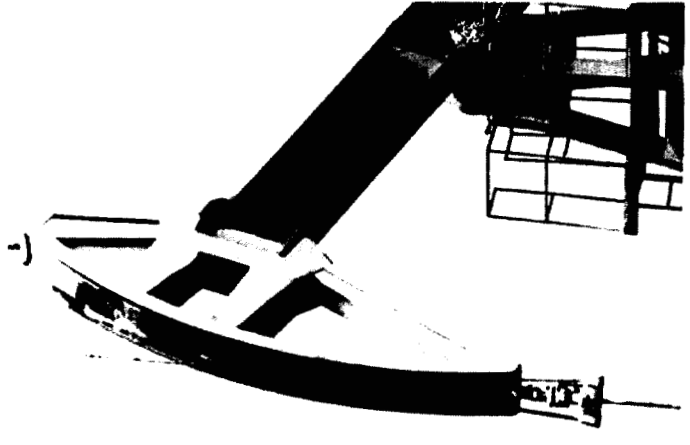


**ICOG OPERATING LLC**  
BASEBALL CAP FEDERAL COM 24H & 26H  
Section 25-24S-34E  
Lea County, New Mexico



BEFORE THE OIL CONSERVATION DIVISION  
EXAMINER HEARING OCTOBER 26, 2017

CASE NOS. 15830 AND 15831



DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
Phone (575) 393-0181 Fax: (575) 393-0720

DISTRICT II  
811 S. First St., Artesia, NM 88210  
Phone (575) 745-1225 Fax: (575) 745-9720

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV  
1226 S. St. Francis Dr., Santa Fe, NM 87506  
Phone (505) 478-5480 Fax: (505) 478-5482

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised August 1, 2011

Submit one copy to appropriate  
District Office

OIL CONSERVATION DIVISION  
1226 South St. Francis Dr.  
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number	Pool Code	Pool Name
Property Code	Property Name BASEBALL CAP FEDERAL COM	Well Number 24H
OGRID No.	Operator Name COG OPERATING, LLC	Elevation 3382'

Surface Location

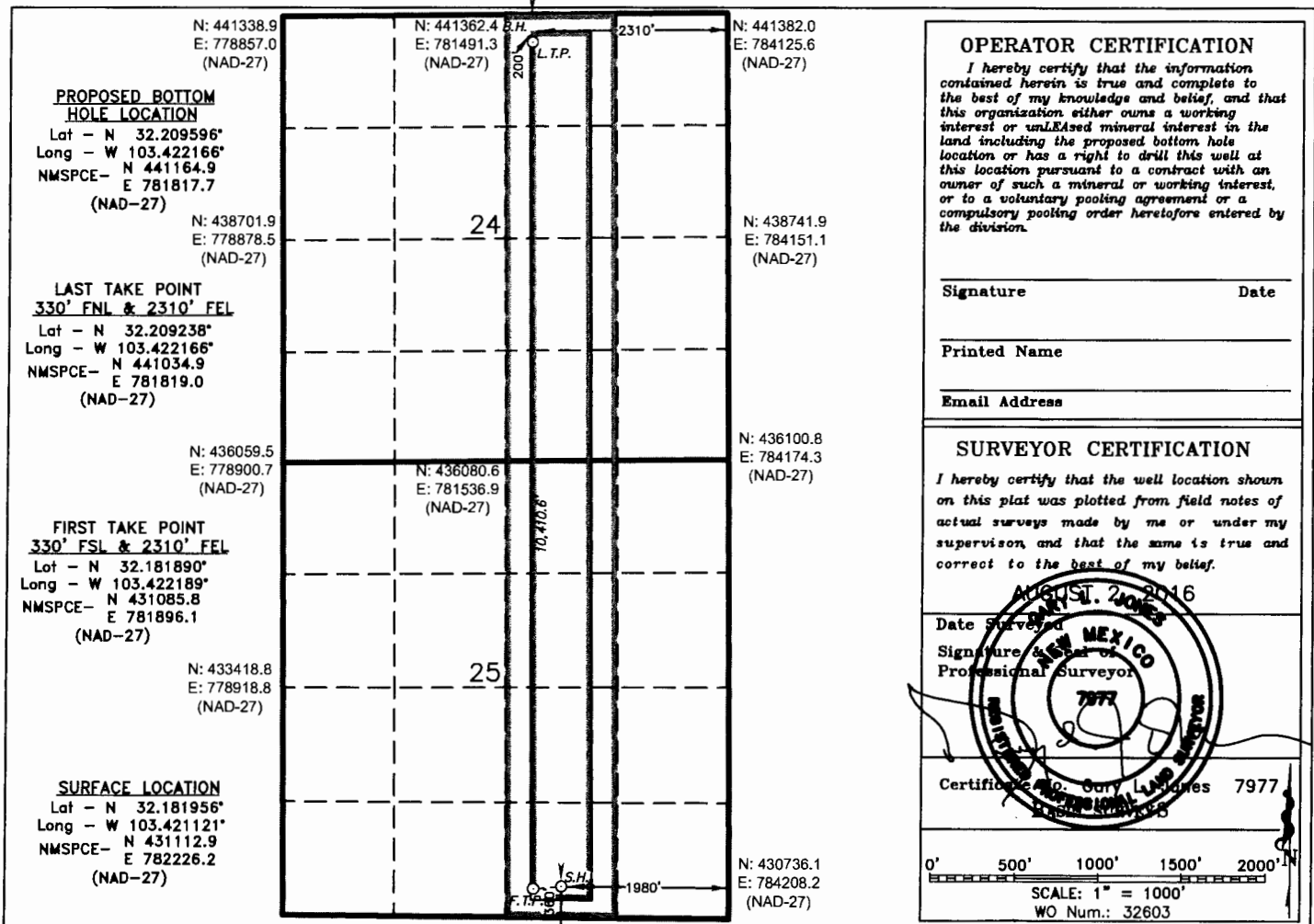
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	25	24 S	34 E		360	SOUTH	1980	EAST	LEA

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
B	24	24 S	34 E		200	NORTH	2310	EAST	LEA

Dedicated Acres	Joint or Infill	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



BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico

Exhibit No. 1  
Submitted by: COG OPERATING, LLC

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) 748-1255 Fax: (575) 748-9720

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

DISTRICT IV  
1226 S. St. Francis Dr., Santa Fe, NM 87506  
Phone (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION  
1226 South St. Francis Dr.  
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number	Pool Code	Pool Name
Property Code	Property Name BASEBALL CAP FEDERAL COM	Well Number 26H
OGRID No.	Operator Name COG OPERATING, LLC	Elevation 3406'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	25	24 S	34 E		320	SOUTH	1980	WEST	LEA

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
C	24	24 S	34 E		200	NORTH	1650	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
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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

**PROPOSED BOTTOM HOLE LOCATION**  
Lat - N 32.209720°  
Long - W 103.426871°  
NMSPC E 821693.7  
(NAD-83)

**LAST TAKE POINT**  
330' FNL & 1650' FWL  
Lat - N 32.209363°  
Long - W 103.426871°  
NMSPC E 821694.7  
(NAD-83)

**FIRST TAKE POINT**  
330' FSL & 1650' FWL  
Lat - N 32.182077°  
Long - W 103.426910°  
NMSPC E 821766.3  
(NAD-83)

**SURFACE LOCATION**  
Lat - N 32.181908°  
Long - W 103.425374°  
NMSPC E 780910.5  
(NAD-83)

**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 either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_

---

**SURVEYOR CERTIFICATION**  
*I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.*

NOVEMBER 2016  
Date Surveyed \_\_\_\_\_  
Signature \_\_\_\_\_  
Professional Surveyor  
7977

Certificate No. Gary L. Jones 7977

0' 500' 1000' 1500' 2000'  
SCALE: 1" = 1000'  
WO Num.: 32591

BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico

Exhibit No. 2

Submitted by: COG OPERATING, LLC

**Baseball Cap Federal Com 24H (Case No. 15830)**  
W/2E/2 of Section 24 & W/2E/2 of Section 25, T24S-R334E, NMPM,  
Lea County, New Mexico

Tract 1:



Tract 2:



Tract 3:



Tract 4:



Tract 5:



Tract 6:



Tract 7:



Tract 8:



Tract 9:



Tract 10:



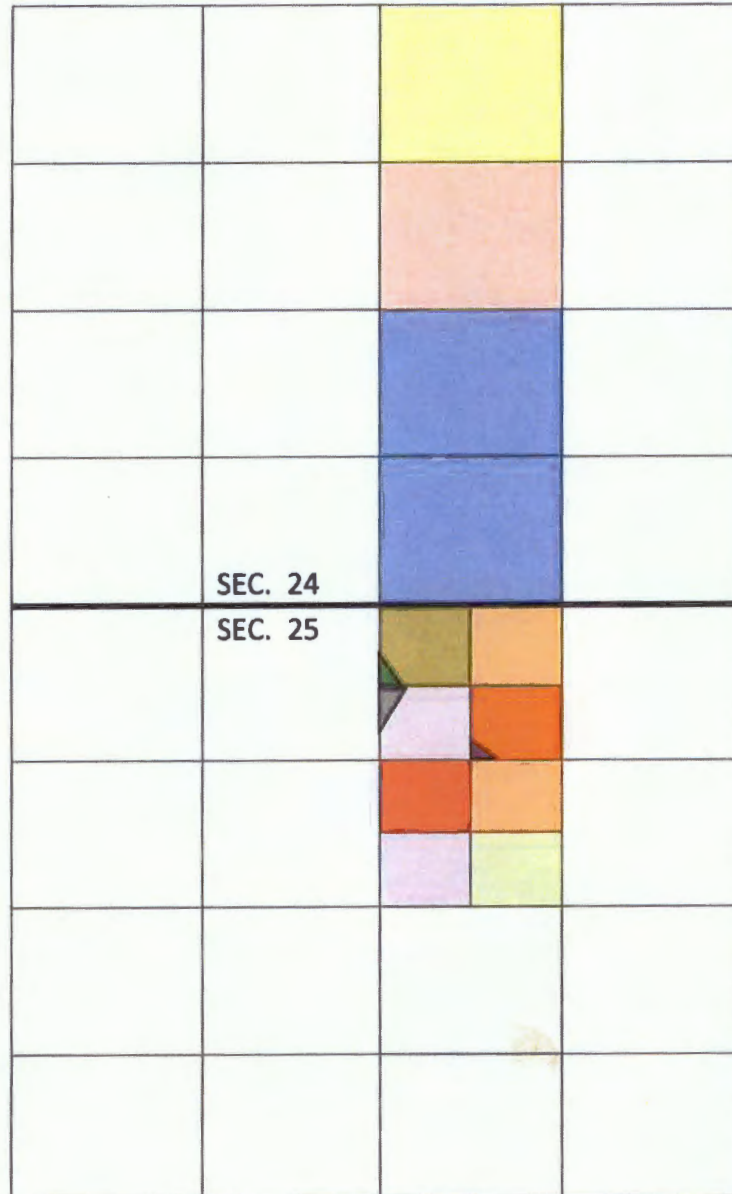
Tract 11:



Tract 12:



Tract 13:





**Unit Working Interest**

COG Operating, LLC	53.880209%
<i>Energen Resources Corp.</i>	10.546875%
<i>OneEnergy Partners</i>	9.255952%
<i>MRC Permian LKE Co., LLC</i>	5.488344%
<i>Sara Louise Strand</i>	3.125000%
<i>Marathon Oil Permian, LLC</i>	3.196472%
<i>Concho Oil and Gas, LLC</i>	3.554688%
<i>Chevron USA, Inc.</i>	3.125000%
<i>MRC Permian Company</i>	2.109375%
<i>Yates Petroleum Corp. (EOG)</i>	2.018229%
<i>Inspire AOG Partners, Ltd.</i>	0.846354%
<i>Jean Coulter Revoc. Trust</i>	0.781250%
<i>Commerce First Royalties</i>	0.585938%
<i>Bradley S. Bates</i>	0.500000%
<i>MECO IV, LLC</i>	0.281250%
<i>Edwin W. Daley</i>	0.260417%
<i>Boaz Energy II, LLC</i>	0.162903%
<i>New Mexico DOT</i>	0.058531%
<i>Bobbie Dorner</i>	0.037202%
<i>Marlene Nichols</i>	0.037202%
<i>Patricia Getty</i>	0.037202%
<i>Sandra Phillips</i>	0.037202%
<i>Shannon Daley</i>	0.037202%
<i>Stacey Boelkins</i>	0.037202%
	<b>100.000000%</b>

***Uncommitted or Nonconsenting Working Interest or Mineral Owner***

Tract 1 – NWNE of Section 24

COG Operating LLC	37.65625%
Concho Oil and Gas, LLC	11.71875%
Bradley S. Bates	2.00000%
MECO IV, LLC	1.12500%
<i>Energen Resources Corp.</i>	45.00000%
<i>Commerce First Royalties</i>	2.50000%
<b>Total</b>	<b>100.00000%</b>

Tract 2 – SWNE of Section 24

COG Operating LLC	37.34375%
Concho Oil and Gas, LLC	11.71875%
Bradley S. Bates	2.00000%
MECO IV, LLC	1.12500%
<i>Energen Resources Corp.</i>	39.37500%
<i>Jean Coulter Revoc. Trust</i>	6.25000%
<i>Commerce First Royalties</i>	2.18750%
<b>Total</b>	<b>100.00000%</b>

Tract 3 – W2SE of Section 24

COG Operating LLC	97.50000%
Concho Oil and Gas, LLC	2.50000%
<b>Total</b>	<b>100.00000%</b>

Tract 4 – NWNWNE of Section 25

*MRC Permian LKE Co, LLC* 100.00000%

Tract 5 – NENWNE and NESWNE of Section 25

<i>Yates Petroleum Corp. (EOG)</i>	32.291667%
<i>OneEnergy Partners</i>	13.095238%
<i>Inspire AOG Partners, Ltd.</i>	13.541667%
<i>COG Operating, LLC</i>	33.333334%
<i>Edwin W. Daley</i>	4.166667%
<i>Bobbie Dorner</i>	.595238%
<i>Marlene Nichols</i>	.595238%
<i>Patricia Getty</i>	.595238%
<i>Sandra Phillips</i>	.595238%
<i>Shannon Daley</i>	.595238%
<i>Stacey Boelkins</i>	.595238%
<b>Total</b>	<b>100.00000%</b>

*Uncommitted or Nonconsenting Working Interest or Mineral Owner*

Tract 6 – SENWNE of Section 25

*OneEnergy Partners* 100.00000%

Tract 7 – SWNWNE and SWSWNE of Section 25

*Marathon Oil Permian, LLC* 27.50000%

*Sara Louise Strand* 50.00000%

*MRC Permian Company* 22.50000%

**Total** 100.00000%

Tract 8 – NWSWNE of Section 25

*MRC Permian LKE Co., LLC* 100.00000%

Tract 9 – SESWNE of Section 25

*OneEnergy Partners* 100.00000%

Tract 10 – W2SE of Section 25

COG Operating LLC 72.187500%

*OneEnergy Partners* 8.750000%

*Marathon Oil Permian, LLC* 6.562500%

*Chevron USA, Inc.* 12.500000%

**Total** 100.00000%

Tract 11 – .1873 acres in NWNWNE of Section 25

*New Mexico DOT* 100.00000%

**Total** 100.00000%

Tract 12 – 1.8956 acres in SWNWNE of Section 25

*Sara Louise Strand* 50.00000%

*Boaz Energy II, LLC* 27.50000%

*MRC Permian Company* 22.50000%

**Total** 100.00000%

Tract 13 – .33 acres in SENWNE of Section 25

*OneEnergy Partners* 100.00000%

*Uncommitted or Nonconsenting Working Interest or Mineral Owner*



PARTIES WITH UNMARKETABLE TITLE

Estate of J. Harold Schuman

**Liessa Schumaman 5777 Carell Ave, Agoura Hills, CA 91301-2128**

**Matthew Schumaman 789 Horatio Blvd, Buffalo Grove, IL 60089-6416**

Estate of Malcolm R. Madera, 187 George Strait, Canyon Lake, TX 78133-2153

**Northwest Bank New Mexico, N.A., successor in interest to United New Mexico Trust Company, in its capacity as Trustee of the Malcolm Madera Revocable Trust under Trust Agreement dated August 8, 1984 , PO Box 2468, Roswell, NM 88202-2468**

**Katherine Ross Madera Sharbutt, P.O. Box 443, Manhattan, MT 59741**

**Lela Ellen Madera, 187 George Straight, Canyon Lake, TX 78133**

Estate of Mercedes A. Crook, 2716 E. 2nd Street, Mesa, AZ 85213

**Benjamin F. Crook, 1837 N. Valleyview, Wichita, KS 67212**

**Mary Jack Johnson, 1855 Garland Lane, Boulder, CO 80304**

Estate of Neal King, 2510 Saratoga Drive, Austin, TX 78733

**Frederick Tilmon King, 2510 Saratoga Drive, Austin, TX 78733**

**Rebecca King Goldsmith, 100004 Echo Hills Ct., Austin, TX 78717**

**Clay Sanford King, 3435 Walnut Bend Lane, Apt. 3202, McAllen, TX 78504**

**Clifton Forrest King, 4800 North 10th St., Ste. D, McAllen, TX 78504**

Jean Coulter Clark Revocable Trust Agreement dated September 6, 1996 406 N. Church Street , Fayette, MO 65248

Eleanor Howard Coulter, 406 N. Church Street, Fayette, MO 65248

Jean Coulter Clark, 406 N. Church Street, Fayette, MO 65248

Estate of Lanier D. Crook, 2716 E. 2nd Street, 2716 E. 2nd Street

Dorothy Julia Doran as Trustee to Dorothy Ann Doran, 10937 W. 59th Ave, Arvada, CO 80004

David Puckett, 106 South Friou Street, Houston, TX 75657

Marc Schuman, 10627 Pictured Rocks Drive, Peyton, CO 80831

Kenneth M. Cobb, as Trustee of the Cobb Family Trust, 1202 Cherrywood Ct., Allen, TX 75002

Katherine Madera, 1202 Cherrywood Ct., Allen, TX 75002

Ronald G. Koehler, 16262 Chesnut Circle, Brainerd, MN 56401

Rebecca Hunter, 1903 Briarpark Drive, Houston, TX 77042

Charlotte W. Schuman and Karlyn S. Schuman, Co-Trustees of the Charlotte W. Schuman Trust of October 5, 1988, 2121 S. Yorktown #305, Tulsa, OK 74114

Andrew Witten Family 2015 Trust, 23 Bergen Street, Brooklyn, NY 11201

Elizabeth Witten Family 2015 Trust, 23 Bergen Street, Brooklyn, NY 11201

Judith Witten Family 2015 Trust, 23 Bergen Street, Brooklyn, NY 11201

Mary M. Johnson, 2716 E. 2nd St., Mesa, AZ 85213

Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 2016 3 Rayos De Luz Placitas, NM 87043

Daniel P. Schuman and Vida K. Schuman, as Co-Trustees of the Daniel P. and Vida K. Schuman Revocable Trust dated April 16, 2014, 3818 South Florence Place Tulsa, OK 74105

Justin Nine, 4414 10th Street, Lubbock, TX 79416

Tim Lilley, 2135 Sedona Hills Parkway, Las Cruces, NM 88011

Marc Lilley, 2135 Sedona Hills Parkway, Las Cruces, NM 88011

Lisa Lilley, 2135 Sedona Hills Parkway , Las Cruces, NM 88011

AE&J Royalties, LLC, a New Mexico limited liability company , 460 St. Michael's Dr., Bldg. 300, Santa Fe, NM 87505

***Uncommitted or Nonconsenting Working Interest or Mineral Owner***

Brogo Minerals, LLC, a Texas limited liability company, 6100 Cedar Springs Road, Suite 200, Dallas, TX 75235

Estate of Alta Brasfield , 627 Lemon Street, Tempe, AZ 85281

Daniel Baeza, 225 Mockingbird Lane, Hobbs, NM 88242

Estate of Veiva Daley, 805 Lemon Street, Tempe, AZ 85281

**Duane R. Daley, 2407 E Inverness Ave, Mesa, AZ 85204-7002**

**Shawna Dee Lawrence, 815 N. 2nd St., Dardanelle, AR 78234**

**Estate of Robert Burns Daley, 1862 E. Farmdale, Mesa, Arizona 85204**

Estate of Rubert Madera c/o Bert Madera, P.O. Box 2795, Ruidoso, NM 88335

**Bert Madera P.O. Box 2795, Ruidoso, NM 88335**

**Mildred Maxine Madera McCall , 1434 Hamblen Rd. , Kingwood, TX 77339**

**Estate of Ruford Madera, 3 Rayos De Luz, Placitas, NM 87043**

**Pamela Madera, personal representative of the Estate of Ruford F. Madera 3 Rayos De Luz Placitas, NM 87043**

James H. Moomaw, P.O. Box 341, Tremonton, UT 84337

Michael Fred Madera, P.O. Box 645, La Pine, OR 97739

Dylan Tarter, P.O. Box 94516, Lubbock, TX 79496

Tilden Capital, LLC PO Box 470857, Fort Worth, TX 76147

Ross Duncan Properties, LLC PO Box 647, Artesia, NM 88211-0647

Panhandle Properties, LLC, PO Box 648, Artesia, NM 88211-0648

Blackbird Royalties, LLC, P.O. Box 2670, Roswell, NM 88202

**End of Exhibit**



**Baseball Cap Federal Com 26H (Case No. 15831)**  
 E/2W/2 of Section 24 & E/2W/2 of Section 25, T24S-R334E, NMPM,  
 Lea County, New Mexico

Tract 1:



Tract 2:



Tract 3:



Tract 4:



Tract 5:



Tract 6:



Tract 7:



Tract 8:



Tract 9:



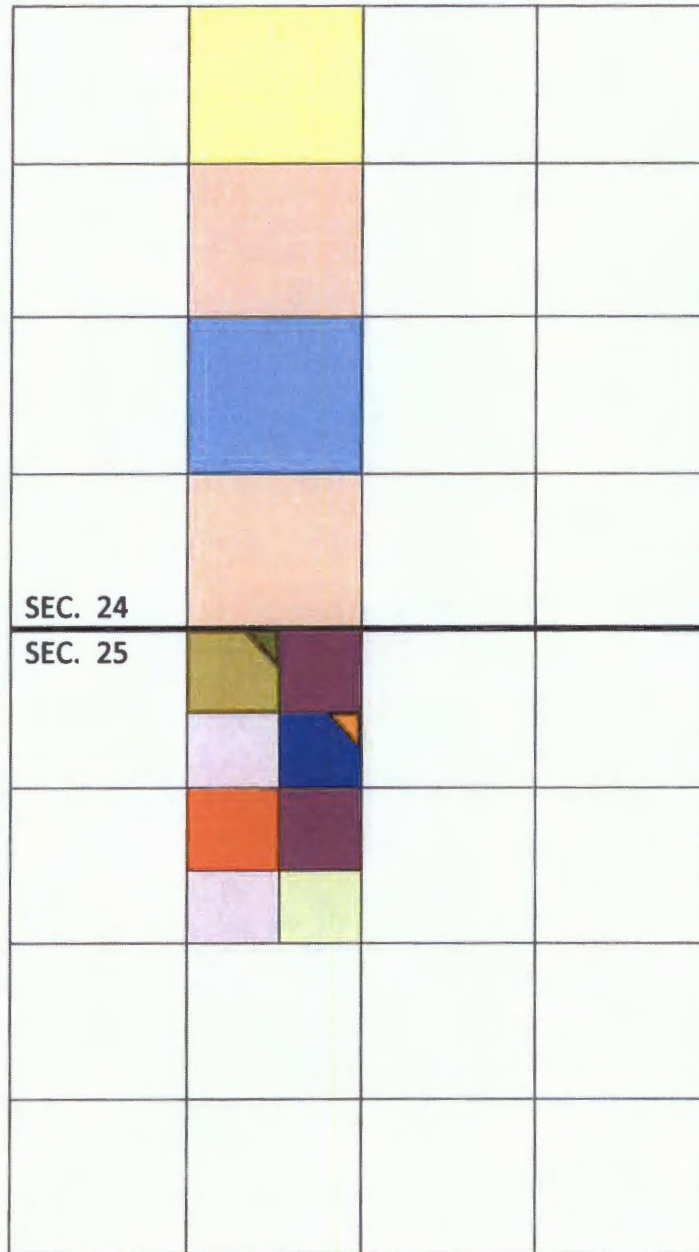
Tract 10:



Tract 11



Tract 12



**Unit Working Interest**

COG Operating, LLC	44.856771%
<i>Energen Resources Corp.</i>	11.250000%
John A Yates, Trustee	6.250000%
John A. Yates	6.250000%
MRC Permian LKE Co. LLC	6.237031%
<i>OneEnergy Partners</i>	6.130202%
<i>Marathon Oil Permian LLC</i>	3.359375%
Concho Oil and Gas, LLC	3.242188%
<i>Chevron USA Inc.</i>	3.125000%
<i>Sara Louise Strand</i>	3.125000%
<i>Yates Petroleum Corp. (EOG)</i>	2.018229%
MRC Permian Company	1.406250%
<i>Inspire AOG Partner, Ltd.</i>	0.846354%
<i>Commerce First Royalties</i>	0.625000%
Bradley S. Bates	0.500000%
MECO IV, LLC	0.281250%
<i>Edwin W. Daley</i>	0.260417%
<i>Bobbie Dorner</i>	0.037202%
<i>Marlene Nichols</i>	0.037202%
<i>Patricia Getty</i>	0.037202%
<i>Sandra Phillips</i>	0.037202%
<i>Shannon Daley</i>	0.037202%
<i>Stacey Boelkins</i>	0.037202%
<i>New Mexico DOT</i>	<u>0.013719%</u>
	<b>100.000000%</b>

*Uncommitted or Nonconsenting Working Interest or Mineral Owner*



Tract 1 – NENW of Section 24

John A. Yates	50.000000%
<u>John A Yates, Trustee</u>	<u>50.000000%</u>
<b>Total</b>	<b>100.000000%</b>

Tract 2 – SENW and SESW of Section 24

COG Operating, LLC	37.65625%
Concho Oil and Gas, LLC	11.71875%
Bradley S. Bates	2.00000%
MECO IV, LLC	1.12500%
<u>Energen Resources Corp.</u>	<u>45.00000%</u>
<u>Commerce First Royalties</u>	<u>2.50000%</u>
<b>Total</b>	<b>100.00000%</b>

Tract 3 – NESW of Section 24

COG Operating, LLC	97.50000%
<u>Concho Oil and Gas, LLC</u>	<u>2.50000%</u>
<b>Total</b>	<b>100.00000%</b>

Tract 4 – NWNENW of Section 25

<i>MRC Permian LKE Co, LLC</i>	100.00000%
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Tract 5 – NENENW and NESENE of Section 25

<u>Yates Petroleum Corp. (EOG)</u>	<u>32.291667%</u>
<u>OneEnergy Partners</u>	<u>12.500000%</u>
<u>Inspire AOG Partner, Ltd.</u>	<u>13.541667%</u>
<u>COG Operating, LLC</u>	<u>33.333334%</u>
<u>Edwin W. Daley</u>	<u>4.166667%</u>
<u>Bobbie Dorner</u>	<u>.595238%</u>
<u>Marlene Nichols</u>	<u>.595238%</u>
<u>Patricia Getty</u>	<u>.595238%</u>
<u>Sandra Phillips</u>	<u>.595238%</u>
<u>Shannon Daley</u>	<u>.595238%</u>
<u>Stacey Boelkins</u>	<u>.595238%</u>
<u>Shauna Lawrence</u>	<u>.595238%</u>
<b>Total</b>	<b>100.00000%</b>

Uncommitted or Nonconsenting Working Interest or Mineral Owner

Tract 6 – SENENW of Section 25

<i>Marathon Oil Permian LLC</i>	27.50000%
<i>Sara Louise Strand</i>	50.00000%
<i>MRC Permian Company</i>	22.50000%
<b>Total</b>	<b>100.00000%</b>

Tract 7 – SWNENW and SWSENW of Section 25

<i>Marathon Oil Permian LLC</i>	27.50000%
<i>Sara Louise Strand</i>	50.00000%
<i>MRC Permian Company</i>	22.50000%
<b>Total</b>	<b>100.00000%</b>

Tract 8 – NWSENW of Section 25

<i>MRC Permian LKE Co. LLC</i>	100.00000%
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Tract 9 – SESENW of Section 25

COG Operating LLC	100.00000%
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Tract 10 – E2SW of Section 25

COG Operating LLC	72.187500%
<i>OneEnergy Partners</i>	8.750000%
<i>Marathon Oil Permian LLC</i>	6.562500%
<i>Chevron USA Inc.</i>	12.500000%
<b>Total</b>	<b>100.00000%</b>

Tract 11 – .0415 acres in NWNENW of Section 25

<i>New Mexico DOT</i>	100.00000%
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Tract 12 – .0024 acres in SWNWNE of Section 25

<i>New Mexico DOT</i>	100.00000%
-----------------------	------------

*Uncommitted or Nonconsenting Working Interest or Mineral Owner*



PARTIES WITH UNMARKETABLE TITLE

Estate of J. Harold Schuman

**Liessa Schuman 5777 Carell Ave, Agoura Hills, CA 91301-2128**

**Matthew Schuman 789 Horatio Blvd, Buffalo Grove, IL 60089-6416**

Estate of Malcolm R. Madera, 187 George Strait, Canyon Lake, TX 78133-2153

**Northwest Bank New Mexico, N.A., successor in interest to United New Mexico Trust Company, in its capacity as Trustee of the Malcolm Madera Revocable Trust under Trust Agreement dated August 8, 1984, PO Box 2468, Roswell, NM 88202-2468**

**Katherine Ross Madera Sharbutt, P.O. Box 443, Manhattan, MT 59741**

**Lela Ellen Madera, 187 George Straight, Canyon Lake, TX 78133**

Estate of Mercedes A. Crook, 2716 E. 2nd Street, Mesa, AZ 85213

**Benjamin F. Crook, 1837 N. Valleyview, Wichita, KS 67212**

**Mary Jack Johnson, 1855 Garland Lane, Boulder, CO 80304**

Estate of Neal King, 2510 Saratoga Drive, Austin, TX 78733

**Frederick Tilmon King, 2510 Saratoga Drive, Austin, TX 78733**

**Rebecca King Goldsmith, 100004 Echo Hills Ct., Austin, TX 78717**

**Clay Sanford King, 3435 Walnut Bend Lane, Apt. 3202, McAllen, TX 78504**

**Clifton Forrest King, 4800 North 10th St., Ste. D, McAllen, TX 78504**

Jean Coulter Clark Revocable Trust Agreement dated September 6, 1996406 N. Church Street, Fayette, MO 65248

Eleanor Howard Coulter, 406 N. Church Street, Fayette, MO 65248

Jean Coulter Clark, 406 N. Church Street, Fayette, MO 65248

Estate of Lanier D. Crook, 2716 E. 2nd Street, 2716 E. 2nd Street

Dorothy Julia Doran as Trustee to Dorothy Ann Doran, 10937 W. 59th Ave, Arvada, CO 80004

David Puckett, 106 South Friou Street, Houston, TX 75657

Marc Schuman, 10627 Pictured Rocks Drive, Peyton, CO 80831

Kenneth M. Cobb, as Trustee of the Cobb Family Trust, 1202 Cherrywood Ct., Allen, TX 75002

Katherine Madera, 1202 Cherrywood Ct., Allen, TX 75002

Ronald G. Koehler, 16262 Chesnut Circle, Brainerd, MN 56401

Rebecca Hunter, 1903 Briarpark Drive, Houston, TX 77042

Charlotte W. Schuman and Karlyn S. Schuman, Co-Trustees of the Charlotte W. Schuman Trust of October 5, 1988, 2121 S. Yorktown #305, Tulsa, OK 74114

Andrew Witten Family 2015 Trust, 23 Bergen Street, Brooklyn, NY 11201

Elizabeth Witten Family 2015 Trust, 23 Bergen Street, Brooklyn, NY 11201

Judith Witten Family 2015 Trust, 23 Bergen Street, Brooklyn, NY 11201

Mary M. Johnson, 2716 E. 2nd St., Mesa, AZ 85213

Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 20163 Rayos De Luz Placitas, NM 87043

Daniel P. Schuman and Vida K. Schuman, as Co-Trustees of the Daniel P. and Vida K. Schuman Revocable Trust dated April 16, 2014, 3818 South Florence Place Tulsa, OK 74105

Justin Nine, 4414 10th Street, Lubbock, TX 79416

Tim Lilley, 2135 Sedona Hills Parkway, Las Cruces, NM 88011

Marc Lilley, 2135 Sedona Hills Parkway, Las Cruces, NM 88011

Lisa Lilley, 2135 Sedona Hills Parkway, Las Cruces, NM 88011

AE&J Royalties, LLC, a New Mexico limited liability company, 460 St. Michael's Dr., Bldg. 300, Santa Fe, NM 87505

***Uncommitted or Nonconsenting Working Interest or Mineral Owner***

Brogo Minerals, LLC, a Texas limited liability company, 6100 Cedar Springs Road, Suite 200, Dallas, TX 75235  
Estate of Alta Brasfield, 627 Lemon Street, Tempe, AZ 85281  
Daniel Baeza, 7225 Mockingbird Lane, Hobbs, NM 88242

Estate of Veiva Daley, 805 Lemon Street, Tempe, AZ 85281  
**Duane R. Daley, 2407 E Inverness Ave, Mesa, AZ 85204-7002**  
**Shawna Dee Lawrence, 815 N. 2nd St., Dardanelle, AR 78234**  
**Estate of Robert Burns Daley, 1862 E. Farmdale, Mesa, Arizona 85204**

Estate of Rubert Madera c/o Bert Madera, P.O. Box 2795, Ruidoso, NM 88335  
**Bert Madera P.O. Box 2795, Ruidoso, NM 88335**  
**Mildred Maxine Madera McCall, 1434 Hamblen Rd., Kingwood, TX 77339**  
**Estate of Ruford Madera, 3 Rayos De Luz, Placitas, NM 87043**  
**Pamela Madera, personal representative of the Estate of Ruford F. Madera 3 Rayos De Luz Placitas, NM 87043**

James H. Moomaw, P.O. Box 341, Tremonton, UT 84337  
Michael Fred Madera, P.O. Box 645, La Pine, OR 97739  
Dylan Tarter, P.O. Box 94516, Lubbock, TX 79496  
Tilden Capital, LLCPO Box 470857, Fort Worth, TX 76147  
Ross Duncan Properties, LLCPO Box 647, Artesia, NM 88211-0647  
Panhandle Properties, LLCPO Box 648, Artesia, NM 88211-0648  
Blackbird Royalties, LLC P.O. Box 2670, Roswell, NM 88202

**End of Exhibit**



Matt Solomon  
Senior Landman

Certified Mail No. 91 7199 9991 7038 2029 0704

July 28, 2017

Marlene Nichols  
1106 W. Bell Road, #2143  
Phoenix, AZ 85023

Re: Title Requirement(s)  
Sections 25 and 25, T24S-R34E  
Lea County, NM

To Whom It May Concern:

COG Operating LLC ("COG"), as Operator, plans to develop Sections 24 and 25, T24S-R34E by drilling multiple horizontal wells. COG recently received an updated title opinion covering both sections, and your interest is subject to title requirement(s) number(s) 58, 84. Due to the uncertainties involved with unsatisfied title requirements, if the title requirement(s) regarding your interest are not cured before drilling, COG may apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well at such time. Please find the title requirement(s) affecting your interest attached to this letter. Upon the completion of curing such title requirement(s), please provide any instrument or documentation to the undersigned for review.

Please contact the undersigned at (432) 685-4352 or Megan Flanagan at (432) 685-2588 if you would like to discuss this in more detail. Your prompt attention to this matter is greatly appreciated.

Very truly yours,

**COG Operating LLC**

A handwritten signature in black ink, appearing to read "MS", written over a horizontal line.

Matt Solomon  
Senior Landman  
msolomon@concho.com

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 5  
Submitted by: COG OPERATING, LLC  
July 28, 2017





July 28, 2017

Chevron U.S.A. Inc.  
6001 Bollinger Canyon Road  
San Ramon, CA 94583

**Re: UPDATED Well Proposal – Baseball Cap Federal Com 24H**

Sec 24: W/2 E/2 - T24S-R34E

Sec 25: W/2 E/2 - T24S-R34E

SHL: 360' FSL/ 1980' FEL, or a legal location in Sec 25 (Unit O)

BHL: 200' FNL/ 2310' FEL, or a legal location in Sec 24 (Unit B)

Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the Baseball Cap Federal Com 24H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,912’ and a MD of approximately 23,100’ to test the Wolfcamp Formation (“Operation”). The total cost of the Operation is estimated to be \$12,246,300.00, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 24: W/2 E/2 - T24S-R34E and Sec 25: W/2 E/2 - T24S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided below, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. A self-addressed, postage paid envelope is enclosed for your convenience. If you do not wish to participate, COG proposes to acquire your interest via term assignment. It has the following general provisions:

- 3 year primary term
- Delivering a 75% NRI, proportionately reduced
- \$750 per net acre bonus consideration

The Term Assignment offer terminates October 30, 2017 and is subject to the approval of COG’s management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 685-4352 or Megan Flanagan at (432) 685-2588.

Respectfully,



Matt Solomon  
Senior Landman

\_\_\_\_\_ I/We hereby elect to participate in the Baseball Cap Federal Com 24H.

\_\_\_\_\_ I/We hereby elect not to participate in the Baseball Cap Federal Com 24H.

Company: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_





July 28, 2017

Sandra Phillips  
6936 Private Road 4222  
Gilmer, TX 75644

**Re: UPDATED Well Proposal – Baseball Cap Federal Com 24H**  
Sec 24: W/2 E/2 - T24S-R34E  
Sec 25: W/2 E/2 - T24S-R34E  
SHL: 360' FSL/ 1980' FEL, or a legal location in Sec 25 (Unit O)  
BHL: 200' FNL/ 2310' FEL, or a legal location in Sec 24 (Unit B)  
Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the Baseball Cap Federal Com 24H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,912’ and a MD of approximately 23,100’ to test the Wolfcamp Formation (“Operation”). The total cost of the Operation is estimated to be \$12,246,300.00, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 24: W/2 E/2 - T24S-R34E and Sec 25: W/2 E/2 - T24S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided below, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. A self-addressed, postage paid envelope is enclosed for your convenience. If you do not wish to participate, COG would like to lease your minerals under the following general terms:

- Bonus of \$750 /Net Mineral Acre
- 3 Year Primary Term
- 25% Royalty Interest

The Lease offer is subject to the approval of COG’s management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 685-4352 or Megan Flanagan at (432) 685-2588.

Respectfully,



Matt Solomon  
Senior Landman

\_\_\_\_\_ I/We hereby elect to participate in the Baseball Cap Federal Com 24H.

\_\_\_\_\_ I/We hereby elect ***not*** to participate in the Baseball Cap Federal Com 24H.

Company: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



July 28, 2017

Chevron U.S.A. Inc.  
6001 Bollinger Canyon Road  
San Ramon, CA 94583

**Re: Well Proposal – Baseball Cap Federal Com 26H**

Sec 24: E/2 W/2 - T24S-R34E

Sec 25: E/2 W/2 - T24S-R34E

SHL: 320' FSL/ 1980' FWL, or a legal location in Sec 25 (Unit N)

BHL: 200' FNL/ 1650' FWL, or a legal location in Sec 24 (Unit C)

Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the Baseball Cap Federal Com 26H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,840’ and a MD of approximately 22,770’ to test the Wolfcamp Formation (“Operation”). The total cost of the Operation is estimated to be \$12,642,018.00, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 24: E/2 W/2 - T24S-R34E and Sec 25: E/2 W/2 - T24S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided below, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. A self-addressed, postage paid envelope is enclosed for your convenience. If you do not wish to participate, COG proposes to acquire your interest via term assignment. It has the following general provisions:

- 3 year primary term
- Delivering a 75% NRI, proportionately reduced
- \$750 per net acre bonus consideration

The Term Assignment offer terminates October 30, 2017 and is subject to the approval of COG’s management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 685-4352 or Megan Flanagan at (432) 685-2588.

Respectfully,



Matt Solomon  
Senior Landman

\_\_\_\_\_ I/We hereby elect to participate in the Baseball Cap Federal Com 26H.

\_\_\_\_\_ I/We hereby elect not to participate in the Baseball Cap Federal Com 26H.

Company: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



July 28, 2017

Sandra Phillips  
6936 Private Road 4222  
Gilmer, TX 75644

**Re: UPDATED Well Proposal – Baseball Cap Federal Com 26H**  
Sec 24: E/2 W/2 - T24S-R34E  
Sec 25: E/2 W/2 - T24S-R34E  
SHL: 320' FSL/ 1980' FWL, or a legal location in Sec 25 (Unit N)  
BHL: 200' FNL/ 1650' FWL, or a legal location in Sec 24 (Unit C)  
Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the Baseball Cap Federal Com 26H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,840’ and a MD of approximately 22,770’ to test the Wolfcamp Formation (“Operation”). The total cost of the Operation is estimated to be \$12,642,018.00, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 24: E/2 W/2 - T24S-R34E and Sec 25: E/2 W/2 - T24S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided below, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. A self-addressed, postage paid envelope is enclosed for your convenience. If you do not wish to participate, COG would like to lease your minerals under the following general terms:

- Bonus of \$750 /Net Mineral Acre
- 3 Year Primary Term
- 25% Royalty Interest

The Lease offer is subject to the approval of COG’s management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 685-4352 or Megan Flanagan at (432) 685-2588.

Respectfully,



Matt Solomon  
Senior Landman

\_\_\_\_\_ I/We hereby elect to participate in the Baseball Cap Federal Com 26H.

\_\_\_\_\_ I/We hereby elect **not** to participate in the Baseball Cap Federal Com 26H.

Company: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

October 9, 2017

Commerce First Royalties  
14241 Dallas Parkway, Suite 600  
Dallas, TX 75254  
Attn: Scout Skillman, Vice President of O&G

RE: **Letter of Support for COG Operating LLC**  
Township 24 South, Range 34 East,  
Sections 24 and 25  
Lea County, New Mexico

Mr. Skillman:

COG Operating LLC "COG", currently holds operating and development rights as to the Wolfcamp Formation throughout Sections 24 and 25, TS-R34E, Lea County, New Mexico. COG intends to develop these rights with a series of two miles wells, known as the Baseball Cap Wells. On Thursday, October 12 COG has a hearing before the NMOCD to force pool interests that will comprise the spacing units/project areas for the Baseball Cap Federal Com 24H and the Baseball Cap Federal Com 26H wells.

Our application for forced pooling is contested by OneEnergy Partners, LLC. It is also challenging COG by filing APDs to drill one mile wells in Section 25 only. Again, COG's plan is for two mile laterals that traverse Sections 24 and 25. This plan should prevent unnecessary drilling, protect correlative rights, prevent waste of reserves, and prevent stranding of acreage.

Commerce First Royalties ("Commerce") as owner of those certain operating rights located within Section 24 as to the Wolfcamp Formation will be affected by the results of this NMOCD hearing. Commerce hereby supports COG's Horizontal Development of this section.

Commerce indicates its support for COG in Case Nos. 15830 and 15831 by signing below and returning its support letter to COG for its use at hearing before the NMOCD.

Respectfully,

X In support of COG in Case Nos. 15830 and 15831

COG Operating LLC

Commerce First Royalties

Matt Solomon  
Staff Landman

By: *MS* *Scout Skillman, President*

Date: *10-10-17*

BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico

Exhibit No. 8

Submitted by: COG OPERATING, LLC

Hearing Date: October 26, 2017





October 9, 2017

COG Operating, LLC  
One Concho Center  
600 West Illinois Ave.  
Midland, TX 79701  
Attn: Matt Solomon

RE: For the interest of John A. Yates individually and/or Vladin, LLC and Trust Q U/W/O Peggy A. Yates dated 11/20/1989.  
**Letter of Support for Horizontal Development**  
COG's well proposal: Baseball Cap Federal Com 26H  
E/2W/2, Section 24, AND E/2W/2, Section 25, T24-R34E  
Lea County NM, Wolfbone Pool, 2 mi. horizontal

Mr. Solomon:

John A. Yates, and/or Vladin, LLC, and Trust Q U/W/O Peggy A. Yates deceased ("Yates") currently holds operating and development rights as to the Wolfbone Pool in portions of the above described lands. It is Yates belief that the horizontal development proposed by COG Operating, LLC ("COG") by virtue of the Baseball Cap Federal Com 26H well and other wells will more effectively develop the captioned lands and lands within the referenced sections rather than a lesser ambitious development by OneEnergy Partners, LLC for this area. Yates believes the COG plan is the best plan as it prevents unnecessary drilling, protects correlative rights, prevents waste of reserves, and prevents stranding of acreage.

Yates as owner of those certain operating rights located within the sections named above will be affected by development of this section. Yates indicates its support of COG's horizontal development of its operating and correlative rights of theses sections named above and submitting this support letter to COG for its use at hearing before the NMOCD.

If you have questions my direct phone number is (575) 736-8572 and my email address is [jimb@yatesholdings.com](mailto:jimb@yatesholdings.com).

Sincerely,

Jim Ball  
Landman

JB/

October 9, 2017

MECO IV, LLC  
1200 17<sup>th</sup> Street  
Denver, CO 80202  
Attn: Jennifer Smith, Land Manager

RE: **Letter of Support for COG Operating LLC**  
Township 24 South, Range 34 East,  
Sections 24 and 25  
Lea County, New Mexico

Ms. Smith:

COG Operating LLC "COG", currently holds operating and development rights to the Wolfcamp Formation throughout Sections 24 and 25, TS-R34E, Lea County, New Mexico. COG intends to develop these rights with a series of two miles wells, known as the Baseball Cap Wells. On Thursday, October 12 COG has a hearing before the NMOCD to force pool interests that will comprise the spacing units/project areas for the Baseball Cap Federal Com 24H and the Baseball Cap Federal Com 26H wells.

Our application for forced pooling is contested by OneEnergy Partners, LLC. It is also challenging COG by filing APDs to drill one mile wells in Section 25 only. Again, COG's plan is for two mile laterals that traverse Sections 24 and 25. This plan should prevent unnecessary drilling, protect correlative rights, prevent waste of reserves, and prevent stranding of acreage.

MECO IV, LLC ("MECO") as owner of those certain operating rights located within Section 24 to the Wolfcamp Formation will be affected by the results of this NMOCD hearing. MECO indicates its support for COG in Case Nos. 15830 and 15831 by signing below and returning its support letter to COG for its use at hearing before the NMOCD.

Respectfully,

 In support of COG in Case Nos. 15830 and 15831

COG Operating LLC

MECO IV, LLC

Matt Solomon  
Staff Landman

By: 

Date: 10/11/17

**COG OPERATING LLC  
AUTHORITY FOR EXPENDITURE  
DRILLING**

WELL NAME: Baseball Cap Federal Com 24H	PROSPECT NAME: Top Hat & UWC no PH 2M
SHL: Section 25: 360' FSL & 1980' FEL	STATE & COUNTY: New Mexico, Lea
BHL: Section 24: 200' FNL & 2310' FEL	OBJECTIVE: Drill and Complete
FORMATION: Wolfcamp	DEPTH: 23,100
LEGAL: 25-24S-34E	TVD: 12,912

INTANGIBLE COSTS	Drig - Rig Release(D)	Completion(C)	Tank Btly. Constrcn(TB)	Pmng. Equipment(PEQ)	TOTAL
Title/Cursive/Permit	201 11,000				11,000
Insurance	202 4,000	302			4,000
Damages/Right of Way	203 5,000	303	381		5,000
Survey/State Location	204 6,000		352		6,000
Location/Plat/Road Expense	205 120,000	305 10,000	353 65,000	366	215,000
Drilling / Completion Overhead	206 11,100	306			11,100
Turnkey Contract	207 0	307			0
Footage Contract	208 0	308			0
Daywork Contract	209 697,000	309			697,000
Directional Drilling Services	210 303,000	310			303,000
Fuel & Power	211 148,000	311 5,000	354	367	153,000
Water	212 90,000	312 843,000		368	903,000
Bits	213 120,000	313 4,500		369	124,500
Mud & Chemicals	214 160,000	314 25,000		370	185,000
Drill Stem Test	215 0	315			0
Coring & Analysis	216 0				0
Cement Surface	217 28,000				28,000
Cement Intermediate	218 45,000				45,000
Cement 2nd Intermediate/Production	219 80,000				80,000
Cement Squeeze & Other (Kickoff Plug)	220 110,000			371	110,000
Float Equipment & Centralizers	221 22,000				22,000
Casing Crews & Equipment	222 50,000				50,000
Fishing Tools & Service	223 0	323		372	0
Geologic/Engineering	224 0	324	355	373	0
Contract Labor	225 5,500	325 8,200	356 81,000	374 5,000	99,700
Company Supervision	226 66,600	326 36,000	357	375	96,600
Contract Supervision	227 108,000	327 128,000	358	376 2,600	238,600
Testing Casing/Tubing	228 20,000	328 10,000		377	30,000
Mud Logging Unit	229 43,000	329			43,000
Logging	230 0			378	0
Perforating/Wireline Services	231 4,000	331 408,000		379	410,000
Simulation/Treating		332 3,609,000		380	3,609,000
Completion Unit		333 138,000		381 7,700	145,700
Swabbing Unit		334		382	0
Rentals-Surface	235 190,000	335 315,000	359	383 6,600	511,600
Rentals-Subsurface	236 150,000	336 75,000		384	225,000
Trucking/Port/Hrt/Rig Mobilization	237 120,000	337 20,000	360	385 8,000	148,000
Welding Services	238 4,000	338 5,000	361	386	9,000
Water Disposal	239 0	339 80,000	362 135,000	387	195,000
Plug to Abandon	240 0	340			0
Seismic Analysis	241 0	341			0
Miscellaneous	242 0	342		389	0
Contingency	243 54,000	343 260,000	363	390	304,000
Closed Loop & Environmental	244 275,000	344 5,000	364	388	280,000
Coil Tubing		346 440,000			440,000
Flowback Crews & Equip		347 98,000			98,000
Offset Directional/Frac	248 0	348			0
<b>TOTAL INTANGIBLES</b>	<b>3,020,200</b>	<b>6,485,700</b>	<b>301,000</b>	<b>29,800</b>	<b>9,836,700</b>
<b>TANGIBLE COSTS</b>					
Surface Casing	401 128,000				128,000
Intermediate Casing	402 784,000				784,000
Production Casing/Liner	403 481,000				481,000
Tubing		504 47,300		530	47,300
Wellhead Equipment	405 65,000	505 22,000		531 5,500	92,500
Pumping Unit				506 111,000	111,000
Prime Mover				507 0	0
Rods				508 49,500	49,500
Pumps-Sub Surface (BH)		509		532 8,500	8,500
Tanks			510 55,000		55,000
Flowlines			511 126,500		126,500
Heater Treater/Separator			512 109,000		109,000
Electrical System			513 103,000	533	103,000
Packers/Anchors/Hangers	414 0	514 8,000		534 2,000	8,000
Couplings/Fittings/Valves	415 0		515 184,000		184,000
Dehydration			517		0
Injection Plant/CO2 Equipment			518		0
Pumps-Surface			521 18,400		18,400
Instrumentation/SCADA/PLC			522	529 4,400	4,400
Miscellaneous	419 0	519	523	535	0
Contingency	420 0	520	524	536 2,000	2,000
Meters/LACT			525 32,500		32,500
Flares/Combustors/Emission			526 37,000		37,000
Gas Lift/Compression		527 15,000	516 35,000	528	50,000
<b>TOTAL TANGIBLES</b>	<b>1,438,000</b>	<b>80,200</b>	<b>700,400</b>	<b>180,900</b>	<b>2,409,500</b>
<b>TOTAL WELL COSTS</b>	<b>4,458,200</b>	<b>6,576,000</b>	<b>1,001,400</b>	<b>219,700</b>	<b>12,246,300</b>

COG Operating LLC % of Total Well Cost

36% 54% 8% 2%

We approve: \_\_\_\_\_  
% Working Interest

Company: \_\_\_\_\_  
By: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

COG Operating LLC

By: PWS (for proposal) 7/5/17

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

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 9  
Submitted by: COG OPERATING, LLC  
Hearing Date: October 26 2017



**COG OPERATING LLC  
AUTHORITY FOR EXPENDITURE  
DRILLING**

<b>WELL NAME:</b> BASEBALL CAP FEDERAL COM #26H	<b>PROSPECT NAME:</b> BULLDOG 2434 (717040)
<b>SHL:</b> SEC 25: 320 FSL & 1980' FWL	<b>STATE &amp; COUNTY:</b> New Mexico, Lea
<b>BHL:</b> SEC 24: 200' FNL & 1650' FWL	<b>OBJECTIVE:</b> DRILL & COMPLETE
<b>FORMATION:</b> WOLFCAMP	<b>DEPTH:</b> 22,770
<b>LEGAL:</b> 25-24S-34E	<b>TVD:</b> 12,840

	Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL
<b>INTANGIBLE COSTS</b>					
Title/Curative/Permit	201 11,000				11,000
Insurance	202 4,000	302			4,000
Damages/Right of Way	203 5,000	303	351		5,000
Survey/State Location	204 8,000		352		8,000
Location/Pits/Road Expense	205 120,000	305 53,648	353 145,000	368	318,648
Drilling / Completion Overhead	208 11,100	306			11,100
Turnkey Contract	207 0	307			0
Footage Contract	208 0	308			0
Daywork Contract	209 697,000	309			697,000
Directional Drilling Services	210 303,000	310			303,000
Fuel & Power	211 148,000	311 5,000	354	367	153,000
Water	212 80,000	312 843,000		368	903,000
Bits	213 120,000	313 4,500		369	124,500
Mud & Chemicals	214 160,000	314 25,000		370	185,000
Drill Stem Test	215 0	315			0
Coring & Analysis	216 0				0
Cement Surface	217 28,000				28,000
Cement Intermediate	218 45,000				45,000
Cement 2nd Intermediate/Production	219 88,000				88,000
Cement Squeezes & Other (Kickoff Plug)	220 118,000			371	118,000
Floot Equipment & Centralizers	221 22,000				22,000
Casing Crews & Equipment	222 50,000				50,000
Fishing Tools & Service	223 0	323		372	0
Geologic/Engineering	224 0	324	355		0
Contract Labor	225 5,500	325 8,200	356 85,000	374	98,700
Company Supervision	226 66,500	326 30,000	357	375	96,500
Contract Supervision	227 108,000	327 125,000	358	376 5,900	238,000
Testing Casing/Tubing	228 20,000	328 10,000		377	30,000
Mud Logging Unit	229 43,000	329			43,000
Logging	230 0			378	0
Perforating/Wireline Services	231 4,000	331 490,000		379	494,000
Stimulation/Treating		332 4,050,000		380	4,050,000
Completion Unit		333 138,600		381 7,900	145,000
Swabbing Unit		334		382	0
Rentals-Surface	235 190,000	335 315,000	359	383 6,900	511,000
Rentals-Subsurface	236 150,000	336 75,000		384	225,000
Trucking/Forklift/Rig Mobilization	237 120,000	337 20,000	360	385 5,000	145,000
Welding Services	238 4,000	338 5,000	361	386	9,000
Water Disposal	239 0	339 60,000	382 90,000	387	150,000
Plug to Abandon	240 0	340			0
Seismic Analysis	241 0	341			0
Miscellaneous	242 0	342		389	0
Contingency	243 54,000	343 100,000	383	390	154,000
Closed Loop & Environmental	244 275,000	344 5,988	384	388	280,000
Coil Tubing		346 300,000			300,000
Flowback Crews & Equip		347 98,000			98,000
Offset Directional/Frac	248	348			0
<b>TOTAL INTANGIBLES</b>	<b>3,020,200</b>	<b>6,786,348</b>	<b>320,000</b>	<b>23,000</b>	<b>10,123,548</b>
<b>TANGIBLE COSTS</b>					
Surface Casing	401 128,000				128,000
Intermediate Casing	402 784,000				784,000
Production Casing/Liner	403 447,000				447,000
Tubing		504 43,000		530	43,000
Wellhead Equipment	405 65,000	505 20,000		531 3,000	88,000
Pumping Unit				506 100,470	100,470
Prime Mover				507	0
Rods				508 45,000	45,000
Pumps-Sub Surface (BH)		509		532 8,000	8,000
Tanks			510 75,000		75,000
Flowlines			511 150,000		150,000
Heater Treater/Separator			512 115,000		115,000
Electcnal System			513 80,900	533	80,900
Packers/Anchors/Hangers	414	514 8,000		534	8,000
Couplings/Fittings/Valves	415		515 230,000		230,000
Dehydration			517		0
Injection Plant/CO2 Equipment			518		0
Pumps-Surface			521 25,000		25,000
Instrumentation/SCADA/POC			522	529 4,000	4,000
Miscellaneous	419	519	523	535	0
Contingency	420	530	524	536	0
Meters/LACT			525 75,000		75,000
Flares/Combustors/Emission			526 55,000		55,000
Gas Lift/Compression		527 15,000	516 45,000	528	80,000
<b>TOTAL TANGIBLES</b>	<b>1,424,000</b>	<b>84,000</b>	<b>850,000</b>	<b>160,470</b>	<b>2,518,470</b>
<b>TOTAL WELL COSTS</b>	<b>4,444,200</b>	<b>6,844,348</b>	<b>1,170,000</b>	<b>183,470</b>	<b>12,642,818</b>

COG Operating LLC % of Total Well Cost

35% 54% 9% 1%

Date Prepared: 1/16/2016

COG Operating LLC

We approve:  
% Working Interest

By: TDS (DRLG)

Company:

By:

Printed Name:

Title:

Date:

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





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

September 8, 2017

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.**  
**Baseball Cap Federal Com No. 24H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 28, 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 Matt Solomon, at (432) 685-4352 or MSolomon@concho.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordan L. Kessler".

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

## Baseball Cap 24H Case No. 15830 - Pooled Parties (96)

Estate of Malcolm R. Madera  
187 George Strait  
Canyon Lake, TX 78133-2153

Estate of Mercedes A. Crook  
2716 E. 2nd Street  
Mesa, AZ 85213

Estate of Neal King  
2510 Saratoga Drive  
Austin, TX 78733

Jean Coulter Clark Revocable  
Trust Agreement dated September 6, 1996  
406 N. Church Street  
Fayette, MO 65248

Eleanor Howard Coulter  
406 N. Church Street  
Fayette, MO 65248

Jean Coulter Clark  
406 N. Church Street  
Fayette, MO 65248

Estate of Lanier D. Crook  
2716 E. 2nd Street  
Mesa, AZ 85213

Dorothy Julia Doran as Trustee to  
Dorothy Ann Doran  
10937 W. 59th Ave  
Arvada, CO 80004

Rebecca King Goldsmith  
100004 Echo Hills Ct.  
Austin, TX 78717

Bradley S. Bates  
101 Blackberry Ct.  
Midland, TX 79705

David Puckett



106 South Friou Street  
Houston, TX 75657

Marc Schuman  
10627 Pictured Rocks Drive  
Peyton, CO 80831

Kenneth M. Cobb, as Trustee of  
the Cobb Family Trust  
1202 Cherrywood Ct. Allen,  
TX 75002

Katherine Madera  
1202 Cherrywood Ct. Allen,  
TX 75002

Commerce First Royalties, LLC  
14241 Dallas Parkway, Suite 600  
Dallas, TX 75254

Mildred Maxine Madera McCall  
1434 Hamblen Rd.  
Kingwood, TX 77339

Ronald G. Koehler  
16262 Chesnut Circle  
Brainerd, MN 56401

Estate of William Lanier Bishop  
1656 Palm Ave.  
Redwood City, CA 94061

Benjamin F. Crook  
1837 N. Valleyview  
Wichita, KS 67212

Mary Jack Johnson  
1855 Garland Lane  
Boulder, CO 80304

Estate of Robert Burns Daley  
1862 E. Farmdale  
Mesa, Arizona 85204

Lela Ellen Madera  
187 George Straight

Canyon Lake, TX 78133

Rebecca Hunter  
1903 Briarpark Drive  
Houston, TX 77042

Edwin W. Daley  
1924 Pine Tree Drive Prescott,  
Arizona 86303

Charlotte W. Schuman and Karlyn S.  
Schuman, Co-Trustees of the Charlotte  
W. Schuman Trust of October 5, 1988  
2121 S. Yorktown #305  
Tulsa, OK 74114

Andrew Witten Family 2015 Trust  
23 Bergen Street  
Brooklyn, NY 11201

Elizabeth Witten Family 2015 Trust  
23 Bergen Street  
Brooklyn, NY 11201

Judith Witten Family 2015 Trust  
23 Bergen Street  
Brooklyn, NY 11201

Daniel M. Crook  
2302 R Street SE, #100  
Auburn, WA 98002

Duane R. Daley  
2407 E Inverness Ave Mesa,  
AZ 85204-7002

Frederick Tilmon King  
2510 Saratoga Drive  
Austin, TX 78733

Mary M. Johnson  
2716 E. 2nd St.  
Mesa, AZ 85213

OneEnergy Partners Operating, LLC  
2929 Allen Parkway, Suite 200

Houston, TX 77019

Pamela Madera, as Trustee of The  
Madera Trust, U/A dated July 20, 2016  
3 Rayos De Luz  
Placitas, NM 87043

Estate of Ruford Madera  
3 Rayos De Luz  
Placitas, NM 87043

Pamela Madera, personal representative  
of the Estate of Ruford F. Madera  
3 Rayos De Luz  
Placitas, NM 87043

Clay Sanford King  
3435 Walnut Bend Lane, Apt. 3202  
McAllen, TX 78504

Daniel P. Schuman and Vida K. Schuman,  
as Co-Trustees of the Daniel P. and Vida K.  
Schuman Revocable Trust dated April 16, 2014  
3818 South Florence Place  
Tulsa, OK 74105

MidCon Land Services, LLC  
4401 South Lewis Place  
Tulsa, OK 74105

Justin Nine  
4414 10th Street  
Lubbock, TX 79416

Energex, LLC  
4425 98th St., Ste. 200  
Lubbock, TX 79424

Tim Lilley  
4425 98th Street, Suite 200  
Lubbock, TX 79424

Marc Lilley  
4425 98th Street, Suite 200  
Lubbock, TX 79424

Lisa Lilley  
4425 98th Street, Suite 200  
Lubbock, TX 79424

AE&J Royalties, LLC, a New Mexico  
limited liability company  
460 St. Michael's Dr., Bldg. 300  
Santa Fe, NM 87505

Clifton Forrest King  
4800 North 10th St., Ste. D  
McAllen, TX 78504

Black Mountain Operating, LLC  
500 Main St., Suite 1200  
Fort Worth, TX 76102

MRC Permian LKE Company, LLC  
5400 LBJ Freeway, Ste 1500  
Dallas, TX 75240

MRC Permian Company  
5400 LBJ Freeway, Ste 1500  
Dallas, TX 75240

EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706

Marathon Oil Permian LLC  
5555 San Felipe Street  
Houston, TX 77056

Liessa Schuman  
5777 Carell Ave  
Agoura Hills, CA 91301-2128

Chevron U.S.A. Inc.  
6001 Bollinger Canyon Road  
San Ramon, CA 94583

Brogo Minerals, LLC, a Texas  
limited liability company  
6100 Cedar Springs Road, Suite 200  
Dallas, TX 75235

Estate of Alta Brasfield  
627 Lemon Street  
Tempe, AZ 85281

Matthew Schuman  
789 Horatio Blvd  
Buffalo Grove, IL 60089-6416

Estate of Veiva Daley  
805 Lemon Street  
Tempe, AZ 85281

Shawna Dee Lawrence  
815 N. 2nd  
St.Dardanelle, AR 78234

Estate of Olivia H. Birchett  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

First Interstate Bank of Arizona, N.A., as Trustee for Jonatte Strand  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Herbert R. Roberts  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Rhoda Jene Kennedy fka Rhoda Jene Strand  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Linda Jeffrey  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

James H. Roberts  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Lori Mehr  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Joseph W. Birchett  
8601 N. Scottsdale Road

Scottsdale, AZ 85253

Ruth L. Theiss, Trust Office of  
First Interstate Bank of Arizona,  
N.A., as Personal Representative of  
the Estate of Olivia H. Birchett C/O  
Trust Department  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Inspire AOG Partners, Ltd.  
P. O. Box 10249  
Midland, TX 79702

New Mexico Department of Transportation  
P.O. Box 1149  
Santa Fe, NM 87504-1149

Diane Lee Bishop  
P.O. Box 2134 Folsom,  
CA 95763-2134

Estate of Rubert Madera c/o Bert Madera  
P.O. Box 2795  
Ruidoso, NM 88335

Bert Madera  
P.O. Box 2795  
Ruidoso, NM 88335

James H. Moomaw  
P.O. Box 341  
Tremonton, UT 84337

Katherine Ross Madera Sharbutt  
P.O. Box 443  
Manhattan, MT 59741

5588 Oil, LLC  
P.O. Box 470925  
Fort Worth, TX 76107

Mavros Minerals, LLC  
P.O. Box 50820  
Midland, TX 79710

Oak Valley Mineral and Land, LP  
P.O. Box 50820  
Midland, TX 79710

CEP Minerals, LLC  
P.O. Box 50820  
Midland, TX 79710

Michael Fred Madera  
P.O. Box 645  
La Pine, OR 97739

Dylan Tarter  
P.O. Box 94516  
Lubbock, TX 79496

Northwest Bank New Mexico, N.A., successor in  
interest to United New Mexico Trust Company,  
in its capacity as Trustee of the Malcolm Madera Revocable  
Trust under Trust Agreement dated August 8, 1984  
PO Box 2468  
Roswell, NM 88202-2468

Tilden Capital, LLC  
PO Box 470857  
Fort Worth, TX 76147

Ross Duncan Properties, LLC  
PO Box 647  
Artesia, NM 88211-0647

Panhandle Properties, LLC  
PO Box 648  
Artesia, NM 88211-0648

**ADDITIONAL**

Blackbird Royalties, LLC  
P.O. Box 2670  
Roswell, NM 88202

Rolla R. Hinkle, III  
P.O. Box 2292  
Roswell, NM 88202-2292

Madison M. Hinkle  
P.O. Box 2292

Roswell, NM 88202-2292  
Bobbie Dorner  
1944 SE Marion St  
Portland, OR 97202-7354

Marlene Nichols  
1106 W. Bell Road, #2143  
Phoenix, AZ 85023

Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252

Viva Krause C/O Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252

Patricia Getty  
7416 Gladys St.  
Lone Oak, TX 75453

Sandra Phillips  
6936 Private Road 4222  
Gilmer, TX 75644

Shannon Daley aka Shannon D. Earl  
19248 N. 13th Place  
Phoenix, AZ 85024-2353

Stacey Boelkens aka Stacy Alexander  
2964 W. Huntsville Ave., Suite G  
Springdale, AR 72762

Sara Louise Strand  
5327 Penn Avenue  
Brooklyn Center, MN



7017 1450 0002 1697 7063

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

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

For delivery information, visit **OFFIC**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent to  
 Estate of Malcolm R. Madera  
 187 George Strait  
 Canyon Lake, TX 78133-2153  
 City, St

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

**U.S. MAIL**  
 SENDER: COMPLETE THIS SECTION DELIVERED TO ADDRESSEE

■ 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:  
 Estate of Malcolm R. Madera  
 187 George Strait  
 Canyon Lake, TX 78133-2153

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7063

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)  
 Robert A. Hinson  
 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 0002 1697 7070

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit **OFFIC**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total P \$  
 Sent to  
 Estate of Mercedes A. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213  
 City, St

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

**U.S. MAIL**  
 SENDER: COMPLETE THIS SECTION DELIVERED TO ADDRESSEE

■ 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:  
 Estate of Mercedes A. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7070

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)  
 KELCY P KILGERSAM  
 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 0002 1697 7087

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

COG Baseball Cap 24H Case No. 15830

for delivery information, visit [usps.com](http://usps.com)

**OFFICIAL**

Certified Mail Fee \$ 3.35

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** \$

Sent to **Estate of Neal King**  
 2510 Saratoga Drive  
 Austin, TX 78733

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions


**CERTIFIED MAIL**

SEARCH FOR 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:**

Estate of Neal King  
 2510 Saratoga Drive  
 Austin, TX 78733

  
 9590 9402 3164 7166 5157 64

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1697 7087

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

**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

**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**

7017 1450 0002 1697 7094

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

COG Baseball Cap 24H Case No. 15830

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL**

Certified Mail Fee \$ 3.35

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 Post** \$

Sent to **Jean Coulter Clark Revocable Trust Agreement dated September 6, 1996**  
 406 N. Church Street  
 Fayette, MO 65248

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions


**CERTIFIED MAIL**

SEARCH FOR 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:**

Jean Coulter Clark Revocable Trust Agreement dated September 6, 1996  
 406 N. Church Street  
 Fayette, MO 65248

  
 9590 9402 3164 7166 5157 57

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1697 7094

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

**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

**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**

7017 1450 0002 1697 7193

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 24H Case No. 15830

For delivery information, **OFFICIAL MAIL**

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Sent to \_\_\_\_\_

Street Eleanor Howard Coulter  
406 N. Church Street  
City, St Fayette, MO 65248

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER COMPLETE**

1. Article Addressed to:  
 Eleanor Howard Coulter  
 406 N. Church Street  
 Fayette, MO 65248

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7193

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

**DELIVERY**

A. Signature *Eleanor Howard Coulter*  Agent  Addressee

B. Received by (Printed Name) *W D CLARK* C. Date of Delivery \_\_\_\_\_

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

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

Adult Signature  Certified Mail®  Certified Mail Restricted Delivery  Collect on Delivery  Collect on Delivery Restricted Delivery

9590 9402 3164 7166 2882 93

7017 1450 0002 1697 7186

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 24H Case No. 15830 Pooled Parties

For delivery information, **OFFICIAL MAIL**

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Sent to \_\_\_\_\_

Street Jean Coulter Clark  
406 N. Church Street  
City, St Fayette, MO 65248

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER COMPLETE**

1. Article Addressed to:  
 Jean Coulter Clark  
 406 N. Church Street  
 Fayette, MO 65248

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7186

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

**DELIVERY**

A. Signature *Eleanor Howard Coulter*  Agent  Addressee

B. Received by (Printed Name) *W D CLARK* C. Date of Delivery \_\_\_\_\_

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

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

Adult Signature  Certified Mail®  Certified Mail Restricted Delivery  Collect on Delivery  Collect on Delivery Restricted Delivery

9590 9402 3164 7166 2886 06

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

For delivery information, visit **OFFICIAL**

COG Baseball Cap 24H Case  
 No. 15880

Certified Mail Fee  
 \$ 335

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 270  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage  
 \$

**Total P**  
 \$

Sent to  
 Estate of Lanier D. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213

Street  
 City, S.

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**RECEIVED 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:  
 Estate of Lanier D. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213

Barcode: 9590 9402 3164 7166 2885 90

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7179

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

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

A. Signature  
 X Kelly P. Kilber  Agent  Addressee

B. Received by (Printed Name)  
 KELLY P. KILBER

C. Date of Delivery  
 SEP 15 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

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

For delivery information, visit **OFFICIAL**

COG Baseball Cap 24H Case  
 Case No. 15830

Certified Mail Fee  
 \$ 335

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 270  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage  
 \$

**Total P**  
 \$

Sent to  
 Dorothy Julia Doran as Trustee  
 to Dorothy Ann Doran  
 10937 W. 59th Ave  
 Arvada, CO 80004

Street  
 City, S.

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**RECEIVED 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:  
 Dorothy Julia Doran as Trustee  
 to Dorothy Ann Doran  
 10937 W. 59th Ave  
 Arvada, CO 80004

Barcode: 9590 9402 3164 7166 2885 83

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7162

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

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

A. Signature  
 X Dorothy Doran  Agent  Addressee

B. Received by (Printed Name)  
 DOROTHY DORAN

C. Date of Delivery  
 SEP 15 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 0002 1697 7155

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

COG Baseball Cap 24H Case  
 No. 15830  
 For delivery information, visit [Posted Parties](#)

**OFFICIAL USE**

Certified Mail Fee  
 \$ 335

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

Return Receipt (hardcopy) \$ 270

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Postmark  
 Here

Rebecca King Goldsmith  
 100004 Echo Hills Ct.  
 Austin, TX 78717

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

7017 1450 0002 1697 7148

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

COG Baseball Cap 24H  
 Case No. 15830  
 For delivery information, visit [Posted Parties](#)

**OFFICIAL USE**

Certified Mail Fee  
 \$ 335

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

Return Receipt (hardcopy) \$ 270

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Total Postage  
 \$ \_\_\_\_\_

Sent To  
 Street or  
 City, State

Bradley S. Bates  
 101 Blackberry Ct.  
 Midland, TX 79705

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

7017 1450 0002 1697 7131

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

COG Baseball Cap 24H Case No. 15830

For delivery information:

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$

**Total** \$

Sent to: David Puckett  
 106 South Friou Street  
 Houston, TX 75657

City: Houston, TX

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER, COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 David Puckett  
 106 South Friou Street  
 Houston, TX 75657

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7131

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 *Elisabeth L Puckett*  Agent  Addressee  
 B. Received by (Printed Name):  
 C. Date of Delivery: 9/11/17  
 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 0002 1697 7124

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

COG Baseball Cap 24H Case No. 15830

For delivery information:

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$

**Total** \$

Sent to: Marc Schuman  
 10627 Pictured Rocks Drive  
 Peyton, CO 80831

City: Peyton, CO

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER, COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Marc Schuman  
 10627 Pictured Rocks Drive  
 Peyton, CO 80831

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 7124

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 *Marc Schuman*  Agent  Addressee  
 B. Received by (Printed Name): MARC SCHUMAN  
 C. Date of Delivery: 9/11/17  
 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 0002 1697 7117

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case

For delivery information, visit [usps.com](http://usps.com)  
No. 15830

## OFFICE

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here

Postage \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To  
Street and  
City, State

Kenneth M. Cobb, as Trustee  
of the Cobb Family Trust  
1202 Cherrywood Ct.  
Allen, TX 75002

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

### CERTIFIED MAIL

SENDER: COMPLETE THIS SIDE

- 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:

Kenneth M. Cobb, as Trustee  
of the Cobb Family Trust  
1202 Cherrywood Ct.  
Allen, TX 75002



9590 9402 3164 7166 2885 38

2. Article Number (Transfer from service label)

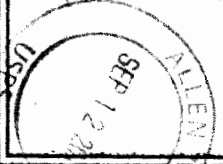
7017 1450 0002 1697 7117

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

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

Domestic Return Receipt

7017 1450 0002 1697 7100

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case No. 15830

For delivery information, visit [usps.com](http://usps.com)

## OFFICE

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here

Postage \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To  
Street and  
City, State

Katherine Madera  
1202 Cherrywood Ct.  
Allen, TX 75002

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

### CERTIFIED MAIL

SENDER: COMPLETE THIS SIDE

- 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:

Katherine Madera  
1202 Cherrywood Ct.  
Allen, TX 75002



9590 9402 3164 7166 2885 21

2. Article Number (Transfer from service label)

7017 1450 0002 1697 7100

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

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

Domestic Return Receipt



**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 24H Case  
 No. 15830  
 For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Sent To  
 Commerce First Royalties, LLC  
 14241 Dallas Parkway, Suite 600  
 Dallas, TX 75254

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 COG Baseball Cap 24H Case  
 No. 15830  
 For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Paid \$ \_\_\_\_\_

Sent To  
 Mildred Maxine Madera  
 McCall  
 1434 Hamblen Rd.  
 Kingwood, TX 77339

City, State, ZIP+4® \_\_\_\_\_

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

**CERTIFIED MAIL**

SENDER COMPLETE 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  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
 T. PIAZZA

C. Date of Delivery  
 9-12-2017

1. Article Addressed to:  
 Commerce First Royalties, LLC  
 14241 Dallas Parkway, Suite 600  
 Dallas, TX 75254

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

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

2. Barcode: 7017 1450 0002 1697 6516  
 Restricted Delivery

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

7017 1450 0002 1697 6530

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

COG Baseball Cap 24H Case  
 No. 15830

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

**OFFICIAL MAIL**

Certified Mail Fee \$ 33.5

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

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Pos** \$ \_\_\_\_\_

Sent To  
 Street and \_\_\_\_\_  
 City, State \_\_\_\_\_

Ronald G. Koehler  
 16262 Chesnut Circle  
 Brainerd, MN 56401

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

**CERTIFIED MAIL**

SENDER'S ADDRESS (Print or type name and address on the reverse of this card)

COMPLETE THESE ITEMS

1. Article Addressed to:

Ronald G. Koehler  
 16262 Chesnut Circle  
 Brainerd, MN 56401

2. Article Number (Transfer from service label)

9590 9402 3164 7166 2884 77

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 [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: \_\_\_\_\_

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

7017 1450 0002 1697 6547

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

COG Baseball Cap 24H Case  
 No. 15830

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

**OFFICIAL MAIL**

Certified Mail Fee \$ 33.5

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

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Sent To  
 Street \_\_\_\_\_  
 City, State \_\_\_\_\_

Estate of William Lanier  
 Bishop  
 1656 Palm Ave.  
 Redwood City, CA 94061

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

7017 1450 0002 1697 6554

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

COG Baseball Cap 24H Case  
No. 15830

For delivery information, visit [usps.com](http://usps.com)

OFFICIAL

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postmark Here

Postage \$

Total \$

Sent \$

Street

City, State

Benjamin F. Crook  
1837 N. Valleyview  
Wichita, KS 67212

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

See Reverse for Instructions

SENDER: COMPLETE

**CERTIFIED MAIL**  
FIRST CLASS PERMIT NO. 100 WICHITA, KS 67202

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:

Benjamin F. Crook  
1837 N. Valleyview  
Wichita, KS 67212



9590 9402 3164 7166 2884 53

2. Article Number (Transfer from service label)

7017 1450 0002 1697 6554

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

A. Signature

*Ben Crook*

Agent  
 Addressee

B. Received by (Printed Name)

Ben Crook

C. Date of Delivery

9/11/14

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

3. Service Type

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

Restricted Delivery

(over stub)

Domestic Return Receipt

7017 1450 0002 1697 6561

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

COG Baseball Cap 24H Case  
No. 15830

For delivery information, visit [usps.com](http://usps.com)

OFFICIAL

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postmark Here

Postage \$

Total \$

Sent \$

Street

City, State

Mary Jack Johnson  
1855 Garland Lane  
Boulder, CO 80304

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

See Reverse for Instructions

SENDER: COMPLETE

**CERTIFIED MAIL**  
FIRST CLASS PERMIT NO. 100 WICHITA, KS 67202

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:

Mary Jack Johnson  
1855 Garland Lane  
Boulder, CO 80304



9590 9402 3164 7166 2884 46

2. Article Number (Transfer from service label)

7017 1450 0002 1697 6561

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

A. Signature

*Mary Jack Johnson*

Agent  
 Addressee

B. Received by (Printed Name)

MARY JACK JOHNSON

C. Date of Delivery

9/11/17

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

Restricted Delivery

Domestic Return Receipt

7017 1450 0002 1697 6578

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit **OFFICIAL** Postmark Here

Certified Mail Fee \$ 33.50

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 \$

Sent \$

Street Estate of Robert Burns Daley  
 1862 E. Farmdale  
 Mesa, Arizona 85204

City, State, ZIP+4®

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

RETURNED

7017 1450 0002 1697 6578

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit **OFFICIAL** Postmark Here

Certified Mail Fee \$ 33.50

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 \$

Sent \$

Street Lela Ellen Madera  
 187 George Straight  
 Canyon Lake, TX 78133

City, State, ZIP+4®

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:

Lela Ellen Madera  
 187 George Straight  
 Canyon Lake, TX 78133

2. 7017 1450 0002 1697 6578 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 Robert A. Harrison  Agent  Addressee

B. Received by (Printed Name) Robert A. Harrison

C. Date of Delivery

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

Barcode: 9590 9402 3164 7166 2884 22

7017 1450 0002 1697 6592

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*Domestic Mail Only*

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.35

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

Return Receipt (hardcopy) \$ 2.11

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Sent to: Rebecca Hunter  
 1903 Briarpark Drive  
 Houston, TX 77042

City, State, ZIP+4<sup>®</sup>

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

**SENDER COMPLETE THIS SECTION**

**1. Article Addressed to:**

Rebecca Hunter  
 1903 Briarpark Drive  
 Houston, TX 77042

Barcode: 9590 9402 3164 7166 2884 15

7017 1450 0002 1697 6592

**2. Restricted Delivery**

**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail<sup>®</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

Priority Mail Express<sup>®</sup>  
 Registered Mail<sup>™</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>™</sup>  
 Signature Confirmation Restricted Delivery

**A. Signature**  
 X Rebecca Hunter  Agent  Addressee

**B. Received by (Printed Name)** \_\_\_\_\_

**C. Date of Delivery**  
 9-12-17

**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 0002 1697 6608

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*Domestic Mail Only*

COG Baseball Cap 24H Case  
 No. 15830

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.35

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

Return Receipt (hardcopy) \$ 2.20

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Total Postage: \$ \_\_\_\_\_

Sent To: Edwin W. Daley  
 1924 Pine Tree Drive  
 Prescott, Arizona 86303

City, State, ZIP+4<sup>®</sup>

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

RETURNED

7017 1450 0002 1697 6417

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 24H Case  
 For delivery information, visit [usps.com](http://usps.com)  
 No. 15830  
 Pooled Parties

**OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 33.15  
 Return Receipt (electronic) \$ 2.70  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total Post:** \$  
 Sent To  
 Street and  
 City, State

Charlotte W. Schuman and Karlyn S. Schuman, Co-Trustees of the Charlotte W. Schuman Trust of October 5, 1988  
 2121 S. Yorktown #305  
 Tulsa, OK 74114

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**CERTIFIED MAIL**  
 SENDER COMPLETE 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:**  
 Charlotte W. Schuman and Karlyn S. Schuman, Co-Trustees of the Charlotte W. Schuman Trust of October 5, 1988  
 2121 S. Yorktown #305  
 Tulsa, OK 74114

**2. At** 7017 1450 0002 1697 6417 (over \$500) tricted 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**  
 X

**B. Received by (Printed Name)** **C. Date of Delivery**  
 JAMES BOYD 9/12/17

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

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

7017 1450 0002 1697 6424

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 24H Case  
 For delivery information, visit [usps.com](http://usps.com)  
 No. 15830  
 Pooled Parties

**OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 33.15  
 Return Receipt (electronic) \$ 2.70  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total P:** \$  
 Sent To  
 Street a  
 City, Sta

Andrew Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**CERTIFIED MAIL**  
 SENDER COMPLETE 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:**  
 Andrew Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

**2. At** 7017 1450 0002 1697 6424 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**  
 X

**B. Received by (Printed Name)** **C. Date of Delivery**  
 SEP 12 2017 9/12/17

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

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



7017 1450 0002 1697 6431

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only  
For delivery information, visit [usps.com](http://usps.com)  
COG Baseball Cap 24H Case  
No. 15830  
Pooled Parties

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	335
<input type="checkbox"/> Return Receipt (electronic)	\$	0.70
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$

**Total Postage** \$

Sent To  
Elizabeth Witten Family 2015  
Trust  
23 Bergen Street  
Brooklyn, NY 11201

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

SENDER: COMPLETE THIS SECTION DELIVERY

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

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery 9/12/17

1. Article Addressed to:

Elizabeth Witten Family 2015  
Trust  
23 Bergen Street  
Brooklyn, NY 11201

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



9590 9402 3164 7166 2883 61

2. Article Number (Transfer from service label)  
7017 1450 0002 1697 6431

3. Service Type

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

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

7017 1450 0002 1697 6448

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only  
For delivery information, visit [usps.com](http://usps.com)  
COG Baseball Cap 24H Case  
No. 15830  
Pooled Parties

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	335
<input type="checkbox"/> Return Receipt (electronic)	\$	0.70
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$

**Total Postage** \$

Sent To  
Judith Witten Family 2015  
Trust  
23 Bergen Street  
Brooklyn, NY 11201

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

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.

A. Signature  Agent  
 Addressee

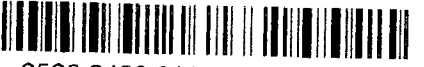
B. Received by (Printed Name)

C. Date of Delivery 9/12/17

1. Article Addressed to:

Judith Witten Family 2015  
Trust  
23 Bergen Street  
Brooklyn, NY 11201

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



9590 9402 3164 7166 2883 85

2. Article Number (Transfer from service label)  
7017 1450 0002 1697 6448

3. Service Type

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

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

7017 1450 0002 1697 6455

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL MAIL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate) **331**  
 Return Receipt (hardcopy) \$ **2.99**  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total Postage \$  
 Sent To Daniel M. Crook  
 2302 R Street SE, #100  
 Auburn, WA 98002  
 City, State

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:  
 Daniel M. Crook  
 2302 R Street SE, #100  
 Auburn, WA 98002

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6455

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)  
 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 0002 1697 6462

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL MAIL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate) **331**  
 Return Receipt (hardcopy) \$ **2.99**  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total Postage \$  
 Sent To Duane R. Daley  
 2407 E Inverness Ave  
 Mesa, AZ 85204-7002  
 City, State

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:  
 Duane R. Daley  
 2407 E Inverness Ave  
 Mesa, AZ 85204-7002

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6462

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)  
 C. Date of Delivery 9/11  
 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 0002 1697 6479

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [www.usps.com](http://www.usps.com)

**OFFICIAL USE ONLY**

Certified Mail Fee \$ 33.50

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** \$ \_\_\_\_\_

Sent to Frederick Tilmon King  
 2510 Saratoga Drive  
 Austin, TX 78733

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:  
 Frederick Tilmon King  
 2510 Saratoga Drive  
 Austin, TX 78733

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6479

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) \_\_\_\_\_ 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 0002 1697 6486

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [www.usps.com](http://www.usps.com)

**OFFICIAL USE ONLY**

Certified Mail Fee \$ 33.50

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** \$ \_\_\_\_\_

Sent to Mary M. Johnson  
 2716 E. 2nd St.  
 Mesa, AZ 85213

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:  
 Mary M. Johnson  
 2716 E. 2nd St.  
 Mesa, AZ 85213

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6486

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 *Kelsey P. Kilber*  
 Agent  
 Addressee

B. Received by (Printed Name) *Kelsey P. Kilber* 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 0002 1697 6493

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only (COG Baseball Cap 24H Case)

For delivery information, visit **OFFIC** No. 15830

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total Postage \$

Sent To  
 Street and  
 City, State

OneEnergy Partners Operating, LLC  
 2929 Allen Parkway, Suite 200  
 Houston, TX 77019

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

7017 1450 0002 1697 6509

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only (COG Baseball Cap 24H Case)

For delivery information, visit **OFFIC** No. 15830

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total Postage \$

Sent To  
 Street and  
 City, State

Pamela Madera, as Trustee of The  
 Madera Trust, U/A dated July 20, 2016  
 3 Rayos De Luz  
 Placitas, NM 87043

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

**U.S. POSTAL SERVICE™**  
 SENDER: COMPLETE THIS SECTION BY

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  
 Pamela Madera, as Trustee of The  
 Madera Trust, U/A dated July 20, 2016  
 3 Rayos De Luz  
 Placitas, NM 87043

Barcode: 9590 9402 3164 7166 2883 09

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1697 6509

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  
 Addressee  
 Agent

B. Received by (Printed Name)  
 Pamela Madera

C. Date of Delivery  
 9-20-17

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

(over \$500)

7017 1450 0002 1697 6318

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

For delivery information, visit **usps.com**

COG Baseball Cap 24H Case No. 15830

**OFFICE**

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Postage \$

**Total P** \$

Sent To Estate of Ruford Madera

Street 3 Rayos De Luz

City, St. Placitas, NM 87043

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

**U.S. MAIL**

SENDER: COMPLETE

IN DELIVERY

**1. Article Addressed to:**

Estate of Ruford Madera  
 3 Rayos De Luz  
 Placitas, NM 87043

9590 9402 3164 7166 5156 10

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1697 6318

**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**  
 Addressee  
 Agent

**B. Received by (Printed Name)**  
 Pamela Madera

**C. Date of Delivery**  
 9-20-17

**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 0002 1697 6325

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

For delivery information, visit **usps.com**

COG Baseball Cap 24H Case No. 15830

**OFFICE**

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Postage \$

**Total Post** \$

Sent To Pamela Madera, personal representative of the Estate of Ruford F. Madera

Street 3 Rayos De Luz

City, St. Placitas, NM 87043

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

**U.S. MAIL**

SENDER: COMPLETE

IN DELIVERY

**1. Article Addressed to:**

Pamela Madera, personal representative of the Estate of Ruford F. Madera  
 3 Rayos De Luz  
 Placitas, NM 87043

9590 9402 3164 7166 5156 03

**2. Article Number (over \$500)**  
 7017 1450 0002 1697 6325

**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**  
 Addressee  
 Agent

**B. Received by (Printed Name)**  
 Pamela Madera

**C. Date of Delivery**  
 9/13/17

**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 0002 1697 6332

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only* **COG Baseball Cap 24H Case**  
 No. 15830  
 For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee \$ 335

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

Return Receipt (hardcopy) \$ 250

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

To: Clay Sanford King  
 3435 Walnut Bend Lane, Apt. 3202  
 McAllen, TX 78504

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

RETURNED

7017 1450 0002 1697 6349

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only* **COG Baseball Cap 24H Case**  
 No. 15830  
 For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee \$ 335

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

Return Receipt (hardcopy) \$ 250

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

To: Daniel P. Schuman and Vida K. Schuman, as Co-Trustees of the Daniel P. and Vida K. Schuman Revocable Trust dated April 16, 2014  
 3818 South Florence Place  
 Tulsa, OK 74105

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

**SENDER CO**

**1. Article Addressed to:**  
 Daniel P. Schuman and Vida K. Schuman, as Co-Trustees of the Daniel P. and Vida K. Schuman Revocable Trust dated April 16, 2014  
 3818 South Florence Place  
 Tulsa, OK 74105

**2. Barcode:**  
 9590 9402 3164 7166 5155 80

**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Delivery Restricted Delivery  
 Insured Mail Restricted Delivery (over \$500)

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

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name):** Daniel Schuman  
**C. Date of Delivery:** 4/18/2014

**D. Is delivery address different from item 1?  Yes**  
 If YES, enter delivery address below:  No  
 4401 S. LAWRENCE BL.  
 TULSA OK 74105

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



7017 1450 0002 1697 6356

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case No. 15830

For delivery information, visit **OFFICIAL**

Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee 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	\$

Postage  
Total P&C  
Sent To  
Street &  
City, Sta

MidCon Land Services, LLC  
4401 South Lewis Place  
Tulsa, OK 74105

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

MidCon Land Services, LLC  
4401 South Lewis Place  
Tulsa, OK 74105



2. **7017 1450 0002 1697 6356**

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

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
Daniel Shaw

C. Date of Delivery  
SEP 12 2017



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

Restricted Delivery

Domestic Return Receipt

7017 1450 0002 1697 6363

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case No. 15830

For delivery information, visit **OFFICIAL**

Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)	\$ 2.00
<input 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	\$

Postage  
Total P&C  
Sent To  
Street &  
City, Sta

Justin Nine  
4414 10th Street  
Lubbock, TX 79416

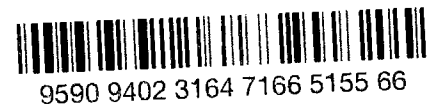
PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER COMPLETE THIS SECTION

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

### 1. Article Addressed to:

Justin Nine  
4414 10th Street  
Lubbock, TX 79416



2. **7017 1450 0002 1697 6363**

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

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
Justin Nine

C. Date of Delivery  
9/13/17

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

1900 Larkspur Dr.  
Golden, CO. 80401

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

Restricted Delivery

Domestic Return Receipt

7017 1450 0002 1697 6394

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit **usps.com**

**OFFICIAL**

Certified Mail Fee \$ 3.35

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 P** \$ \_\_\_\_\_

Sent To  
 Street Marc Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424  
 City, St. Lubbock, TX

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPL

**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:**

Marc Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

9590 9402 3164 7166 5155 35

**2.** 7017 1450 0002 1697 6394

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** T. Lilley  
**C. Date of Delivery** 9-18-17

**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  
 Collect on Delivery Restricted Delivery

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

Restricted Delivery

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

7017 1450 0002 1697 6400

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit **usps.com**

**OFFICIAL**

Certified Mail Fee \$ 3.35

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 Pos** \$ \_\_\_\_\_

Sent To  
 Street Lisa Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424  
 City, St. Lubbock, TX

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COM

**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:**

Lisa Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

9590 9402 3164 7166 5155 28

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1697 6400

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** T. Lilley  
**C. Date of Delivery** 9-18-17

**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  
 Collect on Delivery Restricted Delivery

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

Restricted Delivery

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

7017 1450 0002 1697 6370

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 City

Energex, LLC  
 4425 98th St., Ste. 200  
 Lubbock, TX 79424

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

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 City

Energex, LLC  
 4425 98th St., Ste. 200  
 Lubbock, TX 79424

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:

Energex, LLC  
 4425 98th St., Ste. 200  
 Lubbock, TX 79424

9590 9402 3164 7166 5155 59

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1697 6370

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]

B. Received by (Printed Name)  
 Tim Lilley

Date of Delivery  
 SEP 12 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 0002 1697 6387

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 City

Tim Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

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

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 City

Tim Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

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:

Tim Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

9590 9402 3164 7166 5155 42

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1697 6387

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]

B. Received by (Printed Name)  
 Tim Lilley

Date of Delivery  
 SEP 13 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 0002 1697 6219

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

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.35  
 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 \$ \_\_\_\_\_

AE&J Royalties, LLC, a New Mexico limited liability company  
 460 St. Michael's Dr., Bldg. 300  
 Santa Fe, NM 87505

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

**MAIL CERTIFIED**

SENDER: COM

ON DELIVERY

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

A. Signature  
*Rebecca Montoya*  Agent  Addressee

B. Received by (Printed Name)  
*Rebecca Montoya*

C. Date of Delivery  
 9-11

1. Article Addressed to:  
 AE&J Royalties, LLC, a New Mexico limited liability company  
 460 St. Michael's Dr., Bldg. 300  
 Santa Fe, NM 87505

2. Article # 7017 1450 0002 1697 6219

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

SEP 11 2017

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

7017 1450 0002 1697 6226

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

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ \_\_\_\_\_  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Postage \$ \_\_\_\_\_

Clifton Forrest King  
 4800 North 10th St., Ste. D  
 McAllen, TX 78504

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

RETURNED

7017 1450 0002 1697 6233

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only **COG Baseball Cap 24H Case**  
No. 15830

For delivery information, visit [usps.com](http://usps.com)  
**OFFICIAL** Pooled Parties

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate):  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

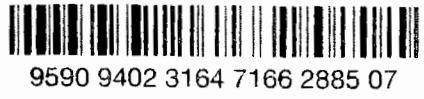
Postage \$  
Black Mountain Operating, LLC  
500 Main St., Suite 1200  
Fort Worth, TX 76102

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.

1. Article Addressed to:  
  
Black Mountain Operating, LLC  
500 Main St., Suite 1200  
Fort Worth, TX 76102



9590 9402 3164 7166 2885 07

2. Article Number (Transfer from service label)  
7017 1450 0002 1697 6233

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*J. Mayfield*

B. Received by (Printed Name)  Agent  Addressee  
*J. Mayfield*

C. Date of Delivery  
*9/11*

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

(over \$500) Restricted Delivery

7017 1450 0002 1697 6240

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only **COG Baseball Cap 24H Case**  
No. 15830

For delivery information, visit [usps.com](http://usps.com)  
**OFFICIAL** Pooled Parties

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate):  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
MRC Permian LKE Company, LLC  
5400 LBJ Freeway, Ste 1500  
Dallas, TX 75240

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:  
  
MRC Permian LKE Company, LLC  
5400 LBJ Freeway, Ste 1500  
Dallas, TX 75240



9590 9402 3164 7166 5155 04

2. Article Number (Transfer from service label)  
7017 1450 0002 1697 6240

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

## EVERY

A. Signature  Agent  Addressee  
*J. Mayfield*

B. Received by (Printed Name)  Agent  Addressee  
*J. Mayfield*

C. Date of Delivery  
*9/11/17*

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

Restricted Delivery

Domestic Return Receipt

7017 1450 0002 1697 6257

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830  
 Proofed Parties

**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 \$

Postmark Here

Postage \$  
 Total Postage \$

Sent To  
 MRC Permian Company  
 5400 LBJ Freeway, Ste 1500  
 Dallas, TX 75240

Street and  
 City, State

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:  
 MRC Permian Company  
 5400 LBJ Freeway, Ste 1500  
 Dallas, TX 75240

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6257

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 09/12/17

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

Barcode: 9590 9402 3164 7166 5154 98

7017 1450 0002 1697 6264

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830  
 Proofed Parties

**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 \$

Postmark Here

Postage \$  
 Total Postage \$

Sent To  
 EOG Y Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79706

Street and  
 City, State

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:  
 EOG Y Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79706

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6264

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 9-12-17

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

Barcode: 9590 9402 3164 7166 5154 81



7017 1450 0002 1697 6127

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, see back of envelope

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$ 2.90  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postmark Here

Marathon Oil Permian LLC  
 5555 San Felipe Street  
 Houston, TX 77056

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

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL® RECEIPT**  
 DOMESTIC MAIL ONLY

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) D. KUDINSKI C. Date of Delivery 9/11/17

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

1. Article Addressed to:  
 Marathon Oil Permian LLC  
 5555 San Felipe Street  
 Houston, TX 77056

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6127

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

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

7017 1450 0002 1697 6134

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, see back of envelope

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$ 2.90  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent \$  
 Street Address Liessa Schuman  
 5777 Carell Ave  
 Agoura Hills, CA 91301-2128

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

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL® RECEIPT**  
 DOMESTIC MAIL ONLY

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) Liessa Schuman C. Date of Delivery

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

1. Article Addressed to:  
 Liessa Schuman  
 5777 Carell Ave  
 Agoura Hills, CA 91301-2128

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6134

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 (over \$500)

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 0002 1697 6141

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 24H Case  
 No. 15830  
 For delivery information, Pooled Parties

**OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

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

Chevron U.S.A. Inc.  
 6001 Bollinger Canyon Road  
 San Ramon, CA 94583

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

7017 1450 0002 1697 6158

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 24H Case  
 No. 15830  
 For delivery information, Pooled Parties

**OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

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

Brogro Minerals, LLC, a Texas  
 limited liability company  
 6100 Cedar Springs Road,  
 Suite 200  
 Dallas, TX 75235

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

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL® RECEIPT**  
 SENDER COMPLETE 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.

1. Article Addressed to:  
 Chevron U.S.A. Inc.  
 6001 Bollinger Canyon Road  
 San Ramon, CA 94583

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6141

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  
 Agent  
 Addressee  
 X Dennis Batiste

B. Received by (Printed Name)  
 C. Date of Delivery  
 9/11/17

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

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL® RECEIPT**  
 SENDER COMPLETE 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.

1. Article Addressed to:  
 Brogro Minerals, LLC, a Texas  
 limited liability company  
 6100 Cedar Springs Road,  
 Suite 200  
 Dallas, TX 75235

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6158

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

A. Signature  
 Agent  
 Addressee  
 X Ferrell Mason

B. Received by (Printed Name)  
 C. Date of Delivery  
 9/12/17

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 0002 1697 6165

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit **OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total P** \$  
 Sent To Estate of Alta Brasfield  
 627 Lemon Street  
 Tempe, AZ 85281

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

RETURNED

7017 1450 0002 1697 6172

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

COG Baseball Cap 24H Case  
 No. 15830

For delivery information, visit **OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 290  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total P** \$  
 Sent To Matthew Schuman  
 789 Horatio Blvd  
 Buffalo Grove, IL 60089-6416

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

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

SENDER: COMPLETE THIS

1. Article Addressed to:  
 Matthew Schuman  
 789 Horatio Blvd  
 Buffalo Grove, IL 60089-6416

2. Article  
 7017 1450 0002 1697 6172

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 *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery 09/11/17

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

9590 9402 3164 7166 5153 20

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

7017 1450 0002 1697 6189

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

COG Baseball Cap 24H Case  
 No. 15830

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

**OFFICE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$ 2.90  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total P** \$  
 Sent To Estate of Veiva Daley  
 805 Lemon Street  
 Street Tempe, AZ 85281  
 City, St

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

RETURNED

7017 1450 0002 1697 6196

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

COG Baseball Cap 24H Case  
 No. 15830

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

**OFFICE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$ 2.90  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total P** \$  
 Sent To Shawna Dee Lawrence  
 815 N. 2nd  
 Street St. Dardanelle, AR 78234  
 City, St

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:  
 Shawna Dee Lawrence  
 815 N. 2nd  
 St. Dardanelle, AR 78234

2. Article Number (Transfer from service label)  
 9590 9402 3164 7166 5153 06  
 7017 1450 0002 1697 6196

**RECIPIENT COMPLETE THIS SECTION**

A. Signature  
 [Signature]  
 B. Received by (Printed Name) [Name]  
 C. Date of Delivery 9/2/17

Is delivery address different from Item 1?  Yes  
 If YES, enter delivery address below:  No

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

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

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

7017 1450 0002 1697 6202

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only* **COG Baseball Cap 24H Case**  
 No. 15830  
 For delivery information, visit **PostNet.com**

**OFF**

Certified Mail Fee \$ 3.30

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total F** \$ \_\_\_\_\_

**Sent To** Estate of Olivia H. Birchett

**Street** 8601 N. Scottsdale Road

**City, State** Scottsdale, AZ 85253

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

RETURNED

7017 1450 0002 1697 6202

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only* **COG Baseball Cap 24H Case**  
 No. 15830  
 For delivery information, visit **PostNet.com**

**OFFICE**

Certified Mail Fee \$ 3.30

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Post** \$ \_\_\_\_\_

**Sent To** First Interstate Bank of Arizona, N.A., as Trustee for Jonatte Strand

**Street and** 8601 N. Scottsdale Road

**City, State** Scottsdale, AZ 85253

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

RETURNED

7017 1450 0002 1697 6028

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only **COG Baseball Cap 24H Case**  
 For delivery information, visit **No. 15830**  
**OFFICIAL MAIL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ **3.35**  
 Return Receipt (electronic) \$ **2.70**  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total** \$  
 Sent **Herbert R. Roberts**  
 Street **8601 N. Scottsdale Road**  
**Scottsdale, AZ 85253**  
 City \$

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

RETURNED

7017 1450 0002 1697 6035

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only **COG Baseball Cap 24H Case**  
 For delivery information, visit **No. 15830**  
**OFFICIAL MAIL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ **3.35**  
 Return Receipt (electronic) \$ **2.70**  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total** \$  
 Sent **Rhoda Jene Kennedy fka**  
 Street **Rhoda Jene Strand**  
**8601 N. Scottsdale Road**  
**Scottsdale, AZ 85253**  
 City \$

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

RETURNED



7017 1450 0002 1697 6059

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

COG Baseball Cap 24H Case  
 No. 15830

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.35

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.90</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
 \$ \_\_\_\_\_

Postmark Here

James H. Roberts  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

RETURNED

7017 1450 0002 1697 6066

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

COG Baseball Cap 24H Case  
 No. 15830

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.35

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.90</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
 \$ \_\_\_\_\_

Total Paid  
 \$ \_\_\_\_\_

Sent To  
 Street a.  
 City, Sta

Lori Mehr  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

RETURNED

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

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee  
 \$ 3.35

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage  
 \$  
**Total Postage** \$

Sent To  
 Linda Jeffrey  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

Street and  
 City, State

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

RETURNED

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

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee  
 \$ 3.31

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage  
 \$  
**Total Postage** \$

Sent To  
 Joseph W. Birchett  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

Street and  
 City, State

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

RETURNED

7017 1450 0002 1697 6080

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

For delivery information, **OFFICE**

COG Baseball Cap 24H Case  
 No. 15830

Certified Mail Fee \$ 3.35

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 P.** \$ \_\_\_\_\_

Sent To  
 Ruth L. Theiss, Trust Office of First  
 Interstate Bank of Arizona, N.A., as Personal  
 Representative of the Estate of Olivia H.  
 Birchett C/O Trust Department  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

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

RETURNED

7017 1450 0002 1697 6097

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

For delivery information, **OFFICE**

COG Baseball Cap 24H Case  
 No. 15830

Certified Mail Fee \$ 3.35

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 P.** \$ \_\_\_\_\_

Sent To  
 Inspire AOG Partners, Ltd.  
 P. O. Box 10249  
 Midland, TX 79702

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

**SENDER COMPLETELY RESPONSIBLE FOR THE CONTENTS OF THE MAILPIECE**

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:  
 Inspire AOG Partners, Ltd.  
 P. O. Box 10249  
 Midland, TX 79702

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6097

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) D. Miles

C. Date of Delivery 9/14/17

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

9590 9402 3164 7166 5154 05

Restricted Delivery (over 500)

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

7017 1450 0002 1697 6103

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case No. 15830 Pooled Parties

For delivery information, see **OFFICIAL**

Certified Mail Fee \$ 3.31

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Postage \$

Total \$

City, State, ZIP+4®  
New Mexico Department of Transportation  
P.O. Box 1149  
Santa Fe, NM 87504-1149

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

New Mexico Department of Transportation  
P.O. Box 1149  
Santa Fe, NM 87504-1149



2. Article Number (Transfer from service label)  
7017 1450 0002 1697 6103

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

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* SEP 13 2017

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Diane Lee Bishop  
P.O. Box 2134  
Folsom, CA 95763-2134



2. Article Number (Transfer from service label)  
7017 1450 0002 1697 1894

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

A. Signature  Agent  Addressee  
*[Signature]*

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

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

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

7017 1450 0002 1697 1894

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case No. 15830 Pooled Parties

For delivery information, see **OFFICIAL**

Certified Mail Fee \$ 3.41

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Postage \$

Total \$

City, State, ZIP+4®  
Diane Lee Bishop  
P.O. Box 2134  
Folsom, CA 95763-2134

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

Domestic Return Receipt

Domestic Return Receipt

7017 1450 0002 1697 5922

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830

**OFFICE** **Postmark Here**

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Sent** \$ \_\_\_\_\_

Street Estate of Rubert Madera c/o  
 Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335

City \_\_\_\_\_

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:**

Estate of Rubert Madera c/o  
 Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335

  
 9590 9402 3164 7166 5152 69

**2.** 7017 1450 0002 1697 5922

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** Bert Madera  
**C. Date of Delivery** 9-12-17

**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

Restricted Delivery (over \$500)

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

7017 1450 0002 1697 5939

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830

**OFFICE** **Postmark Here**

Certified Mail Fee \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Sent** \$ \_\_\_\_\_

Street Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335

City \_\_\_\_\_

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:**

Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335

  
 9590 9402 3164 7166 5152 52

**2.** 7017 1450 0002 1697 5939

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** Bert Madera  
**C. Date of Delivery** 7-14-17

**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

Restricted Delivery (over \$500)

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

7017 1450 0002 1697 5946

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only (COG Baseball Cap 24H Case)  
 For delivery information, visit [usps.com](http://usps.com)  
 No. 145850  
 Pooled Parties

**OFFICIAL MAIL**

Certified Mail Fee \$ 3.35

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

\$ Tot \_\_\_\_\_  
 \$ Ser \_\_\_\_\_  
 \$ Str \_\_\_\_\_  
 City \_\_\_\_\_

Postmark Here

James H. Moomaw  
 P.O. Box 341  
 Tremonton, UT 84337

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

**SENDER COMPLETE THIS**

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:  
 James H. Moomaw  
 P.O. Box 341  
 Tremonton, UT 84337

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 5946

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

A. Signature  
 [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name)  
 \_\_\_\_\_

C. Date of Delivery  
 9-13-17

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 0002 1697 5953

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only (COG Baseball Cap 24H Case)  
 For delivery information, visit [usps.com](http://usps.com)  
 No. 15830  
 Pooled Parties

**OFFICIAL MAIL**

Certified Mail Fee \$ 3.35

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

\$ Tot \_\_\_\_\_  
 \$ Ser \_\_\_\_\_  
 \$ Str \_\_\_\_\_  
 City \_\_\_\_\_

Postmark Here

Katherine Ross Madera  
 Sharbutt  
 P.O. Box 443  
 Manhattan, MT 59741

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

**SENDER COMPLETE THIS**

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:  
 Katherine Ross Madera  
 Sharbutt  
 P.O. Box 443  
 Manhattan, MT 59741

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 5953

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

A. Signature  
 [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name)  
 K. Madera

C. Date of Delivery  
 9-12-17

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 0002 1697 5960

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

**OFFICE**

Certified Mail Fee \$ 331  
290

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 \$

Postmark Here

5588 Oil, LLC  
 P.O. Box 470925  
 Fort Worth, TX 76107

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

**U.S. POSTAL SERVICE™**  
 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:  
 5588 Oil, LLC  
 P.O. Box 470925  
 Fort Worth, TX 76107

2. Article Number (Transfer from service label)  
 9590 9402 3164 7166 5152 21

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

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Mural Katar 9/18/17

C. Date of Delivery  
 9/18/17

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 0002 1697 5977

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

**OFFICE**

Certified Mail Fee \$ 335  
290

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 \$

Postmark Here

Mavros Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

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

**U.S. POSTAL SERVICE™**  
 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:  
 Mavros Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

2. Article Number (Transfer from service label)  
 9590 9402 3164 7166 5152 14

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

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 R. Paul

C. Date of Delivery  
 9-12-17

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 0002 1697 5984

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830

**OFFICIAL MAIL**

Certified Mail Fee  
 \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
 \$

**Total** \$

**Sent To**

Street  
 Oak Valley Mineral and Land,  
 LP  
 P.O. Box 50820  
 Midland, TX 79710

City, State, ZIP+4®

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  
 R. Pardo  Agent  Addressee

B. Received by (Printed Name)  
 R. Pardo

C. Date of Delivery  
 9-12-17

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

1. Article Addressed to:  
 Oak Valley Mineral and Land,  
 LP  
 P.O. Box 50820  
 Midland, TX 79710

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 5984

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  Signature Confirmation™  
 Signature Confirmation Restricted Delivery

9590 9402 3164 7166 5152 07

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

7017 1450 0002 1697 5991

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case  
 No. 15830

**OFFICIAL MAIL**

Certified Mail Fee  
 \$ 3.35

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

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
 \$

**Total** \$

**Sent To**

Street  
 CEP Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

City, State, ZIP+4®

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  
 R. Pardo  Agent  Addressee

B. Received by (Printed Name)  
 R. Pardo

C. Date of Delivery  
 9-12-17

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

1. Article Addressed to:  
 CEP Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 5991

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  Signature Confirmation™  
 Signature Confirmation Restricted Delivery

9590 9402 3164 7166 5151 91

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

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only COG Baseball Cap 24H Case

No. 15830  
Postnet Postmark

For delivery information, visit **usps.com**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent \$  
 Street Dylan Tarter  
 P.O. Box 94516  
 Lubbock, TX 79496  
 City, State

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:

Dylan Tarter  
 P.O. Box 94516  
 Lubbock, TX 79496



9590 9402 3164 7166 5151 15

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6271

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

A. Signature  Agent  Addressee

X *Dylan Tarter*

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

James *W. [unclear]* SEP 2 2015

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

3. Service Type  Priority Mail Express®

- 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 (over \$500)

**SENDER COMPLETE THIS SECTION**

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

1. Article Addressed to:

Michael Fred Madera  
 P.O. Box 645  
 La Pine, OR 97739



9590 9402 3164 7166 5151 84

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 6004

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Patricia Madera*

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

Patricia MADERA

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

3. Service Type  Priority Mail Express®

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

Domestic Return Receipt

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only COG Baseball Cap 24H Case

No. 15830  
Postnet Postmark

For delivery information, visit **usps.com**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent \$  
 Street Michael Fred Madera  
 P.O. Box 645  
 La Pine, OR 97739  
 City, State

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

7017 1450 0002 1697 6271

7017 1450 0002 1697 6004

7017 1450 0002 1697 6288

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

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

For delivery information, visit **officemanager.com**

**OFFICIAL**

Certified Mail Fee \$ 3.35

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 \$

Postmark Here

Postage \$

NORTHWEST BANK NEW MEXICO, N.A., successor in interest to United New Mexico Trust Company, in its capacity as Trustee of the Malcolm Madera Revocable Trust under Trust Agreement dated August 8, 1984  
 PO Box 2468  
 Roswell, NM 88202-2468


PS Form 3811, July 2015 PSN 7530-02-000-9053 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:**  
 NORTHWEST BANK NEW MEXICO, N.A., successor in interest to United New Mexico Trust Company, in its capacity as Trustee of the Malcolm Madera Revocable Trust under Trust Agreement dated August 8, 1984  
 PO Box 2468  
 Roswell, NM 88202-2468

  
 9590 9402 3164 7166 5151 08

**2. Article Number:**  
 7017 1450 0002 1697 6288

**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**  
 Agent  
 Addressee  
*Lori Huerta*

**B. Received by (Printed Name)**  
 Lori Huerta

**C. Date of Delivery**  
 9/12/17

**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  
 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**  
 Agent  
 Addressee  
*Lori Huerta*

**B. Received by (Printed Name)**  
 Lori Huerta

**C. Date of Delivery**  
 9/12/17

**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

7017 1450 0002 1697 6295

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

COG Baseball Cap 24H Case  
 No. 15830  
 Pooled Parties

For delivery information, visit **officemanager.com**

**OFFICIAL**

Certified Mail Fee \$ 3.35

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 \$

Postmark Here

Postage \$

**Total** \$

**Sent to** Tilden Capital, LLC  
 PO Box 470857  
 Fort Worth, TX 76147

**Street**

**City, ST**


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:**  
 Tilden Capital, LLC  
 PO Box 470857  
 Fort Worth, TX 76147

  
 9590 9402 3164 7166 5150 92

**2. Article Number:**  
 7017 1450 0002 1697 6295

**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Delivery Restricted Delivery  
 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**  
 Agent  
 Addressee  
*awaters*

**B. Received by (Printed Name)**  
 Ashton Waters

**C. Date of Delivery**  
 9/12/17

**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  
 Delivery Restricted Delivery  
 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**  
 Agent  
 Addressee  
*awaters*

**B. Received by (Printed Name)**  
 Ashton Waters

**C. Date of Delivery**  
 9/12/17

**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

7017 1450 0002 1697 6301

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

COG Baseball Cap 24H Case

No. 15830

Pooled Parties

For delivery information, visit

OFFICE

Certified Mail Fee

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

- Return Receipt (hardcopy) \$ 2.90
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

Total Pz

Ross Duncan Properties, LLC  
PO Box 647  
Artesia, NM 88211-0647

Sent To

Street a

City, St.

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:

Ross Duncan Properties, LLC  
PO Box 647  
Artesia, NM 88211-0647



9590 9402 3164 7166 5150 85

2. 7017 1450 0002 1697 6301

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

A. WATTS

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- 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 0002 1697 6110

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

COG Baseball Cap 24H Case

No. 15830

Pooled Parties

For delivery information, visit

OFFICE

Certified Mail Fee

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

- Return Receipt (hardcopy) \$ 3.25
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

Total

Panhandle Properties, LLC  
PO Box 648  
Artesia, NM 88211-0648

Sent To

Street

City

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:

Panhandle Properties, LLC  
PO Box 648  
Artesia, NM 88211-0648



9590 9402 3164 7166 5153 82

2. 7017 1450 0002 1697 6110

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

A. WATTS

C. Date of Delivery

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

3. Service Type

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

(over \$500)

Domestic Return Receipt

7016 3010 0001 1046 8217

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case No. 15830  
 Pooled Parties

**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 \$

Postmark Here

Blackbird Royalties, LLC  
 P.O. Box 2670  
 Roswell, NM 88202

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

**U.S. POSTAL SERVICE™**  
 COMPLETE THIS SECTION ON 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:

Blackbird Royalties, LLC  
 P.O. Box 2670  
 Roswell, NM 88202

9590 9402 2950 7094 2943 13

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8217

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) Michael Schultz 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  Mail Restricted Delivery

SEP 13 2017

7016 3010 0001 1046 8224

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 24H Case No. 15830  
 Pooled Parties

**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 \$

Postmark Here

Rolla R. Hinkle, III  
 P.O. Box 2292  
 Roswell, NM 88202-2292

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

**U.S. POSTAL SERVICE™**  
 COMPLETE THIS SECTION ON DELIVERY

**SENDER: CC**

- 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:

Rolla R. Hinkle, III  
 P.O. Box 2292  
 Roswell, NM 88202-2292

9590 9402 2950 7094 2943 20

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8224

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) Amos 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  Mail Restricted Delivery

SEP 11 2017



7016 3010 0001 1046 8231

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

For delivery information, visit **OFFICE** **COG Baseball Cap 24H Case**  
 No. 15830  
**Pooled Parties**

Certified Mail Fee \$ \_\_\_\_\_

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

<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	\$ _____

Postmark Here

Madison M. Hinkle  
 P.O. Box 2292  
 Roswell, NM 88202-2292

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:

Madison M. Hinkle  
 P.O. Box 2292  
 Roswell, NM 88202-2292




9590 9402 2950 7094 2943 37

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8231

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X   Agent  
 Addressee


B. Received by (Printed Name)  
 D. Wood

C. Date of Delivery

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

3. Service Type

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



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

7016 3010 0001 1046 8248

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

For delivery information, visit **OFFICE** **COG Baseball Cap 24H Case**  
 No. 15830  
**Pooled Parties**

Certified Mail Fee \$ \_\_\_\_\_

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

<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	\$ _____

Postmark Here

Bobbie Dorner  
 1944 SE Marion St  
 Portland, OR 97202-7354

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

7016 3010 0001 1046 8255

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

COG Baseball Cap 24H Case  
No. 15830

For delivery information, visit [usps.com](http://usps.com)

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

Marlene Nichols  
1106 W. Bell Road, #2143  
Phoenix, AZ 85023

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

See Reverse for Instructions

7016 3010 0001 1046 8262

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

COG Baseball Cap 24H Case  
No. 15830

For delivery information, visit [usps.com](http://usps.com)

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

Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252

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:

Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252



9590 9402 2950 7094 2943 68

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8262

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Rhonda Forsha*  Agent  
 Addressee

B. Received by (Printed Name)

*Rhonda Forsha*

C. Date of Delivery

*9-11-17*

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

0) Restricted Delivery

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

Domestic Return Receipt

7016 3010 0001 1046 8279

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **COG Baseball Cap 24H Case**

No. 15830

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

Viva Krause C/O Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252

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

See Reverse for Instructions

7016 3010 0001 1046 8286

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **COG Baseball Cap 24H Case**

No. 15830

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

Patricia Getty  
7416 Gladys St.  
Lone Oak, TX 75453

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:

Viva Krause C/O Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252



9590 9402 2950 7094 2943 75

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8279

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rhonda Forsha

- Agent
- Addressee

B. Received by (Printed Name)

Rhonda Forsha

C. Date of Delivery

9-11-17

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 Restricted Delivery (0)

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:

Patricia Getty  
7416 Gladys St.  
Lone Oak, TX 75453



9590 9402 2950 7094 2943 82

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8286

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Patricia Getty

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Mail Restricted Delivery (0)

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

Domestic Return Receipt

7016 3010 0001 1046 8293

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **usps.com**  
COG Baseball Cap 24H Case  
No. 15830

**OFFICE**  
Certified Mail Fee \$ \_\_\_\_\_  
Postmark Here

- 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 \$ \_\_\_\_\_

Sandra Phillips  
6936 Private Road 4222  
Gilmer, TX 75644

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

## SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

Sandra Phillips  
6936 Private Road 4222  
Gilmer, TX 75644



9590 9402 2950 7094 2943 99

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8293

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 *Sandra Phillips*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_  
 C. Date of Delivery **9-11-17**

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

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

Domestic Return Receipt

7016 3010 0001 1046 8309

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **usps.com**  
COG Baseball Cap 24H Case  
No. 15830

**OFFICE**  
Certified Mail Fee \$ \_\_\_\_\_  
Postmark Here

- 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 \$ \_\_\_\_\_

Shannon Daley aka Shannon D.  
Earl  
19248 N. 13th Place  
Phoenix, AZ 85024-2353

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:

Shannon Daley aka Shannon D.  
Earl  
19248 N. 13th Place  
Phoenix, AZ 85024-2353



9590 9402 2950 7094 2944 05

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8309

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 *Shannon Daley*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_  
 C. Date of Delivery **9-11**

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

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

Domestic Return Receipt

7016 3010 0001 1046 8316

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case

For delivery information No. 15830 Pooled Parties

OFF

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

Stacey Boelkens aka Stacy  
Alexander  
2964 W. Huntsville Ave., Suite  
GSpringdale, AR 72762

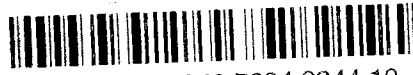
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

## 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:

Stacey Boelkens aka Stacy  
Alexander  
2964 W. Huntsville Ave., Suite  
GSpringdale, AR 72762



9590 9402 2950 7094 2944 12

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8316

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

X *[Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Jenni Cruz* 9-11-17

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 Restricted Delivery (00)

Domestic Return Receipt

7016 3010 0001 1046 8323

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only COG Baseball Cap 24H Case

For delivery information No. 15830 Pooled Parties

OFF

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

Sara Louise Strand  
5327 Penn Avenue  
Brooklyn Center, MN 55430

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

## SENDER: C

- 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:

Sara Louise Strand  
5327 Penn Avenue  
Brooklyn Center, MN 55430



9590 9402 2950 7094 2944 29

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8323

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

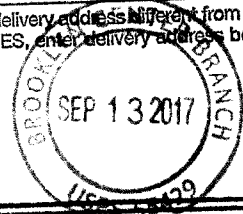
## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

X *[Signature]*  Addressee

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

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



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

Mail Restricted Delivery (00)

Domestic Return Receipt

**Baseball Cap 24H Case No. 15830 -- Offsets (9)**

Bradley S. Bates  
101 Blackberry Ct.  
Midland, TX 79705

Commerce First Royalties, LLC, a Texas limited liability company  
14241 Dallas Parkway, Suite 600  
Dallas, TX 75254

EOG A Resources, Inc.  
105 South 4th Street  
Artesia, NM 88211

John A. Yates  
105 South 4th Street  
Artesia, NM 88210

MECO IV, LLC, a Delaware limited liability company  
1200 17th Street, Ste 975  
Denver, CO 80202

MidCon Land Services, LLC  
4401 South Lewis Place  
Tulsa, OK 74105

Oxy USA Inc.  
P.O. Box 27570  
Houston, TX 77227

OXY Y-1  
P.O. Box 27570  
Houston, TX 77227

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

7016 3010 0001 1046 8463

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

For delivery information, visit **COG Baseball Cap 24H Case**  
 No. 15830 -

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

Bradley S. Bates  
 101 Blackberry Ct.  
 Midland, TX 79705

City, State, ZIP+4

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

7016 3010 0001 1046 8460

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

For delivery information, visit our website **COG Baseball Cap 24H Case**  
 No. 15830 -

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

Commerce First Royalties, LLC,  
 a Texas limited liability company  
 14241 Dallas Parkway, Suite 600  
 Dallas, TX 75254

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:

Commerce First Royalties, LLC,  
 a Texas limited liability company  
 14241 Dallas Parkway, Suite 600  
 Dallas, TX 75254

  
 9590 9402 2950 7094 2944 74

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8460

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name)  
 T. PIAZZA

C. Date of Delivery  
 9-12-2017

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

Mail Restricted Delivery (00)

Domestic Return Receipt



7016 3010 0001 1046 8477

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
COG Baseball Cap 24H Case  
No. 15830 -  
Offsets

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

EOG A Resources, Inc.  
105 South 4th Street  
Artesia, NM 88211

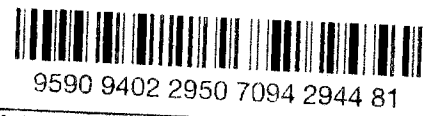
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

## 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:

EOG A Resources, Inc.  
105 South 4th Street  
Artesia, NM 88211



9590 9402 2950 7094 2944 81

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8477

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9/12/17

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

Insured Mail Restricted Delivery (0)

Domestic Return Receipt

7016 3010 0001 1046 8484

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
COG Baseball Cap 24H Case  
No. 15830 -  
Offsets

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

John A. Yates  
105 South 4th Street  
Artesia, NM 88210

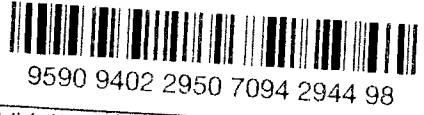
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John A. Yates  
105 South 4th Street  
Artesia, NM 88210



9590 9402 2950 7094 2944 98

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8484

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9/11/17

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

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7016 3010 0001 1046 8491

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

For delivery information, visit **OFFIC**

COG Baseball Cap 24H Case  
 No. 15830 -

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

MECO IV, LLC, A Delaware  
 Limited Liability Company  
 1200 17th Street, Ste 975  
 Denver, CO 80202

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:

MECO IV, LLC, A Delaware  
 Limited Liability Company  
 1200 17th Street, Ste 975  
 Denver, CO 80202

9590 9402 2950 7094 2945 04

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8491

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Karen Hand*  Agent  Addressee

B. Received by (Printed Name)  
*Karen Hand*

C. Date of Delivery  
*9/11/17*

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

7016 3010 0001 1046 8507

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

For delivery information, visit **OFFIC**

COG Baseball Cap 24H Case  
 No. 15830 -

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

MidCon Land Services, LLC  
 4401 South Lewis Place  
 Tulsa, OK 74105

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.

MidCon Land Services, LLC  
 4401 South Lewis Place  
 Tulsa, OK 74105

9590 9402 2950 7094 2945 11

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8507

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*DANIEL SCHUMER*

C. Date of Delivery  
*SEP 12 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



4758 8 9407 1046 8514

**U.S. Postal Service™**  
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For delivery information, visit **COG Baseball Cap 24H Case**  
 No. 15830 --  
 Offsets

**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 \$

Postmark Here

Oxy USA Inc.  
 P.O. Box 27570  
 Houston, TX 77227

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Oxy USA Inc.  
 P.O. Box 27570  
 Houston, TX 77227

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8514

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Mail Restricted Delivery (00)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *F B BAA* 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  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 3010 0001 1046 8521

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

For delivery information, visit **COG Baseball Cap 24H Case**  
 No. 15830 --  
 Offsets

**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 \$

Postmark Here

OXY Y-1  
 P.O. Box 27570  
 Houston, TX 77227

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OXY Y-1  
 P.O. Box 27570  
 Houston, TX 77227

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8521

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Mail Restricted Delivery (00)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *F B BAA* 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  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 3010 0001 1046 8538

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

COG Baseball Cap 24H Case

For delivery information, visit [usps.com](http://usps.com)

No. 15830 -

Offsets

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

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

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

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210



9590 9402 2950 7094 2945 42

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8538

PS Form 3811, July 2015 PSN 7530-02-000-9033

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Mail Restricted Delivery  
(3)

Domestic Return Receipt

HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988-4421

**Fax** (505) 983-6043

[JLKessler@hollandhart.com](mailto:JLKessler@hollandhart.com)

September 8, 2017

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.**  
**Baseball Cap Federal Com No. 26H Well**

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

This application has been set for hearing before a Division Examiner at 8:15 AM on September 28, 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 Matt Solomon, at (432) 685-4352 or [MSolomon@concho.com](mailto:MSolomon@concho.com).

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://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, Dallas, Fort Collins, Houston, Kansas City, Littleton, Los Angeles, Miami, Phoenix, Portland, Salt Lake City, San Francisco, Seattle, Silverdale, Tucson, Washington, DC

HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988-4421

**Fax** (505) 983-6043

**JLKessler@hollandhart.com**

September 8, 2017

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.**  
**Baseball Cap Federal Com No. 26H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 28, 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 Matt Solomon, at (432) 685-4352 or MSolomon@concho.com.

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

## **Baseball Cap 26H Case No. 15831 - Pooled Parties (102)**

Estate of Malcolm R. Madera  
187 George Strait  
Canyon Lake, TX 78133-2153

Estate of Mercedes A. Crook  
2716 E. 2nd Street  
Mesa, AZ 85213

Estate of Neal King  
2510 Saratoga Drive  
Austin, TX 78733

Jean Coulter Clark Revocable Trust Agreement dated September 6, 1996  
406 N. Church Street  
Fayette, MO 65248

Eleanor Howard Coulter  
406 N. Church Street  
Fayette, MO 65248

Jean Coulter Clark  
406 N. Church Street  
Fayette, MO 65248

Estate of Lanier D. Crook  
2716 E. 2nd Street  
2716 E. 2nd Street

Dorothy Julia Doran as Trustee to Dorothy Ann Doran  
10937 W. 59th Ave  
Arvada, CO 80004

Rebecca King Goldsmith  
100004 Echo Hills Ct.  
Austin, TX 78717

Bradley S. Bates  
101 Blackberry Ct.  
Midland, TX 79705

David Puckett  
106 South Friou Street  
Houston, TX 75657



Marc Schuman  
10627 Pictured Rocks Drive  
Peyton, CO 80831

Marlene Nichols  
1106 W. Bell Road, #2143  
Phoenix, AZ 85023

Kenneth M. Cobb, as Trustee of the Cobb Family Trust  
1202 Cherrywood Ct.  
Allen, TX 75002

Katherine Madera  
1202 Cherrywood Ct. Allen,  
TX 75002

Commerce First Royalties, LLC  
14241 Dallas Parkway, Suite 600  
Dallas, TX 75254

Mildred Maxine Madera McCall  
1434 Hamblen Rd.  
Kingwood, TX 77339

Ronald G. Koehler  
16262 Chesnut Circle Brainerd,  
MN 56401

Estate of William Lanier Bishop  
1656 Palm Ave.  
Redwood City, CA 94061

Benjamin F. Crook  
1837 N. Valleyview  
Wichita, KS 67212

Mary Jack Johnson  
1855 Garland Lane  
Boulder, CO 80304

Estate of Robert Burns Daley  
1862 E. Farmdale  
Mesa, Arizona 85204

Lela Ellen Madera  
187 George Straight

Canyon Lake, TX 78133

Rebecca Hunter  
1903 Briarpark Drive  
Houston, TX 77042

Edwin W. Daley  
1924 Pine Tree Drive Prescott,  
Arizona 86303

Shannon Daley aka Shannon D. Earl  
19248 N. 13th Place  
Phoenix, AZ 85024-2353

Bobbie Dörner  
1944 SE Marion St  
Portland, OR 97202-7354

Charlotte W. Schuman and Karlyn S. Schuman, Co-Trustees of the Charlotte W. Schuman Trust  
of October 5, 1988  
2121 S. Yorktown #305  
Tulsa, OK 74114

Andrew Witten Family 2015 Trust  
23 Bergen Street  
Brooklyn, NY 11201

Elizabeth Witten Family 2015 Trust  
23 Bergen Street  
Brooklyn, NY 11201

Judith Witten Family 2015 Trust  
23 Bergen Street  
Brooklyn, NY 11201

Daniel M. Croo  
2302 R Street SE, #100  
Auburn, WA 98002

Duane R. Daley  
2407 E Inverness Ave  
Mesa, AZ 85204-7002

Duane R. Daley  
2407 E. Inverness Ave  
Mesa, AZ 85204-7002

Frederick Tilmon King  
2510 Saratoga Drive  
Austin, TX 78733

Mary M. Johnson  
2716 E. 2nd St.  
Mesa, AZ 85213

OneEnergy Partners Operating, LLC  
2929 Allen Parkway, Suite 200  
Houston, TX 77019

Stacey Boelkens aka Stacy Alexander  
2964 W. Huntsville Ave., Suite G  
Springdale, AR 72762

Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 2016  
3 Rayos De Luz  
Placitas, NM 87043

Estate of Ruford Madera  
3 Rayos De Luz  
Placitas, NM 87043

Pamela Madera, personal representative of the Estate of Ruford F. Madera  
3 Rayos De Luz  
Placitas, NM 87043

Clay Sanford King  
3435 Walnut Bend Lane, Apt. 3202  
McAllen, TX 78504

Daniel P. Schuman and Vida K. Schuman, as Co-Trustees of the Daniel P. and Vida K. Schuman  
Revocable Trust dated April 16, 2014  
3818 South Florence Place  
Tulsa, OK 74105

Flower Anderson  
401-1972 Bellevue Avenue  
West Vancouver, BC V7V1B5, Canada

MidCon Land Services, LLC  
4401 South Lewis Place  
Tulsa, OK 74105

Justin Nine  
4414 10th Street  
Lubbock, TX 79416

Energex, LLC  
4425 98th St., Ste. 200  
Lubbock, TX 79424

Tim Lilley  
4425 98th Street, Suite 200  
Lubbock, TX 79424

Marc Lilley  
4425 98th Street, Suite 200  
Lubbock, TX 79424

Lisa Lilley  
4425 98th Street, Suite 200  
Lubbock, TX 79424

AE&J Royalties, LLC, a New Mexico limited liability company  
460 St. Michael's Dr., Bldg. 300  
Santa Fe, NM 87505

Clifton Forrest King  
4800 North 10th St., Ste. D  
McAllen, TX 78504

Black Mountain Operating, LLC  
500 Main St., Suite 1200  
Fort Worth, TX 76102

Sara Louise Strand  
5327 Penn Avenue  
Brooklyn Center, MN 55430

MRC Permian LKE Company, LLC  
5400 LBJ Freeway, Ste 1500  
Dallas, TX 75240

MRC Permian Company  
5400 LBJ Freeway, Ste 1500  
Dallas, TX 75240

EOG Y Resources, Inc.  
5509 Champions Drive

Midland, TX 79706

EOG M Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706

EOG A Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706

Marathon Oil Permian LLC  
5555 San Felipe Street  
Houston, TX 77056

Liessa Schuman  
5777 Carell Ave  
Agoura Hills, CA 91301-2128

Chevron U.S.A. Inc.  
6001 Bollinger Canyon Road  
San Ramon, CA 94583

Brogo Minerals, LLC, a Texas limited liability company  
6100 Cedar Springs Road, Suite 200  
Dallas, TX 75235

Estate of Alta Brasfield  
627 Lemon Street  
Tempe, AZ 85281

Sandra Phillips  
6936 Private Road 4222  
Gilmer, TX 75644

Daniel Baeza  
7225 Mockingbird Lane  
Hobbs, NM 88242

Patricia Getty  
7416 Gladys St.  
Lone Oak, TX 75453

Matthew Schuman  
789 Horatio Blvd  
Buffalo Grove, IL 60089-6416

Estate of Veiva Daley  
805 Lemon Street  
Tempe, AZ 85281

Shawna Dee Lawrence  
815 N. 2nd St. Dardanelle,  
AR 78234

Shauna Lawrence  
815 N. 2nd Street  
Dardanelle, AR 78234

Estate of Olivia H. Birchett  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

First Interstate Bank of Arizona, N.A., as Trustee for Jonatte Strand  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Herbert R. Roberts  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Rhoda Jene Kennedy fka Rhoda Jene Strand  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Linda Jeffrey  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

James H. Roberts  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Lori Mehr  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Joseph W. Birchett  
8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Ruth L. Theiss, Trust Office of First Interstate Bank of Arizona, N.A., as Personal Representative of the Estate of Olivia H. Birchett C/O Trust Department

8601 N. Scottsdale Road  
Scottsdale, AZ 85253

Inspire AOG Partners, Ltd.  
P. O. Box 10249  
Midland, TX 79702

New Mexico Department of Transportation  
P.O. Box 1149  
Santa Fe, NM 87504-1149

Diane Lee Bishop  
P.O. Box 2134  
Folsom, CA 95763-2134

Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252

Viva Krause C/O Rhonda Forsha  
P.O. Box 2215  
Scottsdale, AZ 85252

Estate of Rubert Madera c/o Bert Madera  
P.O. Box 2795  
Ruidoso, NM 88335

Bert Madera  
P.O. Box 2795  
Ruidoso, NM 88335

James H. Moomaw  
P.O. Box 341  
Tremonton, UT 84337

Katherine Ross Madera Sharbutt  
P.O. Box 443  
Manhattan, MT 59741

5588 Oil, LLC  
P.O. Box 470925  
Fort Worth, TX 76107

Mavros Minerals, LLC  
P.O. Box 50820  
Midland, TX 79710



Oak Valley Mineral and Land, LP  
P.O. Box 50820  
Midland, TX 79710

CEP Minerals, LLC  
P.O. Box 50820  
Midland, TX 79710

Michael Fred Madera  
P.O. Box 645  
La Pine, OR 97739

Dylan Tarter  
P.O. Box 94516  
Lubbock, TX 79496

Northwest Bank New Mexico, N.A., successor in interest to United New Mexico Trust Company, in its capacity as Trustee of the Malcolm Madera Revocable Trust under Trust Agreement dated August 8, 1984  
PO Box 2468  
Roswell, NM 88202-2468

Tilden Capital, LLC  
PO Box 470857  
Fort Worth, TX 76147

Ross Duncan Properties, LLC  
PO Box 647  
Artesia, NM 88211-0647

Panhandle Properties, LLC  
PO Box 648  
Artesia, NM 88211-0648

## **Additions**

Blackbird Royalties, LLC  
P.O. Box 2670  
Roswell, NM 88202

Rolla R. Hinkle, III  
P.O. Box 2292  
Roswell, NM 88202-2292

Madison M. Hinkle  
P.O. Box 2292  
Roswell, NM 88202-2292

7017 1450 0002 1696 8290

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

Case No. 15831

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

**OFFICIAL USE**

Certified Mail Fee \$3.35

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

Return Receipt (hardcopy) \$2.90

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Estate of Malcolm R. Madera  
 187 George Strait  
 Canyon Lake, TX 78133-2153

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL®**  
 Domestic Mail Only

SENDER: COMPLETE THIS

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.

1. Article Addressed to:  
 Estate of Malcolm R. Madera  
 187 George Strait  
 Canyon Lake, TX 78133-2153

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1696 8290

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)  
 Robert A. Amson

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 0002 1696 8283

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

Case No. 15831

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

**OFFICIAL USE**

Certified Mail Fee \$3.35

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

Return Receipt (hardcopy) \$2.90

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Estate of Mercedes A. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL®**  
 Domestic Mail Only

SENDER: COMPLETE THIS

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.

1. Article Addressed to:  
 Estate of Mercedes A. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1696 8283

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)  
 KELLY P KILBER

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 0002 1696 8276

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

For delivery information, visit **OFFICIAL**

Case No. 15831  
 Pooled Parties

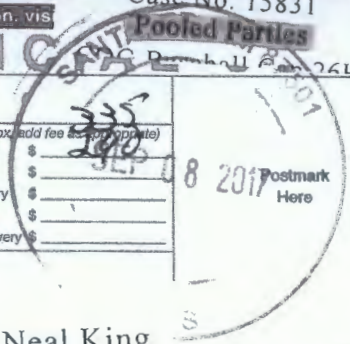
Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$

Sent \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_

Estate of Neal King  
 2510 Saratoga Drive  
 Austin, TX 78733

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:  
 Estate of Neal King  
 2510 Saratoga Drive  
 Austin, TX 78733

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8276

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  
 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

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

7017 1450 0002 1696 8276

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

7017 1450 0002 1696 8269

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

For delivery information, visit **OFFICIAL**

Case No. 15831  
 Pooled Parties

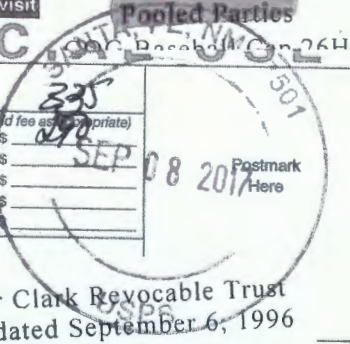
Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$

Sent \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_

Jean Coulter Clark Revocable Trust  
 Agreement dated September 6, 1996  
 406 N. Church Street  
 Fayette, MO 65248

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:  
 Jean Coulter Clark Revocable Trust  
 Agreement dated September 6, 1996  
 406 N. Church Street  
 Fayette, MO 65248

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8269

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  
 Agent  
 Addressee

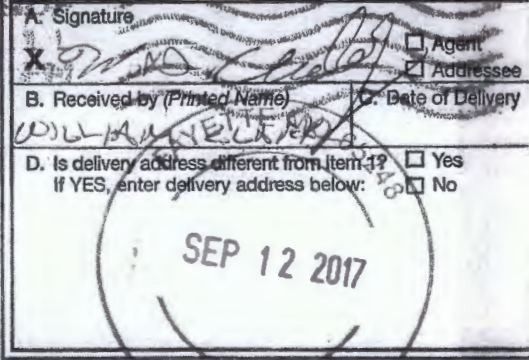
B. Received by (Printed Name)  
 C. Date of Delivery

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

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

7017 1450 0002 1696 8269

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





7017 1450 0002 1696 8252

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

Case No. 15831  
 Pooled Parties

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

**OFFICIAL USE**

Certified Mail Fee \$335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$290  
 Return Receipt (electronic)  
 Certified Mail Restricted Delivery  
 Adult Signature Required  
 Adult Signature Restricted Delivery

Postage \$  
 Total \$  
 Sent \$  
 Street 406 N. Church Street  
 City, State, ZIP+4® Fayette, MO 65248

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Eleanor Howard Coulter  
 406 N. Church Street  
 Fayette, MO 65248

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8252

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

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Eleanor Howard Coulter

C. Date of Delivery  
 SEP 12 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 0002 1696 8245

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

Case No. 15831  
 Pooled Parties

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

**OFFICIAL USE**

Certified Mail Fee \$335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$290  
 Return Receipt (electronic)  
 Certified Mail Restricted Delivery  
 Adult Signature Required  
 Adult Signature Restricted Delivery

Postage \$  
 Total \$  
 Sent \$  
 Street 406 N. Church Street  
 City, State, ZIP+4® Fayette, MO 65248

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Jean Coulter Clark  
 406 N. Church Street  
 Fayette, MO 65248

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8245

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

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Jean Coulter Clark

C. Date of Delivery  
 SEP 12 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 0002 1696 8238

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

COG Baseball Cap 20H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 270  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent to: Estate of Lanier D. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213

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 BOTTOM LINE

**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:  
 Estate of Lanier D. Crook  
 2716 E. 2nd Street  
 Mesa, AZ 85213

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8238

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

A. Signature  
 Kelly P. Gilber  
 Agent  
 Addressee

B. Received by (Printed Name)  
 KELLY P. KILBER

C. Date of Delivery  
 SEP 15 2017

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

Restricted Delivery

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

7017 1450 0002 1696 8221

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

COG Baseball Cap 20H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 335  
 Return Receipt (electronic) \$ 270  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent to: Dorothy Julia Doran as Trustee to  
 Dorothy Ann Doran  
 10937 W. 59th Ave  
 Arvada, CO 80004

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 BOTTOM LINE

**SENDER: COMPLETE THIS**

- 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:  
 Dorothy Julia Doran as Trustee to  
 Dorothy Ann Doran  
 10937 W. 59th Ave  
 Arvada, CO 80004

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8221

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

A. Signature  
 Dorothy Julia Doran  
 Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 SEP 11 2017

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

Restricted Delivery

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

7017 1450 0002 1696 8214

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

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

Baseball Cap 2011  
 Case No. 15831  
 Pooled Parties

**OFFICIAL USE**

Certified Mail Fee  
 \$ 335

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>290</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
 \$ \_\_\_\_\_

**Total Postage**  
 \$ \_\_\_\_\_

Sent To  
 Rebecca King Goldsmith  
 100004 Echo Hills Ct.  
 Austin, TX 78717

Street and Apt.  
 City, State, Z

PS Form 3800, April 2015 PSN 7530-98-000-9047 See Reverse for Instructions

7029 9696 8207

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

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

Baseball Cap 2011  
 Case No. 15831  
 Pooled Parties

**OFFICIAL USE**

Certified Mail Fee  
 \$ \_\_\_\_\_

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>335</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ <u>290</u>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
 \$ \_\_\_\_\_

**Total Postage**  
 \$ \_\_\_\_\_

Sent To  
 Bradley S. Bates  
 101 Blackberry Ct.  
 Midland, TX 79705

Street and Apt.  
 City, State, Z

PS Form 3800, April 2015 PSN 7530-98-000-9047 See Reverse for Instructions



7017 1450 0002 1696 8191

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

For delivery information, visit **usps.com**

Case No. 15831  
 Pooled Parties

**OFFICIAL MAIL**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 290  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$

Sent Street City

David Puckett  
 106 South Friou Street  
 Houston, TX 75657

Postmark Here SEP 08 2017

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPLETE THIS

1. Article Addressed to:  
 David Puckett  
 106 South Friou Street  
 Houston, TX 75657

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8191

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

A. Signature  
 *David Puckett*  
 Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 9/11/17

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

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

Restricted Delivery

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

7017 1450 0002 1696 8184

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

For delivery information, visit **usps.com**

Case No. 15831  
 Pooled Parties

**OFFICIAL MAIL**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 290  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$

Sent Street City

Marc Schuman  
 10627 Pictured Rocks Drive  
 Peyton, CO 80831

Postmark Here SEP 08 2017

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPLETE THIS

1. Article Addressed to:  
 Marc Schuman  
 10627 Pictured Rocks Drive  
 Peyton, CO 80831

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8184

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  
 *Marc Schuman*  
 Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 MARC SCHUMAN 9/11/17

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

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

Restricted Delivery

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



7017 1450 0002 1696 8177

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Marlene Nichols  
 1106 W. Bell Road, #2143  
 Phoenix, AZ 85023

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

RETURNED

7017 1450 0002 1696 8160

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.35  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.90  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Kenneth M. Cobb, as Trustee  
 of the Cobb Family Trust  
 1202 Cherrywood Ct.  
 Allen, TX 75002

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

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:  
 Kenneth M. Cobb, as Trustee  
 of the Cobb Family Trust  
 1202 Cherrywood Ct.  
 Allen, TX 75002

2. Signature: [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of 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

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

9590 9402 3164 7166 5160 82

7017 1450 0002 1696 8160

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



7017 1450 0002 1696 8153

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL USE™**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 270  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Price \$ \_\_\_\_\_

Sent To  
 Katherine Madera  
 1202 Cherrywood Ct.  
 Allen, TX 75002

City, State, ZIP+4®  
 Allen, TX 75002

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

SEP 08 2017

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL USE™**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 270  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Price \$ \_\_\_\_\_

Sent To  
 Katherine Madera  
 1202 Cherrywood Ct.  
 Allen, TX 75002

City, State, ZIP+4®  
 Allen, TX 75002

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

SEP 08 2017

7017 1450 0002 1696 8146

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL USE™**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 270  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Price \$ \_\_\_\_\_

Sent To  
 Commerce First Royalties, LLC  
 14241 Dallas Parkway, Suite 600  
 Dallas, TX 75254

City, State, ZIP+4®  
 Dallas, TX 75254

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

SEP 08 2017

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL USE™**

Certified Mail Fee \$ 335  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 270  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Price \$ \_\_\_\_\_

Sent To  
 Commerce First Royalties, LLC  
 14241 Dallas Parkway, Suite 600  
 Dallas, TX 75254

City, State, ZIP+4®  
 Dallas, TX 75254

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

SEP 08 2017

**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:  
 Katherine Madera  
 1202 Cherrywood Ct.  
 Allen, TX 75002

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8153

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)  
 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

SEP 12 2017 ALLEN TX

**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:  
 Commerce First Royalties, LLC  
 14241 Dallas Parkway, Suite 600  
 Dallas, TX 75254

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8146

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. PARZA  
 C. Date of Delivery  
 9-12-2017

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



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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL**

Certified Mail Fee \$ 3.35

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 \$

Postmark Here  
 SEP 08 2017

Mildred Maxine Madera McCann  
 1434 Hamblen Rd.  
 Kingwood, TX 77339

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

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL**

Certified Mail Fee \$ 3.35

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 \$

Postmark Here  
 SEP 08 2017

Ronald G. Koehler  
 16262 Chesnut Circle  
 Brainerd, MN 56401

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. HOLD AT BOTTOM EDGE.

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:

Ronald G. Koehler  
 16262 Chesnut Circle  
 Brainerd, MN 56401

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8122

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

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 0002 1696 8115

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

COG Baseball Cap 20ft  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL "USE"**

Certified Mail Fee \$ 3.35

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 \$ \_\_\_\_\_

Postmark Here

SEP 08 2017

To: Estate of William Lanier Bishop  
 1656 Palm Ave.  
 Redwood City, CA 94061

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

7017 1450 0002 1696 8108

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

COG Baseball Cap 20ft  
 Case No. 15831  
 Pooled Parties

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

**OFFICIAL "USE"**

Certified Mail Fee \$ 3.35

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 \$ \_\_\_\_\_

Postmark Here

SEP 08 2017

Total Postage \$ \_\_\_\_\_

Sent To: Benjamin F. Crook  
 1837 N. Valleyview  
 Wichita, KS 67212

Street or PO Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

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

**CERTIFIED MAIL**

SENDER: COM

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

ON DELIVERY

1. Article Addressed to:

Benjamin F. Crook  
 1837 N. Valleyview  
 Wichita, KS 67212

2. Article Number (Transfer from service label)

7017 1450 0002 1696 8108

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 Ben Crook  Agent  Addressee

B. Received by (Printed Name)

Ben Crook

C. Date of Delivery

9/11/17

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

If YES, enter delivery address below:

9590 9402 3164 7166 5164 33

Restricted Delivery

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



7017 1450 0002 1696 8092

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFIC**

Certified Mail Fee \$ 3.35

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 \$ \_\_\_\_\_  
 Sent To \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State \_\_\_\_\_

Mary Jack Johnson  
 1855 Garland Lane  
 Boulder, CO 80304

Postmark Here  
 SEP 08 2017  
 USPS

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.

**LIVERY**

■ 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 Jack Johnson  
 1855 Garland Lane  
 Boulder, CO 80304

2. 9590 9402 3164 7166 5164 26  
 7017 1450 0002 1696 8092

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 JACK JOHNSON  Agent  Addressee

B. Received by (Printed Name)  
 MARY JACK JOHNSON

C. Date of Delivery  
 9/11/17

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 0002 1696 8085

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFIC**

Certified Mail Fee \$ \_\_\_\_\_

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 Fee \$ \_\_\_\_\_  
 Sent To \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State \_\_\_\_\_

Estate of Robert Burns Daley  
 1862 E. Farmdale  
 Mesa, Arizona 85204

Postmark Here  
 SEP 08 2017

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

RETURNED



7017 1450 0002 1696 8076

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

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

**OFFICIAL**

Case No. 15831  
 Pooled Parties

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Po \$ \_\_\_\_\_  
 Sent To Lela Ellen Madera  
 Street 187 George Straight  
 City, State Canyon Lake, TX 78133

Postmark Here  
 SEP 08 2017

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

1. Article Addressed to:  
 Lela Ellen Madera  
 187 George Straight  
 Canyon Lake, TX 78133

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8076

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

A. Signature  
 Robert A. Hinson  
 Agent  
 Addressee

B. Received by (Printed Name)  
Robert A. Hinson

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 0002 1696 8061

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

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

**OFFICIAL**

Case No. 15831  
 Pooled Parties

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 Sent To Rebecca Hunter  
 Street 1903 Briarpark Drive  
 City, State Houston, TX 77042

Postmark Here  
 SEP 08 2017

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

1. Article Addressed to:  
 Rebecca Hunter  
 1903 Briarpark Drive  
 Houston, TX 77042

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8061

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

A. Signature  
 Rebecca Hunter  
 Agent  
 Addressee

B. Received by (Printed Name)  
REBECCA HUNTER

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 0002 1696 8054

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

Case No. 15831  
 Pooled Parties

**OFFICIAL U.S. MAIL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.45  
 Return Receipt (electronic) \$ 2.00  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total P&H \$

Sent To  
 Edwin W. Daley  
 1924 Pine Tree Drive  
 Prescott, Arizona 86303

Postmark Here  
 SEP 08 2017

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

RETURNED

7017 1450 0002 1696 8047

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

Case No. 15831  
 Pooled Parties

**OFFICIAL U.S. MAIL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.45  
 Return Receipt (electronic) \$ 2.00  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total P&H \$

Sent To  
 Shannon Daley aka Shannon D. Earl  
 19248 N. 13th Place  
 Phoenix, AZ 85024-2353

Postmark Here  
 SEP 08 2017

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Shannon Daley aka Shannon D. Earl  
 19248 N. 13th Place  
 Phoenix, AZ 85024-2353

2. Article Number (Transfer from service label)  
 9590 9402 3164 7166 5163 72

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 Shannon Daley  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Shannon Daley

C. Date of Delivery  
 9/11

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 0002 1696 8030

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

COG Baseball Cap 2011  
Case No. 15831  
Pooled Parties

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

OFFICIAL USE

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here

SEP 08 2017

Postage \$ \_\_\_\_\_

Total Pk \$ \_\_\_\_\_

Sent To  
Bobbie Dorner  
1944 SE Marion St  
Portland, OR 97202-7354

Street ad \_\_\_\_\_

City, State \_\_\_\_\_

7017 1450 0002 1696 8023

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

COG Baseball Cap 2011  
Case No. 15831  
Pooled Parties

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

OFFICIAL USE

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here

SEP 08 2017

Postage \$ \_\_\_\_\_

Total Fee \$ \_\_\_\_\_

Sent To  
Charlotte W. Schuman and Karlyn S. Schuman, Co-Trustees of the Charlotte W. Schuman Trust of October 5, 1988  
2121 S. Yorktown #305  
Tulsa, OK 74114

Street ad \_\_\_\_\_

City, State \_\_\_\_\_

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR M/DOT 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:**  
 Charlotte W. Schuman and Karlyn S. Schuman, Co-Trustees of the Charlotte W. Schuman Trust of October 5, 1988  
 2121 S. Yorktown #305  
 Tulsa, OK 74114

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1696 8023

**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"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)**  
 Karlyn S. Schuman

**C. Date of Delivery**  
 SEP 08 2017

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

9590 9402 3164 7166 5163 58

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



7017 1450 0002 1696 8016

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

COG Baseball Cap 2011  
 Case No. 15831  
 Pooled Parties

OFFICIAL USE

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.45  
 Return Receipt (electronic) \$ 2.00  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent \$  
 Street  
 City

Andrew Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

PS Form 3800, April 2015 PSN 7530-02-000-9053 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:  
 Andrew Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8016

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)  
 C. Date of Delivery  
 9/12/17

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

9590 9402 3164 7166 5163 41

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

7017 1450 0002 1696 8009

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

COG Baseball Cap 2011  
 Case No. 15831  
 Pooled Parties

OFFICIAL USE

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.45  
 Return Receipt (electronic) \$ 2.00  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent \$  
 Street  
 City

Elizabeth Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

PS Form 3800, April 2015 PSN 7530-02-000-9053 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:  
 Elizabeth Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 8009

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)  
 C. Date of Delivery  
 9/12/17

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

9590 9402 3164 7166 5165 32

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



7017 1450 0002 1696 7996

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

For delivery information, visit **OFFICIAL**

COG Baseball Cap 20H  
 Case No. 15831  
 Pooled Parties

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 \$  
 Total Postage \$

Sent To  
 Judith Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

City, State

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

**CERTIFIED MAIL**  
 SENDER: COMPLETE THIS SIDE

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:  
 Judith Witten Family 2015 Trust  
 23 Bergen Street  
 Brooklyn, NY 11201

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 7996

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]

B. Received by (Printed Name)

C. Date of Delivery  
 9/12/17

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 0002 1696 7989

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

For delivery information, visit **OFFICIAL**

COG Baseball Cap 20H  
 Case No. 15831  
 Pooled Parties

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 \$  
 Total Postage \$

Sent To  
 Daniel M. Croo  
 2302 R Street SE, #100  
 Auburn, WA 98002

City, State

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

**CERTIFIED MAIL**  
 SENDER: COMPLETE THIS SIDE

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:  
 Daniel M. Croo  
 2302 R Street SE, #100  
 Auburn, WA 98002

2. Article Number (Transfer from service label)  
 7017 1450 0002 1696 7989

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]

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 0002 1696 7972

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

COG Baseball Cap 2011  
 Case No. 1583  
 Pooled Parties

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.65  
 Return Receipt (electronic) \$ 2.10  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

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

Duane R. Daley  
 2407 E Inverness Ave  
 Mesa, AZ 85204-7002

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

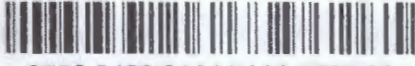
**CERTIFIED MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT BOTTOM LINE

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Duane R. Daley  
 2407 E Inverness Ave  
 Mesa, AZ 85204-7002

  
 9590 9402 3164 7166 5165 01

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1696 7972

**A. Signature**  
 *Duane Daley*  Agent  Addressee

**B. Received by (Printed Name)** **C. Date of Delivery**  
 9/11

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

**3. Service Type**

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

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

7017 1450 0002 1696 7965

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

COG Baseball Cap 2011  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.65  
 Return Receipt (electronic) \$ 2.10  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

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

Duane R. Daley  
 2407 E. Inverness Ave  
 Mesa, AZ 85204-7002

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

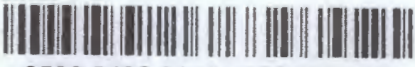
**CERTIFIED MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT BOTTOM LINE

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Duane R. Daley  
 2407 E. Inverness Ave  
 Mesa, AZ 85204-7002

  
 9590 9402 3164 7166 5164 95

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1696 7965

**A. Signature**  
 *Duane Daley*  Agent  Addressee

**B. Received by (Printed Name)** **C. Date of Delivery**  
 9/11

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

**3. Service Type**

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

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



7017 1450 0002 1696 7958

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL USE**

Certified Mail Fee \$ 3.65

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Sent to: Frederick Tilmon King  
 Street: 2510 Saratoga Drive  
 City, State, ZIP: Austin, TX 78733

PS Form 3800, April 2015 PSN 7530-92-000-9047 See Reverse for Instructions

7017 1450 0002 1696 7941

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL USE**

Certified Mail Fee \$ 3.65

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Sent to: Mary M. Johnson  
 Street: 2716 E. 2nd St.  
 City, State, ZIP: Mesa, AZ 85213

PS Form 3800, April 2015 PSN 7530-92-000-9047 See Reverse for Instructions

**CERTIFIED MAIL®**  
 SENDER: COMPLE  
 DELIVERY

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:  
 Frederick Tilmon King  
 2510 Saratoga Drive  
 Austin, TX 78733

2. A 7017 1450 0002 1696 7958 (over \$500)

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  
 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®**  
 SENDER: COM  
 ON DELIVERY

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:  
 Mary M. Johnson  
 2716 E. 2nd St.  
 Mesa, AZ 85213

2. A 7017 1450 0002 1696 7941

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  
 X Kelly P. Kimber  
 B. Received by (Printed Name)  
 C. Date of Delivery  
 KERRY P KIMBER  
 SEP 15 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 0002 1696 7927

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 345  
 Return Receipt (electronic) \$ 250  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To  
 OneEnergy Partners Operating  
 LLC  
 2929 Allen Parkway, Suite 200  
 Houston, TX 77019

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

7017 1450 0002 1696 7927

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 345  
 Return Receipt (electronic) \$ 250  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To  
 Stacey Boelkens aka Stacy  
 Alexander  
 2964 W. Huntsville Ave., Suite G  
 Springdale, AR 72762

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

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Stacey Boelkens aka Stacy  
 Alexander  
 2964 W. Huntsville Ave., Suite G  
 Springdale, AR 72762

2. 7017 1450 0002 1696 7927

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

**DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Jenni Cruz

C. Date of Delivery  
 9-10-17

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  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Restricted Delivery (over \$500)

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



7017 1450 0002 1697 5014

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

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 \$  
 Sent \$  
 Street  
 City, S

Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 2016  
 3 Rayos De Luz Placitas, NM 87043

Postmark Here

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

**CERTIFIED MAIL**

SENDER: COMPLETE DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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

A. Signature  
 Agent  
 Addressee  
 X *Madera*

B. Received by (Printed Name)  
 Pamela Madera

C. Date of Delivery  
 9-20-17

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

1. Article Addressed to:  
 Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 2016  
 3 Rayos De Luz Placitas, NM 87043

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

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 5014

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

7017 1450 0002 1697 2501

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

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 \$  
 Sent \$  
 Street  
 City, S

Estate of Ruford Madera  
 3 Rayos De Luz Placitas, NM 87043

Postmark Here

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

**CERTIFIED MAIL**

SENDER: COMPLETE DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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

A. Signature  
 Agent  
 Addressee  
 X *Madera*

B. Received by (Printed Name)  
 Pamela Madera

C. Date of Delivery  
 9-20-17

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

1. Article Addressed to:  
 Estate of Ruford Madera  
 3 Rayos De Luz Placitas, NM 87043

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

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2501

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



7017 1450 0002 1697 2495  
7017 1450 0002 1697 2488

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

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

**OFFICIAL MAIL**

Case No. 1583  
COG Baseball Cap 26H  
Pooled Parties

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 \$ \_\_\_\_\_

Pamela Madera, personal representative of the Estate of Ruford F. Madera  
3 Rayos De Luz  
Placitas, NM 87043

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](#)

**OFFICIAL MAIL**

Case No. 15831  
COG Baseball Cap 26H  
Pooled Parties

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 \$ \_\_\_\_\_

Clay Sanford King  
3435 Walnut Bend Lane, Apt. 3202  
McAllen, TX 78504

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

**SENDER: COMPLETE THIS SECTION**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. SOLD AT POST OFFICE.

**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:**  
 Pamela Madera, personal representative of the Estate of Ruford F. Madera  
 3 Rayos De Luz  
 Placitas, NM 87043

**2. A** 7017 1450 0002 1697 2495

**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**  
 Madera  Agent  Addressee

**B. Received by (Printed Name)** Pamela Madera  
**G. Date of Delivery** 9-20-17

**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

RETURNED



**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

COG Baseball Cap 26H

Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

Pooled Parties

**OFFICE**

Certified Mail Fee

\$ 3.15

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 \$ 6.15

Send to: Daniel P. Schuman and Vida K. Schuman, as Co-Trustees of the Daniel P. and Vida K. Schuman Revocable Trust dated April 16, 2014

3818 South Florence Place

Tulsa, OK 74105

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

See Reverse for Instructions

Postmark  
Hope

SENDER: CO...

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

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:

Daniel P. Schuman and Vida K. Schuman, as Co-Trustees of the Daniel P. and Vida K. Schuman Revocable Trust dated April 16, 2014  
 3818 South Florence Place  
 Tulsa, OK 74105



9590 9402 3164 7166 5166 00

2. A

PS Form

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

DANIEL SCHUMAN

C. Date of Delivery

9/20/17

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

4401 S. Lewis Pl.  
 Tulsa OK 74105

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 Mailpiece

Return Receipt for Mailpiece

Confirmation™

Confirmation™

Delivery

Domestic Return Receipt

Registered No.

RA030538195US

Date Stamp



Postage \$ 1.15

Extra Services & Fees (continued)

Extra Services & Fees

Registered Mail \$ 14.95

Return Receipt (hardcopy) \$ 0.00

Return Receipt (electronic) \$ 0.00

Restricted Delivery \$ 0.00

Total Postage & Fees \$ 16.10

Customer Must Declare Full Value \$ 0.00

Received by 09/20/2017

Domestic Insurances up to \$50,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

**OFFICIAL USE**

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM: Santa Fe, NM 87501  
 Halana and Hart  
 110 Nath Guadalupe Suite 1  
 Santa Fe, NM 87501  
 87501

TO: Flower Anderson  
 40 Concord 72 Bellevue Avenue  
 West Vancouver, BC V7V1B5  
 Canada

PS Form 3806, Registered Mail Receipt

Copy 1 - Customer

April 2015, PSN 7590-02-000-9051

(See Information on Reverse)

For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)



7017 1450 0002 1697 2464

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

For delivery information, visit [usps.com](http://usps.com)

Case No. 1586E, NW  
 Pooled Parties

**OFFICIAL USE**

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  
 City, State

MidCon Land Services, LLC  
 4401 South Lewis Place  
 Tulsa, OK 74105

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS

- 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:  
 MidCon Land Services, LLC  
 4401 South Lewis Place  
 Tulsa, OK 74105

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2464

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. Delivery Options  
 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)  Addressee  
 DAVIS Schwab  
 C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

ROBERT WAYNE JENKINS  
 SEP 12 2017  
 TULSA, OK 74136

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

7017 1450 0002 1697 2457

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

For delivery information, visit [usps.com](http://usps.com)

Case No. 15831  
 Pooled Parties

**OFFICIAL USE**

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

Justin Nine  
 4414 10th Street  
 Lubbock, TX 79416

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS

- 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:  
 Justin Nine  
 4414 10th Street  
 Lubbock, TX 79416

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2457

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

4. Delivery Options  
 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)  Addressee  
 Justin Nine  
 C. Date of Delivery  
 10/3/17  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

GOLDEN POST OFFICE  
 OCT - 3 2017  
 80401

1900 Larkspur Dr.  
 Golden, CO. 80401

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

7017 1450 0002 1697 2440

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

Case No. 15831

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

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

**Total Postage** \$

Sent To **Energex, LLC**

Street and City, State, ZIP+4® **4425 98th St., Ste. 200  
Lubbock, TX 79424**

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION 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:

**Energex, LLC**  
 4425 98th St., Ste. 200  
 Lubbock, TX 79424

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2440

3. Service Type

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 *[Signature]*

B. Received by (Printed Name) **Tim Lilley**

C. Date of Delivery **9-18-17**

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

9590 9402 3164 7166 5165 70

PS Form 3811, July 2015 PSN 7580-02-000-9053 Domestic Return Receipt

7017 1450 0002 1697 2433

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

Case No. 15831

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

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Sent To **Tim Lilley**

Street and City, State, ZIP+4® **4425 98th Street, Suite 200  
Lubbock, TX 79424**

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION 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:

**Tim Lilley**  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2433

3. Service Type

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 *[Signature]*

B. Received by (Printed Name) **Tim Lilley**

C. Date of Delivery **9-18-17**

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

9590 9402 3164 7166 5165 63

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

7017 1450 0002 1697 2426

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

Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Paid** \$ \_\_\_\_\_

Sent to Marc Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

City, State, ZIP+4® \_\_\_\_\_

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

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Marc Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1697 2426 (over \$500)

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

B. Received by (Printed Name) Marc Lilley

C. Date of Delivery 9-18-17

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

7017 1450 0002 1697 2419

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

Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Paid** \$ \_\_\_\_\_

Sent to Lisa Lilley  
 4425 98th Street, Suite 200  
 Lubbock, TX 79424

City, State, ZIP+4® \_\_\_\_\_

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

**RETURNED**

7017 1450 0002 1697 2402

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [www.usps.com](http://www.usps.com)

**OFFICIAL RECEIPT**

Certified Mail Fee \$ 3.45  
2.80

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  
 AE&J Royalties, LLC, a New Mexico Limited Liability Company  
 460 St. Michael's Dr., Bldg. 300  
 Santa Fe, NM 87505

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

**CERTIFIED MAIL**

SENDER COMPLETE 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:**  
 AE&J Royalties, LLC, a New Mexico Limited Liability Company  
 460 St. Michael's Dr., Bldg. 300  
 Santa Fe, NM 87505

**2. Article Number (Transfer from envelope label)**  
 7017 1450 0002 1697 2402

**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 *Rebecca Montoya*  Agent  Addressee

**B. Received by (Printed Name)**  
 Rebecca Montoya

**C. Date of Delivery**  
 9-11

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

SEP 11 2017

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

7017 1450 0002 1697 2396

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [www.usps.com](http://www.usps.com)

**OFFICIAL RECEIPT**

Certified Mail Fee \$ 3.45  
2.80

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  
 Clifton Forrest King  
 4800 North 10th St., Ste. D  
 McAllen, TX 78504

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

**CERTIFIED MAIL**

SENDER COMPLETE 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:**  
 Clifton Forrest King  
 4800 North 10th St., Ste. D  
 McAllen, TX 78504

**2. Article Number (Transfer from envelope label)**  
 7017 1450 0002 1697 2396

**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 *Clif King*  Agent  Addressee

**B. Received by (Printed Name)**  
 Clif King

**C. Date of Delivery**  
 9-14-17

**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 0002 1697 2389

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

For delivery information, visit **OFFICIAL**

COG Baseball Cap 26H  
 Case No. 015831  
 Pooled Parties

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 \$  
 Sent To  
 Street  
 City, State

Black Mountain Operating, LLC  
 500 Main St., Suite 1200  
 Fort Worth, TX 76102

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

**CERTIFIED MAIL**

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

IN 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:  
 Black Mountain Operating, LLC  
 500 Main St., Suite 1200  
 Fort Worth, TX 76102

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2389

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)  
 J Mayfield

C. Date of Delivery  
 9/11

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 0002 1697 2372

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

For delivery information, visit **OFFICIAL**

COG Baseball Cap 26H  
 Case No. 015831  
 Pooled Parties

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

Sara Louise Strand  
 5327 Penn Avenue  
 Brooklyn Center, MN 55430

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

**CERTIFIED MAIL**

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

IN 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:  
 Sara Louise Strand  
 5327 Penn Avenue  
 Brooklyn Center, MN 55430

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2372

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)  
 Sara Louise Strand

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 0002 1697 2365

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

COG Baseball Cap 26H  
 Case No. 15831  
 Postmaster's Office

**OFFICIAL RECEIPT**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.65  
 Return Receipt (electronic) \$ 2.80  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total Postage** \$  
 Sent To MRC Permian LKE Company, LLC  
 5400 LBJ Freeway, Ste 1500  
 Street Dallas, TX 75240  
 City, State

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

**CERTIFIED MAIL**

SENDER COMPL (DELIVERY)

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

**A. Signature**  
 [Signature]  Agent  
 Addressee

**B. Received by (Printed Name)** [Signature] **C. Date of Delivery** 9/11/17

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

**1. Article Addressed to:**  
 MRC Permian LKE Company, LLC  
 5400 LBJ Freeway, Ste 1500  
 Dallas, TX 75240

9590 9402 3164 7166 5166 93

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1697 2365 Restricted Delivery

**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 0002 1697 2358

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

COG Baseball Cap 26H  
 Case No. 15831  
 Postmaster's Office

**OFFICIAL RECEIPT**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.65  
 Return Receipt (electronic) \$ 2.80  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total Postage** \$  
 Sent To MRC Permian Company  
 5400 LBJ Freeway, Ste 1500  
 Street Dallas, TX 75240  
 City, State

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

**CERTIFIED MAIL**

SENDER COMPL (DELIVERY)

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

**A. Signature**  
 [Signature]  Agent  
 Addressee

**B. Received by (Printed Name)** [Signature] **C. Date of Delivery** 9/11/17

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

**1. Article Addressed to:**  
 MRC Permian Company  
 5400 LBJ Freeway, Ste 1500  
 Dallas, TX 75240

9590 9402 3164 7166 5166 86

**2. Article Number (Transfer from service label)**  
 7017 1450 0002 1697 2358 Restricted Delivery

**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 0002 1697 2341

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

COG Baseball Cap 26H  
 Case No: 15831  
 Pooled Parties

For delivery information, visit **OFFICE**

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 \$  
 Total \$  
 Sent To  
 Street  
 City, State

EOG Y Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions


**CERTIFIED MAIL**

SENDER COMPL      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:**

EOG Y Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79706

  
 9590 9402 3164 7166 5166 79

**2. Article Number (Transfer from sender label)**  
 7017 1450 0002 1697 2341

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** J. Bey  
**C. Date of Delivery** 9-12-17

**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

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

7017 1450 0002 1697 2334

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

COG Baseball Cap 26H  
 Case No: 15831  
 Pooled Parties

For delivery information, visit **OFFICE**

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 \$  
 Total \$  
 Sent To  
 Street  
 City, State

EOG M Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions


**CERTIFIED MAIL**

SENDER COMPL      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:**

EOG M Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79706

  
 9590 9402 3164 7166 5166 62

**2. Article Number (Transfer from sender label)**  
 7017 1450 0002 1697 2334

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** J. Bey  
**C. Date of Delivery** 9-12-17

**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

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

7017 1450 0002 1697 2327

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL WEBSITE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate) \$ 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: **EOG A Resources, Inc.**  
 5509 Champions Drive  
 Midland, TX 79706

City, State

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

7017 1450 0002 1697 2310

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL WEBSITE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate) \$ 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: **Marathon Oil Permian LLC**  
 5555 San Felipe Street  
 Houston, TX 77056

City, State

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:

**EOG A Resources, Inc.**  
 5509 Champions Drive  
 Midland, TX 79706

9590 9402 3164 7166 5166 55

2. Article N (Transfer from service label)  
 7017 1450 0002 1697 2327

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

**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:

**Marathon Oil Permian LLC**  
 5555 San Felipe Street  
 Houston, TX 77056

9590 9402 3164 7166 5166 48

2. A 7017 1450 0002 1697 2310

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

7017 1450 0002 1697 2303

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

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 \$

Postmark Here

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

Liessa Schuman  
 5777 Carell Ave  
 Agoura Hills, CA 91301-2128

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**MAIL CERTIFIED**

SENDER: COMPLETE 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:  
 Liessa Schuman  
 5777 Carell Ave  
 Agoura Hills, CA 91301-2128

2. Article Number (over \$500)  
 7017 1450 0002 1697 2303

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)  
 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 0002 1697 2297

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

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 \$

Postmark Here

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

Chevron U.S.A. Inc.  
 6001 Bollinger Canyon Road  
 San Ramon, CA 94583

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**MAIL CERTIFIED**

SENDER: COMPLETE 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:  
 Chevron U.S.A. Inc.  
 6001 Bollinger Canyon Road  
 San Ramon, CA 94583

2. Article Number (over \$500)  
 7017 1450 0002 1697 2297

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)  
 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 0002 1697 2272E

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

**OFFICIAL**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.85  
 Return Receipt (electronic) \$ 2.80  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postmark Here

Postage \$  
 Total \$ Brogo Minerals, LLC, a Texas limited liability company  
 Sent \$ 6100 Cedar Springs Road, Suite 200  
 Street Dallas, TX 75235  
 City, State, ZIP+4®

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

RETURNED

7017 1450 0000 1697 2272E

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

**OFFICIAL**

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

Postage \$  
 Total \$ Estate of Alta Brasfield  
 Sent \$ 627 Lemon Street  
 Street Tempe, AZ 85281  
 City, State, ZIP+4®

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

RETURNED

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

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

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

Postmark Here

Postage

Total \$

Sent To Sandra Phillips  
 6936 Private Road 4222  
 Gilmer, TX 75644

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

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

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

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

Postmark Here

Postage

Total \$

Sent To Daniel Baeza  
 7225 Mockingbird Lane  
 Hobbs, NM 88242

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

**CERTIFIED MAIL**

SENDER: COM1 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.

1. Article Addressed to:

Sandra Phillips  
 6936 Private Road 4222  
 Gilmer, TX 75644

9590 9402 3164 7166 5167 92

7017 1450 0002 1697 2266

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

A. Signature  Agent  Addressee  
 X Sandra Phillips  
 B. Received by (Printed Name)  
 C. Date of Delivery 9-11-17  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

**CERTIFIED MAIL**

SENDER: COM1 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.

1. Article Addressed to:

Daniel Baeza  
 7225 Mockingbird Lane  
 Hobbs, NM 88242

9590 9402 3164 7166 5167 85

7017 1450 0002 1697 2259

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

A. Signature  Agent  Addressee  
 X Daniel Baeza  
 B. Received by (Printed Name)  
 C. Date of Delivery 9-13-17  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7017 1450 0002 1697 2242

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**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 Patricia Getty  
 7416 Gladys St.  
 Lone Oak, TX 75453

City, State Lone Oak, TX

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

**CERTIFIED MAIL**

SENDER COMPLETE 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:  
 Patricia Getty  
 7416 Gladys St.  
 Lone Oak, TX 75453

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2242

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

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
 Patricia Getty

C. Date of Delivery  
 6/11/17

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  
 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

Barcode: 9590 9402 3164 7166 5167 78

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

7017 1450 0002 1697 2235

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**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 Matthew Schuman  
 789 Horatio Blvd  
 Buffalo Grove, IL 60089-6416

City, State Buffalo Grove, IL

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

**CERTIFIED MAIL**

SENDER COMPLETE 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:  
 Matthew Schuman  
 789 Horatio Blvd  
 Buffalo Grove, IL 60089-6416

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2235

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

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
 M Schuman

C. Date of Delivery  
 6/11/17

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  
 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

Barcode: 9590 9402 3164 7166 5167 61

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

7017 1450 0002 1697 2211

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.45  
 Return Receipt (electronic) \$ 2.00  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total P \$

Sent To  
 Estate of Veiva Daley  
 805 Lemon Street  
 Tempe, AZ 85281  
 City, St

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

7017 1450 0002 1697 2211

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.45  
 Return Receipt (electronic) \$ 2.00  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total P \$

Sent To  
 Shawna Dee Lawrence  
 815 N. 2nd St.  
 Dardanelle, AR 78234  
 City, St

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

RETURNED

**CERTIFIED MAIL**

SENDER COMPLETE BY 12:00 PM

1. Article Addressed to:  
 Shawna Dee Lawrence  
 815 N. 2nd St.  
 Dardanelle, AR 78234

2. Article Number (Transfer from previous label)  
 7017 1450 0002 1697 2211

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)  
 Chad Grayham

C. Date of Delivery  
 9-12-17

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

9590 9402 3164 7166 5167 47

Restricted Delivery (over \$500)

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

Domestic Return Receipt

7017 1450 0002 1697 2204

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

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 \$  
 Total Paid \$

Sent To  
 Street  
 City, State

Shauna Lawrence  
 815 N. 2nd Street  
 Dardanelle, AR 78234

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

7017 1450 0002 1697 2198

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

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 \$  
 Total Paid \$

Sent To  
 Street  
 City, State

Estate of Olivia H. Birchett  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

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

**MAIL DELIVERED**

SENDER, COMPLETE

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)  
 Chad Croghan

C. Date of Delivery  
 9-12-17

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

1. Article Addressed to:  
 Shauna Lawrence  
 815 N. 2nd Street  
 Dardanelle, AR 78234

2. A. Barcode: 9590 9402 3164 7166 5161 12  
 7017 1450 0002 1697 2204  
 (over \$500) Restricted Delivery

J. 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

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

RETURNED



7017 1450 0002 1697 2181

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit **OFFIC**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ 345  
 Return Receipt (electronic) \$ 280  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total P.** \$ \_\_\_\_\_

Sent To **First Interstate Bank of**  
**Arizona, N.A., as Trustee for**  
**Jonatte Strand**  
**8601 N. Scottsdale Road**  
**Scottsdale, AZ 85253**

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

RETURNED

7017 1450 0002 1697 2174

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

COG Baseball Cap 26H  
 Case No. 15831  
 Duplicated Parties

For delivery information, visit **OFFIC**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ 345  
 Return Receipt (electronic) \$ 280  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Sent **Herbert R. Roberts**  
**8601 N. Scottsdale Road**  
**Scottsdale, AZ 85253**

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

RETURNED

7017 1450 0002 1697 2167

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

COG Baseball Cap 2011  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee  
 \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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

Postage  
 \$

**Total** \$

**Sent to** Rhoda Jene Kennedy fka  
 Rhoda Jene Strand  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

PS Form 3800, April 2015 PSN 7530-02-900-9047 See Reverse for Instructions

RETURNED

7017 1450 0002 1697 2150

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

COG Baseball Cap 2011  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

Certified Mail Fee  
 \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</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

Postage  
 \$

**Total** \$

**Sent to** Linda Jeffrey  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

PS Form 3800, April 2015 PSN 7530-02-900-9047 See Reverse for Instructions

RETURNED

7017 1450 0002 1697 2143

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

COG Baseball Cap 20H  
 Case No. 15831

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

**OFFICE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 3.45  
 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street \$

City:

Postmark Here

James H. Roberts  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

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

RETURNED

7017 1450 0002 1697 2136

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

COG Baseball Cap 20H  
 Case No. 15831

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

**OFFICE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 3.45  
 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street \$

City:

Postmark Here

Lori Mehr  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

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

RETURNED

7017 1450 0000 1697 2112  
7017 1450 0000 1697 2112  
7017 1450 0000 1697 2112

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

For delivery information, visit [www.usps.com](http://www.usps.com)

**OFFICE** COG Baseball Cap 2011  
 Case No. 15831  
 Pooled Parties

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Sent To** Joseph W. Birchett  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

**City, State, ZIP+4™**

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

RETURNED

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

For delivery information, visit [www.usps.com](http://www.usps.com)

**OFFICE** COG Baseball Cap 2011  
 Case No. 15831  
 Pooled Parties

Certified Mail Fee \$ 3.45

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

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage** \$ \_\_\_\_\_

**Sent To** Ruth L. Theiss, Trust Office of First  
 Interstate Bank of Arizona, N.A., as Personal  
 Representative of the Estate of Olivia H.  
 Birchett C/O Trust Department  
 8601 N. Scottsdale Road  
 Scottsdale, AZ 85253

**City, State, ZIP+4™**

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

RETURNED

7017 1450 0002 1697 2105

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

COG Baseball Cap 26H  
 Case No. 15831, NM  
 For delivery information

**OFFICIAL RECEIPT**

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 \$  
 Sent \$  
 Street Address: Inspire AOG Partners, Ltd.  
 P. O. Box 10249  
 Midland, TX 79702  
 City:

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

**CERTIFIED MAIL**

SENDER, COMPLETE 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:  
 Inspire AOG Partners, Ltd.  
 P. O. Box 10249  
 Midland, TX 79702

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1697 2105

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: [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name): DMiles  
 C. Date of Delivery: 9/14/17

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 0002 1697 2099

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

COG Baseball Cap 26H  
 Case No. 15831, NM  
 For delivery information

**OFFICIAL RECEIPT**

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 \$  
 Sent \$  
 Street Address: New Mexico Department of  
 Transportation  
 P.O. Box 1149  
 Santa Fe, NM 87504-1149  
 City:

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

**CERTIFIED MAIL**

SENDER, COMPLETE 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:  
 New Mexico Department of  
 Transportation  
 P.O. Box 1149  
 Santa Fe, NM 87504-1149

2. Article Number (Transfer from carrier label)  
 7017 1450 0002 1697 2099

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: [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name): [Signature]  
 C. Date of Delivery: SEP 11 2017

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below: [Redacted]

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



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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL MAIL**

Certified Mail Fee \$ 3.95  
 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, State, ZIP+4®

Diane Lee Bishop  
 P.O. Box 2134  
 Folsom, CA 95763-2134

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

**CERTIFIED MAIL**

SENDER: COMPLETE 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.

1. Article Addressed to:  
 Diane Lee Bishop  
 P.O. Box 2134  
 Folsom, CA 95763-2134

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2082

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  
 [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

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

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL MAIL**

Certified Mail Fee \$ 3.95  
 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, State, ZIP+4®

Rhonda Forsha  
 P.O. Box 2215  
 Scottsdale, AZ 85252

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

**CERTIFIED MAIL**

SENDER: COMPLETE 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.

1. Article Addressed to:  
 Rhonda Forsha  
 P.O. Box 2215  
 Scottsdale, AZ 85252

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2075

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  
 [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Rhonda Forsha  
 C. Date of Delivery  
 9-11-17

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 0002 1697 2068

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

For delivery information, visit [www.usps.com](http://www.usps.com)

Case No. 15831  
 COG Baseball Cap 26H  
 1 Party

**OFFICE**

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 \$  
 Total \$  
 Sent to Viva Krause C/O Rhonda Forsha  
 P.O. Box 2215  
 Scottsdale, AZ 85252

Postmark Here

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

**SENDER: COMPLETE**

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:  
 Viva Krause C/O Rhonda Forsha  
 P.O. Box 2215  
 Scottsdale, AZ 85252

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2068

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 Rhonda Forsha  Agent  Addressee

B. Received by (Printed Name)  
 Rhonda Forsha

C. Date of Delivery  
 9-11-17

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 0002 1697 2051

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

For delivery information, visit [www.usps.com](http://www.usps.com)

Case No. 15831  
 COG Baseball Cap 26H  
 1 Party

**OFFICE**

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 \$  
 Total Postage \$  
 Sent to Estate of Rubert Madera c/o Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335

Postmark Here

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

**SENDER: COMPLETE**

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:  
 Estate of Rubert Madera c/o Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2051

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 Bert Madera  Agent  Addressee

B. Received by (Printed Name)  
 Bert Madera

C. Date of Delivery  
 9-11-17

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 0002 1697 2037

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit **OFFICIAL**

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

Postage \$ \_\_\_\_\_  
**Total P.** \$ \_\_\_\_\_

Sent to Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335

City, St: \_\_\_\_\_

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:

Bert Madera  
 P.O. Box 2795  
 Ruidoso, NM 88335



9590 9402 3164 7166 5161 50

2. Article Number (Transfer from service label)

7017 1450 0002 1697 2037

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

A. Signature

X

*Bert*

- Agent
- Addressee

B. Received by (Printed Name)

*Bert Madera*

C. Date of Delivery

*9-12-17*

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
- 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 0002 1697 2020

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit **OFFICIAL**

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

Postage \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

Sent to James H. Moomaw  
 P.O. Box 341  
 Tremonton, UT 84337

City, St: \_\_\_\_\_

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:

James H. Moomaw  
 P.O. Box 341  
 Tremonton, UT 84337



9590 9402 3164 7166 5161 43

2. Article Number (Transfer from service label)

7017 1450 0002 1697 2020

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

A. Signature

X

*James H. Moomaw*

- Agent
- Addressee

B. Received by (Printed Name)

*James H. Moomaw*

C. Date of Delivery

*9-13-17*

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
- 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 0002 1697 2006

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

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 \$  
 Total Postage \$  
 Sent To  
 Street  
 City, State, ZIP+4™

Katherine Ross Madera  
 Sharbutt  
 P.O. Box 443  
 Manhattan, MT 59741

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

**CERTIFIED MAIL**

SENDER: COMPI

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:  
 Katherine Ross Madera  
 Sharbutt  
 P.O. Box 443  
 Manhattan, MT 59741

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2006

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 Katherine Madera  Agent  Addressee

B. Received by (Printed Name)  
 Katherine Madera

C. Date of Delivery  
 9-12-17

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

9590 9402 3164 7166 5161 36

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

7017 1450 0002 1697 2006

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

COG Baseball Cap 26H  
 Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

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

5588 Oil, LLC  
 P.O. Box 470925  
 Fort Worth, TX 76107

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

**CERTIFIED MAIL**

SENDER: COM

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:  
 5588 Oil, LLC  
 P.O. Box 470925  
 Fort Worth, TX 76107

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 2006

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 Madera  Agent  Addressee

B. Received by (Printed Name)  
 Madera

C. Date of Delivery  
 9/10/17

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

9590 9402 3164 7166 5161 29

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

7017 1450 0002 1697 1993

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 26H  
 For delivery information Case No. [Redacted]  
 OFFICIAL MAIL

Certified Mail Fee \$ [Redacted]  
 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 \$  
 Mavros Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

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

**CERTIFIED MAIL**  
 SENDER COMPLETE

1. Article Addressed to:  
 Mavros Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 1993

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) R. Par  
 C. Date of Delivery 9-12-17  
 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 0002 1697 1979

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only COG Baseball Cap 26H  
 For delivery information Case No. 15831  
 OFFICIAL MAIL

Certified Mail Fee \$ [Redacted]  
 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 \$  
 Oak Valley Mineral and Land,  
 LP  
 P.O. Box 50820  
 Midland, TX 79710

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

**CERTIFIED MAIL**  
 SENDER COMPLETE THIS

1. Article Addressed to:  
 Oak Valley Mineral and Land,  
 LP  
 P.O. Box 50820  
 Midland, TX 79710

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 1979

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) R. Par  
 C. Date of Delivery 9-12-17  
 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 0002 1697 1962

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

COG Baseball Cap 26H  
 Case No. 15831  
 Printed Names

For delivery information, visit **OFFICIAL**

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, \$

CEP Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

Postmark Here

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

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL®**

SENDER: COMPLETE THIS SECTION. DELIVERER: 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:  
 CEP Minerals, LLC  
 P.O. Box 50820  
 Midland, TX 79710

Barcode: 9590 9402 3164 7166 5162 97  
 7017 1450 0002 1697 1962

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

A. Signature  Agent  Addressee  
 X *R. Paul*  
 B. Received by (Printed Name) *R. Paul* C. Date of Delivery *9-12-12*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7017 1450 0002 1697 1955

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

COG Baseball Cap 26H  
 Case No. 15831  
 Printed Names

For delivery information, visit **OFFICIAL**

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, \$

Michael Fred Madera  
 P.O. Box 645  
 La Pine, OR 97739

Postmark Here

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

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL®**

SENDER: COMPLETE THIS SECTION. DELIVERER: 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:  
 Michael Fred Madera  
 P.O. Box 645  
 La Pine, OR 97739

Barcode: 9590 9402 3164 7166 5162 80  
 7017 1450 0002 1697 1955

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

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

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

7017 1450 0002 1697 1948

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

COG Baseball Cap 26H  
Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**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 \$  
Total Post \$  
Sent To  
Street and  
City, State

Dylan Tarter  
P.O. Box 94516  
Lubbock, TX 79496

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:

Dylan Tarter  
P.O. Box 94516  
Lubbock, TX 79496

2. Article Number (Transfer from service label)

7017 1450 0002 1697 1948

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
James Henry

C. Date of Delivery  
SEP 24 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

(over \$500)

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

7017 1450 0002 1697 1931

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

COG Baseball Cap 26H  
Case No. 15831

For delivery information, visit [usps.com](http://usps.com)

**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 \$  
Total Post \$  
Sent To  
Street and  
City, State

Northwest Bank New Mexico, N.A.,  
successor in interest to United New Mexico  
Trust Company, in its capacity as Trustee of  
the Malcolm Madera Revocable Trust under  
Trust Agreement dated August 8, 1984  
PO Box 2468  
Roswell, NM 88202-2468

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

SENDER: COM/

- 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:

Northwest Bank New Mexico, N.A.,  
successor in interest to United New Mexico  
Trust Company, in its capacity as Trustee of  
the Malcolm Madera Revocable Trust under  
Trust Agreement dated August 8, 1984  
PO Box 2468  
Roswell, NM 88202-2468

2. Article Number (Transfer from service label)

7017 1450 0002 1697 1931

ON DELIVERY

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
Lori Huerta

C. Date of Delivery  
SEP 12 2017

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
PO Box 2468

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

(over \$500)

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

7017 1450 0002 1697 1924

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.95  
 Return Receipt (electronic) \$ 2.89  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
**Total F** \$  
 Sent To  
 Street  
 City, State

Tilden Capital, LLC  
 PO Box 470857  
 Fort Worth, TX 76147

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

7017 1450 0002 1697 1917

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.95  
 Return Receipt (electronic) \$ 2.89  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

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

Ross Duncan Properties, LLC  
 PO Box 647  
 Artesia, NM 88211-0647

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:

Tilden Capital, LLC  
 PO Box 470857  
 Fort Worth, TX 76147

9590 9402 3164 7166 5162 59

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 1924

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Agent  
 Addressee  
 X Ashton Waters

B. Received by (Printed Name)  
 Ashton Waters

C. Date of Delivery  
 9/14/17

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

**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:

Ross Duncan Properties, LLC  
 PO Box 647  
 Artesia, NM 88211-0647

9590 9402 3164 7166 5162 42

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 1917

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Agent  
 Addressee  
 X RW

B. Received by (Printed Name)  
 A WATTS

C. Date of Delivery

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

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

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

Domestic Return Receipt

7017 1450 0002 1697 1900

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL**

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 \$

Panhandle Properties, LLC  
 PO Box 648  
 Artesia, NM 88211-0648

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

**CERTIFIED MAIL**

SENDER: COMPLETE

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:  
 Panhandle Properties, LLC  
 PO Box 648  
 Artesia, NM 88211-0648

2. Article Number (Transfer from service label)  
 7017 1450 0002 1697 1900

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 A. WATTS

C. Date of Delivery

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

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

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

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

7016 3010 0001 1046 8330

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

COG Baseball Cap 26H  
 Case No. 15831  
 Pooled Parties

For delivery information, visit **OFFICIAL**

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 \$

Blackbird Royalties, LLC  
 P.O. Box 2670  
 Roswell, NM 88202

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
 Blackbird Royalties, LLC  
 P.O. Box 2670  
 Roswell, NM 88202

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8330

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Michael Schwab

C. Date of Delivery  
 SEP 13 2017

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

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

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

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

7016 3010 0001 1046 8347

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit us at [usps.com](http://usps.com)

COG Baseball Cap 26H

Case No. 15831

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 \$

Rolla R. Hinkle, III  
P.O. Box 2292  
Roswell, NM 88202-2292

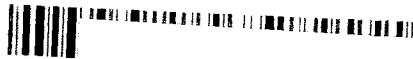
PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rolla R. Hinkle, III  
P.O. Box 2292  
Roswell, NM 88202-2292



9590

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8347

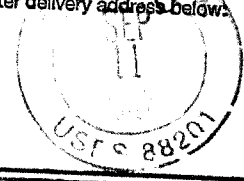
PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name)  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®  Registered Mail™  Restricted Delivery

Insured Mail (Mail Restricted Delivery 10)  Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 3010 0001 1046 8354

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit us at [usps.com](http://usps.com)

COG Baseball Cap 26H

Case No. 15831

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 \$

Madison M. Hinkle  
P.O. Box 2292  
Roswell, NM 88202-2292

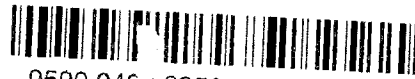
PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Madison M. Hinkle  
P.O. Box 2292  
Roswell, NM 88202-2292



9590 9402 2950 7094 2944 50

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8354

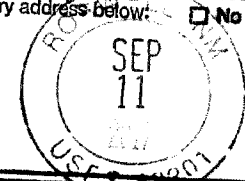
PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name)  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®  Registered Mail™  Registered Mail Restricted Delivery  Certified Mail®  Certified Mail Restricted Delivery  Return Receipt for Merchandise  Collect on Delivery  Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  Signature C

Domestic Return Receipt



## **Baseball Cap 26H Case No. 15831 - Offsets (10)**

Abo Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

Bradley S. Bates  
101 Blackberry Ct.  
Midland, TX 79705

Commerce First Royalties, LLC, a Texas limited liability company  
14241 Dallas Parkway, Suite 600  
Dallas, TX 75254

MECO IV, LLC, a Delaware limited liability company  
1200 17th Street, Ste 975  
Denver, CO 80202

MidCon Land Services, LLC  
4401 South Lewis Place  
Tulsa, OK 74105

Myco Industries, Inc.  
105 South 4th Street  
Artesia, NM 88210

Oxy USA Inc.  
P.O. Box 27570  
Houston, TX 77227

OXY Y-1  
P.O. Box 27570  
Houston, TX 77227

The Allar Company  
P.O. Box 1567  
Graham, TX 76450

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

7016 3010 0001 1046 8545

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

COG Baseball Cap 26H  
Case No. 15831  
OFFSET

Certified Mail Fee \$ \_\_\_\_\_

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

<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	\$ _____

Postage \$ \_\_\_\_\_

Postmark Here

Abo Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

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




**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

Abo Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

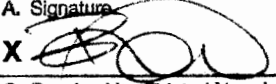


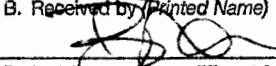
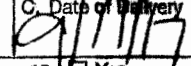
9590 9402 2950 7094 2945 59

2 Article Number (Transfer from service label)

7016 3010 0001 1046 8545

**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  
 If YES, enter delivery address below:  No

3. Service Type

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

Mail Restricted Delivery (00)

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

Domestic Return Receipt

7016 3010 0001 1046 8446

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

COG Baseball Cap 26H  
Case No. 15831  
OFFSET

Certified Mail Fee \$ \_\_\_\_\_

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

<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	\$ _____

Postage \$ \_\_\_\_\_

Postmark Here

Bradley S. Bates  
101 Blackberry Ct.  
Midland, TX 79705

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

7016 3010 0001 1046 8439

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **COG Baseball Cap 26H**

Case No. 15831

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

Commerce First Royalties, LLC, a  
Texas limited liability company  
14241 Dallas Parkway, Suite 600  
Dallas, TX 75254

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:

Commerce First Royalties, LLC, a  
Texas limited liability company  
14241 Dallas Parkway, Suite 600  
Dallas, TX 75254



9590 9402 2950 7094 2945 73

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8439

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*T. Piazza*

- Agent
- Addressee

B. Received by (Printed Name)

T. Piazza

C. Date of Delivery

9-12-2017

3. 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
- Mail
- Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7016 3010 0001 1046 8361

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **COG Baseball Cap 26H**

Case No. 15831

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

MECO IV, LLC, A Delaware  
Limited Liability company  
1200 17th Street, Ste 975  
Denver, CO 80202

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:

MECO IV, LLC, A Delaware  
Limited Liability company  
1200 17th Street, Ste 975  
Denver, CO 80202



9590 9402 2950 7094 2945 80

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8361

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Avery Daniels*

- Agent
- Addressee

B. Received by (Printed Name)

Avery Daniels

C. Date of Delivery

9/12/17

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
- Mail
- 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

7016 3010 0001 1046 8378

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

For delivery information, visit **usps.com**  
 Case No. 15831

**OFFICE**  
**OFFSET**

Certified Mail Fee \$  
 Additional 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

MidCon Land Services, LLC  
 4401 South Lewis Place  
 Tulsa, OK 74105

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:  
 MidCon Land Services, LLC  
 4401 South Lewis Place  
 Tulsa, OK 74105

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8378

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Daniel Skup

C. Date of Delivery  
 9/12/17

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  
 Mail Restricted Delivery

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

ROBERT WAYNE JENKINS  
 SEP 12 2017  
 TULSA, OK 74135

Domestic Return Receipt

7016 3010 0001 1046 8385

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

For delivery information, visit **usps.com**  
 Case No. 15831

**OFFICE**  
**OFFSET**

Certified Mail Fee \$  
 Additional 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

Myco Industries, Inc.  
 105 South 4th Street  
 Artesia, NM 88210

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Myco Industries, Inc.  
 105 South 4th Street  
 Artesia, NM 88210

2. Article Number (Transfer from service label)  
 7016 3010 0001 1046 8385

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Jha

C. Date of Delivery  
 9/12/17

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

2692 9407 1000 7016 3010 0001 1046 8392

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit us at [usps.com](http://usps.com)

COG Baseball Cap 26H  
Case No. 15831

OFFICE

OFFSET

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

Oxy USA Inc.  
P.O. Box 27570  
Houston, TX 77227

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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oxy USA Inc.  
P.O. Box 27570  
Houston, TX 77227



9590 9402 2950 7094 2946 10

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8392

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *J. BEAMAN* 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  Mail Restricted Delivery (500)

Domestic Return Receipt

9048 9407 1000 7016 3010 0001 1046 8408

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit us at [usps.com](http://usps.com)

COG Baseball Cap 26H  
Case No. 15831

OFFICE

OFFSET

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

OXY Y-1  
P.O. Box 27570  
Houston, TX 77227


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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY Y-1  
P.O. Box 27570  
Houston, TX 77227



9590 9402 2950 7094 2946 27

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8408

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *J. BEAMAN* 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  Mail Restricted Delivery (500)

Domestic Return Receipt



7016 3010 0001 1046 8415

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 26H  
Case No. 15831

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

The Allar Company  
P.O. Box 1567  
Graham, TX 76450

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:

The Allar Company  
P.O. Box 1567  
Graham, TX 76450



9590 9402 2950 7094 2946 34

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8415

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee  
 X *Melani Barrett*
- B. Received by (Printed Name) *Melani Barrett*
- C. Date of Delivery *9-11-17*
- 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
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 3010 0001 1046 8422

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

For delivery information, visit [usps.com](http://usps.com)

COG Baseball Cap 26H  
Case No. 15831

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

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210



9590 9402 2950 7094 2946 41

2. Article Number (Transfer from service label)

7016 3010 0001 1046 8422

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee  
 X *[Signature]*
- B. Received by (Printed Name) *[Signature]*
- C. Date of Delivery *[Signature]*
- D. Is delivery address different from item 1?  Yes  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
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

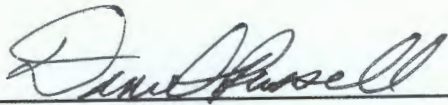


# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

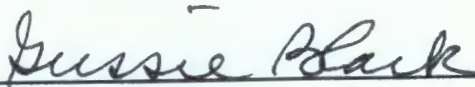
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated  
September 13, 2017  
and ending with the issue dated  
September 13, 2017.



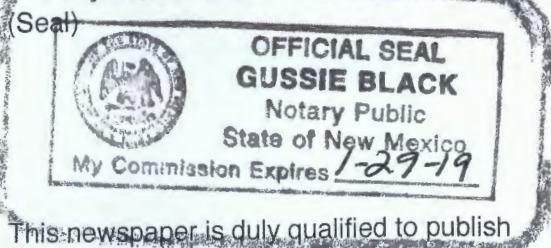
Publisher

Sworn and subscribed to before me this  
13th day of September 2017.



Business Manager

My commission expires  
January 29, 2019



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

LEGAL

LEGAL

LEGAL

LEGAL NOTICE  
September 13, 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 **September 28, 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 **September 18, 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: Estate of Malcolm R. Madera, his heirs and devisees; Estate of Mercedes A. Crook, her heirs and devisees; Estate of Neal King, his heirs and devisees; Jean Coulter Clark Revocable Trust Agreement dated September 6, 1996; Eleanor Howard Coulter, her heirs and devisees; Jean Coulter Clark, her heirs and devisees; Estate of Lanier D. Crook, his heirs and devisees; Dorothy Ann Doran, Dorothy Julia Doran, her heirs and devisees; Rebecca King Goldsmith; her heirs and devisees; Bradley S. Bates, his heirs and devisees; David Puckett, his heirs and devisees; Marc Schuman, his heirs and devisees; Cobb Family Trust, Kenneth M. Cobb; Katherine Madera, her heirs and devisees; Commerce First Royalties, LLC; Mildred Maxine Madera McCall, her heirs and devisees; Ronald G. Koehler, his heirs and devisees; Estate of William Lanier Bishop, his heirs and devisees; Benjamin F. Crook, his heirs and devisees; Mary Jack Johnson, her heirs and devisees; Estate of Robert Burns Daley, his heirs and devisees; Lela Ellen Madera, her heirs and devisees; Rebecca Hunter; her heirs and devisees; Edwin W. Daley, his heirs and devisees; Charlotte W. Schuman Trust of October 5, 1988, Charlotte W. Schuman and Karlyn S. Schuman; Andrew Witten Family 2015 Trust; Elizabeth Witten Family 2015 Trust; Judith Witten Family 2015 Trust; Daniel M. Crook, his heirs and devisees; Duane R. Daley, his heirs and devisees; Frederick Tilmon King, his heirs and devisees; Mary M. Johnson; her heirs and devisees; OneEnergy Partners Operating, LLC; The Madera Trust, U/A dated July 20, 2016, Pamela Madera; Estate of Ruford Madera, his heirs and devisees; Estate of Ruford F. Madera, Pamela Madera, his heirs and devisees; Clay Sanford King, his heirs and devisees; Daniel P. and Vida K. Schuman Revocable Trust dated April 16, 2014, Daniel P. Schuman and Vida K. Schuman; MidCon Land Services, LLC; Justin Nine, his heirs and devisees; Energex, LLC; Tim Lilley, his heirs and devisees; Marc Lilley, his heirs and devisees; Lisa Lilley; her heirs and devisees; AE&J Royalties, LLC; Clifton Forrest King, his heirs and devisees; Black Mountain Operating, LLC; MRC Permian LKE Company, LLC; MRC Permian Company; EOG Y Resources, Inc.; Marathon Oil Permian LLC; Liessa Schuman, her heirs and devisees; Chevron U.S.A. Inc.; Brogo Minerals, LLC; Estate of Alta Brasfield, her heirs and devisees; Matthew Schuman, his heirs and devisees; Estate of Velva Daley, her heirs and devisees; Shawna Dee Lawrence, her heirs and devisees; Estate of Olivia H. Birchett, her heirs and devisees; Jonatte Strand, First Interstate Bank of Arizona, N.A., her heirs and devisees; Herbert R. Roberts, his heirs and devisees; Rhoda Jene Kennedy fka Rhoda Jene Strand; her heirs and devisees; Linda Jeffrey, her heirs and devisees; James H. Roberts, his heirs and devisees; Lori Mehr, her heirs and devisees; Joseph W. Birchett, his heirs and devisees; Estate of Olivia H. Birchett, Ruth L. Theiss, Trust Office of First Interstate Bank of Arizona, N.A., her heirs and devisees; Inspire AOG Partners, Ltd.; New Mexico Department of Transportation; Diane Lee Bishop, her heirs and devisees; Estate of Rubert Madera, Bert Madera, his heirs and devisees; Bert Madera, his heirs and devisees; James H. Moomaw, his heirs and devisees; Katherine Ross Madera Sharbutt, her heirs and devisees; 5588 Oil, LLC; Mavros Minerals, LLC; Oak Valley Mineral and Land, LP; CEP Minerals, LLC; Michael Fred Madera; his heirs and devisees; Dylan Tarter, his heirs and devisees; Malcolm Madera Revocable Trust under Trust Agreement dated August 8, 1984, Northwest Bank New Mexico, N.A., successor in interest to United New Mexico Trust Company; Tilden Capital, LLC; Ross Duncan Properties, LLC; Panhandle Properties, LLC; Blackbird Royalties, LLC; Rolla R. Hinkle, III, his heirs and devisees; Madison M. Hinkle, her heirs and devisees; Bobbie Dorner, her heirs and devisees; Marlene Nichols, her heirs and devisees; Rhonda Forsha, her heirs and devisees; Viva Krause, her heirs and devisees; Patricia Getty, her heirs and devisees; Sandra Phillips, her heirs and devisees; Shannon Daley aka Shannon D. Earl, her heirs and devisees; Stacey Boekens aka Stacy Alexander, her heirs and devisees; Sara Louise Strand, her heirs and devisees.

Case No. 15830: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard 320-acre, more or less, spacing and proration unit comprised of the W/2 E/2 of Section 24 and the W/2 E/2 of Section 25, Township 24 South, Range 34 East, NMPM, Lea County New Mexico; and (2) pooling all uncommitted interests in the Wolfcamp formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed **Baseball Cap Federal Com No. 24H Well**, which will be horizontally drilled from a surface location in the SW/4 SE/4 (Unit O) of Section 25 to a standard bottom hole location in the NW/4 NE/4 (Unit B) of Section 24. The completed interval for this well will remain within the 330-foot offset as required by the Statewide rules for oil wells. 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 COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 15 miles northwest of Jal, New Mexico.

#32064



# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

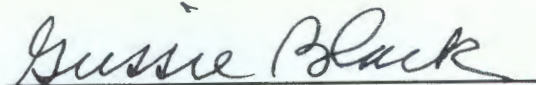
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated  
September 13, 2017  
and ending with the issue dated  
September 13, 2017.



Publisher

Sworn and subscribed to before me this  
13th day of September 2017.



Business Manager

My commission expires

January 29, 2019

(Seal)



OFFICIAL SEAL  
**GUSSIE BLACK**  
Notary Public  
State of New Mexico

My Commission Expires 1-29-19

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

LEGAL

LEGAL

LEGAL

LEGAL NOTICE  
September 13, 2017

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

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All named parties and persons  
having any right, title, interest  
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Case No. 15831: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard 320-acre, more or less, spacing and proration unit comprised of the E/2 W/2 of Section 24 and the E/2 W/2 of Section 25, Township 24 South, Range 34 East, NMPM, Lea County New Mexico; and (2) pooling all uncommitted interests in the Wolfcamp formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed **Baseball Cap Federal Com No. 26H Well**, which will be horizontally drilled from a surface location in the SE/4 SW/4 (Unit N) of Section 25 to a standard bottom hole location in the NE/4 NW/4 (Unit C) of Section 24. The completed interval for this well will remain within the 330-foot offset as required by the Statewide rules for oil wells. 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 COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately 15 miles northwest of Jal, New Mexico.

#32063

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 12