flying W Resources, LLC
 P.O. Box 50546
 Midland, TX 79710

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4476

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

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

5. Signature
 Agent
 Addressee

6. Received by (Printed Name)
 Matt Henderson

7. Date of Delivery
 12/3/15

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

7015 1730 0000 3819 4481

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL WEBSITE**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Fuel Products, Inc.
 PO Box 3098
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Fuel Products, Inc.
 PO Box 3098
 Midland, TX 79702

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4483

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

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

5. Signature
 Agent
 Addressee

6. Received by (Printed Name)
 Andrea Huda

7. Date of Delivery
 12-7-15

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

7015 1730 0000 3819 4490

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit

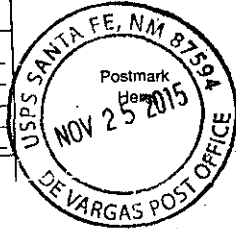
OFFIC

**MHF/COG
CUSTER 4H**

Certified Mail Fee

\$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage



Garry Porter
 10990 Quivira Road
 Overland Park, KS 66210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1730 0000 3819 4506

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit

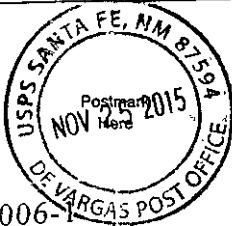
OFFIC

**MHF/COG
CUSTER 4H**

Certified Mail Fee

\$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage



Habanero Exploration 2006-1
 JV, Ltd.
 802 Rio Grande
 Austin, TX 78701

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PRINTED NAME SHOULD BE PLACED AT THE TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X J Balsam</i></p> <p>B. Received by (Printed Name) <i>J Balsam</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>Habanero Exploration 2006-1 JV, Ltd. 802 Rio-Grande Austin, TX 78701</p>		<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article <u>9590 9403 0670 5183 6843 51</u></p>		<p>1. Barcode: 7015 1730 0000 3819 4506</p>	

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

Domestic Return Receipt

7015 1730 0000 3819 8702

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee, if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Habenero Oil & Gas, L.P.
 802 Rio Grande
 Austin, TX 78701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 8719

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFFI**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee, if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

Habenero Oil & Gas, LP
 802 Rio Grande
 Austin, TX 78701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Habenero Oil & Gas, L.P.
 802 Rio Grande
 Austin, TX 78701

9590 9403 0670 5183 6843 44

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8702

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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

PLACE STICKER AT TOP OF ENVELOPE OR TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Habenero Oil & Gas, LP
 802 Rio Grande
 Austin, TX 78701

9590 9403 0670 5183 6843 37

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8719

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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

7015 1730 0000 3819 8726

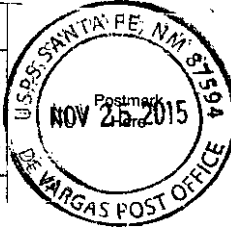
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/COG
CUSTER 4H

OFFIC

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fees as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	



Postage

Isramco Energy, LLC
11767 Katy Freeway, Suite 711
Houston, TX 77079

7015 1730 0000 3819 8733

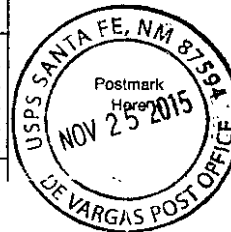
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/COG
CUSTER 4H

OFFICIAL U.S. MAIL

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fees as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	



Postage

Joe Cox and Janet Cox
3112 Dona Ana
Carlsbad, NM 88220

7015 1730 0000 3819 8740

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

USPS SANTA FE, NM 87594
 Postmark Here **NOV 25 2015**
DE VARGAS POST OFFICE

Kellie M. McCoy
 PO Box 1453
 Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to

Kellie M. McCoy
 PO Box 1453
 Roswell, NM 88202

9590 9403 0670 5183 6849 93

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8740

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kellie McCoy* Agent Addressee

B. Received by (Printed Name) *Kellie McCoy* C. Date of Delivery *11/25/2015*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: *88201*

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

7015 1730 0000 3819 8752

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

USPS SANTA FE, NM 87594
 Postmark Here **NOV 25 2015**
DE VARGAS POST OFFICE

Kellie M. McCoy, as custodian
 for David T. Sorenson
 PO Box 1453
 Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to

Kellie M. McCoy, as custodian
 for David T. Sorenson
 PO Box 1453
 Roswell, NM 88202

9590 9403 0643 5183 8221 86

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8752

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kellie McCoy* Agent Addressee

B. Received by (Printed Name) *Kellie McCoy* C. Date of Delivery *11/25/2015*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: *88201*

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input checked="" type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

7015 1730 0000 3819 9470

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: **OFFFI** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here: **NOV 25 2015**
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Lanita C. Williamson Family Living Trust,
 dated January 17, 2011
 Lanita C. Williamson, Trustee
 9325 Highhedge Circle
 Dallas, TX 75238

See Reverse for Instructions

7015 1730 0000 3819 8764

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: **OFFFI** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here: **NOV 25 2015**
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Liberty Energy LLC
 PO Box 418109
 Boston, MA 02241

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

COMPLETE THIS SECTION

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

1. Article Addressed to:

Liberty Energy LLC
 PO Box 418109
 Boston, MA 02241

2. Article Number (Transfer from service label)
9590.9403 0643 5183 8221 93

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

A. Signature
 Agent
 Addressee
Robert Hillis

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

Postmark Here: **NOV 25 2015**
 STATION BOSTON
 1502
 DE VARGAS POST OFFICE

7015 1730 0000 3819 8764

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

7015 1730 0000 3819 8771

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Loyd Whitley
 P.O. Box 168
 Midland, TX 79702

USPS SANTA FE, NM 87594
 3102
 Postmark Here
 NOV 25 2015
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 8788

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

M. Wayne Luna
 PO Box 1889
 Midland, TX 79702

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Loyd Whitley
 P.O. Box 168
 Midland, TX 79702

9590 9403 0643 5183 8219 74

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8771 Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Marilyn Mason* Agent Addressee

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

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

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

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.

M. Wayne Luna
 PO Box 1889
 Midland, TX 79702

9590 9403 0643 5183 8219 81

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8788 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Andrea Luna* Agent Addressee

B. Received by (Printed Name) *Andrea Luna* C. Date of Delivery **12-1-15**

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

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

7015 1730 0000 3819 8795

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Postmark Here
 SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS (FOLD ALONG DOTTED LINE)

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.

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

9590 9403 0643 5183 8216 84

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8795

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *TRINA FORSA* C. Date of Delivery *11/30/15*

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail _____

7015 1730 0000 3819 8603

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Postmark Here
 SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

Matthew N. Sorenson
 PO Box 1453
 Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS (FOLD ALONG DOTTED LINE)

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.

Matthew N. Sorenson
 PO Box 1453
 Roswell, NM 88202

9590 9403 0643 5183 8216 91

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8603

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Lester Liberman* C. Date of Delivery *11/20/15*

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 8627

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Max T. Horn
 6022 Timberglade Circle
 Bloomington, MN 55438

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 8627

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

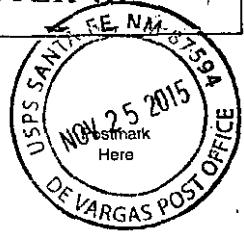
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

McCombs Energy, Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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

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, Ltd.
 5599 San Felipe, Suite 1200
 Houston, TX 77056

9590 9403 0643 5183 821172

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8627

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail™ Restricted Delivery

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

7015 1730 0000 3819 8654

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

MHF/COG
 OFFICE CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark
 USPS SANTA FE, NM 87504
 NOV 23 2015
 DE VARGAS POST OFFICE

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Address

Midland Oil and Gas, Inc.
 800 N. Marienfeld, Suite 203
 Midland, TX 79701

9590 9403 0643 5183 8211 65

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8654

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

Agent
 Addressee

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 11/23/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

(over \$500)

7015 1730 0000 3819 8654

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

MHF/COG
 OFFICE CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark
 USPS SANTA FE, NM 87504
 NOV 25 2015
 DE VARGAS POST OFFICE

MRC Permian Company
 One Lincoln Centre, Ste. 1500
 5400 Lyndon B. Johnson Fwy.
 Dallas, TX 75240-1017

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Address

MRC Permian Company
 One Lincoln Centre, Ste. 1500
 5400 Lyndon B. Johnson Fwy.
 Dallas, TX 75240-1017

9590 9403 0643 5183 8211 62

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8654

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

Agent
 Addressee

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 12/1/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

(over \$500)

7015 1730 0000 3819 8641

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit usps.com

OFFICE

MHF/COG
CUSTER 4H

Certified Mail Fee

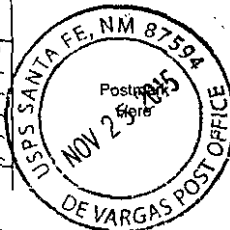
\$

Extra Services & Fees (check box, add fees as appropriate)

- Return Receipt (hardcopy) \$ 2.80
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Mr. William R. Barth, Jr.
PO Box 1177
Bismarck, ND 58502



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

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

1. Article Address

Mr. William R. Barth, Jr.
PO Box 1177
Bismarck, ND 58502

2. Article Number (Transfer from service label)

9590 9403 0643 5183 8211 58

7015 1730 0000 3819 8641

PS Form 3811, April 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

Domestic Return Receipt

7015 1730 0000 3819 8665

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit usps.com

OFFICE

MHF/COG
CUSTER 4H

Certified Mail Fee

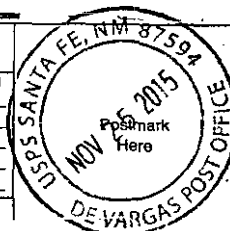
\$

Extra Services & Fees (check box, add fees as appropriate)

- Return Receipt (hardcopy) \$ 2.80
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

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

1. Article Address

MYCO Industries, Inc
105 S. Fourth Street
Artesia, NM 88210

2. Article Number (Transfer from service label)

9590 9403 0643 5183 8221 55

7015 1730 0000 3819 8665

PS Form 3811, April 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

J. Hernandez | 11/2015

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

Domestic Return Receipt

7015 1730 0000 3819 8832

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

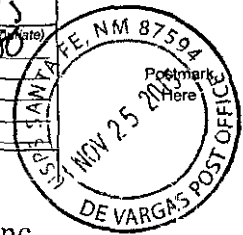
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

MYCO Industries, Inc
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MYCO Industries, Inc.
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6881 82

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8832

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) Sherman C. Date of Delivery 11/25/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 8672

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

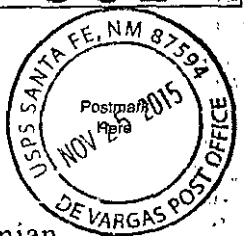
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Nadel and Gussman Permian, LLC
 601 N. Marienfeld, Suite 508
 Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nadel and Gussman Permian, LLC
 601 N. Marienfeld, Suite 508
 Midland, TX 79701

9590 9403 0643 5183 8221 48

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 8672

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) Sherman C. Date of Delivery 11/30/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 8689

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

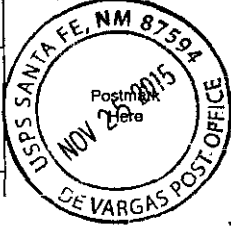
For delivery information, visit usps.com

MHF/COG
CUSTER 4H

OFFICE

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage

Newmont Realty Corporation
1700 Lincoln St.
Denver, CO 80203

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1730 0000 3819 8699

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

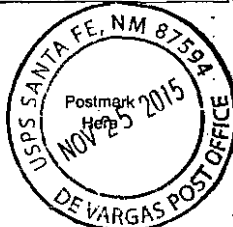
For delivery information, visit usps.com

MHF/COG
CUSTER 4H

OFFICE

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage

Nuevo Seis Limited
Partnership
PO Box 2588
Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>[Signature]</i> 30 <input type="checkbox"/> Agent 2015 <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Colleen Montez</i> C. Date of Delivery <i>SP 8820</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nuevo Seis Limited Partnership PO Box 2588 Roswell, NM 88202</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 3819 8699</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9403 0643 5183 8221 24</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt

7015 1730 0000 3819 4711

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit
OFFICE

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)
 Return Receipt (hardcopy) \$ 2.50
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 8849

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit
OFFICE

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)
 Return Receipt (hardcopy) \$ 2.50
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____

OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

2. Article Number (Transfer from service label)
 9590 9403 0643 5183 8221 17

7015 1730 0000 3819 4711

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J BERAN

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 OXY USA Inc.
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

2. Article Number (Transfer from service label)
 9590 9403 0643 5183 8217 14

7015 1730 0000 3819 8849

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J BERAN

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

5285 1730 0000 3819 8825

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 4H

For delivery information, visit:
OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Postmark Here
 NOV 25 2015
 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

2. Article Number (Transfer from carrier label)
 7015 1730 0000 3819 8825

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

4. Signature
 [Signature]

5. Received by (Printed Name)
 [Signature]

6. Date of Delivery

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

9590 9403 0670 5183 6881 75

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

7015 1730 0000 3819 4728

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
 CUSTER 4H

For delivery information, visit:
OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Postmark Here
 NOV 25 2015
 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

2. Article Number (Transfer from carrier label)
 7015 1730 0000 3819 4728

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

4. Signature
 [Signature]

5. Received by (Printed Name)
 [Signature]

6. Date of Delivery

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

9590 9403 0643 5183 8221 00

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

7015 1730 0000 3819 4735

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **MHF/COG CUSTER 4H OFFICE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Pear Resources
 c/o J.M Gahr, partner
 PO Box 11044
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 4742

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **MHF/COG CUSTER 4H OFFICE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

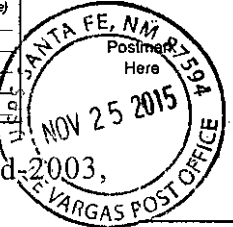
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Petroleum Growth Fund-2003,
 LTD
 PO Box 2677
 Abilene, TX 79604

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to

Pear Resources
 c/o J.M Gahr, partner
 PO Box 11044
 Midland, TX 79702

9590 9403 0643 5183 8220 94

2. Article Number (Transfer from service label)

7015 1730 0000 3819 4735

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

John Jackson

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

John Jackson 12-4-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to

Petroleum Growth Fund-2003,
 LTD
 PO Box 2677
 Abilene, TX 79604

9590 9403 0643 5183 8220 87

2. Article Number (Transfer from service label)

7015 1730 0000 3819 4742

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Christi Sanders

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

Christi Sanders 12-2-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 4759

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

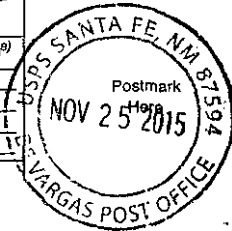
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Pradesa Energy, Inc.
 PO Box 814
 Rockwall, TX 75087

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Pradesa Energy, Inc.
 PO Box 814
 Rockwall, TX 75087

9590 9403 0643 5183 8221 79

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4759

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 Janet S. Prado 12-9-15

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

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

7015 1730 0000 3819 4766

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG CUSTER 4H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

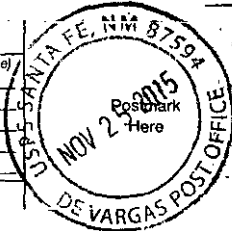
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

R. W. Cordry
 d/b/a Cordry Oil & Gas
 10990 Quivira Road, Suite 130
 Overland Park, KS 66210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 R. W. Cordry
 d/b/a Cordry Oil & Gas
 10990 Quivira Road, Suite 130
 Overland Park, KS 66210

9590 9403 0670 5183 6882 05

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4766

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 11-30-15

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

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

7015 1730 0000 3819 4780

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** **MHF/COG**
CUSTER 4H

Certified Mail Fee \$ 3.45

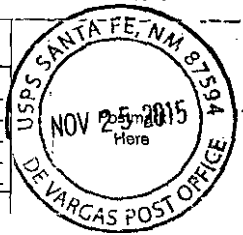
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage _____

Rubicon Oil & Gas II, LP
 PO Box 11301
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 4773

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** **MHF/COG**
CUSTER 4H

Certified Mail Fee \$ 3.45

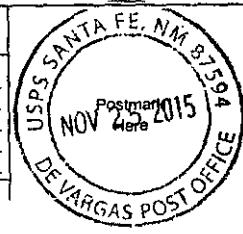
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage _____

Rubicon Oil & Gas II, LP
 P.O. Box 11301
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 4797

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Sandra K. Lawlis
 PO Box 1889
 Midland, TX 79702

USPS SANTA FE, NM 87504
 NOV 25 2015
 DE VARGAS POST OFFICE
 Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sandra K. Lawlis
 PO Box 1889
 Midland, TX 79702

9590 9403 0670 5183 6882 36

2. Article Number, (Transfer from service label)

7015 1730 0000 3819 4797

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Andra Andra

C. Date of Delivery
 12-15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 4803

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Sharbro Energy, LLC
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87504
 NOV 25 2015
 DE VARGAS POST OFFICE
 Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sharbro Energy, LLC
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6882 43

2. Article Number, (Transfer from service label)

7015 1730 0000 3819 4803

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 James

C. Date of Delivery
 12/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 1730 0000 3819 4612

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **MHF/COG**
OFF CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

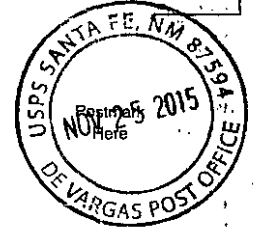
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Spring Energy Company, Inc.
 3100 Woodridge Lane
 Odessa, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 4621

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **MHF/COG**
OFFICE CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

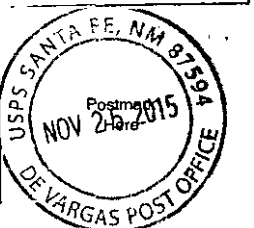
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

The Beveridge Company
 P.O. Box 993
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

The Beveridge Company
 P.O. Box 993
 Midland, TX 79702

2. Tracking Number: **9590 9403 0670 5183 6882 67**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x Sherry Waller

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

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 P.O. Box 993
 Midland, TX

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

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

7015 1730 0000 3819 4636

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL MAIL SERVICE**
MHF/COG CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.70</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

USPS SANTA FE, NM 87594
 NOV 23 2015
 DE VARGAS POST OFFICE

Trinity Resources, LLC
 200 W. 1st St., Suite 859
 Roswell, NM 88201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4643

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL MAIL SERVICE**
MHF/COG CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.70</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

USPS SANTA FE, NM 87594
 NOV 23 2015
 DE VARGAS POST OFFICE

V-F Petroleum Inc.
 PO Box 1889
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Address

V-F Petroleum Inc.
 PO Box 1889
 Midland, TX 79702

9590 9403 0670 5183 6882 81

2. Article Number (Transfer from service label)

7015 1730 0000 3819 4643

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Andrea Madh

B. Received by (Printed Name) *Andrea Madh* C. Date of Delivery *12-1-15*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail (Limit up to \$500)	
<input type="checkbox"/> Registered Mail Restricted Delivery (Limit up to \$500)	

Domestic Return Receipt

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

7015 1730 0000 3819 4650

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee
 \$ 3.15

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.70
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Williamson Enterprises
 PO Box 32570
 Santa Fe, NM 87594

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 2 2015
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Williamson Enterprises
 PO Box 32570
 Santa Fe, NM 87594

9590 9403 0670 5183 6882 98

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4650

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Paulette Williams

B. Received by (Printed Name)
Paulette Williams

C. Date of Delivery
12/4/15

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 (over \$500)

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

USPS SANTA FE, NM 87594
 DEC - 4 2015
 DEVARGAS POST OFFICE

7015 1730 0000 3819 4667

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
 CUSTER 4H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.70
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

WTG Exploration, Inc.
 401 W. Wadley
 Midland, TX 79705

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

WTG Exploration, Inc.
 401 W. Wadley
 Midland, TX 79705

9590 9403 0670 5183 6881 37

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4667

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Kelli Gonzalez

B. Received by (Printed Name)
Kelli Gonzalez

C. Date of Delivery
11.30.15

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 (over \$500)

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

7015 1730 0000 3819 4674

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 4H

For delivery information
OFFI

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Wygocki Family Trust
 721 Robbins Road
 Lansing, MI 48917

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Article Addressed to
 Wygocki Family Trust
 721 Robbins Road
 Lansing, MI 48917

9590 9403 0670 5183 6881 44

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4674

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *William M. Wygocki* 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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7015 1730 0000 3819 4674

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CUSTER 4H

For delivery information
OFFI

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Xplore 2008, LP
 801 Cherry St., Suite 2355,
 Unit 10
 Fort Worth, TX 76102

USPS SANTA FE, NM 87594
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4698

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Yates Industries LLC
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 4704

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF/COG
CUSTER 4H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 25 2015
 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Industries LLC
 105 S. Fourth Street
 Artesia, NM 88210

9590.9403 0670 5183 6881 06

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4698

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Stern C. Date of Delivery 11/20/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail (over \$500)

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

9590.9403 0670 5183 6881 13

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 4704

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Stern C. Date of Delivery 11/20/15

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail (over \$500)

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

7015 1730 0000 3819 8818

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**
MHF/COG
USTER 4H

Certified Mail Fee \$ 3.45

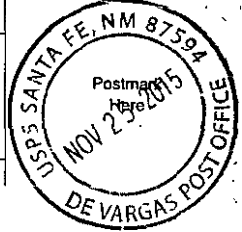
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.00</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage _____

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 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.

Yates Petroleum Corp
 105 S. Fourth Street
 Artesia, NM 88210

9590 9403 0670 5183 6881 68

(Transfer from service label)
 7015 1730 0000 3819 8818

SECTION ON DELIVERY

A. Signature [Signature]
 Agent
 Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 11/23/15

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> All Restricted Delivery	

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