

**BEFORE THE OIL CONSERVATION DIVISION
EXAMINER HEARING SEPTEMBER 14, 2017**

CASE NOS. 15776, 15777, 15778, AND 15779

*TURKEY TRACK 8-7 STATE NO. 21H WELL;
TURKEY TRACK 8-7 STATE NO. 22H WELL;
TURKEY TRACK 8-7 STATE NO. 23H WELL; AND
TURKEY TRACK 8-7 STATE NO. 24H WELL*

EDDY COUNTY, NEW MEXICO



MIKE

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-6720

District II
311 S. First St., Artesia, NM 88210
Phone: (575) 745-1293 Fax: (575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87413
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3470 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 234114

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address OXY USA INC PO Box 4294 Houston, TX 77210		2. OGRID Number 16696
4. Property Code 317664		3. API Number 30-015-44141
5. Property Name TURKEY TRACK 8 7 STATE		6. Well No. 021H

7. Surface Location

UL - Lot: D	Section: 9	Township: 19S	Range: 29E	Lot Idn:	Feet From: 1088	N/S Line: N	Feet From: 70	E/W Line: W	County: Eddy
-------------	------------	---------------	------------	----------	-----------------	-------------	---------------	-------------	--------------

8. Proposed Bottom Hole Location

UL - Lot: D	Section: 7	Township: 19S	Range: 29E	Lot Idn: 1	Feet From: 380	N/S Line: N	Feet From: 180	E/W Line: W	County: Eddy
-------------	------------	---------------	------------	------------	----------------	-------------	----------------	-------------	--------------

9. Pool Information

TURKEY TRACK;BONE SPRING	60660
--------------------------	-------

Additional Well Information

11. Well Type New Well	12. Well Type OIL	13. Cable/ Rotary	14. Lease Type State	15. Ground Level Elevation 3392
16. Multiple N	17. Proposed Depth 17926	18. Formation 2nd Bone Spring Sand	19. Contractor	20. Spud Date 12/8/2017
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	400	336	0
Int1	12.25	9.625	47	7500	1383	0
Prod	8.5	5.5	20	17926	1783	7000

Casing/Cement Program: Additional Comments

Proposed Casing/Cementing Program: Production 1 - Contingency DVT/ECP @ +/- 3117'. If cement circulates to surface during primary cementing operation, DVT cancellation cone will be run and 2nd stage cancelled. Proposed Mud Program: 0-400' Water-based Mud - 400-3117' Brine - 3117-7500' Water-based Mud - 7500-TD Oil-based Mud. BOP Program: 13-5/8" 5M three ram stack w/ 5M annular preventer, 5M choke manifold. Additional information will be sent along with the H2S and Gas Capture plan.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	5000	
Double Ram	5000	5000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify I have complied with 19.15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC if applicable.

OIL CONSERVATION DIVISION

Signature:		Approved By: Raymond Podany
Printed Name: Electronically filed by KELLEY MONTGOMERY		Title: Geologist
Title: Manager Regulatory		Approved Date: 4/20/2017
Email Address: kelley_montgomery@oxy.com		Expiration Date: 4/20/2019
Date: 4/19/2017	Phone: 713-366-5716	Conditions of Approval: Attached

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

State of New Mexico
 Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015	Pool Code 60660	Pool Name Turkey Track; Bone Spring
Property Code	Property Name TURKEY TRACK "8-7" STATE	Well Number 21H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3392.7'

Surface Location

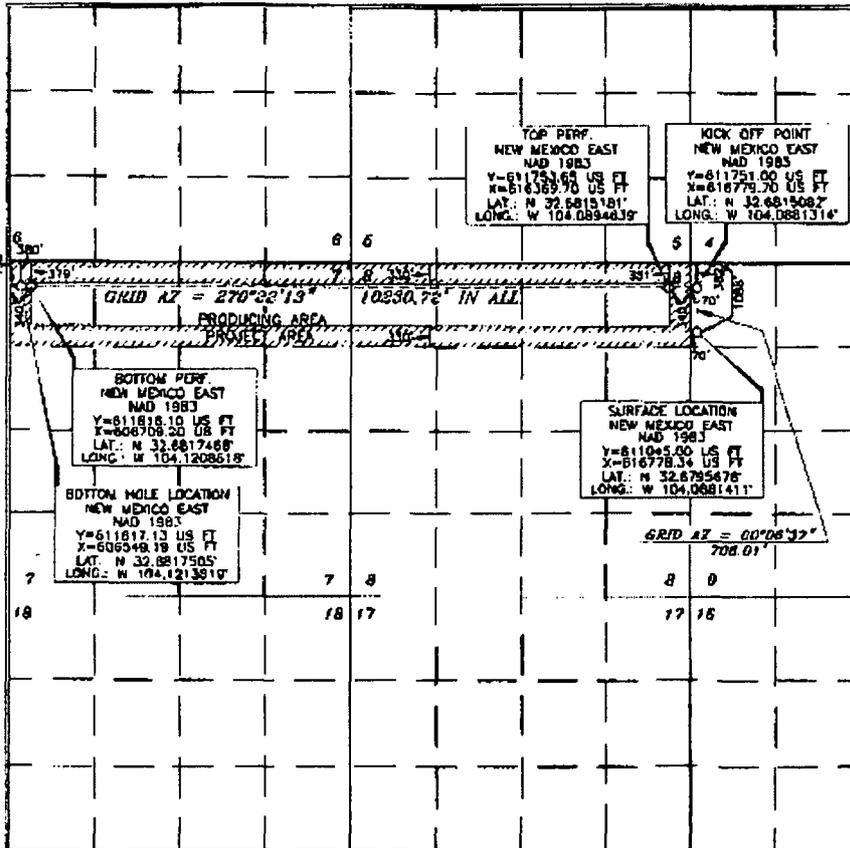
U.T. or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	9	19 SOUTH	29 EAST, N.M.P.M.		1088'	NORTH	70'	WEST	EDDY

Bottom Hole Location If Different From Surface

U.T. or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	7	19 SOUTH	29 EAST, N.M.P.M.		390'	NORTH	180'	WEST	EDDY

Dedicated Acres 312.88	Joint or Infill Y	Consolidation Code	Order No.
----------------------------------	-----------------------------	--------------------	-----------

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete, and that I am the owner or authorized representative of the operator of the well and that the information is true and correct to the best of my knowledge and belief.

Signature: *Justin Morris* Date: **4/19/12**
 Printed Name: **Justin Morris**
 E-mail Address: **Justin.Morris@oxy.com**

SURVEYOR CERTIFICATION

I hereby certify that the information shown on this plat was obtained from a true and correct survey made by me or under my supervision, and that the same is true and correct to the best of my knowledge.

Date of Survey: **MARCH 6, 2017**
 Signature and Title: *ERRY J. ASS*
 Professional Surveyor

Signature: *ERRY J. ASS* Date: **3/6/2017**
 Certificate Number: **15079**

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 363-6191 Fax: (575) 333-0720

District II
311 S. First St., Artesia, NM 88210
Phone: (575) 745-1293 Fax: (575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3470 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 234634

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address OXY USA INC PO Box 4294 Houston, TX 77210		2. OGRID Number 16696
		3. API Number 30-015-44142
4. Property Code 317664	5. Property Name TURKEY TRACK 8 7 STATE	6. Well No. 022H

7. Surface Location

UL - Lot: D	Section: 9	Township: 19S	Range: 29E	Lot Idn:	Feet From: 1118	N/S Line: N	Feet From: 70	E/W Line: W	County: Eddy
-------------	------------	---------------	------------	----------	-----------------	-------------	---------------	-------------	--------------

8. Proposed Bottom Hole Location

UL - Lot: E	Section: 7	Township: 19S	Range: 29E	Lot Idn: 2	Feet From: 1848	N/S Line: N	Feet From: 180	E/W Line: W	County: Eddy
-------------	------------	---------------	------------	------------	-----------------	-------------	----------------	-------------	--------------

9. Pool Information

TURKEY TRACK, BONE SPRING	60660
---------------------------	-------

Additional Well Information

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3392
16. Mubale N	17. Proposed Depth 17912	18. Formation 2nd Bone Spring Sand	19. Contractor	20. Spud Date 12/30/2017
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	400	336	0
Int 1	12.25	9.625	47	7500	1383	0
Prod	8.5	5.5	20	17912	1761	7000

Casing/Cement Program: Additional Comments

Proposed Casing/Cementing Program: Production 1 - Contingency DVT/ECP @ +/- 3117'. If cement circulates to surface during primary cementing operation, DVT cancellation cone will be run and 2nd stage cancelled. Proposed Mud Program: 0-400' Water-based Mud - 400-3117' Bone - 3117-7500' Water-based Mud - 7500-TD Oil-based Mud. BOP Program: 13-5/8" 5M three ram stack w/ 5M annular preventer, 5M choke manifold. Additional information will be sent along with the H2S and Gas Capture plan.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	5000	
Double Ram	5000	5000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief
I further certify I have complied with 19.15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC if applicable.

OIL CONSERVATION DIVISION

Signature:			
Printed Name: Electronically filed by KELLEY MONTGOMERY	Approved By: Raymond Podany		
Title: Manager Regulatory	Title: Geologist		
Email Address: kelley_montgomery@oxy.com	Approved Date: 4/26/2017	Expiration Date: 4/26/2019	
Date: 4/20/2017	Phone: 713-366-5716	Conditions of Approval Attached	

District I
 1400 N. Francis Dr., Hobbs, NM 88341
 Phone: (773) 393-4141 Fax: (773) 393-0770
 District II
 411 E. First St., Artesia, NM 88210
 Phone: (773) 742-1281 Fax: (773) 242-2728
 District III
 1250 Rio Grande Street, Aztec, NM 87410
 Phone: (505) 334-6178 Fax: (505) 334-6178
 District IV
 1270 E. 26th Street, Santa Fe, NM 87505
 Phone: (505) 476-3400 Fax: (505) 476-1402

State of New Mexico
 Energy, Minerals & Natural Resources Department
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-	Pool Code 601660	Pool Name Turkey Track ; Bone Spring
Property Code	Property Name TURKEY TRACK "8-7" STATE	Well Number 22H
GORID No. 16696	Operator Name OXY USA INC.	Elevation 3392.6'

Surface Location

UL or lot no.	Section	Township	Range	Lot	Feet from the	North/South line	Feet from the	East/West line	County
D	9	19 SOUTH	29 EAST, N.M.P.M.		1118'	NORTH	70'	WEST	EDDY

Bottom Hole Location if Different From Surface

UL or lot no.	Section	Township	Range	Lot	Feet from the	North/South line	Feet from the	East/West line	County
2	7	19 SOUTH	29 EAST, N.M.P.M.		1848'	NORTH	180'	WEST	EDDY

Dedicated Acres 312.82	Joint or Infill Y	Consolidation Code	Order No.
----------------------------------	-----------------------------	--------------------	-----------

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and accurate to the best of my knowledge and belief, and that the appropriate state and local laws and regulations have been followed in the land including the proposed bottom hole location or that a right to drill has been obtained in a contract with the owner of each a national or working interest, or a voluntary pooling agreement or a (redacted) pooling order heretofore recorded in this division.

Signature: Justin Morris Date: 4/20/17
 Printed Name: Justin Morris
 Email Address: Justin.Morris@oxy.com

SURVEYOR CERTIFICATION

I hereby certify that the information contained herein on this plat was obtained from the records of the State of New Mexico made by the State Surveyor and that the same is true and correct to the best of my belief.

Date of Survey: MARCH 9, 2017
 Signature and Title: Professional Land Surveyor
 Certificate Number: 15079

Justin Morris 4/20/17
 Certificate Number: 15079

NO# 170302WH-C (04)

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88213
Phone: (505) 749-1293 Fax: (575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87413
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1225 S. St Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3470 Fax: (505) 476-2482

**State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505**

Form C-101
August 1, 2011
Permit 235109

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address OXY USA INC PO Box 4294 Houston, TX 77210		2. CGRID Number 16696
4. Property Code 317664		3. API Number 30-015-44143
5. Property Name TURKEY TRACK 8 7 STATE		6. Well No. 023H

7. Surface Location

UL - Lot: M	Section: 9	Township: 19S	Range: 29E	Lot Idn:	Feet From: 1254	N/S Line: S	Feet From: 195	E/W Line: W	County: Eddy
-------------	------------	---------------	------------	----------	-----------------	-------------	----------------	-------------	--------------

8. Proposed Bottom Hole Location

UL - Lot: L	Section: 7	Township: 19S	Range: 29E	Lot Idn: 3	Feet From: 1948	N/S Line: S	Feet From: 180	E/W Line: W	County: Eddy
-------------	------------	---------------	------------	------------	-----------------	-------------	----------------	-------------	--------------

9. Pool Information

TURKEY TRACK;BONE SPRING	60660
--------------------------	-------

Additional Well Information

11. Well Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3381
16. Multiple N	17. Process Depth 18064	18. Formation 2nd Bone Spring Sand	19. Contractor	20. Spud Date 9/9/2017
Depth to Ground water:		Distance from nearest fresh water well:		Distance to nearest surface water:

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hoop Size	Casing Size	Casing Weight	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	400	336	0
Int 1	12.25	9.625	47	7500	1383	0
Prod	8.5	5.5	20	18064	1786	7000

Casing/Cement Program: Additional Comments

Proposed Casing/Cementing Program: Production 1 - Contingency DVT/ECP @ +/- 3150'. If cement circulates to surface during primary cementing operation, DVT cancellation cone will be run and 2nd stage cancelled. Proposed Mud Program: 0-400' Water-based Mud - 400-3150' Brine - 3150-7500' Water-based Mud - 7500-TD Oil-based Mud. BOP Program 13-5/8" 5M three ram stack w/ 5M annular preventer, 5M choke manifold. Additional information will be sent along with the H2S and Gas Capture plan.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	5000	
Double Ram	5000	5000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify I have complied with 19.15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC if applicable.

OIL CONSERVATION DIVISION

Signature:	Approved By: Raymond Podany
Printed Name: Electronically filed by KELLEY MONTGOMERY	Title: Geologist
Title: Manager Regulatory	Approved Date: 4/26/2017
Email Address: kelley_montgomery@oxy.com	Expiration Date: 4/26/2019
Date: 4/24/2017	Phone: 713-366-5716
Conditions of Approval Attached	

Division I
 645 N. French Dr., Hobbs, NM 88240
 Phone: (505) 830-6161 Fax: (505) 830-0720
 Division II
 411 S. First St., Artesia, NM 88210
 Phone: (505) 746-1263 Fax: (505) 746-9720
 Division III
 1000 Red Bluffs Road, Amos, NM 87410
 Phone: (505) 234-4178 Fax: (505) 139-4170
 Division IV
 2200 S. St. Francis Pl., Santa Fe, NM 87505
 Phone: (505) 476-3400 Fax: (505) 426-3402

State of New Mexico
 Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-	Pool Code 60660	Pool Name Turkey Track; Bone Spring
Property Code	Property Name TURKEY TRACK "B-7" STATE	
Well Number 23H	Operator Name OXY USA INC.	
OCRID No. 16696	Elevation 9381.0'	

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	9	19 SOUTH	29 EAST, N.M.P.M.		1254'	SOUTH	195'	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
S	7	19 SOUTH	29 EAST, N.M.P.M.		1948'	SOUTH	180'	WEST	EDDY

Drilled Acres 312.78	Joint or Infill Y	Consolidation Code	Order No.
--------------------------------	-----------------------------	--------------------	-----------

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

GRID A1 = 349°50'36"
692.00'

GRID A2 = 270°13'44"
10399.10' IN ALL

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization neither owns a working interest or interest in mineral reserves in the land including the proposed bottom hole location or has a right to drill the well at this location pursuant to a contract with the owner of such a mineral or working interest, or is a recovery pending operator or a completion pending operator as defined by the statute.

Justin Morris
 Signature Date **4/24/17**
Justin Morris
 Printed Name
Justin.Morris@oxy.com
 E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the information shown on this plat was obtained from a review of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

Terry J. Asberry
 Signature Date **4/17/17**
Terry J. Asberry
 Certificate Number
15079

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 749-1293 Fax: (575) 748-6720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone: (505) 324-6178 Fax: (505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3470 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form O-101
August 1, 2011
Permit 235206

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address OXY USA INC PO Box 4294 Houston, TX 77210		2. OGRID Number 16696
4. Property Code 317664		3. API Number 30-015-44145
5. Property Name TURKEY TRACK 8 7 STATE		6. Well No. 024H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	9	19S	29E		1224	S	195	W	Eddy

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	7	19S	29E	4	480	S	180	W	Eddy

9. Pool Information

TURKEY TRACK: BONE SPRING	60660
---------------------------	-------

Additional Well Information

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3379
16. Multiple N	17. Proposed Depth 18071	18. Formation 2nd Bone Spring Sand	19. Contractor	20. Spud Date 9/30/2017
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	400	336	0
Int 1	12.25	9.625	47	7500	1383	0
Prod	8.5	5.5	20	18071	1787	7000

Casing/Cement Program: Additional Comments

Proposed Casing/Cementing Program: Production 1 - Contingency DVT/ECP @ +/- 3150'. If cement circulates to surface during primary cementing operation, DVT cancellation cone will be run and 2nd stage cancelled. Proposed Mud Program: 0-400' Water-based Mud - 400-3150' Brine - 3150-7500' Water-based Mud - 7500-TD Oil-based Mud. BOP Program: 13-5/8" 5M three ram stack w/ 5M annular preventer, 5M choke manifold. Additional information will be sent along with the H2S and Gas Capture plan.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	5000	
Double Ram	5000	5000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief
I further certify I have complied with 19.15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC , if applicable.

OIL CONSERVATION DIVISION

Signature:		Approved By: Raymond Podany	
Printed Name: Electronically filed by KELLEY MONTGOMERY		Title: Geologist	
Title: Manager Regulatory		Approved Date: 4/27/2017	Expiration Date: 4/27/2019
Email Address: kelley_montgomery@oxy.com	Phone: 713-366-5716	Conditions of Approval Attached	
Date: 4/26/2017			

District I
 1423 N. French Dr., Santa Fe, NM 87504
 Phone: (505) 997-4161 Fax: (505) 942-0720
 District II
 811 E. First St., Arroyo, NM 88410
 Phone: (505) 942-1203 Fax: (505) 942-0720
 District III
 1000 Rio Grande Blvd., Aztec, NM 87410
 Phone: (505) 234-4178 Fax: (505) 234-6170
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505
 Phone: (505) 476-7460 Fax: (505) 476-5462

State of New Mexico
 Energy, Minerals & Natural Resources Department
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-	Pool Code 60660	Pool Name Turkey Track; Bone Spring
Property Code	Property Name TURKEY TRACK "B-7" STATE	Well Number 24H
OGRTD No. 16696	Operator Name OXY USA INC.	Elevation 3379.7'

Surface Location

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South line	Feet from the	East/West line	County
N	9	19 SOUTH	29 EAST, N.M.P.M.		1224'	SOUTH	195'	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South line	Feet from the	East/West line	County
4	7	19 SOUTH	29 EAST, N.M.P.M.		480'	SOUTH	180'	WEST	EDDY

Dedicated Acres 312.72	Joint or Infill Y	Consolidation Code	Order No.
----------------------------------	-----------------------------	--------------------	-----------

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that the information reflects a true and correct record of the well location and acreage to be dedicated to the well as shown on the proposed form hole location or hereafter to drill this well as the location purchased in a contract with or without of such a mineral or working interest, or in a voluntary pooling agreement or a unitization proceeding under authority granted by the division.

Signature: *Justin Morris* 4/24/17
 Printed Name: Justin Morris
 E-mail Address: Justin-Morris@oxy.com

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was placed from the most accurate and reliable survey made by me and which is represented to be true to the best of my belief.

Date of Survey: MARCH 2, 2017
 Signature and Seal: *Terry J. Alford*
 Professional Surveyor
 Certificate Number: 15079

WOB 170302WL-0 (M)

Turkey Track 8-7 State #21H
N/2 N/2 Section 7 & N/2 N/2 Section 8, T19S-R29E, Eddy Co., NM

Tract 1
N/2 N/2 of Section 7, T19S-R29E, Eddy Co., NM (152.88 acres)
 0.187500% HFB Investment Company, L.P.
 0.187500% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased
 7.125000% Monarch Resources, Ltd.
 92.500000% OXY USA WTP LP
 100.000000%

Total Committed Interest
Total Uncommitted Interest

99.625000%
0.375000%

Tract 2
N/2 N/2 of Section 8, T19S-R29E, Eddy Co., NM (160 acres)
 5.937500% Monarch Resources, Ltd.
 0.156250% HFB Investment Company, L.P.
 0.156250% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased
 3.250000% Thomas M. Beall
 3.250000% Fuel Products, Inc.
 87.250000% OXY USA WTP LP
 100.000000%

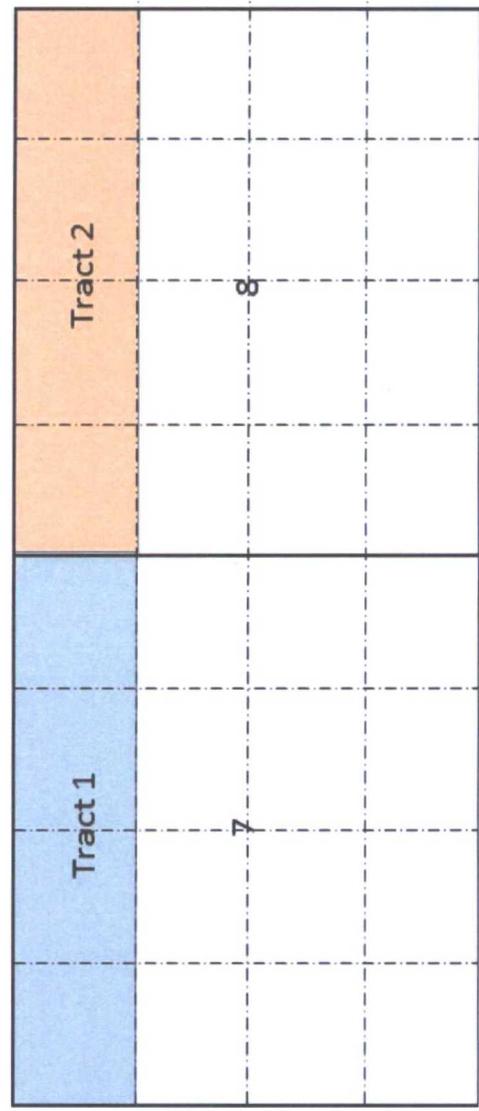
Total Committed Interest
Total Uncommitted Interest

93.187500%
6.812500%

Unit
N/2 N/2 of Section 7 & N/2 N/2 of Section 8, T19S-R29E, Eddy County, New Mexico (312.88 acres)
 6.517738% Monarch Resources, Ltd.
 0.171519% HFB Investment Company, L.P.
 0.171519% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased
 1.661979% Thomas M. Beall
 1.661979% Fuel Products, Inc.
 89.815265% OXY USA WTP LP
 100.000000%

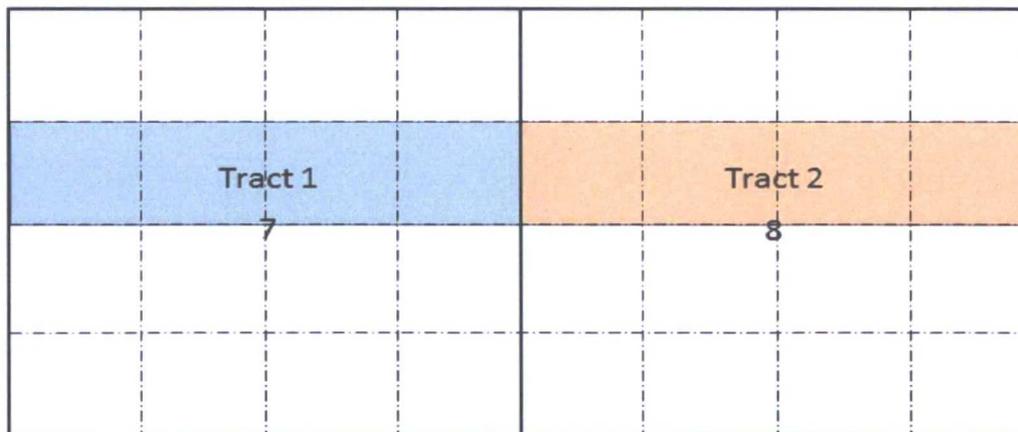
Total Committed Interest
Total Uncommitted Interest

96.333003%
3.666997%
100.000000%



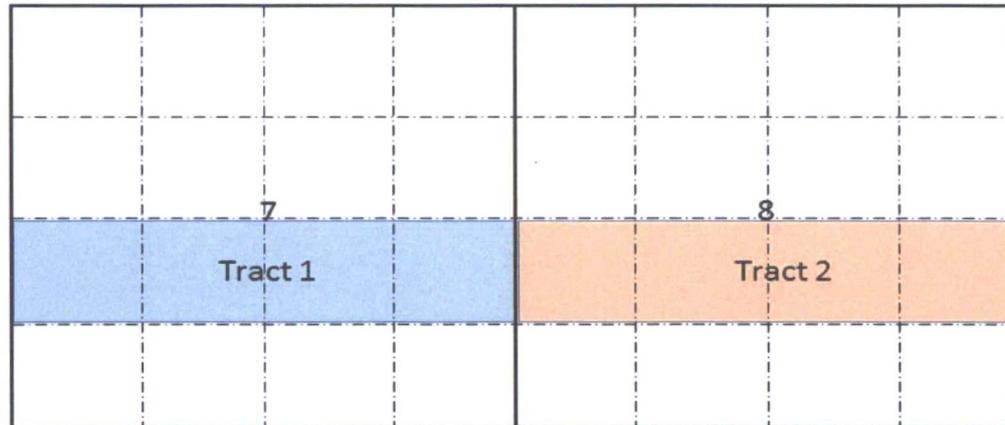
Turkey Track 8-7 State #22H
S/2 N/2 Section 7 & S/2 N/2 Section 8, T19S-R29E, Eddy Co., NM

Tract 1	<p style="text-align: center;">S/2 N/2 of Section 7, T19S-R29E, Eddy Co., NM (152.82 acres)</p> <p>0.187500% HFB Investment Company, L.P. 0.187500% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased 7.125000% Monarch Resources, Ltd. 92.500000% OXY USA WTP LP 100.000000%</p>	
	Total Committed Interest Total Uncommitted Interest	99.625000% 0.375000%
Tract 2	<p style="text-align: center;">S/2 N/2 of Section 8, T19S-R29E, Eddy Co., NM (160 acres)</p> <p>5.937500% Monarch Resources, Ltd. 0.156250% HFB Investment Company, L.P. 0.156250% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased 3.250000% Thomas M. Beall 3.250000% Fuel Products, Inc. 87.250000% OXY USA WTP LP 100.000000%</p>	
	Total Committed Interest Total Uncommitted Interest	93.187500% 6.812500%
Unit	<p style="text-align: center;">S/2 N/2 of Section 7 & S/2 N/2 of Section 8, T19S-R29E, Eddy County, New Mexico (312.82 acres)</p> <p>6.517622% Monarch Resources, Ltd. 0.171516% HFB Investment Company, L.P. 0.171516% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased 1.662298% Thomas M. Beall 1.662298% Fuel Products, Inc. 89.814750% OXY USA WTP LP 100.000000%</p>	
	Total Committed Interest Total Uncommitted Interest	96.332372% 3.667628% 100.000000%



Turkey Track 8-7 State #23H
N/2 S/2 Section 7 & N/2 S/2 Section 8, T19S-R29E, Eddy Co., NM

Tract 1	<p style="text-align: center;">N/2 S/2 of Section 7, T19S-R29E, Eddy Co., NM (152.78 acres)</p> <p>0.312500% HFB Investment Company, L.P. 0.312500% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased 11.875000% Monarch Resources, Ltd. 87.500000% OXY USA WTP LP 100.000000%</p>	<p>Total Committed Interest 99.375000% Total Uncommitted Interest 0.625000%</p>
Tract 2	<p style="text-align: center;">N/2 S/2 of Section 8, T19S-R29E, Eddy Co., NM (160 acres)</p> <p>5.937500% Monarch Resources, Ltd. 0.156250% HFB Investment Company, L.P. 0.156250% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased 3.250000% Thomas M. Beall 3.250000% Fuel Products, Inc. 87.250000% OXY USA WTP LP 100.000000%</p>	<p>Total Committed Interest 93.187500% Total Uncommitted Interest 6.812500%</p>
Unit	<p style="text-align: center;">N/2 S/2 of Section 7 & N/2 S/2 of Section 8, T19S-R29E, Eddy County, New Mexico (312.78 acres)</p> <p>8.837721% Monarch Resources, Ltd. 0.232572% HFB Investment Company, L.P. 0.232572% Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased 1.662510% Thomas M. Beall 1.662510% Fuel Products, Inc. 87.372115% OXY USA WTP LP 100.000000%</p>	<p>Total Committed Interest 96.209836% Total Uncommitted Interest 3.790164% 100.000000%</p>



July 19, 2017

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 3, 2017, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-

1779 by July 24, 2017. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: HFB Investment Company, LP, Herbert F. Boles, his heirs and devisees, Norma Jean Boles, her heirs and devisees, Monarch Resources, Inc., Thomas M. Beall, his heirs and devisees, Fuel Products, Inc.

CASE 15776: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a 312.88-acre spacing and proration unit comprised of the N/2 N/2 of Section 7 and the N/2 N/2 of Section 8, Township 19 South, Range 29 East, NMPM, Eddy County, New Mexico and (2) pooling all uncommitted interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed Turkey Track 8-7 State No. 21H Well, which will be horizontally drilled from a surface location in the NW/4 NW/4 (Unit D) of Section 9 to a standard bottom hole location in NW/4 NW/4 (Lot 1) of Section 7. The completed interval for this well will remain within the 330-foot standard offset required by the Division's rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of OXY USA WTP Limited Partnership as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 25 miles north of Iago, N.M.

Affidavit of Publication

State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly sworn, on oath says:

That he is the Publisher of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

July 19 2017

That the cost of publication is \$156.18 and that payment thereof has been made and will be assessed as court costs.

[Signature]

Subscribed and sworn to before me this 27 day of July, 2017

[Signature: Cynthia Arredondo]

My commission Expires 2/13/21

Notary Public



BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Exhibit No. 3
Submitted by OXY USA WTP LIMITED PARTNERSHIP LLC
Hearing Date: September 14, 2017

Affidavit of Publication

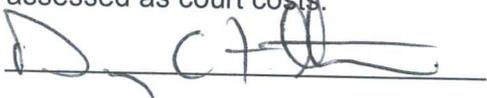
State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

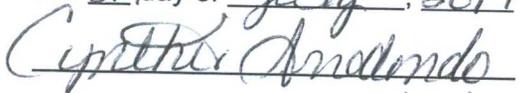
That he is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

July 19 2017

That the cost of publication is
\$156.18 and that payment thereof
has been made and will be
assessed as court costs.



Subscribed and sworn to before me
this 27 day of July, 2017



My commission Expires 2/13/21

Notary Public



July 19, 2017

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 3, 2017, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by July 24, 2017. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF
NEW MEXICO TO:
All named parties and
persons having any
right, title, interest or
claim in the following
cases and notice
to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: HFB Investment Company, LP, Herbert F. Boles, his heirs and devisees, Norma Jean Boles, her heirs and devisees, Monarch Resources, Inc., Thomas M. Beall, his heirs and devisees, Fuel Products, Inc.

CASE 15777: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a 312.82-acre spacing and proration unit comprised of the S/2 N/2 of Section 7 and the S/2 N/2 of Section 8, Township 19 South, Range 29 East, NMPM, Eddy County, New Mexico and (2) pooling all uncommitted interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed **Turkey Track 8-7 State No. 22H Well**, which will be horizontally drilled from a surface location in the NW/4 NW/4 (Unit D) of Section 9 to a standard bottom hole location in SW/4 NW/4 (Lot 2) of Section 7. The completed interval for this well will remain within the 330-foot standard offset required by the Division's rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of OXY USA WTP Limited Partnership as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 25 miles north of Malaga, N.M.

Affidavit of Publication

State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

That he is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

July 19 2017

That the cost of publication is
\$156.18 and that payment thereof
has been made and will be
assessed as court costs.

[Handwritten Signature]

Subscribed and sworn to before me
this 27 day of July, 2017

[Handwritten Signature]

My commission Expires 2/13/21

Notary Public

July 19, 2017

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 3, 2017, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by July 24, 2017. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF
NEW MEXICO TO:
All named parties and
persons having any
right, title, interest or
claim in the following
cases and notice
to the public.

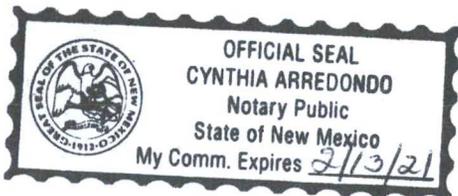
(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: HFB Investment Company, LP, Herbert F. Boles, his heirs and devisees, Norma Jean Boles, her heirs and devisees, Monarch Resources, Inc., Thomas M. Beall, his heirs and devisees, Fuel Products, Inc.

CASE 15778: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a 312.78-acre spacing and proration unit comprised of the N/2 S/2 of Section 7 and the N/2 S/2 of Section 8, Township 19 South, Range 29 East, NMPM, Eddy County, New Mexico and (2) pooling all uncommitted interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed Turkey Track 8-7 State No. 23H Well, which will be horizontally drilled from a surface location in the SW/4 SW/4 (Unit M) of Section 9 to a standard bottom hole location in NW/4 SW/4 (Lot 3) of Section 7. The completed interval for this well will remain within the 330-foot standard offset required by the Division's rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, design,

Legal Notices 152

nation of OXY USA WTP Limited Partnership as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 25 miles north of Maligna, N.M.



Affidavit of Publication

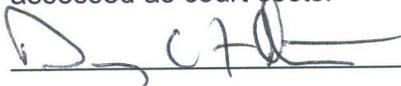
State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

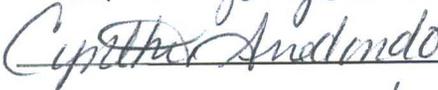
That he is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

July 19 2017

That the cost of publication is
\$156.18 and that payment thereof
has been made and will be
assessed as court costs.



Subscribed and sworn to before me
this 27 day of July, 2017



My commission Expires 2/13/21

Notary Public



Legal Notices 152

July 19, 2017

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on **August 3, 2017**, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by **July 24, 2017**. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF
NEW MEXICO TO:
All named parties and
persons having any
right, title, interest or
claim in the following
cases and notice
to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: HFB Investment Company, LP, Herbert F. Boles, his heirs and devisees, Norma Jean Boles, her heirs and devisees, Monarch Resources, Inc., Thomas M. Beall, his heirs and devisees, Fuel Products, Inc.

CASE 15779: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a 312.72-acre spacing and proration unit comprised of the S/2 S/2 of Section 7 and the S/2 S/2 of Section 8, Township 19 South, Range 29 East, NMPM, Eddy County, New Mexico and (2) pooling all uncommitted interests in the Bone Spring formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed **Turkey Track 8-7 State No. 24H Well**, which will be horizontally drilled from a surface location in the SW/4 SW/4 (Unit M) of Section 9 to a standard bottom hole location in SW/4 SW/4 (Lot 4) of Section 7. The completed interval for this well will remain within the 330-foot standard offset required by the Division's rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of OXY USA WTP Limited Partnership as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 25 miles north of Malaga, N.M.



OXY USA WTP Limited Partnership

A subsidiary of Occidental Petroleum Corporation

5 Greenway Plaza, Suite 110, Houston, Texas 77046-0521
P O Box 27570 Houston, Texas 77227-7570

May 11, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

WORKING INTEREST PARTIES

(see attached list)

Re: Four Well Proposals – Turkey Track 8-7 State 21-24H Wells
Sections 7 and 8
Township 19 South, Range 29 East
Eddy County, New Mexico

Dear WI Owner,

OXY USA WTP Limited Partnership (“OXY”) hereby proposes the drilling of four wells, the Turkey Track 8-7 State 21H, 22H, 23H and 24H wells at the following locations, as depicted in the enclosed C-102 forms:

- Turkey Track 8-7 State 21H
 - SHL: 1088’ FNL, 70’ FWL (Section 9)
 - BLH: 380’ FNL, 180’ FWL (Section 7)
 - Approximate TVD: 7,800’, MD: 18,367’
- Turkey Track 8-7 State 22H
 - SHL: 1118’ FNL, 70’ FWL (Section 9)
 - BHL: 1848’ FNL, 180’ FWL (Section 7)
 - Approximate TVD: 7,800’, MD: 18,209’
- Turkey Track 8-7 State 23H
 - SHL: 1254’ FSL, 195’ FWL (Section 9)
 - BHL: 1948’ FSL, 180’ FWL (Section 7)
 - Approximate TVD: 7,920’, MD: 18,500’
- Turkey Track 8-7 State 24H
 - SHL: 1224’ FSL, 195’ FWL (Section 9)
 - BHL: 480’ FSL, 180’ FWL (Section 7)
 - Approximate TVD: 7895’, MD: 18,500’

The proposed operations include drilling and completing each well as an approximate 10,000’ lateral in the 2nd Bone Spring formation. A detailed description of the total estimated cost to drill and complete the wells is provided in the enclosed AFEs.

OXY is proposing to drill these wells under the terms of the enclosed Operating Agreement dated June 1, 2017, with OXY USA WTP Limited Partnership, as Operator, covering all of Sections 7 and 8, Township 19 South, Range 29 East, N.M.P.M., Eddy County, New Mexico (“Proposed 8-7 Operating Agreement”). The Initial Well proposed under the terms of the Proposed 8-7 Operating Agreement is the Turkey Track 8-7 State 23H.

Should all parties fail to execute the Proposed 8-7 Operating Agreement covering the entirety of Sections 7 and 8, Exhibit A of the Proposed 8-7 Operating Agreement will be amended such that each parties’ interest will be calculated separately on each wells’ proration unit basis.

Please indicate your elections to participate in the drilling, completing, and equipping of the proposed wells by executing and returning one copy of this letter and the enclosed AFEs in the self-addressed stamped envelope provided.

If you have any questions, or would like to discuss this proposal in greater detail, please don’t hesitate to call or e-mail.

Very truly yours,

OXY USA WTP Limited Partnership

India Isbell
713.366.5161
India_isbell@oxy.com

Enclosures

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: OXY USA WTP LIMITED PARTNERSHIP LLC
Hearing Date: September 14, 2017



Occidental Oil and Gas Corporation

Turkey Track B-7 State 21H

RMT	NM
State & County:	NM, Eddy
Field	Turkey Track
Well Type	10k 2BS
Date	5/10/2017

Code	Element Name	1 Prep Phase	2 Location & Rig Move	3 Drilling	4 P&A	5 Completion	6 Artificial Lift	7 Hookup	8 Facilities
Location, Mobilization, Rig Move									
3010	Major Mob / Demob	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3011	Location & Roads + Maintenance	\$ -	\$ 111,000	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ -
3021	Rig Move	\$ -	\$ 81,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Labor, Services & Equipment Rentals									
1000	Employee Wages	\$ -	\$ 8,000	\$ 224,000	\$ -	\$ 49,000	\$ -	\$ -	\$ -
1050	Location Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2004	Contractor Maintenance/Roustabouts	\$ -	\$ -	\$ -	\$ -	\$ 2,000	\$ -	\$ -	\$ -
2017	Contract Supervision	\$ -	\$ -	\$ -	\$ -	\$ 96,000	\$ 9,000	\$ -	\$ -
2019	Contractor HES	\$ -	\$ -	\$ -	\$ -	\$ 18,000	\$ -	\$ -	\$ -
2034	Labor services	\$ -	\$ 1,000	\$ 48,000	\$ -	\$ -	\$ -	\$ -	\$ -
3001	Services Hot Oiling	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ 8,000	\$ -	\$ -
3002	Services Misc Heavy Equipment	\$ -	\$ -	\$ -	\$ -	\$ 71,000	\$ 2,000	\$ -	\$ -
3003	Fluid Haul	\$ -	\$ 5,000	\$ 44,000	\$ -	\$ -	\$ -	\$ -	\$ -
3005	Services Inspection	\$ -	\$ -	\$ 38,000	\$ -	\$ 5,000	\$ -	\$ -	\$ -
3009	Services Wellhead	\$ -	\$ -	\$ 17,000	\$ -	\$ 65,000	\$ 6,000	\$ -	\$ -
3012	Cased/Open Hole Logging	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3013	Services Coiled Tubing	\$ -	\$ -	\$ -	\$ -	\$ 206,000	\$ -	\$ -	\$ -
3014	Directional Drilling & LWD	\$ -	\$ -	\$ 524,000	\$ -	\$ -	\$ -	\$ -	\$ -
3015	Fishing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3016	Mud Logging	\$ -	\$ -	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -
3018	Services Perforating	\$ -	\$ -	\$ -	\$ -	\$ 258,000	\$ -	\$ -	\$ -
3019	Wire line & Slick line	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 7,000	\$ -	\$ -
3020	Rig Work	\$ -	\$ -	\$ 693,000	\$ -	\$ -	\$ 24,000	\$ -	\$ -
3022	Drilling & Completion Fluids	\$ -	\$ 6,000	\$ 96,000	\$ -	\$ 135,000	\$ -	\$ -	\$ -
3023	Cementing	\$ -	\$ -	\$ 269,000	\$ -	\$ -	\$ -	\$ -	\$ -
3024	Services Stimulation	\$ -	\$ -	\$ -	\$ -	\$ 3,770,000	\$ -	\$ -	\$ -
3025	Services Downhole Other	\$ -	\$ -	\$ 30,000	\$ -	\$ -	\$ 13,000	\$ -	\$ -
3028	Formation Testing and Coring	\$ -	\$ -	\$ -	\$ -	\$ 359,000	\$ -	\$ -	\$ -
3029	Camp & Catering	\$ -	\$ 9,000	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
3032	Communications & IT	\$ -	\$ 1,000	\$ 19,000	\$ -	\$ -	\$ -	\$ -	\$ -
3035	Services Disposal	\$ -	\$ -	\$ 122,000	\$ -	\$ 291,000	\$ 4,000	\$ -	\$ -
3039	Services Fluid Hauling from Site	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4005	Rental Downhole Equipment & Tools	\$ -	\$ -	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -
4007	HES & Industrial waste handling	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -
4013	Rental Surface Equipment & Tools	\$ -	\$ 21,000	\$ 103,000	\$ -	\$ 159,000	\$ 7,000	\$ -	\$ -
Consumable Consumables									
5021	Material Surface Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 410,000	\$ -	\$ -
5023	Wellhead & X-mas tree	\$ -	\$ -	\$ 75,000	\$ -	\$ 7,000	\$ -	\$ -	\$ -
5027	Material Subsurface Lift Equipment Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,000	\$ -	\$ -
5028	Casing and Casing Accessories	\$ -	\$ -	\$ 657,000	\$ -	\$ -	\$ -	\$ -	\$ -
5029	Material Tubing and Accs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,000	\$ -	\$ -
5500	Material Consumables	\$ -	\$ 11,000	\$ -	\$ -	\$ 749,000	\$ -	\$ -	\$ -
5502	Drilling Fluids Products	\$ -	\$ -	\$ 211,000	\$ -	\$ -	\$ -	\$ -	\$ -
5503	Bits, Reamers, Scrapers, HO's	\$ -	\$ -	\$ 84,000	\$ -	\$ -	\$ -	\$ -	\$ -
5505	Fuel & Lubricants	\$ -	\$ 2,000	\$ 74,000	\$ -	\$ -	\$ -	\$ -	\$ -
7004	Utilities: Electricity, Water & Sewers & Trash	\$ -	\$ -	\$ 11,000	\$ -	\$ 4,000	\$ 1,000	\$ -	\$ -
Logistics, Insurance & Tax									
8000	Land Transportation	\$ -	\$ 1,000	\$ 43,000	\$ -	\$ 19,000	\$ -	\$ -	\$ -
8102	Tax & contingency	\$ -	\$ 13,000	\$ 252,000	\$ -	\$ 365,000	\$ 11,000	\$ -	\$ -
8918	Permits/Settlements/Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8921	Waste Handling and Disp	\$ -	\$ -	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
8945	Loss & Loss Expenses Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9999	Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ 264,000	\$ 3,718,000	\$ -	\$ 8,989,000	\$ 864,000	\$ -	\$ -

Signature:		
Company:		
Printed Name:		
Title:		
Date:	Approval	% WI
This AFE is only an estimate. By signing, you agree to pay your proportional share of the actual costs incurred.		

Total Drilling (1+2+3+4):	\$ 3,986,000
Total Completion (5+6+7):	\$ 7,993,000
Total Facilities (8):	\$ -
Total Well Cost (1+2+3+4+5+6+7+8):	\$ 11,979,000
Ana Orozco RMT Team Lead - NNM Occidental Oil and Gas	
Date	



Occidental Oil and Gas Corporation

Turkey Track 8-7 State 2211

RMT	NMM
State & County:	NM, Eddy
Field:	Turkey Track
Well Type:	10k 2BS
Date:	5/10/2017

Code	Element Name	1 Prep Phase	2 Location & Rig Move	3 Drilling	4 P&A	5 Completion	6 Artificial Lift	7 Hookup	8 Facilities
Location, Mobilization, Rig Move									
3010	Major Mob / Demob	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3011	Location & Roads + Maintenance	\$ -	\$ 111,000	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ -
3021	Rig Move	\$ -	\$ 81,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Labor, Services & Equipment Rentals									
1000	Employee Wages	\$ -	\$ 6,000	\$ 224,000	\$ -	\$ 49,000	\$ -	\$ -	\$ -
1050	Location Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2004	Contractor Maintenance/Roustabouts	\$ -	\$ -	\$ -	\$ -	\$ 2,000	\$ -	\$ -	\$ -
2017	Contract Supervision	\$ -	\$ -	\$ -	\$ -	\$ 96,000	\$ 9,000	\$ -	\$ -
2019	Contractor HES	\$ -	\$ -	\$ -	\$ -	\$ 18,000	\$ -	\$ -	\$ -
2034	Labor services	\$ -	\$ 1,000	\$ 48,000	\$ -	\$ -	\$ -	\$ -	\$ -
3001	Services Hot Oiling	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ 6,000	\$ -	\$ -
3002	Services Misc Heavy Equipment	\$ -	\$ -	\$ -	\$ -	\$ 71,000	\$ 2,000	\$ -	\$ -
3003	Fluid Haul	\$ -	\$ 5,000	\$ 44,000	\$ -	\$ -	\$ -	\$ -	\$ -
3005	Services Inspection	\$ -	\$ -	\$ 38,000	\$ -	\$ 5,000	\$ -	\$ -	\$ -
3009	Services Wellhead	\$ -	\$ -	\$ 17,000	\$ -	\$ 65,000	\$ 6,000	\$ -	\$ -
3012	Cased/Open Hole Logging	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3013	Services Coiled Tubing	\$ -	\$ -	\$ -	\$ -	\$ 206,000	\$ -	\$ -	\$ -
3014	Directional Drilling & LWD	\$ -	\$ -	\$ 524,000	\$ -	\$ -	\$ -	\$ -	\$ -
3015	Fishing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3016	Mud Logging	\$ -	\$ -	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -
3018	Services Perforating	\$ -	\$ -	\$ -	\$ -	\$ 258,000	\$ -	\$ -	\$ -
3019	Wire line & Slick line	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 7,000	\$ -	\$ -
3020	Rig Work	\$ -	\$ -	\$ 693,000	\$ -	\$ -	\$ 24,000	\$ -	\$ -
3022	Drilling & Completion Fluids	\$ -	\$ 6,000	\$ 66,000	\$ -	\$ 135,000	\$ -	\$ -	\$ -
3023	Cementing	\$ -	\$ -	\$ 269,000	\$ -	\$ -	\$ -	\$ -	\$ -
3024	Services Stimulation	\$ -	\$ -	\$ -	\$ -	\$ 3,770,000	\$ -	\$ -	\$ -
3025	Services Downhole Other	\$ -	\$ -	\$ 30,000	\$ -	\$ 265,000	\$ 13,000	\$ -	\$ -
3026	Formation Testing and Coring	\$ -	\$ -	\$ -	\$ -	\$ 359,000	\$ -	\$ -	\$ -
3029	Camp & Catering	\$ -	\$ 9,000	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
3032	Communications & IT	\$ -	\$ 1,000	\$ 19,000	\$ -	\$ -	\$ -	\$ -	\$ -
3035	Services Disposal	\$ -	\$ -	\$ 122,000	\$ -	\$ 291,000	\$ 4,000	\$ -	\$ -
3039	Services Fluid Hauling from Site	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4005	Rental Downhole Equipment & Tools	\$ -	\$ -	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -
4007	HES & Industrial waste handling	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -
4013	Rental Surface Equipment & Tools	\$ -	\$ 21,000	\$ 103,000	\$ -	\$ 159,000	\$ 7,000	\$ -	\$ -
Consumable Consumables									
5021	Material Surface Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 410,000	\$ -	\$ -
5023	Wellhead & X-mas tree	\$ -	\$ -	\$ 75,000	\$ -	\$ 7,000	\$ -	\$ -	\$ -
5027	Material Subsurface Lift Equipment Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,000	\$ -	\$ -
5028	Casing and Casing Accessories	\$ -	\$ -	\$ 657,000	\$ -	\$ -	\$ -	\$ -	\$ -
5029	Material Tubing and Accs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,000	\$ -	\$ -
5500	Material Consumables	\$ -	\$ 11,000	\$ -	\$ -	\$ 749,000	\$ -	\$ -	\$ -
5502	Drilling Fluids Products	\$ -	\$ -	\$ 211,000	\$ -	\$ -	\$ -	\$ -	\$ -
5503	Bits, Reamers, Scrapers, HO's	\$ -	\$ -	\$ 64,000	\$ -	\$ -	\$ -	\$ -	\$ -
5505	Fuel & Lubricants	\$ -	\$ 2,000	\$ 74,000	\$ -	\$ -	\$ -	\$ -	\$ -
7004	Utilities: Electricity, Water & Sewers & Trash	\$ -	\$ -	\$ 11,000	\$ -	\$ 4,000	\$ 1,000	\$ -	\$ -
Logistics, Insurance & Tax									
8000	Land Transportation	\$ -	\$ 1,000	\$ 43,000	\$ -	\$ 19,000	\$ -	\$ -	\$ -
8102	Tax & contingency	\$ -	\$ 13,000	\$ 252,000	\$ -	\$ 365,000	\$ 11,000	\$ -	\$ -
8918	Permits/Settlements/Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8921	Waste Handling and Disp	\$ -	\$ -	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
8945	Loss & Loss Expenses Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9999	Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ 268,000	\$ 3,718,000	\$ -	\$ 6,589,000	\$ 604,000	\$ -	\$ -

Signature:		
Company:		
Printed Name:		
Title:		
Date:	Approval	% WI
This AFE is only an estimate. By signing, you agree to pay your proportional share of the actual costs incurred.		

Total Drilling (1+2+3+4):	\$ 3,986,000
Total Completion (5+6+7):	\$ 7,593,000
Total Facilities (8):	\$ -
Total Well Cost (1+2+3+4+5+6+7+8):	\$ 11,579,000
Ana Orozco RMT Team Lead - NNM Occidental Oil and Gas	
Date	



Occidental Oil and Gas Corporation

Turkey Track B-7 State 23H

RMT	NM
State & County	NM, Eddy
Field	Turkey Track
Well Type	10k 2BS
Date	5/10/2017

Code	Element Name	1 Prep Phase	2 Location & Rig Move	3 Drilling	4 P&A	5 Completion	6 Artificial Lift	7 Hookup	8 Facilities
Location, Mobilization, Rig Move									
3010	Major Mob / Demob	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3011	Location & Roads + Maintenance	\$ -	\$ 111,000	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ -
3021	Rig Move	\$ -	\$ 81,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Labor, Services & Equipment Rentals									
1000	Employee Wages	\$ -	\$ 8,000	\$ 224,000	\$ -	\$ 49,000	\$ -	\$ -	\$ -
1050	Location Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2004	Contractor Maintenance/Roustabouts	\$ -	\$ -	\$ -	\$ -	\$ 2,000	\$ -	\$ -	\$ -
2017	Contract Supervision	\$ -	\$ -	\$ -	\$ -	\$ 98,000	\$ 9,000	\$ -	\$ -
2019	Contractor HES	\$ -	\$ -	\$ -	\$ -	\$ 18,000	\$ -	\$ -	\$ -
2034	Labor services	\$ -	\$ 1,000	\$ 48,000	\$ -	\$ -	\$ -	\$ -	\$ -
3001	Services Hot Oiling	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ 8,000	\$ -	\$ -
3002	Services Misc Heavy Equipment	\$ -	\$ -	\$ -	\$ -	\$ 71,000	\$ 2,000	\$ -	\$ -
3003	Fluid Haul	\$ -	\$ 5,000	\$ 44,000	\$ -	\$ -	\$ -	\$ -	\$ -
3005	Services Inspection	\$ -	\$ -	\$ 38,000	\$ -	\$ 5,000	\$ -	\$ -	\$ -
3009	Services Wellhead	\$ -	\$ -	\$ 17,000	\$ -	\$ 65,000	\$ 8,000	\$ -	\$ -
3012	Cased/Open Hole Logging	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3013	Services Coiled Tubing	\$ -	\$ -	\$ -	\$ -	\$ 208,000	\$ -	\$ -	\$ -
3014	Directional Drilling & LWD	\$ -	\$ -	\$ 524,000	\$ -	\$ -	\$ -	\$ -	\$ -
3015	Fishing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3016	Mud Logging	\$ -	\$ -	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -
3018	Services Perforating	\$ -	\$ -	\$ -	\$ -	\$ 258,000	\$ -	\$ -	\$ -
3019	Wire line & Slick line	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 7,000	\$ -	\$ -
3020	Rig Work	\$ -	\$ -	\$ 693,000	\$ -	\$ -	\$ 24,000	\$ -	\$ -
3022	Drilling & Completion Fluids	\$ -	\$ 8,000	\$ 86,000	\$ -	\$ 135,000	\$ -	\$ -	\$ -
3023	Cementing	\$ -	\$ -	\$ 289,000	\$ -	\$ -	\$ -	\$ -	\$ -
3024	Services Stimulation	\$ -	\$ -	\$ -	\$ -	\$ 3,770,000	\$ -	\$ -	\$ -
3025	Services Downhole Other	\$ -	\$ -	\$ 30,000	\$ -	\$ 265,000	\$ 13,000	\$ -	\$ -
3028	Formation Testing and Coring	\$ -	\$ -	\$ -	\$ -	\$ 359,000	\$ -	\$ -	\$ -
3029	Camp & Catering	\$ -	\$ 9,000	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
3032	Communications & IT	\$ -	\$ 1,000	\$ 19,000	\$ -	\$ -	\$ -	\$ -	\$ -
3035	Services Disposal	\$ -	\$ -	\$ 122,000	\$ -	\$ 291,000	\$ 4,000	\$ -	\$ -
3039	Services Fluid Hauling from Site	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4005	Rental Downhole Equipment & Tools	\$ -	\$ -	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -
4007	HES & Industrial waste handling	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -
4013	Rental Surface Equipment & Tools	\$ -	\$ 21,000	\$ 103,000	\$ -	\$ 159,000	\$ 7,000	\$ -	\$ -
Consumable Consumables									
5021	Material Surface Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 410,000	\$ -	\$ -
5023	Wellhead & X-mas tree	\$ -	\$ -	\$ 75,000	\$ -	\$ 7,000	\$ -	\$ -	\$ -
5027	Material Subsurface LIFT Equipment Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,000	\$ -	\$ -
5028	Casing and Casing Accessories	\$ -	\$ -	\$ 657,000	\$ -	\$ -	\$ -	\$ -	\$ -
5029	Material Tubing and Accs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,000	\$ -	\$ -
5500	Material Consumables	\$ -	\$ 11,000	\$ -	\$ -	\$ 749,000	\$ -	\$ -	\$ -
5502	Drilling Fluids Products	\$ -	\$ -	\$ 211,000	\$ -	\$ -	\$ -	\$ -	\$ -
5503	Bits, Reamers, Scrapers, HQ's	\$ -	\$ -	\$ 84,000	\$ -	\$ -	\$ -	\$ -	\$ -
5505	Fuel & Lubricants	\$ -	\$ 2,000	\$ 74,000	\$ -	\$ -	\$ -	\$ -	\$ -
7004	Utilities: Electricity, Water & Sewers & Trash	\$ -	\$ -	\$ 11,000	\$ -	\$ 4,000	\$ 1,000	\$ -	\$ -
Logistics, Insurance & Tax									
8000	Land Transportation	\$ -	\$ 1,000	\$ 43,000	\$ -	\$ 19,000	\$ -	\$ -	\$ -
8102	Tax & contingency	\$ -	\$ 13,000	\$ 252,000	\$ -	\$ 365,000	\$ 11,000	\$ -	\$ -
8918	Permits/Settlements/Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8921	Waste Handling and Disp	\$ -	\$ -	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
8945	Loss & Loss Expenses Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9999	Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ 288,000	\$ 3,718,000	\$ -	\$ 6,989,000	\$ 684,000	\$ -	\$ -

Signature:			
Company:			
Printed Name:			
Title:			
Date:	Approval	% WI	
This AFE is only an estimate. By signing, you agree to pay your proportional share of the actual costs incurred			

	Total Drilling (1+2+3+4):	\$ 3,988,000
	Total Completion (5+6+7):	\$ 7,993,000
	Total Facilities (8):	\$ -
	Total Well Cost (1+2+3+4+5+6+7+8):	\$ 11,979,000
Ana Orozco RMT Team Lead - NNM Occidental Oil and Gas		
Date		



Occidental Oil and Gas Corporation

Turkey Track B-7 State 24H

RMT	MM
State & County:	NM, Eddy
Field	Turkey Track
Well Type	10k 2BS
Date	5/10/2017

Code	Element Name	1 Prep Phase	2 Location & Rig Move	3 Drilling	4 P&A	5 Completion	6 Artificial Lift	7 Hookup	8 Facilities
Location, Mobilization, Rig Move									
3010	Major Mob / Demob	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3011	Location & Roads + Maintenance	\$ -	\$ 111,000	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ -
3021	Rig Move	\$ -	\$ 81,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Labor, Services & Equipment Rentals									
1000	Employee Wages	\$ -	\$ 6,000	\$ 224,000	\$ -	\$ 49,000	\$ -	\$ -	\$ -
1050	Location Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2004	Contractor Maintenance/Roustabouts	\$ -	\$ -	\$ -	\$ -	\$ 2,000	\$ -	\$ -	\$ -
2017	Contract Supervision	\$ -	\$ -	\$ -	\$ -	\$ 96,000	\$ 9,000	\$ -	\$ -
2019	Contractor HES	\$ -	\$ -	\$ -	\$ -	\$ 18,000	\$ -	\$ -	\$ -
2034	Labor services	\$ -	\$ 1,000	\$ 48,000	\$ -	\$ -	\$ -	\$ -	\$ -
3001	Services Hot Oiling	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ 6,000	\$ -	\$ -
3002	Services Misc Heavy Equipment	\$ -	\$ -	\$ -	\$ -	\$ 71,000	\$ 2,000	\$ -	\$ -
3003	Fluid Haul	\$ -	\$ 5,000	\$ 44,000	\$ -	\$ -	\$ -	\$ -	\$ -
3005	Services Inspection	\$ -	\$ -	\$ 38,000	\$ -	\$ 5,000	\$ -	\$ -	\$ -
3009	Services Wellhead	\$ -	\$ -	\$ 17,000	\$ -	\$ 65,000	\$ 6,000	\$ -	\$ -
3012	Cased/Open Hole Logging	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ -	\$ -	\$ -
3013	Services Coiled Tubing	\$ -	\$ -	\$ -	\$ -	\$ 206,000	\$ -	\$ -	\$ -
3014	Directional Drilling & LWD	\$ -	\$ -	\$ 524,000	\$ -	\$ -	\$ -	\$ -	\$ -
3015	Fishing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3016	Mud Logging	\$ -	\$ -	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -
3018	Services Perforating	\$ -	\$ -	\$ -	\$ -	\$ 258,000	\$ -	\$ -	\$ -
3019	Wire line & Slick line	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 7,000	\$ -	\$ -
3020	Rig Work	\$ -	\$ -	\$ 693,000	\$ -	\$ -	\$ 24,000	\$ -	\$ -
3022	Drilling & Completion Fluids	\$ -	\$ 6,000	\$ 66,000	\$ -	\$ 135,000	\$ -	\$ -	\$ -
3023	Cementing	\$ -	\$ -	\$ 269,000	\$ -	\$ -	\$ -	\$ -	\$ -
3024	Services Stimulation	\$ -	\$ -	\$ -	\$ -	\$ 3,770,000	\$ -	\$ -	\$ -
3025	Services Downhole Other	\$ -	\$ -	\$ 30,000	\$ -	\$ 265,000	\$ 13,000	\$ -	\$ -
3028	Formation Testing and Coring	\$ -	\$ -	\$ -	\$ -	\$ 359,000	\$ -	\$ -	\$ -
3029	Camp & Catering	\$ -	\$ 9,000	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
3032	Communications & IT	\$ -	\$ 1,000	\$ 19,000	\$ -	\$ -	\$ -	\$ -	\$ -
3035	Services Disposal	\$ -	\$ -	\$ 122,000	\$ -	\$ 291,000	\$ 4,000	\$ -	\$ -
3039	Services Fluid Hauling from Site	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4005	Rental Downhole Equipment & Tools	\$ -	\$ -	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -
4007	HES & Industrial waste handling	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -
4013	Rental Surface Equipment & Tools	\$ -	\$ 21,000	\$ 103,000	\$ -	\$ 159,000	\$ 7,000	\$ -	\$ -
Consumable Consumables									
5021	Material Surface Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 410,000	\$ -	\$ -
5023	Wellhead & X-mas tree	\$ -	\$ -	\$ 75,000	\$ -	\$ 7,000	\$ -	\$ -	\$ -
5027	Material Subsurface Lift Equipment Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,000	\$ -	\$ -
5028	Casing and Casing Accessories	\$ -	\$ -	\$ 657,000	\$ -	\$ -	\$ -	\$ -	\$ -
5029	Material Tubing and Accs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,000	\$ -	\$ -
5500	Material Consumables	\$ -	\$ 11,000	\$ -	\$ -	\$ 749,000	\$ -	\$ -	\$ -
5502	Drilling Fluids Products	\$ -	\$ -	\$ 211,000	\$ -	\$ -	\$ -	\$ -	\$ -
5503	Bits, Reamers, Scrapers, HO's	\$ -	\$ -	\$ 84,000	\$ -	\$ -	\$ -	\$ -	\$ -
5505	Fuel & Lubricants	\$ -	\$ 2,000	\$ 74,000	\$ -	\$ -	\$ -	\$ -	\$ -
7004	Utilities: Electricity, Water & Sewers & Trash	\$ -	\$ -	\$ 11,000	\$ -	\$ 4,000	\$ 1,000	\$ -	\$ -
Logistics, Insurance & Tax									
8000	Land Transportation	\$ -	\$ 1,000	\$ 43,000	\$ -	\$ 19,000	\$ -	\$ -	\$ -
8102	Tax & contingency	\$ -	\$ 13,000	\$ 252,000	\$ -	\$ 365,000	\$ 11,000	\$ -	\$ -
8918	Permits/Settlements/Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8921	Waste Handling and Disp	\$ -	\$ -	\$ 37,000	\$ -	\$ -	\$ -	\$ -	\$ -
8945	Loss & Loss Expenses Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9999	Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ 266,000	\$ 3,718,000	\$ -	\$ 6,969,000	\$ 684,000	\$ -	\$ -

Signature: _____

Company: _____

Printed Name: _____

Title: _____

Date: _____ Approval _____ % WI _____

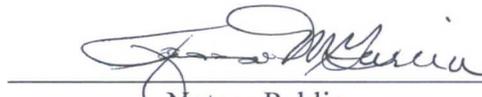
This AFE is only an estimate. By signing, you agree to pay your proportional share of the actual costs incurred.

Total Drilling (1+2+3+4):	\$ 3,986,000
Total Completion (5+6+7):	\$ 7,593,000
Total Facilities (8):	\$ -
Total Well Cost (1+2+3+4+5+6+7+8):	\$ 11,579,000
Ana Orozco RMT Team Lead - NNM Occidental Oil and Gas	
Date _____	

above-referenced Application has been provided under the notice letters and proof of receipts attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 13th day of September 2017, by
Michael H. Feldewert.


Notary Public





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

July 14, 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 21H Well

Ladies & Gentlemen:

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR OXY USA WTP LIMITED PARTNERSHIP

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

July 14, 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 22H Well

Ladies & Gentlemen:

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR OXY USA WTP LIMITED PARTNERSHIP

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

July 14, 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 23H Well

Ladies & Gentlemen:

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler
**ATTORNEY FOR OXY USA WTP LIMITED
PARTNERSHIP**

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

July 14, 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 24H Well

Ladies & Gentlemen:

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler
**ATTORNEY FOR OXY USA WTP LIMITED
PARTNERSHIP**

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. ☻

**OXY/Turkey Track 8-7 State #21H 22H 23H 24H – Pooled Parties –
Case Nos. 15776, 15777, 15778, 15779**

HFB Investment Company, L.P.
415 W. Wall Street, Suite 1705
Midland TX 79701

Herbert F. Boles, Trustee U/W/O Norma Jean Boles, deceased
415 W. Wall St, Suite 1705
Midland, TX 79701

Monarch Resources, Inc.
306 W. 7th St. Suite 701
Fort Worth, TX 76102

Thomas M. Beall
P O Box 3098
Midland, TX 79701

Fuel Products, Inc.
P O Box 3098
Midland, TX 79701

7017 1450 0000 8463 2163

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail

For delivery in **01**

OXY/Turkey Track 8-7 State #21H 22H 23H 24H - Pooled Parties - Case Nos. 15776, 15777, 15778, 15779

3 JUL 14 2017
 SANTA FE, NM 87501
 USPS

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

Postage \$
 Total Postage \$

Sent To
 Street address
 City, State

**HFB Investment Co., L.P.
 415 W. Wall Street, Suite 1705
 Midland TX 79701**

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

7017 1450 0000 8463 2156

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail

For delivery in **01**

OXY/Turkey Track 8-7 State #21H 22H 23H 24H - Pooled Parties - Case Nos. 15776, 15777, 15778, 15779

3 JUL 14 2017
 SANTA FE, NM 87501
 USPS

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

Postage \$
 Total Postage \$

Sent To
 Street address
 City, State

**Herbert F. Boles, Trustee
 U/W/O Norma Jean Boles,
 deceased
 415 W. Wall St, Suite 1705
 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:

**HFB Investment Co., L.P.
 415 W. Wall Street, Suite 1705
 Midland TX 79701**

9590 9402 1834 6104 2738 70

2. Article Number (Transfer from service label)
7017 1450 0000 8463 2163

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 TJ Pickett Agent Addressee

B. Received by (Printed Name) **TJ Pickett** C. Date of Delivery **7/17/17**

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

7017 1450 0000 8463 2156

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:

**Herbert F. Boles, Trustee
 U/W/O Norma Jean Boles,
 deceased
 415 W. Wall St, Suite 1705
 Midland, TX 79701**

9590 9402 1834 6104 2739 31

2. Article Number (Transfer from service label)
7017 1450 0000 8463 2156

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 TJ Pickett Agent Addressee

B. Received by (Printed Name) **TJ Pickett** C. Date of Delivery **7/17/17**

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

7017 1450 0000 8463 2149

U.S. Postal Service™
CERTIFIED MAIL™
 Domestic

For delivery

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To \$

Street and City, State

OXY/Turkey Track 8-7 State #21H 22H 23H 24H - Pooled Parties - Case Nos. 15776, 15777, 15778, 15779

Postmark: SANTA, FE, NM 87501 JUL 14 2017

Monarch Resources, Inc.
 306 W. 7th St. Suite 701
 Fort Worth, TX 76102

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:

Monarch Resources, Inc.
 306 W. 7th St. Suite 701
 Fort Worth, TX 76102

9590 9402 1834 6104 2739 48

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2149

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 (all Restricted Delivery) Signature Confirmation Restricted Delivery

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

7017 1450 0000 8463 2132

U.S. Postal Service™
CERTIFIED MAIL™
 Domestic

For delivery

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To \$

Street and City, State

OXY/Turkey Track 8-7 State #21H 22H 23H 24H - Pooled Parties - Case Nos. 15776, 15777, 15778, 15779

Postmark: SANTA, FE, NM 87501 JUL 14 2017

Thomas M. Beall
 P O Box 3098
 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.

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:

Thomas M. Beall
 P O Box 3098
 Midland, TX 79701

9590 9402 1834 6104 2740 06

1. Article Addressed to:

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2132

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 (all Restricted Delivery)

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

7017 1450 0000 8463 2125

U.S. Post
CERTIFIED
Domestic Mail

For delivery in
OF

Certified Mail Fee

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

Postage

\$ Total F

\$ Sent To

Street

City, S

OXY/Turkey Track 8-7 State
#21H 22H 23H 24H - Pooled
Parties - Case Nos. 15776,
15777, 15778, 15779



Fuel Products, Inc.
P O Box 3098
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:

Fuel Products, Inc.
P O Box 3098
Midland, TX 79701

9590 9402 1834 6104 2739 93

2. Article Number (Transfer from service label)

7017 1450 0000 8463 2125

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Andrea Aldrete Agent
 Addressee

B. Received by (Printed Name) *Andrea Aldrete* C. Date of Delivery *7/20/17*

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

Domestic Return Receipt

HOLLAND & HART LLP



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

July 14, 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 21H Well

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR OXY USA WTP LIMITED PARTNERSHIP

9948599_1

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. ☪

OXY/Turkey Track 8-7 21H Well – Offset Parties Case No. 15776

Mewbourne Oil Company
4801 Business Park Blvd.
Hobbs, NM 88240

Chevron U.S.A. Inc.
6301 Deauville Blvd. attn: Permitting
Midland, TX 79706

Breitburn Operating LP
1111 Bagby St., Suite 1600
Houston, TX 77002

Stephens & Johnson OP Co.
P. O. Box 2249
Wichita Falls, TX 76307

HOG Partnership LP
5950 Cedar Springs Rd., Suite 242
Dallas, TX 75235

Matador Production Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Explorers Petroleum Corporation
P. O. Box 1933
Roswell, NM 88202

Spiral, Inc.
see above

Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202

T. J. Hall III
6921 Old Kent Dr.
Knoxville, TN 78229

Jalapeno Corporation
P. O. Box 1668
Albuquerque, NM 87103

Nearburg Exploration Company, LLC
3300 North A Street, Bldg. 2, Suite 120
Midland, TX 79705

Nadel & Gussman Capitan, LLC
15 E. 5th Street, Suite 3200
Tulsa, OK 74103

Drusilla C. Ciezinski, Trustee of the Ciezinski Trust
P. O. Box 3047
Roswell, NM 88202

Roger B. Hardee
2914 Bur Oak Court
Richmond, TX 77469

Kris H. Youell
103 Lariat Dr.
Boerne, TX 78006

Randy N. Hardee
1914 Augusta Dr., Apt. 9
Houston, TX 77057

BC Operating, Inc.
P. O. Box 50820
Midland, TX 79710

Marathon Oil Co.
5555 San Felipe St.
Houston, TX 77056

COG Operating LLC
600 W. Illinois Ave.
Midland, TX 79701

Kerr McGee OG Onshore
P.O. Box 1330
Houston, TX 77251

Neeco Inc
P O Box 10847
Midland, TX 79702-7847

Monarch Resources, Ltd.
306 W. 7th St. Suite 701
Fort Worth, TX 76102

Tanza K Brumfield
P O Box 1767
Midland, TX 79702-1767

Bean Family Limited Partnership
P O Box 1738
Roswell, NM 88202

Jesse A. Cone, As Trustee Of The Jesse A Cone Trust "A" U/W/O
Hubert E Cone, Deceased
113 Eagle Dr
Alamogordo, NM 88310-7702

John Robert Cone, As Trustee Of The John Robert Trust "A" U/W/O
Hubert E Cone, Deceased
3601 Aransas
Corpus Christi, TX 78411

Norman L. Stevens, Trustee Of The Norman L. Stevens Revocable Trust, Dba Stevens Revocable Trust
Attn: Larry Stevens
1000 Louisiana St, Suite 2000
Houston, TX 77002

CBR Oil Properties, Llc
P O Box 1518
Roswell, NM 88202

Herbert F. Boles, Trustee U/W/O Norma J. Boles, Deceased
415 W. Wall St, Suite 1705
Midland, TX 79701

Witherspoon Motor Company
404 Pecos River Dr
Carlsbad, NM 88220

Snow Oil & Gas Inc
P O Box 1277
Andrews, TX 79714-1277

Nona L. Snow
1609 Delano
Las Cruces, NM 88011

Mary Cone Lewis, As Trustee Of The Mary Cone Lewis Trust "A" U/W/O Hubert E Cone, Deceased
4501 Upland Ave
Lubbock, TX 79407

Enid Witherspoon Gates Revocable Trust Under Trust Agreement Dated February 27, 2003
404 Pecos River Dr
Carlsbad, NM 88220

Betty Read Young
P O Box 811
Roswell NM 88202

Fuel Products, Inc
P O Box 3098
Midland, TX 79702

Carolyn Read Beall
P O Box 3098
Midland, TX 79702

Terry A. Cone, As Trustee Of The Terry A. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
991 Old Smith Rd
Fortson Ga 31808

EGL Resources
P O Box 10886
Midland, TX 79702

Howard H. Cone, As Trustee Of The Howard H. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
1801 County Road 289
Georgetown, TX 78633

HFB Investment Company Lp
415 W. Wall Street, Suite 1705
Midland TX 79701

New Mexico Western Minerals, Inc
P O Box 1738
Roswell, NM 88202

Thomas M. Beall
P O Box 3098
Midland, TX 79701

V-F Petroleum Inc
P O Box 1889
Midland, TX 79702

Gahr Energy Company
P O Box 1889
Midland, TX 79702

7017 1450 0000 8462 7671

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only DXY/JLK/Turkey Track 8-7

For delivery information, visit [usps.com](#) or call 1-800-275-3773. For delivery information, visit **21H - Offset Case No.**

OFFICIAL MAIL

Certified Mail Fee \$ 3.50

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 \$

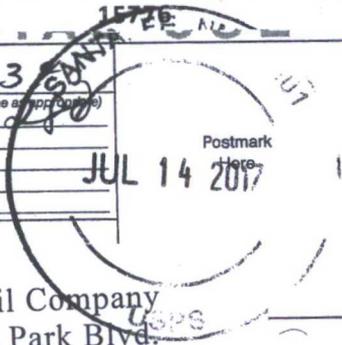
Postage \$

Total \$

Sent To **Mewbourne Oil Company**
 4801 Business Park Blvd.
 Hobbs, NM 88240

City, State, ZIP+4®

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



RETURNED

7017 1450 0000 8462 7664

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only DXY/JLK/Turkey Track 8-7

For delivery information, visit [usps.com](#) or call 1-800-275-3773. For delivery information, visit **21H - Offset Case No.**

OFFICIAL MAIL

Certified Mail Fee \$

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 \$

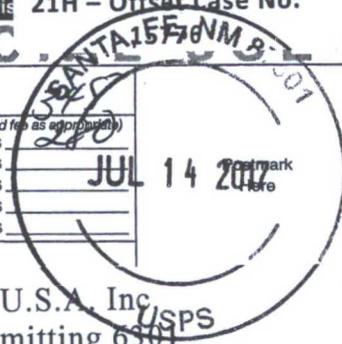
Postage \$

Total Postage \$

Sent To **Chevron U.S.A. Inc.**
 Attn: Permitting 6301
 Deauville Blvd.
 Midland, TX 79706

City, State, ZIP+4®

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



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only DXY/JLK/Turkey Track 8-7

For delivery information, visit [usps.com](#) or call 1-800-275-3773. For delivery information, visit **21H - Offset Case No.**

OFFICIAL MAIL

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:

Chevron U.S.A. Inc.
 Attn: Permitting 6301
 Deauville Blvd.
 Midland, TX 79706

9590 9402 2942 7094 6381 32

2. Article Number **7017 1450 0000 8462 7664**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery **7-17-17**

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™
 Signature Confirmation Restricted Delivery

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

7017 1450 0000 8462 7657

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

For delivery information, visit **XY/JLK/Turkey Track 8-7**
21H - Offset Case No.

OFFICE

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

Postage \$
 Total P \$
 Sent To \$
 Street \$
 City, State \$

Breitburn Operating LP
 1111 Bagby St., Suite 1600
 Houston, TX 77002

Postmark: SANTA FE, NM 87501
 JUL 14 2017

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

7017 1450 0000 8462 7640

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

For delivery information, visit **XY/JLK/Turkey Track 8-7**
21H - Offset Case No.

OFFICE

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

Postage \$
 Total Postage \$
 Sent To \$
 Street and A \$
 City, State, Z \$

Stephens & Johnson OP Co.
 P. O. Box 2249
 Wichita Falls, TX 76307

Postmark: SANTA FE, NM 87501
 JUL 14 2017

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:
 Breitburn Operating LP
 1111 Bagby St., Suite 1600
 Houston, TX 77002

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7657

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

A. Signature
 Muehly
 Agent
 Addressee

B. Received by (Printed Name)
 Muehly

C. Date of Delivery
 7/17/17

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

9590 9402 2942 7094 6381 49

PS Form 3811, July 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:
 Stephens & Johnson OP Co.
 P. O. Box 2249
 Wichita Falls, TX 76307

2. Article Number
 7017 1450 0000 8462 7640

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

A. Signature
 Diana Walker
 Agent
 Addressee

B. Received by (Printed Name)
 Diana Walker

C. Date of Delivery
 JUL 18 2017

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

9590 9402 2942 7094 6381 25

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

7017 1450 0000 8462 7633

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**

For delivery information, visit **21H - Offset**

OFFICIAL SANTA FE, NM 87501

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 \$

Total \$ 6.15

Sent To **HOG Partnership LP**

5950 Cedar Springs Rd., Suite 242

Dallas, TX 75235

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

CERTIFIED MAIL

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.

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:

RECEIVED
 JUL 17 2017
 BY:

1. Article Addressed to:
 HOG Partnership LP
 5950 Cedar Springs Rd., Suite 242
 Dallas, TX 75235

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7633

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

7017 1450 0000 8462 7626

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**

For delivery information, visit **21H - Offset**

OFFICIAL SANTA FE, NM 87501

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 \$

Total \$ 6.15

Sent To **Matador Production Company**

5400 LBJ Freeway, Suite 1500

Dallas, TX 75240

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

CERTIFIED MAIL

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.

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:

RECEIVED
 JUL 17 2017
 BY:

1. Article Addressed to:
 Matador Production Company
 5400 LBJ Freeway, Suite 1500
 Dallas, TX 75240

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7626

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

7017 1450 0000 8462 7619

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **EXY/JLK/Turkey Track 8-7**

For delivery information, visit **21H - Offset Case No.**
OFFIC 15776

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.45
 Return Receipt (electronic) \$ 2.10
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Paid \$
 Sent To
 Street
 City, State

Explorers Petroleum Corporation
 P. O. Box 1933
 Roswell, NM 88202

Postmark Here **JUL 14 2017**
SANTA FE, NM
US

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

CERTIFIED MAIL
 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:
 Explorers Petroleum Corporation
 P. O. Box 1933
 Roswell, NM 88202

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7619

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

A. Signature
 B. Received by (Printed Name) SM SAUNDERS
 C. Date of Delivery 2017

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

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

7017 1450 0000 8462 7602

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **EXY/JLK/Turkey Track 8-7**

For delivery information, visit **21H - Offset Case No.**
OFFIC 15776

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.45
 Return Receipt (electronic) \$ 2.10
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Paid \$
 Sent To
 Street
 City, State

Spiral, Inc.
 P. O. Box 1933
 Roswell, NM 88202

Postmark Here **JUL 14 2017**
SANTA FE, NM
USPS

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

CERTIFIED MAIL
 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:
 Spiral, Inc.
 P. O. Box 1933
 Roswell, NM 88202

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7602

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

A. Signature
 B. Received by (Printed Name) SM SAUNDERS
 C. Date of Delivery 2017

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

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

7017 1450 0000 8462 7596

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

For delivery information, visit usps.com or call 1-800-ASK-USA

OFFICIAL MAIL PERMIT NO. 8750
 21H - Offset Case No. 15776

OFFICIAL MAIL

Certified Mail Fee \$ 3.65
 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 \$
 Total Postage \$

Sent To
 Street and City, State

Yates Energy Corporation
 P.O. Box 2323
 Roswell, NM 88202

Postmark Here
 JUL 14 2017
 USPS

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 Energy Corporation
 P.O. Box 2323
 Roswell, NM 88202
 9590 9402 2942 7094 6381 01

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7596

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

A. Signature
 Agent
 Addressee
 X Pat Escalante
 B. Received by (Printed Name)
 Pat Escalante
 C. Date of Delivery
 7-17-17

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

Domestic Return Receipt

7017 1450 0000 8463 2460

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

For delivery information, visit usps.com or call 1-800-ASK-USA

OFFICIAL MAIL PERMIT NO. 8750
 21H - Offset Case No. 15776

OFFICIAL MAIL

Certified Mail Fee \$
 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 \$
 Total Postage \$

Sent To
 Street and City, State

T. J. Hall III
 6921 Old Kent Dr.
 Knoxville, TN 78229

Postmark Here
 JUL 14 2017
 USPS

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:
 T. J. Hall III
 6921 Old Kent Dr.
 Knoxville, TN 78229
 9590 9402 2942 7094 6381 18

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2460

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

A. Signature
 Agent
 Addressee
 X T. Hall
 B. Received by (Printed Name)
 T. Hall
 C. Date of Delivery
 7-17-17

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

Domestic Return Receipt

7017 1450 0000 8463 2453

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

OXY/TJK/Turkey Track 8-7
 For delivery information, visit **21H - Offset Case No.**

OFFIC 15776
 JUL 14 2017

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

Postage \$
Total Pos \$
 Sent To
 Street and
 City, State

Jalapeno Corporation
 P. O. Box 1668
 Albuquerque, NM 87103

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

CERTIFIED MAIL
 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:
 Jalapeno Corporation
 P. O. Box 1668
 Albuquerque, NM 87103

2. Article Number (Transfer from service label)
 9590 9402 2942 7094 6397 71
 7017 1450 0000 8463 2453

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

A. Signature
 X Julie A Pascal Agent Addressee

B. Received by (Printed Name)
 Julie A Pascal

C. Date of Delivery
 JUL 17 2017

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

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

7017 1450 0000 8463 2446

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

OXY/JLK/Turkey Track 8-7
 For delivery information, visit **21H - Offset Case No.**

OFFIC 15776
 JUL 14 2017

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

Postage \$
Total Pos \$
 Sent To
 Street and
 City, State

Nearburg Exploration Co, LLC
 3300 North A Street, Bldg. 2,
 Suite 120
 Midland, TX 79705

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

CERTIFIED MAIL
 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:
 Nearburg Exploration Co, LLC
 3300 North A Street, Bldg. 2,
 Suite 120
 Midland, TX 79705

2. Article Number (Transfer from service label)
 9590 9402 2942 7094 6382 62
 7017 1450 0000 8463 2446

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

A. Signature
 X Tim Green Agent Addressee

B. Received by (Printed Name)
 Tim Green

C. Date of Delivery

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

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

7017 1450 0000 8463 2439

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

XY/JLK/Turkey Track 8-7

For delivery information, visit 21H - Offset Case No. 15776

OFFICIAL USE

Certified Mail Fee

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



Postage

Total F Nadel & Gussman Capitan,
 \$ Sent LLC
 \$ Street 15 E. 5th Street, Suite 3200
 City, S Tulsa, OK 74103

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

7017 1450 0000 8463 2439

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

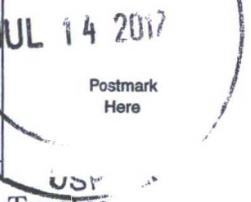
XY/JLK/Turkey Track 8-7

For delivery information, visit 21H - Offset Case No. 15776

OFFICIAL USE

Certified Mail Fee

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



Postage

Total F Drusilla C. Ciezinski, Trustee
 \$ Sent of the Ciezinski Trust
 \$ Street P. O. Box 3047
 City, S Roswell, NM 88202

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

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

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

- 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 Capitan,
 LLC
 15 E. 5th Street, Suite 3200
 Tulsa, OK 74103

2. Article Number (Transfer from service label):
 9590 9402 2942 7094 6382 79
 7017 1450 0000 8463 2439

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

A. Signature
 x plskidmoe Agent Addressee

B. Received by (Printed Name)
 PLskidmoe

C. Date of Delivery
 7-17-17

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

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

RETURNED

7017 1450 0000 8463 2415

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only **OXY/JLK/Turkey Track 8-7**

For delivery information, visit **21H - Offset Case No. 15776**

OFFIC

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

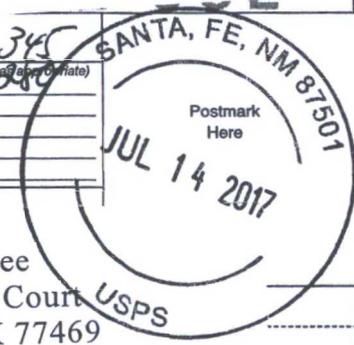
Total \$ _____

Sent To Roger B. Hardee

Street 2914 Bur Oak Court

City, State Richmond, TX 77469

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



7017 1450 0000 8463 2415

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only **OXY/JLK/Turkey Track 8-7**

For delivery information, visit **21H - Offset Case No. 15776**

OFFIC

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Post \$ _____

Sent To Kris H. Youell

Street 103 Lariat Dr.

City, State Boerne, TX 78006

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



RETURNED

7017 1450 0000 8463 2392

U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at usps.com
21H - Offset Case No. 15778M 87501

Certified Mail Fee

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

Postage

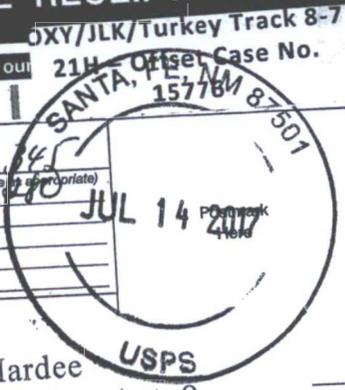
Total Postage

Sent To

Street and

City, State

Randy N. Hardee
1914 Augusta Dr., Apt. 9
Houston, TX 77057



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

7017 1450 0000 8463 2385

U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at usps.com
21H - Offset Case No. 14776M 87501

Certified Mail Fee

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

Postage

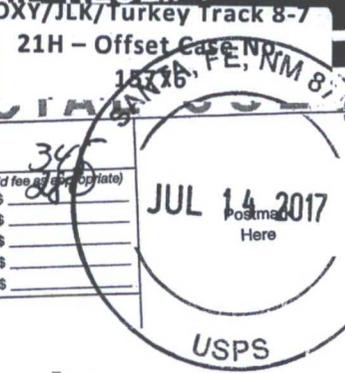
Total Postage

Sent To

Street and

City, State

BC Operating, Inc.
P. O. Box 50820
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:
Randy N. Hardee
1914 Augusta Dr., Apt. 9
Houston, TX 77057

2. Article Number (Transfer from address label)
7017 1450 0000 8463 2392

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

A. Signature: *Randy N. Hardee*
 Agent
 Addressee

B. Received by (Printed Name):
C. Date of Delivery: 7-19-17

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

PS Form 3811, July 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:
BC Operating, Inc.
P. O. Box 50820
Midland, TX 79710

2. Article Number (Transfer from address label)
7017 1450 0000 8463 2385

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

A. Signature: *Rachel Lancy*
 Agent
 Addressee

B. Received by (Printed Name):
C. Date of Delivery: 7.18.17

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

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

7017 1450 0000 8463 2378

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

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

OFFICIAL USE 87501

Certified Mail Fee
 \$

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

Postage
 \$

Total P
 \$

Sent To
 \$

Street
 City, St

Marathon Oil Co.
 5555 San Felipe St.
 Houston, TX 77056

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

JUL 14 2017
 USPS

7017 1450 0000 8463 2361

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

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

OFFICIAL USE 87501

Certified Mail Fee
 \$

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

Postage
 \$

Total P
 \$

Sent To
 \$

Street
 City, St

COG Operating LLC
 600 W. Illinois Ave.
 Midland, TX 79701

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

JUL 14 2017
 USPS

MAIL CERTIFIED

SENDER: COMPLETE THIS SECTION

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

■ 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:
 Marathon Oil Co.
 5555 San Felipe St.
 Houston, TX 77056

9590 9402 2942 7094 6381 94

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2378

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

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Marcos Cumez

C. Date of Delivery
 7-17-17

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

MAIL CERTIFIED

SENDER: COMPLETE THIS SECTION

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

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.

1. Article Addressed to:
 COG Operating LLC
 600 W. Illinois Ave.
 Midland, TX 79701

9590 9402 2942 7094 6382 00

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2361

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

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Erika Ribaldado

C. Date of Delivery
 7-17-17

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

7017 1450 0000 8463 2352

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **21H - Offset Case No.**

OFFICIAL MAIL 15776 SANTA FE, NM 87501

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 \$

Total Postage \$

Total Postage \$

Sent To **Kerr McGee OG Onshore**

Street Address **P.O. Box 1330**

City, State **Houston, TX 77251**

Postmark Here **JUL 14 2017**

USPS

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

7017 1450 0000 8463 2347

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **21H - Offset Case No.**

OFFICIAL MAIL 15776 SANTA FE, NM 87501

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Total Postage \$

Sent To **Neeco Inc**

Street Address **P O Box 10847**

City, State **Midland, TX 79702-7847**

Postmark Here **JUL 14 2017**

USPS

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:

Kerr McGee OG Onshore
P.O. Box 1330
Houston, TX 77251

9590 9402 2942 7094 6382 17

2. Article Number (Transfer from service label)

7017 1450 0000 8463 2354

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X Craig Blanton

B. Received by (Printed Name) **CRAIG BLANTON** 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.

1. Article Addressed to:

Neeco Inc
P O Box 10847
Midland, TX 79702-7847

9590 9402 2942 7094 6383 16

2. Article Number (Transfer from service label)

7017 1450 0000 8463 2347

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X Fred Schwiening

B. Received by (Printed Name) **Fred Schwiening** 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

7017 1450 0000 8463 2330

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 For delivery information, visit www.usps.com
OFFICIAL MAIL
 OXY/JLK/Turkey Track 8-7
 21H - Offset Case No. 15776
 Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage \$
 Sent To
 Street and City, State
 Monarch Resources, Ltd.
 306 W. 7th St. Suite 701
 Fort Worth, TX 76102
 Postmark Here
 JUL 14 2017
 USPS
 PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions

CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION
 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.
 1. Article Addressed to:
 Monarch Resources, Ltd.
 306 W. 7th St. Suite 701
 Fort Worth, TX 76102
 2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2330
 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
 B. Received by (Printed Name)
 Tracee Franker
 C. Date of Delivery
 7/5/17
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0000 8463 2330

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 For delivery information, visit www.usps.com
OFFICIAL MAIL
 OXY/JLK/Turkey Track 8-7
 21H - Offset Case No. 15776
 Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage \$
 Sent To
 Street and City, State
 Tanza K Brumfield
 P O Box 1767
 Midland, TX 79702-1767
 Postmark Here
 JUL 14 2017
 USPS
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION
 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.
 1. Article Addressed to:
 Tanza K Brumfield
 P O Box 1767
 Midland, TX 79702-1767
 2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2323
 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
 A. Signature
 Agent
 Addressee
 B. Received by (Printed Name)
 Fred Schuster
 C. Date of Delivery
 7/14/17
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0000 0547 2102

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **0XY/JLK/Turkey Track 8-7**
 For delivery information, visit **21H - Offset Case No. 15776**
OFFICIAL USE

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

Postage \$
 Total \$
 Sent \$
 Street P O Box 1738
 City Roswell, NM 88202

Postmark: JUL 14 2017
 USPS

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

7017 1450 0000 0547 1202

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **0XY/JLK/Turkey Track 8-7**
 For delivery information, visit **21H - Offset Case No. 15776**
OFFICIAL USE

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

Postage \$
 Total \$
 Sent \$
 Street 113 Eagle Dr
 City Alamogordo, NM 88310-7702

Postmark: JUL 14 2017
 USPS

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.
 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:
 Bean Family Limited Partnership
 P O Box 1738
 Roswell, NM 88202

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2316

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

4. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

5. Signature
 Agent
 Addressee

6. Received by (Printed Name) Date of Delivery
 Michael Carney 7/15/17

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

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

SENDER: COMPLETE THIS SECTION

1. 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:
 Jesse A. Cone, As Trustee Of The Jesse A Cone Trust "A" U/W/O Hubert E Cone, Deceased
 113 Eagle Dr
 Alamogordo, NM 88310-7702

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 1203

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

4. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

5. Signature
 Agent
 Addressee

6. Received by (Printed Name) Date of Delivery
 Jesse A. Cone 7/15/17

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

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

7017 1450 0000 8462 7978

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **usps.com** Set Case No. **21H-SAN ANTONIO, NM 81501**

OFFICE 15776

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

Postage \$
Total Post \$ 2.00

Sent To
 Street and
 City, State,
 John Robert Cone, Trustee Of
 The John Robert Trust "A" U/W/O
 Hubert E Cone, Deceased
 3601 Aransas
 Corpus Christi, TX 78411

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

7017 1450 0000 8462 7961

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **usps.com** Set Case No. **21H-SAN ANTONIO, NM 81501**

OFFICE 15776

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

Postage \$
Total Post \$ 2.00

Sent To
 Street and
 City, State,
 Norman L. Stevens, Trustee Of The
 Norman L. Stevens Revocable Trust,
 Dba Stevens Revocable Trust
 Attn: Larry Stevens
 1000 Louisiana St, Suite 2000
 Houston, TX 77002

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

CERTIFIED MAIL

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:
 John Robert Cone, As Trustee Of
 The John Robert Trust "A" U/W/O
 Hubert E Cone, Deceased
 3601 Aransas
 Corpus Christi, TX 78411

2. Article Number (Transfer from carrier label)
 7017 1450 0000 8462 7978

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

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7/20/17

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

9590 9402 2942 7094 6383 61

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

CERTIFIED MAIL

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:
 Norman L. Stevens, Trustee Of The
 Norman L. Stevens Revocable Trust,
 Dba Stevens Revocable Trust
 Attn: Larry Stevens
 1000 Louisiana St, Suite 2000
 Houston, TX 77002

2. Article Number (Transfer from carrier label)
 7017 1450 0000 8462 7961

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

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 JUL 18 2017

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

9590 9402 2942 7094 6382 24

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

7017 1450 0000 8462 7954

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **21H - Offset Case**

OFFICE 15776

345 270 14 2017

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To CBR Oil Properties, Llc
 P O Box 1518
 Street and A/Roswell, NM 88202
 City, State, ZIP+4®

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

CERTIFIED MAIL

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:
 CBR Oil Properties, Llc
 P O Box 1518
 Roswell, NM 88202

9590 9402 2942 7094 6382 31

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7954
 Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

C. Date of Delivery
 7/17/17

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

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

7017 1450 0000 8462 7947

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **21H - Offset Case**

OFFICE 15776

345 270 JUL 14 2017

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Herbert F. Boles, Trustee U/W/O
 Norma J. Boles, Deceased
 Street and A/R 415 W. Wall St, Suite 1705
 City, State, ZIP+4® Midland, TX 79701

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

CERTIFIED MAIL

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:
 Herbert F. Boles, Trustee U/W/O
 Norma J. Boles, Deceased
 415 W. Wall St, Suite 1705
 Midland, TX 79701

9590 9402 2942 7094 6382 48

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7947
 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

C. Date of Delivery
 7/17/17

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

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

7017 1450 0000 8462 7930

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7
 For delivery information, visit usps.com 21H - **SAN JUAN, NM 87501** Case No. 15776

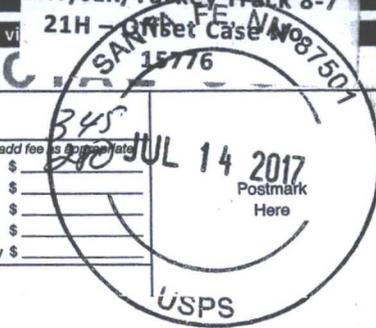
OFFICE

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

Postage \$
Total Postage \$

Sent To
 Witherspoon Motor Company
 404 Pecos River Dr
 Carlsbad, NM 88220

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



CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Witherspoon Motor Company
 404 Pecos River Dr
 Carlsbad, NM 88220

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7930

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

A. Signature
 Agent
 Addressee
 X *Ernest Y. Witherspoon*

B. Received by (Printed Name)
 C. Date of Delivery
 7-19-17

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

9590 9402 2942 7094 6382 55

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

7017 1450 0000 8462 7923

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7
 For delivery information, visit usps.com 21H - **SAN JUAN, NM 87501** Case No. 15776

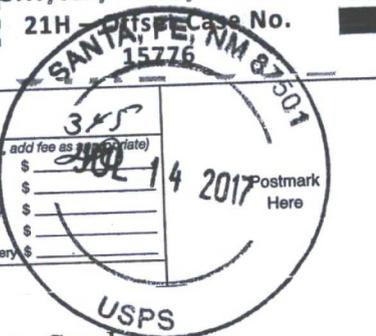
OFFICE

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

Postage \$
Total Postage \$

Sent To
 Snow Oil & Gas Inc
 P O Box 1277
 Andrews, TX 79714-1277

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



CERTIFIED MAIL
 SENDER: COMPLETE

1. Article Addressed to:
 Snow Oil & Gas Inc
 P O Box 1277
 Andrews, TX 79714-1277

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7923

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

A. Signature
 Agent
 Addressee
 X *[Signature]*

B. Received by (Printed Name)
 C. Date of Delivery
 7-19-17

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

9590 9402 2942 7094 6384 46

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

7017 1450 0000 8462 7916

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **21H - Offset Case No.**

OFFICIAL SANTA FE, NM 87501 15776

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

Postage \$
 Total P: \$

Sent To: Nona L. Snow
 1609 Delano
 Las Cruces, NM 88011

City, State: Las Cruces, NM

Postmark: JUL 14 2017

USPS

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

CERTIFIED MAIL

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:
 Nona L. Snow
 1609 Delano
 Las Cruces, NM 88011

2. Article Number (over \$500)
 7017 1450 0000 8462 7916

A. Signature: X *Nona L. Snow* Agent Addressee

B. Received by (Printed Name): *Nona L. Snow* 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

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

7017 1450 0000 8462 7817

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7

For delivery information, visit **21H - Offset Case No.**

OFFICIAL SANTA FE, NM 87501

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

Postage \$
 Total P: \$

Sent To: Mary Cone Lewis, As Trustee Of
 The Mary Cone Lewis Trust "A"
 U/W/O Hubert E Cone, Deceased
 4501 Upland Ave
 Lubbock, TX 79407

City, State: Lubbock, TX

Postmark: JUL 14 2017

USPS

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

CERTIFIED MAIL

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:
 Mary Cone Lewis, As Trustee Of
 The Mary Cone Lewis Trust "A"
 U/W/O Hubert E Cone, Deceased
 4501 Upland Ave
 Lubbock, TX 79407

2. Article Number (over \$500)
 7017 1450 0000 8462 7817

A. Signature: X *Mary C. Lewis* Agent Addressee

B. Received by (Printed Name): *Mary C. Lewis* 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

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

7017 1450 0000 8462 7800

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

For delivery information, visit **21H - Offset Case No. 15776**

OFFICE SANTA ANITA, NM 87501

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

Postage \$
Total Postage \$

Sent To
 Enid Witherspoon Gates Revocable Trust Under Trust Agreement Dated February 27, 2003
 404 Pecos River Dr
 Carlsbad, NM 88220

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

7017 1450 0000 8462 7794

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

For delivery information, visit **21H - Offset Case No. 15776**

OFFICE SANTA ANITA, NM 87501

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

Postage \$
Total Postage \$

Sent To
 Betty Read Young
 P O Box 811
 Roswell NM 88202

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

1. Article Addressed to:
 Enid Witherspoon Gates Revocable Trust Under Trust Agreement Dated February 27, 2003
 404 Pecos River Dr
 Carlsbad, NM 88220

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7800

3. Service Type
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail Restricted Delivery

A. Signature
 Enid Witherspoon Gates
 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

PS Form 3811, July 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

1. Article Addressed to:
 Betty Read Young
 P O Box 811
 Roswell NM 88202

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7794

3. Service Type
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

A. Signature
 Betty Read Young
 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

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

7017 1450 0000 8462 7787

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

For delivery information, visit usps.com

OFFICE SANTA FE, NM 87501
 15776

345 JUL 14 2017
 USPS

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

Postage \$
 Total Post \$

Sent To
 Street and City, State

Fuel Products, Inc
 P O Box 3098
 Midland, TX 79702

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

7017 1450 0000 8462 7770

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

For delivery information, visit usps.com

OFFICE SANTA FE, NM 87501
 15776

345 JUL 14 2017
 USPS

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

Postage \$
 Total Post \$

Sent To
 Street and City, State

Carolyn Read Beall
 P O Box 3098
 Midland, TX 79702

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

CERTIFIED MAIL®

SENDER: COMPLETE

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

1. Article Addressed to:

Fuel Products, Inc
 P O Box 3098
 Midland, TX 79702

9590 9402 2942 7094 6383 92

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7787

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Andrea Beall

C. Date of Delivery
 7/21/17

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

Domestic Return Receipt

CERTIFIED MAIL®

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carolyn Read Beall
 P O Box 3098
 Midland, TX 79702

9590 9402 2942 7094 6384 08

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7770

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Andrea Beall

C. Date of Delivery
 7/21/17

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

Domestic Return Receipt

7017 1450 0000 8462 7763

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

For delivery information, visit usps.com

21H - Offset Case No. **FE NM 87501**
 SANTA FE, NM 87501 15776

OFFICIAL USPS

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 \$

Total \$ 6.15

Sent To Terry A. Cone, As Trustee Of The
 Terry A. Cone Trust "A" U/W/O
 Hubert E Cone, Deceased
 991 Old Smith Rd
 Fortson Ga 31808

Postmark Here **JUL 14 2017**

USPS

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

7017 1450 0000 8462 7756

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

For delivery information, visit usps.com

21H - Offset Case No. **FE NM 87501**
 SANTA FE, NM 87501 15776

OFFICIAL USPS

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 \$

Total Po \$ 6.15

Sent To EGL Resources
 P O Box 10886
 Midland, TX 79702

Postmark Here **JUL 14 2017**

USPS

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:
 Terry A. Cone, As Trustee Of The
 Terry A. Cone Trust "A" U/W/O
 Hubert E Cone, Deceased
 991 Old Smith Rd
 Fortson-Ga 31808

2. Article Number (Transfer from service label)
 9590 9402 2942 7094 6397 64
 7017 1450 0000 8462 7763

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Mary Cone Agent Addressee

B. Received by (Printed Name)
Mary Cone Agent Addressee

C. Date of Delivery
JUL 21 2017 Yes No

D. Is delivery address different from item 1? If YES, enter delivery address below:
 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™
 Restricted Delivery Signature Confirmation Restricted Delivery

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

RETURNED

7017 1450 0000 8462 7749

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7
 For delivery information, visit **21H - Office East**

OFFICE
 15776
 SANTA FE, NM 87501
 JUL 14 2017
 Postmark Here

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total \$
 Sent To
 Street
 City, St

Howard H. Cone, As Trustee of The
 Howard H. Cone Trust "A" U/W/O
 Hubert E Cone, Deceased
 1801 County Road 289
 Georgetown, TX 78633

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

7017 1450 0000 8462 7732

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only OXY/JLK/Turkey Track 8-7
 For delivery information, visit **21H - Office East**

OFFICE
 15776
 SANTA FE, NM 87501
 JUL 14 2017
 Postmark Here

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total \$
 Sent To
 Street
 City, St

HFB Investment Company Lp
 415 W. Wall Street, Suite 1705
 Midland TX 79701

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

CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS (FOLD AT DOTTED LINE)

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

1. Article Addressed to:
 Howard H. Cone, As Trustee Of The
 Howard H. Cone Trust "A" U/W/O
 Hubert E Cone, Deceased
 1801 County Road 289
 Georgetown, TX 78633

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

9590 9402 2942 7094 6397 40
 2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7749

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

CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS (FOLD AT DOTTED LINE)

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
 B. Received by (Printed Name) T J Pickett C. Date of Delivery 7/17/17
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1.
 HFB Investment Company Lp
 415 W. Wall Street, Suite 1705
 Midland TX 79701

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 9402 2942 7094 6397 33
 2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7732

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

7017 1450 0000 8462 7725

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

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

OFFICIAL USE

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

Postage \$
 Total Post \$

Sent To
 Street and
 City, State

New Mexico Western Minerals,
 Inc
 P O Box 1738
 Roswell, NM 88202

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



7017 1450 0000 8462 7718

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

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

OFFICIAL USE

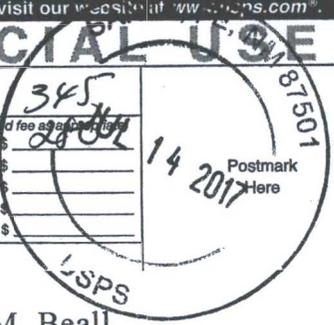
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Post \$

Sent To
 Street and
 City, State

Thomas M. Beall
 P O Box 3098
 Midland, TX 79701

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



CERTIFIED MAIL

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:
 New Mexico Western Minerals,
 Inc
 P O Box 1738
 Roswell, NM 88202

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7725

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

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Michelle Carrizo

C. Date of Delivery
 7/14/17

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

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



CERTIFIED MAIL

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:
 Thomas M. Beall
 P O Box 3098
 Midland, TX 79701

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7718

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

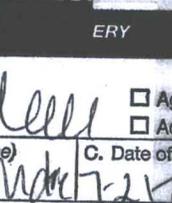
A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Andreea Andric

C. Date of Delivery
 7/14/17

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

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



7017 1450 0000 8462 7701

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

For delivery information, visit usps.com

Case No. 21H - SANTA FE, NM 15776

OFFICE

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.40

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post: \$

Sent To: V-F Petroleum Inc
 P O Box 1889
 Midland, TX 79702

City, State: Midland, TX

Postmark: JUL 14 2017

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

7017 1450 0000 8462 7695

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

For delivery information, visit usps.com

Case No. 21H - SANTA FE, NM 15776

OFFICE

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.40

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post: \$

Sent To: Gahr Energy Company
 P O Box 1889
 Midland, TX 79702

City, State: Midland, TX

Postmark: JUL 14 2017

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

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

V-F Petroleum Inc
 P O Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label): 7017 1450 0000 8462 7701

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

A. Signature: Agent Addressee
 X Andrea Deell

B. Received by (Printed Name): Andrea Amador

C. Date of Delivery: 7-21-17

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

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

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

Gahr Energy Company
 P O Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label): 7017 1450 0000 8462 7695

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

A. Signature: Agent Addressee
 X Andrea Deell

B. Received by (Printed Name): Andrea Amador

C. Date of Delivery: 7-21-17

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

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

HOLLAND & HART^{LLP}



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

July 14, 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 22H Well

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR OXY USA WTP LIMITED
PARTNERSHIP**

9948626_1

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. ♻️

OXY/Turkey Track 8-7 State No 22H Well – Offset Parties Case No. 15777

COG Operating LLC
600 W. Illinois Ave.
Midland, TX 79701

BMT O&G NM, LLC
201 Main St., Suite 2700
Fort Worth, TX 76102

XTO Energy, Inc.
810 Houston St., Suite 2000
Fort Worth, TX 76102

Neeco Inc
P O Box 10847
Midland, TX 79702-7847

Monarch Resources, Ltd.
306 W. 7th St. Suite 701
Fort Worth, TX 76102

Tanza K Brumfield
P O Box 1767
Midland, TX 79702-1767

Bean Family Limited Partnership
P O Box 1738
Roswell, NM 88202

Jesse A. Cone, As Trustee Of The Jesse A Cone Trust "A" U/W/O
Hubert E Cone, Deceased
113 Eagle Dr
Alamogordo, NM 88310-7702

John Robert Cone, As Trustee Of The John Robert Trust "A" U/W/O
Hubert E Cone, Deceased
3601 Aransas
Corpus Christi, TX 78411

Norman L. Stevens, Trustee Of The Norman L. Stevens Revocable Trust, Dba Stevens Revocable Trust
Attn: Larry Stevens
1000 Louisiana St, Suite 2000
Houston, TX 77002

CBR Oil Properties, Llc
P O Box 1518
Roswell, NM 88202

Herbert F. Boles, Trustee U/W/O Norma J. Boles, Deceased
415 W. Wall St, Suite 1705
Midland, TX 79701

Witherspoon Motor Company
404 Pecos River Dr
Carlsbad, NM 88220

Snow Oil & Gas Inc
P O Box 1277
Andrews, TX 79714-1277

Nona L. Snow
1609 Delano
Las Cruces, NM 88011

Mary Cone Lewis, As Trustee Of The Mary Cone Lewis Trust "A" U/W/O Hubert E Cone, Deceased
4501 Upland Ave
Lubbock, TX 79407

Enid Witherspoon Gates Revocable Trust Under Trust Agreement Dated February 27, 2003
404 Pecos River Dr
Carlsbad, NM 88220

Betty Read Young
P O Box 811
Roswell NM 88202

Fuel Products, Inc
P O Box 3098
Midland, TX 79702

Carolyn Read Beall
P O Box 3098
Midland, TX 79702

Terry A. Cone, As Trustee Of The Terry A. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
991 Old Smith Rd
Fortson Ga 31808

EGL Resources
P O Box 10886
Midland, TX 79702

Howard H. Cone, As Trustee Of The Howard H. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
1801 County Road 289
Georgetown, TX 78633

HFB Investment Company Lp
415 W. Wall Street, Suite 1705
Midland TX 79701

New Mexico Western Minerals, Inc
P O Box 1738
Roswell, NM 88202

Thomas M. Beall
P O Box 3098
Midland, TX 79701

V-F Petroleum Inc
P O Box 1889
Midland, TX 79702

Gahr Energy Company
P O Box 1889
Midland, TX 79702

7017 1450 0000 8463 2477

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**

For delivery information, visit **22H - Offset Case No.**

OFFICE

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 \$ _____

Total Postage \$ _____

Sent To **COG Operating LLC**
 600 W. Illinois Ave.
 Midland, TX 79701

City, State _____

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



CERTIFIED MAIL

SENDER: COMPLETE THIS

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

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:

COG Operating LLC
 600 W. Illinois Ave.
 Midland, TX 79701

9590 9402 2942 7094 6382 93

2. Article Number (Transfer from service label)
7017 1450 0000 8463 2477

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

A. Signature *[Signature]* Agent Addressee

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

C. Date of Delivery **7-17-17**

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

7017 1450 0000 8463 2484

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**

For delivery information, visit **22H - Offset Case No.**

OFFICE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

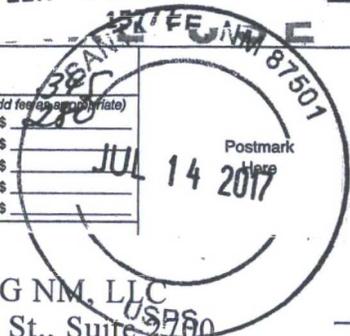
Postage \$ _____

Total Postage \$ _____

Sent To **BMT O&G NM, LLC**
 201 Main St., Suite 2700
 Fort Worth, TX 76102

City, State _____

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



CERTIFIED MAIL

SENDER: COMPLETE THIS

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

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:

BMT O&G NM, LLC
 201 Main St., Suite 2700
 Fort Worth, TX 76102

9590 9402 2942 7094 6383 09

2. Article Number (Transfer from service label)
7017 1450 0000 8463 2484

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

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) **MS**

C. Date of Delivery **JUL 17 2017**

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

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

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

For delivery information, visit **usps.com**
 22X - Offset Case No.

OFFICIAL 15771
 245
 28001
 14 2017
 USPS

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

Postage \$
 Total \$
 Sent \$
 Street Address
 City, State

XTO Energy, Inc.
 810 Houston St., Suite 2000
 Fort Worth, TX 76102

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

7017 1450 0000 8463 2491

CERTIFIED MAIL
 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.

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Received by: [Signature] JUL 17 2017

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

1. Article Addressed to:
 XTO Energy, Inc.
 810 Houston St., Suite 2000
 Fort Worth, TX 76102

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

9590 9402 2942 7094 6380 26
 2. Article Addressed to:
 7017 1450 0000 8463 2491 (over \$500)

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

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

For delivery information, visit **usps.com**
 22X - Offset Case No.

OFFICIAL 15771
 245
 28001
 14 2017
 USPS

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

Postage \$
 Total Postage \$
 Sent To \$
 Street Address
 City, State

Neco Inc
 P O Box 10847
 Midland, TX 79702-7847

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

7017 1450 0000 8463 1821

CERTIFIED MAIL
 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.

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Received by: [Signature] JUL 14 2017

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

1. Article Addressed to:
 Neco Inc
 P O Box 10847
 Midland, TX 79702-7847

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

9590 9402 2942 7094 6380 19
 2. Article Addressed to:
 7017 1450 0000 8463 1821 (over \$500)

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

7017 1450 0000 8462 7688

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - Offset Case No.**

OFFICE
 SANTA FE, NM 87501
 JUL 14 2017

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy)
 Return Receipt (electronic)
 Certified Mail Restricted Delivery
 Adult Signature Required
 Adult Signature Restricted Delivery \$
 Postage \$
 Total \$
 Sent to
 Street
 City, St.

Monarch Resources, USPS
 306 W. 7th St. Suite 701
 Fort Worth, TX 76102

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

7017 1450 0000 8463 2095

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - Offset Case No.**

OFFICE
 SANTA FE, NM 87501
 JUL 14 2017

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy)
 Return Receipt (electronic)
 Certified Mail Restricted Delivery
 Adult Signature Required
 Adult Signature Restricted Delivery \$
 Postage \$
 Total \$
 Sent to
 Street
 City, St.

Tanza K Brumfield
 P O Box 1767
 Midland, TX 79702-1767

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

CERTIFIED MAIL

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:
 Monarch Resources, Ltd.
 306 W. 7th St. Suite 701
 Fort Worth, TX 76102

2. Article Number (Transfer from service label)
 7017 1450 0000 8462 7688

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

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Franck Frank

C. Date of Delivery
 7/17

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

9590 9402 2942 7094 6380 02

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

CERTIFIED MAIL

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:
 Tanza K Brumfield
 P O Box 1767
 Midland, TX 79702-1767

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2095

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

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Fred Schwemmer

C. Date of Delivery

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

9590 9402 2942 7094 6379 99

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

7017 1450 0000 8463 2101

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

For delivery information, visit our **XY/JLK/Turkey Track 8-7**
22H - Offset Case No. 1577M 87501

OFFICIAL

Certified Mail Fee \$ 3.45
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____
Total Postage \$ _____

Sent To **Bean Family Limited Partnership**
 P O Box 1738
 Roswell, NM 88202

Postmark: **JUL 14 2017**
USPS

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

7017 1450 0000 8463 2101

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

For delivery information, visit our **XY/JLK/Turkey Track 8-7**
22H - Offset Case No. 1577M 87501

OFFICIAL

Certified Mail Fee \$ 3.45
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____
Total Postage \$ _____

Sent To **Jesse A. Cone, As Trustee Of The Jesse A Cone Trust "A" U/W/O Hubert E Cone, Deceased**
 113 Eagle Dr
 Alamogordo, NM 88310-7702

Postmark: **JUL 14 2017**
USPS

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

CERTIFIED MAIL

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:
Bean Family Limited Partnership
P O Box 1738
Roswell, NM 88202

2. Article Number (Transfer from service label)
9590 9402 2942 1094 0319 02

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

A. Signature
 Agent
 Addressee
Michael Cap...

B. Received by (Printed Name)
Michael Cap...

C. Date of Delivery
8/27/17

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

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

CERTIFIED MAIL

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:
Jesse A. Cone, As Trustee Of The Jesse A Cone Trust "A" U/W/O Hubert E Cone, Deceased
113 Eagle Dr
Alamogordo, NM 88310-7702

2. Article Number (Transfer from service label)
9590 9402 2942 7094 6386 82

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

A. Signature
 Agent
 Addressee
Jesse A. Cone

B. Received by (Printed Name)
Jesse A. Cone

C. Date of Delivery
8/25/17

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

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

7016 0750 0000 3569 4296

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

For delivery information, visit **OFFICIAL** **22H - Offset Case, NFE, NM 8750**

345
2.80
JUL 14 2017
 Postmark Here

USPS

Total P: John Robert Cone, As Trustee Of The John Robert Trust "A" U/W/O Hubert E Cone, Deceased
Sent To: 3601 Aransas
Street and: Corpus Christi, TX 78411
City, State:

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

SENDER: COMPLETE THIS SECTION

CERTIFIED MAIL

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:
 John Robert Cone, As Trustee Of The John Robert Trust "A" U/W/O Hubert E Cone, Deceased
 3601 Aransas
 Corpus Christi, TX 78411

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4296

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

A. Signature
 JR Cone
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7/20/17

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

9590 9402 1505 5362 6129 96

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

7016 0750 0000 3569 4289

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

For delivery information, visit **OFFICIAL** **22H - Offset Case, NFE, NM 8750**

345
2.80
JUL 14 2017
 Postmark Here

USPS

Total P: Norman L. Stevens, Trustee Of The Norman L. Stevens Revocable Trust, Dba Stevens Revocable Trust
Sent To: Attn: Larry Stevens
Street and: 1000 Louisiana St, Suite 2000
City, State: Houston, TX 77002

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

SENDER: COMPLETE THIS SECTION

CERTIFIED MAIL

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:
 Norman L. Stevens, Trustee Of The Norman L. Stevens Revocable Trust, Dba Stevens Revocable Trust
 Attn: Larry Stevens
 1000 Louisiana St, Suite 2000
 Houston, TX 77002

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4289

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

A. Signature
 W Stevens
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 JUL 18 2017

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

9590 9402 1505 5362 6130 78

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

7016 0750 0000 3569 4272

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **Priority Mail/Registered Mail/Turkey Track 8-7**

For delivery information, visit **22H OFFICE** **Case No. 87511**

OFFICE **SANTA FE, NM 87511**

Certified Mail Fee \$ **3.45**

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To **CBR Oil Properties, Llc**
P O Box 1518
Roswell, NM 88202

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



SENDER: COMPLETE

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:
CBR Oil Properties, Llc
P O Box 1518
Roswell, NM 88202

2. Article Number (Transfer from service label)
7016 0750 0000 3569 4272

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

A. Signature **X M. Novak**

B. Received by (Printed Name) **M. Novak**

C. Date of Delivery **6/16/17**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

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



7016 0750 0000 3569 4265

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **Priority Mail/Registered Mail/Turkey Track 8-7**

For delivery information, visit **22H OFFICE** **Case No. 1501**

OFFICE **SANTA FE, NM 87511**

Certified Mail Fee \$ **3.45**

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To **Herbert F. Boles, Trustee**
U/W/O Norma J. Boles,
Deceased
415 W. Wall St, Suite 1705
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:
Herbert F. Boles, Trustee
U/W/O Norma J. Boles,
Deceased
415 W. Wall St, Suite 1705
Midland, TX 79701

2. Article Number (Transfer from service label)
7016 0750 0000 3569 4265

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 **X H. Boles**

B. Received by (Printed Name) **H. Boles**

C. Date of Delivery **7/17/17**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

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

ERY

7016 0750 0000 3569 4258

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

For delivery information, visit usps.com

OFFICIAL USE

22H - Offset Case No. 25777

345
 JUL 14 2017
 SANTA FE, NM 87501
 USPS

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

Postage \$
 Total Postage \$
 Sent To
 Street
 City, State

Witherspoon Motor Company
 404 Pecos River Dr
 Carlsbad, NM 88220

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

CERTIFIED MAIL

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:
 Witherspoon Motor Company
 404 Pecos River Dr
 Carlsbad, NM 88220

9590 9402 1505 5362 6130 47

2. 7016 0750 0000 3569 4258 (over \$500)

A. Signature *Chris Witherspoon* 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® Certified Mail Restricted Delivery Registered Mail Restricted Delivery
 Collect on Delivery Return Receipt for Merchandise
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

7016 0750 0000 3569 4241

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

For delivery information, visit usps.com

OFFICIAL USE

22H - Offset Case No. 25777

345
 JUL 14 2017
 SANTA FE, NM 87501
 USPS

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

Postage \$
 Total Postage \$
 Sent To
 Street and
 City, State

Snow Oil & Gas Inc
 P O Box 1277
 Andrews, TX 79714-1277

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

CERTIFIED MAIL

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:
 Snow Oil & Gas Inc
 P O Box 1277
 Andrews, TX 79714-1277

9590 9402 1505 5362 6130 30

2. 7016 0750 0000 3569 4241 (over \$500)

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

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

7016 0750 0000 3569 4234

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - Offset Case No.**

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 \$

Total Postage \$

Sent To **Nona L. Snow**

Street and A **1609 Delano**

City, State, Z **Las Cruces, NM 88011**

Postmark **JUL 14 2017**

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

CERTIFIED MAIL

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:

Nona L. Snow
1609 Delano
Las Cruces, NM 88011

2. Article Number (over \$500) **7016 0750 0000 3569 4234**

A. Signature **X [Signature]** Agent Addressee

B. Received by (Printed Name) **SAN SNOW** 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

Insured Mail Signature Confirmation Restricted Delivery

Mail Restricted Delivery

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

7016 0750 0000 3569 4227

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - Offset Case No.**

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 \$

Total Postage \$

Sent To **Mary Cone Lewis, As Trustee Of**

Street **The Mary Cone Lewis Trust "A"**

City, State, Z **U/W/O Hubert E Cone, Deceased**
4501 Upland Ave
Lubbock, TX 79407

Postmark **JUL 14 2017**

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

CERTIFIED MAIL

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:

Mary Cone Lewis, As Trustee Of
The Mary Cone Lewis Trust "A"
U/W/O Hubert E Cone, Deceased
4501 Upland Ave
Lubbock, TX 79407

2. Article Number (over \$500) **7016 0750 0000 3569 4227**

A. Signature **X [Signature]** Agent Addressee

B. Received by (Printed Name) **Mary C. Lewis** 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

Mail Restricted Delivery

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

7016 0750 0000 3569 4210

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

For delivery information, see PS Form 3811, July 2015 PSN 7530-02-000-9053

OFFICE OF THE POSTMASTER GENERAL
SANTA FE, NM 87501
15777

Case No. 345
259 JUL 14 2007

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

Postage \$
Total \$

Enid Witherspoon Gates Revocable Trust Under Trust Agreement Dated February 27, 2003
404 Pecos River Dr
Carlsbad, NM 88220

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

7016 0750 0000 3569 4203

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

For delivery information, see PS Form 3811, July 2015 PSN 7530-02-000-9053

OFFICE OF THE POSTMASTER GENERAL
SANTA FE, NM 87501
15777

Case No. 345
259 JUL 14 2007

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

Postage \$
Total Post \$

Betty Read Young
P O Box 811
Roswell NM 88202

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

CERTIFIED MAIL
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:
Enid Witherspoon Gates Revocable Trust Under Trust Agreement Dated February 27, 2003
404 Pecos River Dr
Carlsbad, NM 88220

2. Article Number (Transfer from service label)
7016 0750 0000 3569 4210

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

A. Signature
X Enid Witherspoon Gates
 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

9590 9402 1505 5362 6130 09

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

CERTIFIED MAIL
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:
Betty Read Young
P O Box 811
Roswell NM 88202

2. Article Number (Transfer from service label)
7016 0750 0000 3569 4203

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

A. Signature
X Betty Read Young
 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

9590 9402 1505 5362 6129 89

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

7016 0750 0000 3569 4197

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - Offset Case No. 15777**

OFFICIAL USE

345
2800
JUL 14 2017
USPS

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

Postage \$
 Total P \$
 Sent To \$
 Street: Fuel Products, Inc
 P O Box 3098
 Midland, TX 79702
 City, St

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

7016 0750 0000 3569 4180

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - Offset Case No. 15777**

OFFICIAL USE

345
2800
JUL 14 2017
USPS

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

Postage \$
 Total P \$
 Sent To \$
 Street: Carolyn Read Beall
 P O Box 3098
 Midland, TX 79702
 City, St

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

CERTIFIED MAIL
 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:
 Fuel Products, Inc
 P O Box 3098
 Midland, TX 79702
 9590 9402 2002 6123 0742 25

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4197
 Restricted Delivery (over \$500)

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

A. Signature
 Agent
 Addressee
 X *Andrea*

B. Received by (Printed Name)
 Andrea Andrea

C. Date of Delivery
 7/14

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

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

CERTIFIED MAIL
 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:
 Carolyn Read Beall
 P O Box 3098
 Midland, TX 79702
 9590 9401 0126 5225 1925 67

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4180
 Restricted Delivery (over \$500)

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

A. Signature
 Agent
 Addressee
 X *Andrea*

B. Received by (Printed Name)
 Andrea Andrea

C. Date of Delivery
 7/14

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

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

7016 0750 0000 3569 4173

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

For delivery information, visit **OFFIC** **22H - Offset Case No.**

XY/JLK/Turkey Track 8-7

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

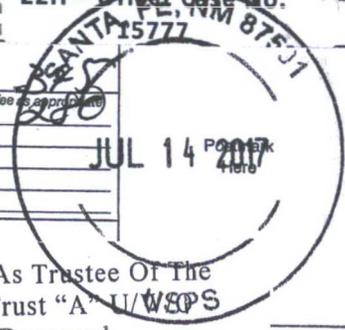
Total \$

Sent \$

Street Terry A. Cone, As Trustee Of The
Terry A. Cone Trust "A" U/W/S

City Hubert E Cone, Deceased
991 Old Smith Rd
Fortson Ga 31808

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:

Terry A. Cone, As Trustee Of The
Terry A. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
991 Old Smith Rd
Fortson Ga 31808

2. Article Number (Transfer from service label)

9590 9401 0126 5225 1920 31

7016 0750 0000 3569 4173

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Mary Cone* Agent Addressee

B. Received by (Printed Name) *Mary Cone* Date of Delivery *JUL 21 2017*

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

Domestic Return Receipt



7016 0750 0000 3569 4166

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

For delivery information, visit **OFFIC** **22H - Offset Case No.**

XY/JLK/Turkey Track 8-7

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

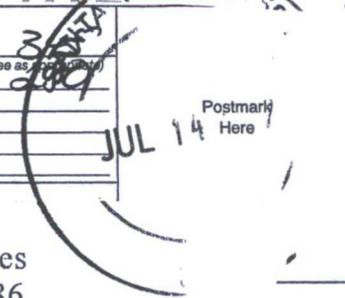
Total \$

Sent \$

Street EGL Resources
P O Box 10886

City Midland, TX 79702

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



RETURNED

7016 0750 0000 3569 4159

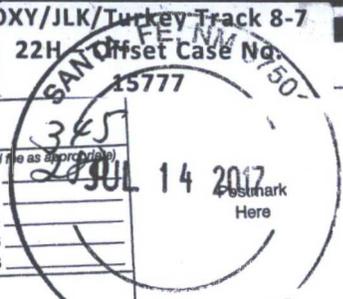
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **DXY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - OFFICE**

OFFICE SAN ANTONIO, TX 78701
 Offset Case No. 15777

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.55
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total Postage \$
 Sent To **Howard H. Cone, As Trustee Of The**
Howard H. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
 Street and A **1801 County Road 289**
 City, State, ZIP+4® **Georgetown, TX 78633**

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:
 Howard H. Cone, As Trustee Of The
 Howard H. Cone Trust "A" U/W/O
 Hubert E Cone, Deceased
 1801 County Road 289
 Georgetown, TX 78633

2. Article Number (over \$500)
 9590 9401 0126 5225 1922 77
 7016 0750 0000 3569 4159

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Linda Nixon
 Agent
 Addressee

B. Received by (Printed Name)
 LINDA NIXON

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™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

7016 0750 0000 3569 4142

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **DXY/JLK/Turkey Track 8-7**
 For delivery information, visit **22H - OFFICE**

OFFICE SAN ANTONIO, TX 78701
 Offset Case No. 15777

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.55
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total Postage \$
 Sent To **HFB Investment Company Lp**
415 W. Wall Street, Suite 1705
 Street and A **Midland TX 79701**
 City, State, ZIP+4®

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:
 HFB Investment Company Lp
 415 W. Wall Street, Suite 1705
 Midland TX 79701

2. Article Number (over \$500)
 9590 9401 0126 5225 1922 84
 7016 0750 0000 3569 4142

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 T. Pickett
 Agent
 Addressee

B. Received by (Printed Name)
 T. Pickett

C. Date of Delivery
 7/17/17

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

7016 0750 0000 3569 4135

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

For delivery information, visit usps.com

OFFICIAL RECEIPT

22H - Offset Postage

3/8/17
2/10
JUL 14 2017
Postmark Here

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Street and A

City, State, Z

New Mexico Western Minerals, Inc
 P O Box 1738
 Roswell, NM 88202

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

CERTIFIED MAIL

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:

New Mexico Western Minerals, Inc
 P O Box 1738
 Roswell, NM 88202

9590 9401 0126 5225 1922 91

2. 7016 0750 0000 3569 4135

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

A. Signature

X *Michael Car... 7/13/17*

B. Received by (Printed Name) *Michael Car...*

C. Date of Delivery *7/13/17*

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

7016 0750 0000 3569 4135 Restricted Delivery (over \$500)

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

7016 0750 0000 3569 4128

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

For delivery information, visit usps.com

OFFICIAL RECEIPT

22H - Offset Postage

3/8/17
2/10
JUL 14 2017
Postmark Here

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Street and A

City, State, Z

Thomas M. Beall
 P O Box 3098
 Midland, TX 79701

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

CERTIFIED MAIL

SENDER: COMPLETE

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:

Thomas M. Beall
 P O Box 3098
 Midland, TX 79701

9590 9401 0126 5225 1923 07

2. 7016 0750 0000 3569 4128

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

A. Signature

X *Andrea Andy 7/17*

B. Received by (Printed Name) *Andrea Andy 7/17*

C. Date of Delivery *7/17*

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

7016 0750 0000 3569 4128 Restricted Delivery (over \$500)

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 DXY/JLK/Turkey Track 8-7
 For delivery information, visit usps.com
 22H - Offset Case No. 1577

OFFICIAL RECEIPT

Certified Mail Fee \$ 3.50
 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 \$
 Total P \$
 Sent To \$
 Street \$
 City, St

V-F Petroleum Inc
 P O Box 1889
 Midland, TX 79702

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

7016 0750 0000 3569 4111

JUL 14 2017
 USPS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 DXY/JLK/Turkey Track 8-7
 For delivery information, visit usps.com
 22H - Offset Case No. 1577

OFFICIAL RECEIPT

Certified Mail Fee \$ 3.50
 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 \$
 Total \$
 Sent \$
 Street \$
 City, St

Gahr Energy Company
 P O Box 1889
 Midland, TX 79702

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

7016 0750 0000 3569 4104

JUL 14 2017
 USPS

CERTIFIED MAIL
 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:
 V-F Petroleum Inc
 P O Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label)
 9590 9401 0126 5225 1923 14
 7016 0750 0000 3569 4111

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

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

A. Signature
 Agent
 Addressee
 X Andrea Dealy

B. Received by (Printed Name)
 Andrea Almaraz

C. Date of Delivery
 7/17

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

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

CERTIFIED MAIL
 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:
 Gahr Energy Company
 P O Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label)
 9590 9401 0126 5225 1923 21
 7016 0750 0000 3569 4104

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

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

A. Signature
 Agent
 Addressee
 X Andrea Dealy

B. Received by (Printed Name)
 Andrea Almaraz

C. Date of Delivery
 7/17

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

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

HOLLAND & HART^{LLP}



Jordan L. Kessler

Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

July 14, 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 23H Well

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR OXY USA WTP LIMITED
PARTNERSHIP**

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. ♻

OXY/Turkey Track 8-7 State No 23H Well – Offset Parties Case No. 15778

BMT O&G NM, LLC
201 Main St., Suite 2700
Fort Worth, TX 76102

XTO Energy, Inc.
810 Houston St., Suite 2000
Fort Worth, TX 76102

Neeco Inc
P O Box 10847
Midland, TX 79702-7847

Monarch Resources, Ltd.
306 W. 7th St. Suite 701
Fort Worth, TX 76102

Tanza K Brumfield
P O Box 1767
Midland, TX 79702-1767

Bean Family Limited Partnership
P O Box 1738
Roswell, NM 88202

Jesse A. Cone, As Trustee Of The Jesse A Cone Trust "A" U/W/O
Hubert E Cone, Deceased
113 Eagle Dr
Alamogordo, NM 88310-7702

John Robert Cone, As Trustee Of The John Robert Trust "A" U/W/O
Hubert E Cone, Deceased
3601 Aransas
Corpus Christi, TX 78411

Norman L. Stevens, Trustee Of The Norman L. Stevens Revocable Trust, Dba Stevens Revocable Trust
Attn: Larry Stevens
1000 Louisiana St, Suite 2000
Houston, TX 77002

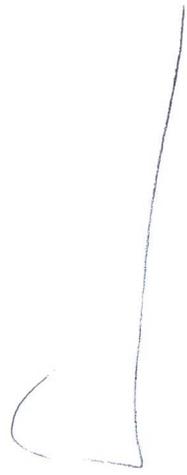
CBR Oil Properties, Llc
P O Box 1518
Roswell, NM 88202

Herbert F. Boles, Trustee U/W/O Norma J. Boles, Deceased
415 W. Wall St, Suite 1705
Midland, TX 79701

Witherspoon Motor Company
404 Pecos River Dr
Carlsbad, NM 88220

Snow Oil & Gas Inc
P O Box 1277
Andrews, TX 79714-1277

Nona L. Snow
1609 Delano
Las Cruces, NM 88011



Mary Cone Lewis, As Trustee Of The Mary Cone Lewis Trust "A" U/W/O Hubert E Cone, Deceased
4501 Upland Ave
Lubbock, TX 79407

Enid Witherspoon Gates Revocable Trust Under Trust Agreement Dated February 27, 2003
404 Pecos River Dr
Carlsbad, NM 88220

Betty Read Young
P O Box 811
Roswell NM 88202

Fuel Products, Inc
P O Box 3098
Midland, TX 79702

Carolyn Read Beall
P O Box 3098
Midland, TX 79702

Terry A. Cone, As Trustee Of The Terry A. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
991 Old Smith Rd
Fortson Ga 31808

EGL Resources
P O Box 10886
Midland, TX 79702

Howard H. Cone, As Trustee Of The Howard H. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
1801 County Road 289
Georgetown, TX 78633

HFB Investment Company Lp
415 W. Wall Street, Suite 1705
Midland TX 79701

New Mexico Western Minerals, Inc
P O Box 1738
Roswell, NM 88202

Thomas M. Beall
P O Box 3098
Midland, TX 79701

V-F Petroleum Inc
P O Box 1889
Midland, TX 79702

Gahr Energy Company
P O Box 1889
Midland, TX 79702

7016 0750 0000 3569 4494

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

For delivery information, visit usps.com or call 1-800-ASK-USPS

OFFICIAL USE

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

Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To: **BMT O&G NM, LLC**
 201 Main St., Suite 2700
 Fort Worth, TX 76102

City, State, ZIP+4®: Fort Worth, TX 76102

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

SAN ANTONIO, TX 75017
JUL 14 2017
 USPS

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

1. 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.

BMT O&G NM, LLC
 201 Main St., Suite 2700
 Fort Worth, TX 76102

9590 9402 2942 7094 6384 15

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4494

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *M. S. Gwinney* Agent Addressee

B. Received by (Printed Name): *M. S.* C. Date of Delivery: **JUL 17 2017**

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)

7016 0750 0000 3569 4487

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

For delivery information, visit usps.com or call 1-800-ASK-USPS

OFFICIAL USE

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

Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To: **XTO Energy, Inc.**
 810 Houston St., Suite 2000
 Fort Worth, TX 76102

City, State, ZIP+4®: Fort Worth, TX 76102

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

SAN ANTONIO, TX 75017
JUL 14 2017
 USPS

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

1. 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.

XTO Energy, Inc.
 810 Houston St., Suite 2000
 Fort Worth, TX 76102

9590 9402 2942 7094 6394 98

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4487

PS Form 3811, July 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: **JUL 17 2017**

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)

7016 0750 0000 3569 4470

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

For delivery information, visit usps.com

OFFICE SANTA FE, NM 87501
 Offset Case No. 15778

345
 2890 14 2017
 Postmark Here

USPS

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

Postage \$
 Total Postage and Fees \$

Sent To Neeco Inc
 Street Address P O Box 10847
 City, State, ZIP+4® Midland, TX 79702-7847

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

7016 0750 0000 3569 4463

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

For delivery information, visit usps.com

OFFICE SANTA FE, NM 87501
 Offset Case No. 15778

345
 2890 14 2017
 Postmark Here

USPS

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

Postage \$
 Total Postage and Fees \$

Sent To Monarch Resources, Ltd.
 Street Address 306 W. 7th St. Suite 701
 City, State, ZIP+4® Fort Worth, TX 76102

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

CERTIFIED MAIL

SENDER: COMPLETE THIS SIDE

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) Fred Schwienke
 C. Date of Delivery

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

1. Article Addressed to:
 Neeco Inc
 P O Box 10847
 Midland, TX 79702-7847

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4470

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

9590 9402 2942 7094 6395 04

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

CERTIFIED MAIL

SENDER: COMPLETE THIS SIDE

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) Tracey Franken
 C. Date of Delivery 7/17

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

1. Article Addressed to:
 Monarch Resources, Ltd.
 306 W. 7th St. Suite 701
 Fort Worth, TX 76102

2. Article Number (Transfer from service label)
 7016 0750 0000 3569 4463

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

9590 9402 2942 7094 6395 11

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

7016 0750 0000 3569 4456

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **POSTNET/XY/JLK/Turkey Track 8-7**
 For delivery information, visit **23H - Offset Case No. 15778**

OFFICIAL MAIL

Certified Mail Fee \$ 3.40

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 \$

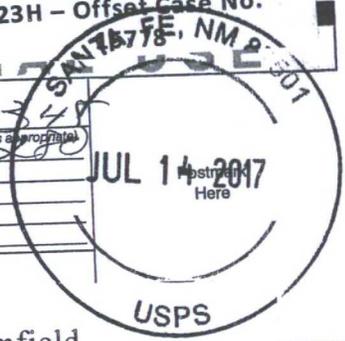
Postage \$

Total Postage \$

Sent To
 Street Address
 City, State, ZIP+4®

Tanza K Brumfield
 P O Box 1767
 Midland, TX 79702-1767

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



7016 0750 0000 3569 4449

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **POSTNET/XY/JLK/Turkey Track 8-7**
 For delivery information, visit **23H - Offset Case No. 15778**

OFFICIAL MAIL

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 \$

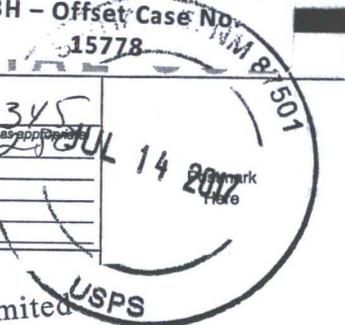
Adult Signature Restricted Delivery \$

Postage \$

To
 Street Address
 City, State, ZIP+4®

Bean Family Limited Partnership
 P O Box 1738
 Roswell, NM 88202

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



CERTIFIED MAIL

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:

Tanza K Brumfield
 P O Box 1767
 Midland, TX 79702-1767

2. Article Number (Printed)

7016 0750 0000 3569 4456

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on 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

A. Signature

X Tanza K Brumfield

B. Received by (Printed Name)

Tanza K Brumfield

C. Date of Delivery

7/14/17

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

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

CERTIFIED MAIL

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:

Bean Family Limited Partnership
 P O Box 1738
 Roswell, NM 88202

2. Article Number (Printed)

7016 0750 0000 3569 4449

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on 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

A. Signature

X Michael C. Bean

B. Received by (Printed Name)

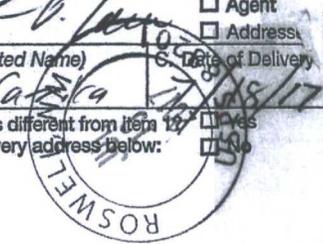
Michael C. Bean

C. Date of Delivery

7/14/17

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

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

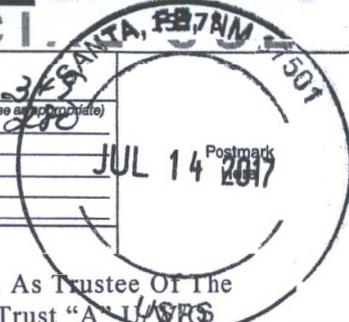


7016 0750 0000 3569 4432

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only **XY/JLK/Turkey Track 8-7**
For delivery information, visit **23H - Offset Case No.**

OFFICIAL



Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 2.50

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total P: Jesse A. Cone, As Trustee Of The
Jesse A Cone Trust "A" U/W/O
Hubert E Cone, Deceased

Sent To: Hubert E Cone, Deceased

Street: 113 Eagle Dr

City, St: Alamogordo, NM 88310-7702

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:

Jesse A. Cone, As Trustee Of The
Jesse A Cone Trust "A" U/W/O
Hubert E Cone, Deceased
113 Eagle Dr
Alamogordo, NM 88310-7702

9590 9402 2942 7094 6395 42

2. Article Number (Transfer from mailpiece)
7016 0750 0000 3569 4432

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jesse A. Cone* Agent Addressee

B. Received by (Printed Name) *Jesse A. Cone*

C. Date of Delivery *7/25/17*

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 Restricted Delivery (over \$500) Signature Confirmation Restricted Delivery

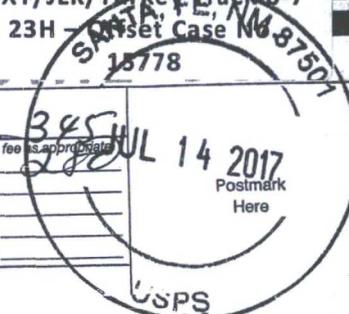
Domestic Return Receipt

7016 0750 0000 3569 4425

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only **XY/JLK/Turkey Track 8-7**
For delivery information, visit **23H - Offset Case No.**

OFFICIAL



Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 2.50

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total P: John Robert Cone, As Trustee Of
The John Robert Trust "A" U/W/O
Hubert E Cone, Deceased

Sent To: Hubert E Cone, Deceased

Street: 3601 Aransas

City, St: Corpus Christi, TX 78411

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:

John Robert Cone, As Trustee Of
The John Robert Trust "A" U/W/O
Hubert E Cone, Deceased
3601 Aransas
Corpus Christi, TX 78411

9590 9402 2002 6123 0725 73

2. Article Number (Transfer from mailpiece)
7016 0750 0000 3569 4425

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

A. Signature
X *J. Cone* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery *7/20/17*

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 Restricted Delivery (over \$500) Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3569 4418

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**

For delivery information, visit **23H - Offset Case No.**
OFFICIAL MAIL

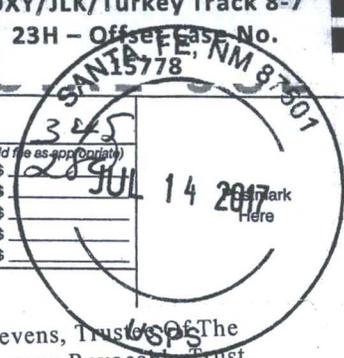
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street and City, State

Norman L. Stevens, Trustee Of The Norman L. Stevens Revocable Trust, Dba Stevens Revocable Trust
 Attn: Larry Stevens
 1000 Louisiana St, Suite 2000
 Houston, TX 77002

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



CERTIFIED MAIL
 SENDER: COMPLETE THIS SIDE OF THE RETURN ADDRESS FOLD AT DOTTED LINE

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
 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:

1. Article Addressed to:
 Norman L. Stevens, Trustee Of The Norman L. Stevens Revocable Trust, Dba Stevens Revocable Trust
 Attn: Larry Stevens
 1000 Louisiana St, Suite 2000
 Houston, TX 77002

2. Article Number (Transfer from label)
 7016 0750 0000 3569 4418

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™
 Signature Confirmation Restricted Delivery

9590 9402 2002 6123 0725 66

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



7016 0750 0000 3569 4401

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **XY/JLK/Turkey Track 8-7**

For delivery information, visit **23H - Offset Case No.**
OFFICIAL MAIL

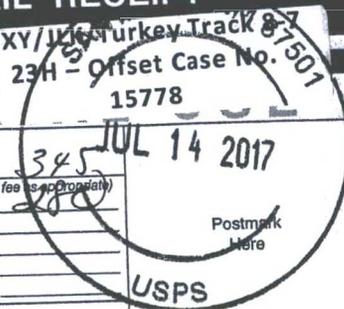
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street and City, State

CBR Oil Properties, Llc
 P O Box 1518
 Roswell, NM 88202

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



CERTIFIED MAIL
 SENDER: COMPLETE THIS SIDE OF THE RETURN ADDRESS FOLD AT DOTTED LINE

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
 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:

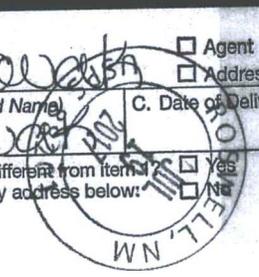
1. Article Addressed to:
 CBR Oil Properties, Llc
 P O Box 1518
 Roswell, NM 88202

2. Article Number (Transfer from label)
 7016 0750 0000 3569 4401

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

9590 9402 2002 6123 0725 59

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



654 4 4593
7016 0750 0000 3569

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 For delivery information, visit **23H - Offset Case No.**

OFFICIAL COPY

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

Postage \$
 Total \$
 Sent \$
 Street
 City, State, ZIP+4®

Herbert F. Boles, Trustee U/W/O
 Norma J. Boles, Deceased
 415 W. Wall St, Suite 1705
 Midland, TX 79701

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



CERTIFIED MAIL

SENDER: COMPLETE THIS

1. Article Addressed to:
 Herbert F. Boles, Trustee U/W/O
 Norma J. Boles, Deceased
 415 W. Wall St, Suite 1705
 Midland, TX 79701

2. Article Number (Transfer from envelope)
 7016 0750 0000 3569 4593

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

A. Signature
 X [Signature]
 Agent
 Addressee

B. Received by (Printed Name)
 T J Pickett

C. Date of Delivery
 7/17/17

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

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

7016 0750 0000 3569 4586

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 For delivery information, visit **23H - Offset Case No.**

OFFICIAL COPY

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

Postage \$
 Total \$
 Sent \$
 Street
 City, State, ZIP+4®

Witherspoon Motor Company
 404 Pecos River Dr
 Carlsbad, NM 88220

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



CERTIFIED MAIL

SENDER: COMPLETE THIS

1. Article Addressed to:
 Witherspoon Motor Company
 404 Pecos River Dr
 Carlsbad, NM 88220

2. Article Number (Transfer from envelope)
 7016 0750 0000 3569 4586

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

A. Signature
 X [Signature]
 Agent
 Addressee

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 [Signature]

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

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

7016 0750 0000 3569 4579

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

For delivery information, visit **XY/JLK/Turkey Track 8-7**
OFFIC 23H - Offset Case No. **15778**

Certified Mail Fee \$ **3.45**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.90
<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 \$

Total \$

Sent \$

Street

City

Snow Oil & Gas Inc
P O Box 1277
Andrews, TX 79714-1277

Postmark: **JUL 14 2017**

USPS

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:

Snow Oil & Gas Inc
P O Box 1277
Andrews, TX 79714-1277

9590 9402 2002 6123 0725 28

2. Article Number: **7016 0750 0000 3569 4579**

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"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Signature: *[Signature]*

B. Received by (Printed Name): _____ C. Date of Delivery: **7-19-17**

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

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

7016 0750 0000 3569 4562

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

For delivery information, visit **XY/JLK/Turkey Track 8-7**
OFFIC 23H - Offset Case No. **15778**

Certified Mail Fee \$ **3.45**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.90
<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 \$

Total \$

Sent \$

Street

City

Nona L. Snow
1609 Delano
Las Cruces, NM 88011

Postmark: **JUL 14 2017**

USPS

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:

Nona L. Snow
1609 Delano
Las Cruces, NM 88011

9590 9402 2002 6123 0725 11

2. Article Number: **7016 0750 0000 3569 4562**

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"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Signature: *[Signature]*

B. Received by (Printed Name): **Sara Snow** C. Date of Delivery: _____

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

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

7016 0750 0000 3569 4555

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **DXY/JLK/Turkey Track 8-7**
 For delivery information, visit **2334 Offset Case No.**

OFFICE SANTA FE, NM 87501 15778

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

Postage \$
 Total \$
 Sent To \$
 Street and \$
 City, State \$

Mary Cone Lewis, As Trustee Of
 The Mary Cone Lewis Trust "A"
 U/W/O Hubert E Cone, Deceased
 4501 Upland Ave
 Lubbock, TX 79407

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



7016 0750 0000 3569 4548

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **DXY/JLK/Turkey Track 8-7**
 For delivery information, visit **23H - Offset Case No.**

OFFICE SANTA FE, NM 87501 15778

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

Postage \$
 Total Postage \$
 Sent To \$
 Street and \$
 City, State \$

Enid Witherspoon Gates Revocable
 Trust Under Trust Agreement Dated
 February 27, 2003
 404 Pecos River Dr
 Carlsbad, NM 88220

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



CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Mary Cone Lewis, As Trustee Of
 The Mary Cone Lewis Trust "A"
 U/W/O Hubert E Cone, Deceased
 4501 Upland Ave
 Lubbock, TX 79407

2. Article Number (Transfer from service label)
 9590 9402 2002 6123 0739 07
 7016 0750 0000 3569 4555 Restricted Delivery

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

A. Signature
 Mary C. Lewis Agent Addressee

B. Received by (Printed Name)
 Mary C. Lewis

C. Date of Delivery

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

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

CERTIFIED MAIL
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Enid Witherspoon Gates Revocable
 Trust Under Trust Agreement Dated
 February 27, 2003
 404 Pecos River Dr
 Carlsbad, NM 88220

2. Article Number (Transfer from service label)
 9590 9402 2002 6123 0739 14
 7016 0750 0000 3569 4548 Restricted Delivery

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

A. Signature
 Enid Witherspoon Gates 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

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

7016 0750 0000 3569 4531

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

For delivery information, visit us at usps.com

OFFICIAL

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

Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street Betty Read Young
P O Box 811
Roswell NM 88202

City

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

Stamp: JUL 14 2017, USPS, Offset Case No. 15778, 23H - Offset Case No. 1507

CERTIFIED MAIL

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.

A. Signature: *Betty Read Young*

B. Received by (Printed Name): *Betty Read Young*

C. Date of Delivery: *7/14/17*

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

1. Article Addressed to:
 Betty Read Young
 P O Box 811
 Roswell NM 88202

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 9402 2002 6123 0739 21

2. Article Number (Transfer from envelope label)
 7016 0750 0000 3569 4531

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

7016 0750 0000 3569 4524

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

For delivery information, visit us at usps.com

OFFICIAL

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

Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street Fuel Products, Inc
P O Box 3098
Midland, TX 79702

City

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

Stamp: JUL 14 2017, USPS, Offset Case No. 15778, 23H - Offset Case No. 1507

CERTIFIED MAIL

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.

A. Signature: *Andrea Alvarado*

B. Received by (Printed Name): *Andrea Alvarado*

C. Date of Delivery: *7/17*

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

1. Article Addressed to:
 Fuel Products, Inc
 P O Box 3098
 Midland, TX 79702

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 9402 1834 6104 2738 87

2. Article Number (Transfer from envelope label)
 7016 0750 0000 3569 4524

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

7016 0750 0000 3569 4517

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only DXY/JLK/Turkey Track 8-7

For delivery information, visit usps.com 23H - Offset Case No.

OFFICE

Certified Mail Fee

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

- Return Receipt (hardcopy) \$ 2.80
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

SANTA FE, NM 87501
JUL 14 2017 Postmark Here

Postage

Total

Sent

Street

City, State

Carolyn Read Beall
P O Box 3098
Midland, TX 79702

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

7016 0750 0000 3569 4500

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only DXY/JLK/Turkey Track 8-7

For delivery information, visit usps.com 23H - Offset Case No.

OFFICE

Certified Mail Fee

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

- Return Receipt (hardcopy) \$ 2.80
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

SANTA FE, NM 87501
JUL 14 2017 Postmark Here

Postage

Total Paid

Sent To

Street

City, State

Terry A. Cone, As Trustee Of The
Terry A. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
991 Old Smith Rd
Fortson Ga 31808

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

SENDER: COMPLETE

- 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:

Carolyn Read Beall
P O Box 3098
Midland, TX 79702

9590 9402 1834 6104 2738 94

2. 7016 0750 0000 3569 4517

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

A. Signature

X *Carolyn Beall*

- Agent
- Addressee

B. Received by (Printed Name)

Andrea Hudritz

C. Date of Delivery

7/21/17

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

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

1. Article Addressed to:

Terry A. Cone, As Trustee Of The
Terry A. Cone Trust "A" U/W/O
Hubert E Cone, Deceased
991 Old Smith Rd
Fortson Ga 31808

9590 9402 1834 6104 2739 00

2. 7016 0750 0000 3569 4500

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

A. Signature

X *Mary Cone*

- Agent
- Addressee

B. Received by (Printed Name)

Mary Cone

C. Date of Delivery

JUL 21 2017

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

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

(over \$500)

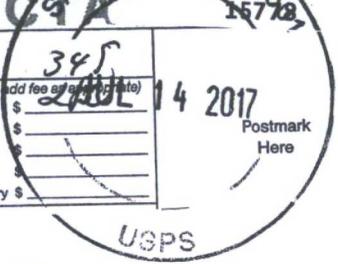
Domestic Return Receipt

7017 1450 0000 8463 2088

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

For delivery information, visit our website at www.usps.com
OFFICIAL MAIL Turkey Track 8-7
23H - Office Case No. 15778

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	385
<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 \$

Total \$

Sent To
 Street and P O Box 10886
 City, State Midland, TX 79702

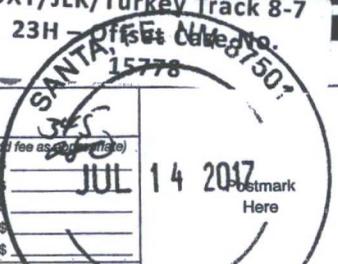
RETURNED

7017 1450 0000 8463 2071

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

OFFICIAL MAIL Turkey Track 8-7
23H - Office Case No. 15778

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	385
<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 \$

Total Post \$

Sent To
 Street and Howard H. Cone, As Trustee Of The
 City, State Howard H. Cone Trust "A" U/W/O
 Hubert E Cone, Deceased
 Georgetown, TX 78633

CERTIFIED MAIL

SENDER: COMPLETE THIS SIDE OF THE RETURN ADDRESS FOLD AT DOTTED LINE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

<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"/> Agent <input checked="" type="checkbox"/> Addressee <i>Linda Nixon</i>
	B. Received by (Printed Name) <i>LINDA NIXON</i> C. Date of Delivery
1. Article Addressed to: Howard H. Cone, As Trustee Of The Howard H. Cone Trust "A" U/W/O Hubert E Cone, Deceased 1801 County Road 289 Georgetown, TX 78633	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Tracking Number 9590 9402 1834 6104 2739 24	3. 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"/> 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

7017 1450 0000 8463 2071

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

7017 1450 0000 8463 2064

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

For delivery information, visit usps.com

OFFICIAL MAIL OFFICE
 234 - Offset Case No. 15778

3401 14 2017
 USPS

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

Postage \$
 Total \$

Sent To
 Street: HFB Investment Company Lp
 415 W. Wall Street, Suite 1705
 City, St: 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:
 HFB Investment Company Lp
 415 W. Wall Street, Suite 1705
 Midland TX 79701

2. Article Number: 9590 9402 1834 6104 2737 64

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

A. Signature: X [Signature]
 Agent
 Addressee

B. Received by (Printed Name): T S Pickett
 C. Date of Delivery: 7/17/17

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

7017 1450 0000 8463 2064
 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0000 8463 2057

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

For delivery information, visit usps.com

OFFICIAL MAIL OFFICE
 234 - Offset Case No. 15778

3401 14 2017
 USPS

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

Postage \$
 Total \$

Sent To
 Street: New Mexico Western Minerals, Inc
 P O Box 1738
 City, St: 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:
 New Mexico Western Minerals, Inc
 P O Box 1738
 Roswell, NM 88202

2. Article Number: 9590 9402 1834 6104 2737 71

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

A. Signature: X [Signature]
 Agent
 Addressee

B. Received by (Printed Name): Michael Cardesa
 C. Date of Delivery: 7/17/17

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

7017 1450 0000 8463 2057
 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0000 8463 2040

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

For delivery information, visit **usps.com** or call 1-800-ASK-USPS

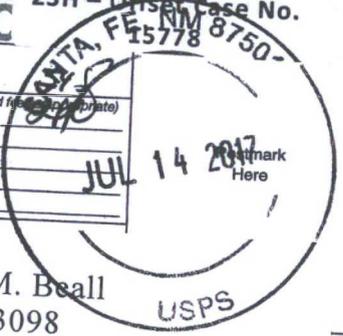
OFFICIAL MAIL (X)Y/JLK/Turkey Track 8-7
 23H - Offset Case No. 15778

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

Sent To
 Street and/or P.O. Box No.
 City, State, ZIP+4®

Thomas M. Beall
 P O Box 3098
 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:
 Thomas M. Beall
 P O Box 3098
 Midland, TX 79701

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2040

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

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

A. Signature
 Andrea Ollé Agent Addressee

B. Received by (Printed Name)
 Andrea Ollé

C. Date of Delivery
 7/2/17

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® Certified Mail Restricted Delivery Registered Mail Restricted Delivery
 Collect on Delivery Return Receipt for Merchandise
 Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery

9590 9402 1834 6104 2737 88

Domestic Return Receipt

7017 1450 0000 8463 2033

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

For delivery information, visit **usps.com** or call 1-800-ASK-USPS

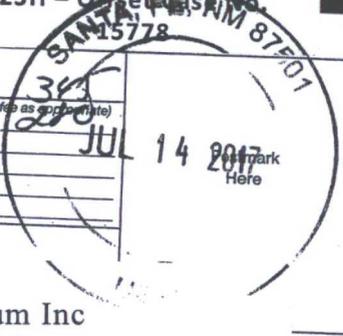
OFFICIAL MAIL (X)Y/JLK/Turkey Track 8-7
 23H - Offset Case No. 15778

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

Sent To
 Street and/or P.O. Box No.
 City, State, ZIP+4®

V-F Petroleum Inc
 P O Box 1889
 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:
 V-F Petroleum Inc
 P O Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 2033

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

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

A. Signature
 Andrea Ollé Agent Addressee

B. Received by (Printed Name)
 Andrea Ollé

C. Date of Delivery
 7/2/17

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® Certified Mail Restricted Delivery Registered Mail Restricted Delivery
 Collect on Delivery Return Receipt for Merchandise
 Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery

9590 9402 1834 6104 2737 95

Domestic Return Receipt

7017 1450 0000 8463 2026

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only DXY/JLK/Turkey Track 8-7

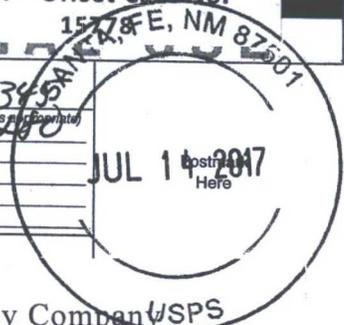
For delivery information, **23H - Offset Case No.**
OFFICE 15778 E, NM 87607

Certified Mail Fee \$
 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 \$
Total Postage \$
 Sent To
 Street and A1
 City, State, Z

Gahr Energy Company USPS
 P O Box 1889
 Midland, TX 79702

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



CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION™

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

■ 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:
 Gahr Energy Company
 P O Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label)
 9590 9402 1834 6104 2738 01
 7017 1450 0000 8463 2026

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
 * Andrea DeLee
 Agent
 Addressee

B. Received by (Printed Name)
 Andrea Andrea

C. Date of Delivery
 7/17

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

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

HOLLAND & HART^{LLP}



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

July 14, 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of OXY USA WTP Limited Partnership for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico
Turkey Track 8-7 State No. 24H Well

This letter is to advise you that OXY USA WTP Limited Partnership 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 August 3, 2017. 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 business 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 India Isbell, at (713) 366-5161 or India_Isbell@oxy.com.

Sincerely,

Jordan L. Kessler
**ATTORNEY FOR OXY USA WTP LIMITED
PARTNERSHIP**

9948682_1

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. ☉

OXY/Turkey Track 8-7 24H Well – Offset Parties Case No. 15779

Kerr McGee OG Onshore
P.O. Box 1330
Houston, TX 77251

Magnum Hunter Production, Inc.
600 N. Marienfeld St., Suite 600
Midland, TX 79701

John A. Yates
105 S. 4th St.
Artesia, NM 88210

COG Operating LLC
600 W. Illinois Ave.
Midland, TX 79701

H&S Oil LLC
P. O. Box 186
Artesia, NM 88210

Huntington Resources Inc.
P.O. Box 700093
Tulsa, OK 74170

Devon Energy Production Co. LP
P. O. Box 843559
Dallas, TX 75284

Trust Q u/w/o Peggy A. Yates
105 South 4th St.
Artesia, NM 88210

Dick Blenden
P. O. Box 1446
Carlsbad, NM 88220

C. Lee Anderson
396 J. B. Copeland Rd.
Benton, KY 42025

Teresa Burnside
301 Wilcres, Apt. 3605
Houston, TX 77042

Velda Gass
2507 Fontana St.
Odessa, TX 79763

Sue Shepard Howard
5329 Ponder Place
Flower Mound, TX 75028

AD & Ruby Kennedy
1503 W. Sears Ave.

Artesia, NM 88210

Roxanna Mills
104 Panaroma Ct.
Trophy Club, TX 76262

Joel M. Wigley
1502 N. Missouri
Roswell, NM
88201

Ferguson Family Trust
P. O. Box 847
Mesilla Park
NM 88047

David L. Porter
8701 Royal Glo Dr. NE
Albuquerque, NM 87122

Mindy L. Porter
8704 Little Laura Dr.
Austin, TX 78757

Margo Volkmer
2310 Winecup Ln.
League City, TX 77573

John A. Yates
P. O. Box 100
Artesia, NM 88211

Mewbourne Oil Company
4801 Business Park Blvd.
Hobbs, NM 88240

Cimarex Energy Co. of Colorado
202 S. Cheyenne Ave, Suite 1000
Tulsa, OK 74103

Nuevo Seis Limited Partnership
P. O. Box 2588
Roswell, NM 88202

Exxon Mobil Corporation
P. O. Box 4358 - Liz Tindol
Houston, TX 77210

7017 1450 0000 8463 1289

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

For delivery information, visit **usps.com** or call 1-800-ASK-USPS

OFFICE **345 SANTA FE** **24H - OFFICE** Case No. **15729A**

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 \$ **4.00**

Postmark Here
JUL 14 2017

Cimarex Energy Co. of CO
202 S. Cheyenne Ave, Ste 1000
Tulsa, OK 74103

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

7017 1450 0000 8463 1291

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

For delivery information, visit **usps.com** or call 1-800-ASK-USPS

OFFICE **345 SANTA FE** **24H - OFFICE** Case No. **15729A**

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 \$ **4.00**

Postmark Here
JUL 14 2017

Nuevo Seis Limited Partnership
P. O. Box 2588
Roswell, NM 88202

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

CERTIFIED MAIL

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:
Cimarex Energy Co. of CO
202 S. Cheyenne Ave, Ste 1000
Tulsa, OK 74103

2. Article Number (Transfer from service label)
7017 1450 0000 8463 1289

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

A. Signature **Justin Wallace** Agent Addressee

B. Received by (Printed Name) **JUSTIN WALLACE** Date of Delivery **7-17-17**

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

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

CERTIFIED MAIL

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:
Nuevo Seis Limited Partnership
P. O. Box 2588
Roswell, NM 88202

2. Article Number (Transfer from service label)
7017 1450 0000 8463 1296

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

A. Signature **Patti Stapp** Agent Addressee

B. Received by (Printed Name) **Patti Stapp** Date of Delivery **7-17-17**

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

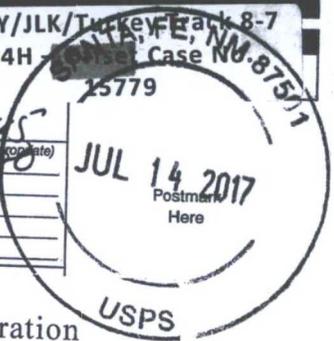
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0000 8463 1302

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

For delivery information, visit usps.com
OFFICE 24H - **Case No. 87571**

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fees as appropriate)	\$	2.00
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	
<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	\$	



Exxon Mobil Corporation
P. O. Box 4358 - Liz Tindol
Houston, TX 77210

CERTIFIED MAIL

SENDER: _____ ACTION ON DELIVERY: _____
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR A DOTTED LINE

- 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:

Exxon Mobil Corporation
P. O. Box 4358 - Liz Tindol
Houston, TX 77210

9590 9402 2942 7094 6358 41

2. Article Number (Transfer from service label)

7017 1450 0000 8463 1302

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery Yes
 No

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"/> Mail Restricted Delivery (00)	

7017 1450 0000 8463 0077

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **OXY/JLK/Turkey Track 8-7**

For delivery information, visit **24H** - Offset Case No. **OFFIC 15779**

Certified Mail Fee \$ 3.45

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

<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

Kerr McGee OG Onshore
 P.O. Box 1330
 Houston, TX 77251

City, State, ZIP+4®

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

THIS SECTION ON DELIVERY

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:

Kerr McGee OG Onshore
 P.O. Box 1330
 Houston, TX 77251

9590 9402 2942 7094 6362 37

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 0077

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

Domestic Return Receipt

B. Received by (Printed Name)
CRAIG BLANTON

C. Date of Delivery

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

3. Service Type

<input checked="" 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"/> Registered Mail Restricted Delivery (\$500)	

7017 1450 0000 8463 0084

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **OXY/JLK/Turkey Track 8-7**

For delivery information, visit **24H** - Offset Case No. **OFFIC 15779**

Certified Mail Fee \$ 3.45

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

<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	\$	

Postmark Here

Magnum Hunter Prod., Inc.
 600 N. Marienfeld St., Ste 600
 Midland, TX 79701

City, State, ZIP+4®

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

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.

1. Article Addressed to:

Magnum Hunter Prod., Inc.
 600 N. Marienfeld St., Ste 600
 Midland, TX 79701

9590 9402 2942 7094 6362 44

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 0084

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

Domestic Return Receipt

A. Signature
Sadie Garcia

B. Received by (Printed Name)
Sadie Garcia

C. Date of Delivery
7-18-17

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

3. Service Type

<input checked="" 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"/> Registered Mail Restricted Delivery (\$500)	

7017 1450 0000 8463 0091

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

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

OFFICE OXY/JLK/Turkey Track 8-7
 24H - ONE DAY CASE No. 15779

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

Postmark Here
 JUL 14 2017

John A. Yates
 105 S. 4th St.
 Artesia, NM 88210

City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0000 8463 0107

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

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

OFFICE OXY/JLK/Turkey Track 8-7
 24H - ONE DAY CASE No. 15779

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

Postmark Here
 JUL 14 2017

COG Operating LLC
 600 W. Illinois Ave.
 Midland, TX 79701

City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL

SENDE... 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.

1. Article Addressed to:
 John A. Yates
 105 S. 4th St.
 Artesia, NM 88210

9590 9402 2942 7094 6358 72

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 0091

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

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 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 (\$500)

SENDE... 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.

1. Article Addressed to:
 COG Operating LLC
 600 W. Illinois Ave.
 Midland, TX 79701

9590 9402 2942 7094 6358 89

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 0107

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

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 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 (\$500)

7017 1450 0000 8463 0114

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

For delivery information, visit **24H** **Case No.**

OFFICIAL **25779** **87501**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

JUL 14 2017

USPS

H&S Oil LLC
 P. O. Box 186
 Artesia, NM 88210

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

MAIL CERTIFIED MAIL

SEND **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.

1. Article Addressed to:

H&S Oil LLC
 P. O. Box 186
 Artesia, NM 88210

9590 9402 2942 7094 6358 96

2. Article Number (Transfer from service label)

7017 1450 0000 8463 0114

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

A. Signature Agent Addressee
 X *LARUE PINSON*

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

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 Collect on Delivery
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Mail Restricted Delivery

7017 1450 0000 8463 1319

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

For delivery information, visit **24H** **Case No.**

OFFICIAL **25779** **87501**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

JUL 14 2017

USPS

Huntington Resources Inc.
 P.O. Box 700093
 Tulsa, OK 74170

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

MAIL CERTIFIED MAIL

SEND **IS 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.

1. Article Addressed to:

Huntington Resources Inc.
 P.O. Box 700093
 Tulsa, OK 74170

9590 9402 2942 7094 6359 02

2. Article Number (Transfer from service label)

7017 1450 0000 8463 1319

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

A. Signature Agent Addressee
 X *[Signature]*

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

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 Collect on Delivery
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Mail Restricted Delivery

7017 1450 0000 8463 1340

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OXY/JLK/Turkey Track 8-7

24H - Case No 87507

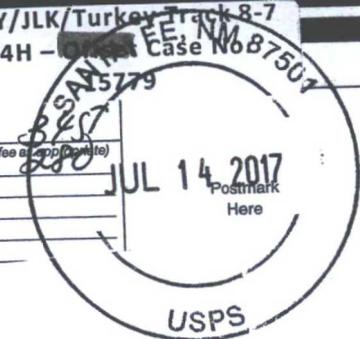
OFFI

Certified Mail Fee

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



Dick Blenden
P. O. Box 1446
Carlsbad, NM 88220

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

See Reverse for Instructions

7017 1450 0000 8463 1340

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OXY/JLK/Turkey Track 8-7

24H - Case No 87507

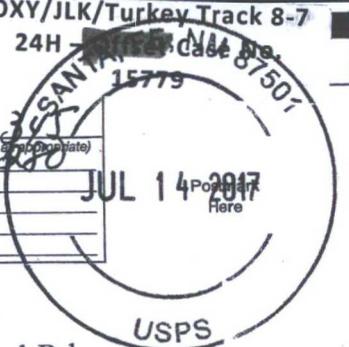
OFFIC

Certified Mail Fee

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



C. Lee Anderson
396 J. B. Copeland Rd.
Benton, KY 42025

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</p> <p>X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>C. Lee Anderson 396 J. B. Copeland Rd. Benton, KY 42025</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 7/17/17</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0000 8463 1357</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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 <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail 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 type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

7017 1450 0000 8463 1371

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

For delivery information, visit [usps.com](#) or call 1-800-ASK-USPS

OFFICIAL MAIL 24H - Priority Mail® Case No. 15779

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

Postage \$

Teresa Burnsides
 301 Wilcrest, Apt. 3605
 Houston, TX 77042

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



RETURNED

7017 1450 0000 8463 1371

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

For delivery information, visit [usps.com](#) or call 1-800-ASK-USPS

OFFICIAL MAIL 24H - Priority Mail® Case No. 15779

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

Postage \$

Velda Gass
 2507 Fontana St.
 Odessa, TX 79763

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 [usps.com](#) or call 1-800-ASK-USPS

OFFICIAL MAIL 24H - Priority Mail® Case No. 15779

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

Postage \$

Velda Gass
 2507 Fontana St.
 Odessa, TX 79763

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:

Velda Gass
 2507 Fontana St.
 Odessa, TX 79763

9590 9402 2942 7094 6362 99

2. Article Number (Transfer from service label)

7017 1450 0000 8463 1371

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Velda Gass Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7/17/17

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
 - 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

98ET 3948 0000 1450 0547 2707

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information **DXY/JLK/Turkey Track 8-7**

OFFIC

24H - Offset Case No.

15779

Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$ 3.45
- Return Receipt (electronic) \$ 2.80
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here

Sue Shepard Howard
5329 Ponder Place
Flower Mound, TX 75028

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

See Reverse for Instructions

58ET 3948 0000 1450 0547 2707

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information **DXY/JLK/Turkey Track 8-7**

OFFIC

24H - Offset Case No.

15779

Certified Mail Fee

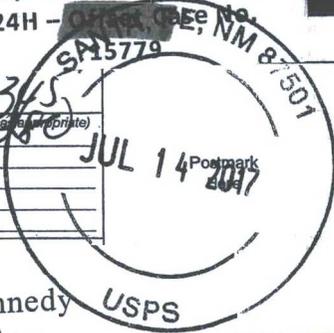
\$

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

- Return Receipt (hardcopy) \$ 3.45
- Return Receipt (electronic) \$ 2.80
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

AD & Ruby Kennedy
1503 W. Sears Ave.
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.

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

AD & Ruby Kennedy
1503 W. Sears Ave.
Artesia, NM 88210

2. Article Number (Transfer from service label)
7017 1450 0000 8463 1395

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. Complete items 1, 2, and 3.

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

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

A. Signature
 Ruby Kennedy Agent

B. Received by (Printed Name)
RUBY KENNEDY Address

C. Date
[Blank] Delivery

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

9590 9402 2942 7094 6357 11

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

Domestic Return Receipt

7017 1450 0000 8463 2507

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

For delivery information, visit usps.com

OFFICE 24H - [Stamp] Case No. 8751

Certified Mail Fee \$ [Stamp] 15779

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

Return Receipt (hardcopy) \$ [Stamp] 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

JUL 14 2017 Postmark Here

USP

Roxanna Mills
 104 Panaroma Ct.
 Trophy Club, TX 76262

City, State, ZIP+4™

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

RETURNED

7017 1450 0000 8463 1210

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

For delivery information, visit usps.com

OFFICE 24H - [Stamp] Case No. 8751

Certified Mail Fee \$ [Stamp] 15779

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

Return Receipt (hardcopy) \$ [Stamp] 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

JUL 14 2017 Postmark Here

USPS

Joel M. Wigley
 1502 N. Missouri
 Roswell, NM
 88201

City, State, ZIP+4™

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

CERTIFIED MAIL

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.

Article Addressed to:

Joel M. Wigley
 1502 N. Missouri
 Roswell, NM
 88201

9590 9402 2942 7094 6357 35

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 1210

A. Signature
 Nancy Wigley 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® Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

1 Restricted Delivery

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

7017 1450 0000 8463 1227

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

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

345 SANITARIUM 15779
JUL 14 2017
 Postmark Here
 USPS

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Ferguson Family Trust
P. O. Box 847
Mesilla Park
NM 88047

City, State, ZIP+4®

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

SEND

■ 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:

Ferguson Family Trust
P. O. Box 847
Mesilla Park
NM 88047

9590 9402 2942 7094 6357 42

2. Article Number (Transfer from service label)
7017 1450 0000 8463 1227

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
Debbie L. Hill

C. Date of Delivery
JUL 17 2017

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 (over \$500)

7017 1450 0000 8463 1234

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

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

345 SANITARIUM 15779
JUL 14 2017
 Postmark Here
 USPS

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

David L. Porter
8701 Royal Glo Dr. NE
Albuquerque, NM 87122

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

SEND

■ 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:

David L. Porter
8701 Royal Glo Dr. NE
Albuquerque, NM 87122

9590 9402 2942 7094 6357 59

2. Article Number (Transfer from service label)
7017 1450 0000 8463 1234

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
Debbie L. Hill

C. Date of Delivery
7-17-17

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 (over \$500)

7017 1450 0000 8463 1241

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USA

OFFICIAL MAIL

Certified Mail Fee

- 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 \$



Mindy L. Porter
8704 Little Laura Dr.
Austin, TX 78757

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:

Mindy L. Porter
8704 Little Laura Dr.
Austin, TX 78757

9590 9402 2942 7094 6357 66

2. Article Number (Transfer from service label)

7017 1450 0000 8463 1241

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mindy L. Porter* Agent Addressee

B. Received by (Printed Name)
Mindy Porter

C. Date of Delivery
7/19/17

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®

9521 8463 0000 1258

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

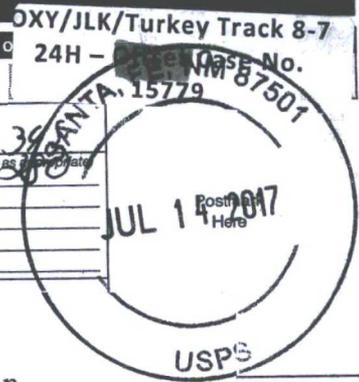
Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USA

OFFICIAL MAIL

Certified Mail Fee

- 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 \$



Margo Volkmer
2310 Winecup Ln.
League City, TX 77573

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:

Margo Volkmer
2310 Winecup Ln.
League City, TX 77573

9590 9402 2942 7094 6362 20

2. Article Number (Transfer from service label)

7017 1450 0000 8463 1258

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Margo Volkmer* Agent Addressee

B. Received by (Printed Name)
MARGO VOLKMER

C. Date of Delivery
7/19/17

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®

7017 1450 0000 8463 1265

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

For delivery information, visit usps.com or call 1-800-ASK-USPS

OFFICIAL RECEIPT

Case No. 87507

Certified Mail Fee \$ 3.85

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 \$

JUL 14 2017
 Postmark Here

USPS

John A. Yates
 P. O. Box 100
 Artesia, NM 88211

City, State, ZIP+4™

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

7017 1450 0000 8463 1272

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

For delivery information, visit usps.com or call 1-800-ASK-USPS

OFFICIAL RECEIPT

Case No. 87807

Certified Mail Fee \$ 3.85

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 \$

JUL 14 2017
 Postmark Here

USPS

Mewbourne Oil Company
 4801 Business Park Blvd.
 Hobbs, NM 88240

City, State, ZIP+4™

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

CERTIFIED MAIL

SEND TO THE ADDRESSEE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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
 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

1. Article Addressed to:

John A. Yates
 P. O. Box 100
 Artesia, NM 88211

9590 9402 2942 7094 6356 98

2. Article Number (Transfer from service label)
 7017 1450 0000 8463 1265

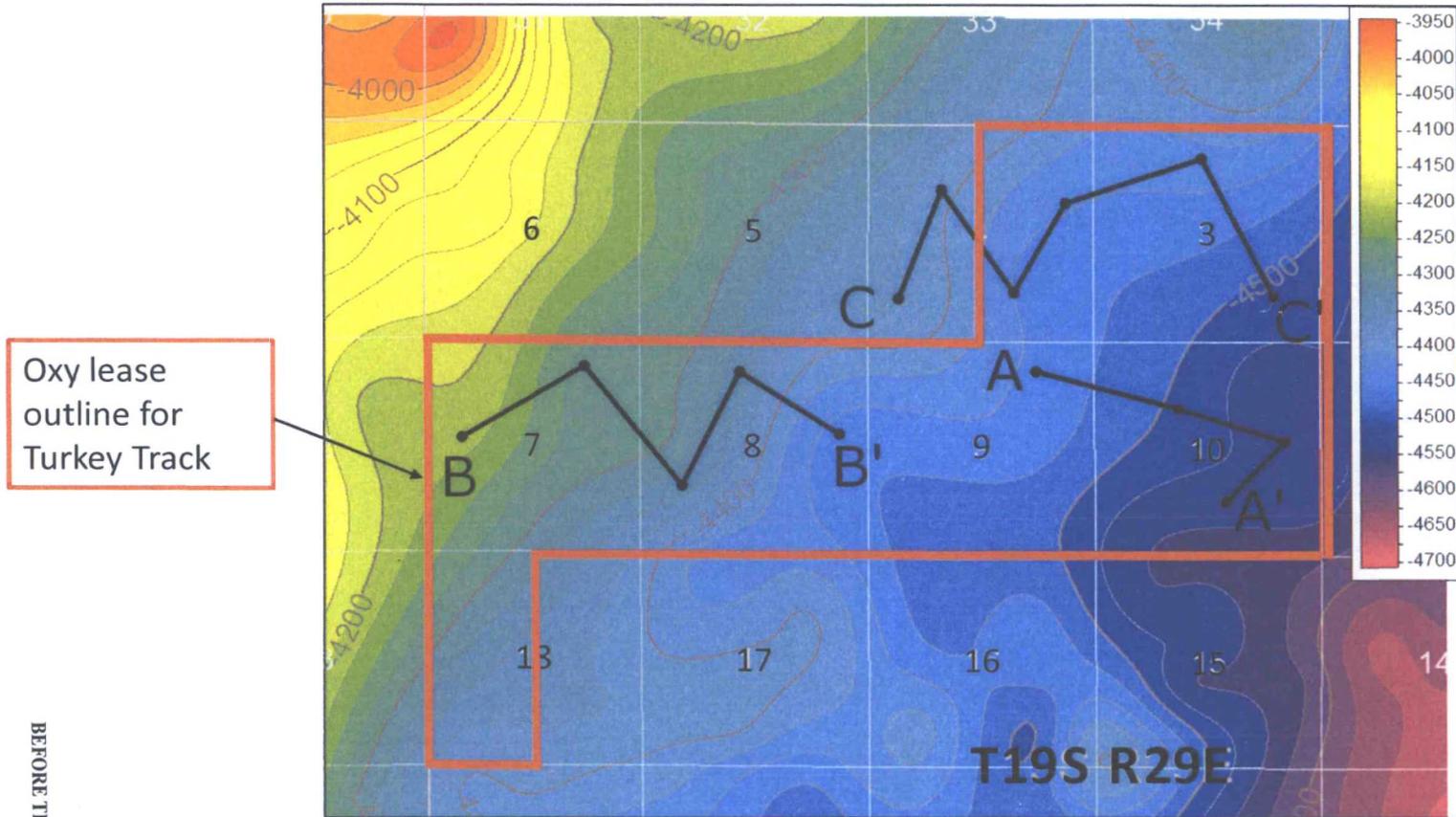
3. Service Type

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

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

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

Turkey Track Leases



Structure Map

BEFORE THE OIL CONSERVATION DIVISION

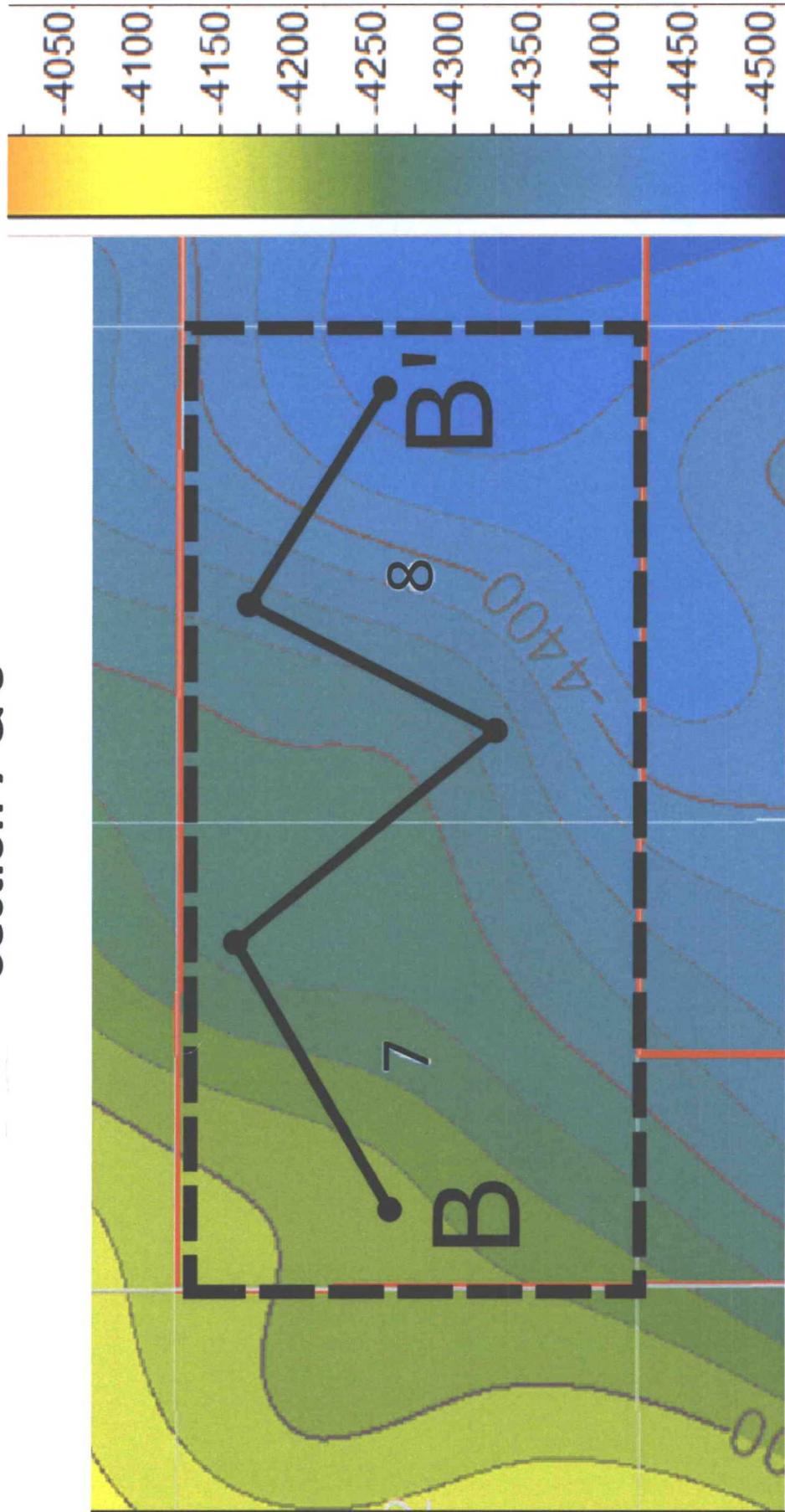
Santa Fe, New Mexico

Exhibit No. 6

Submitted by: OXY USA WTP LIMITED PARTNERSHIP LLC

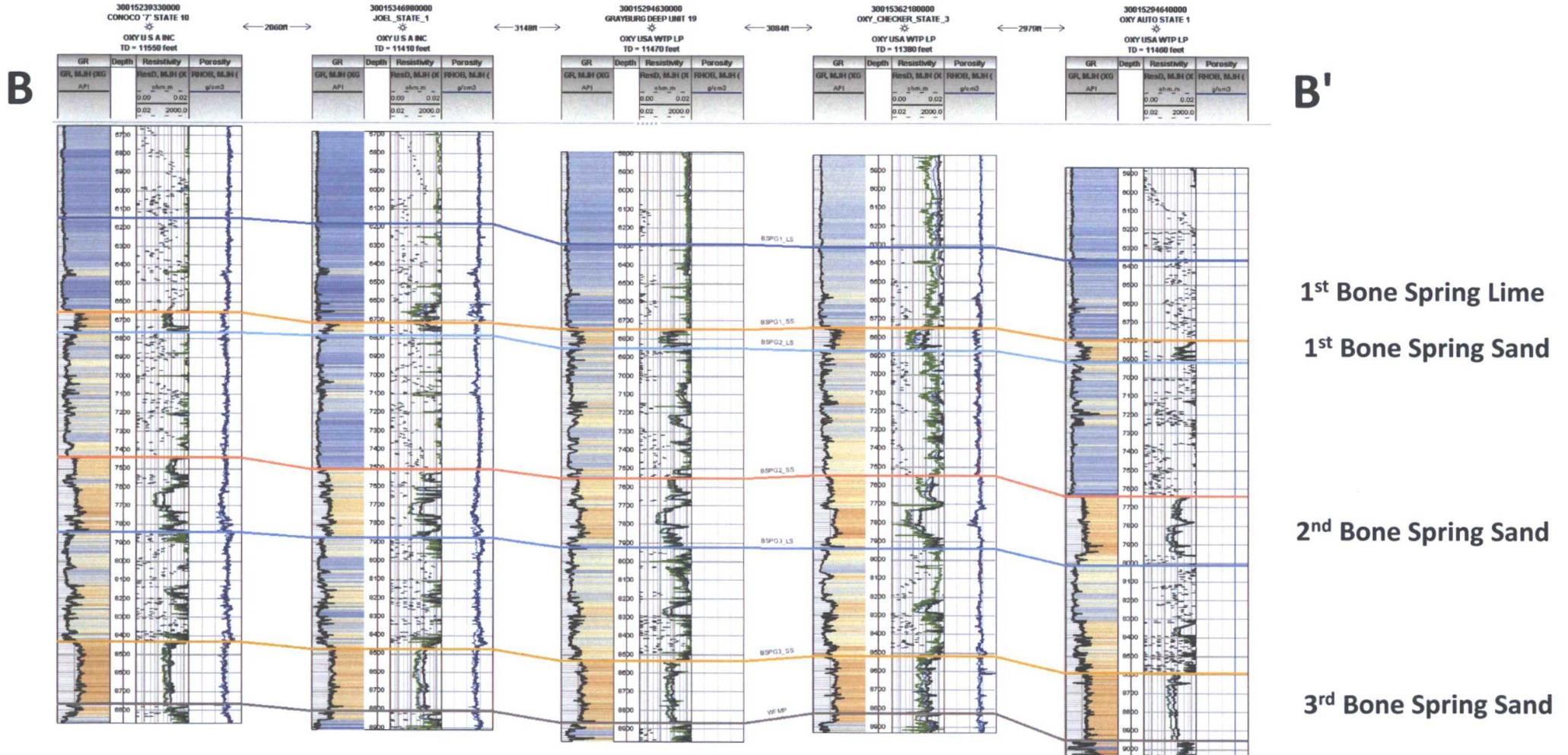
Hearing Date: September 14, 2017

Section 7 & 8



Structure Map

Section 7 & 8 Cross Section B - B'



BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 8

Submitted by: OXY USA WTP LIMITED PARTNERSHIP LLC
Hearing Date: September 14, 2017