

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

**APPLICATION OF CIMAREX ENERGY CO. FOR A NON-STANDARD OIL
SPACING AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

CASE NO. 15755

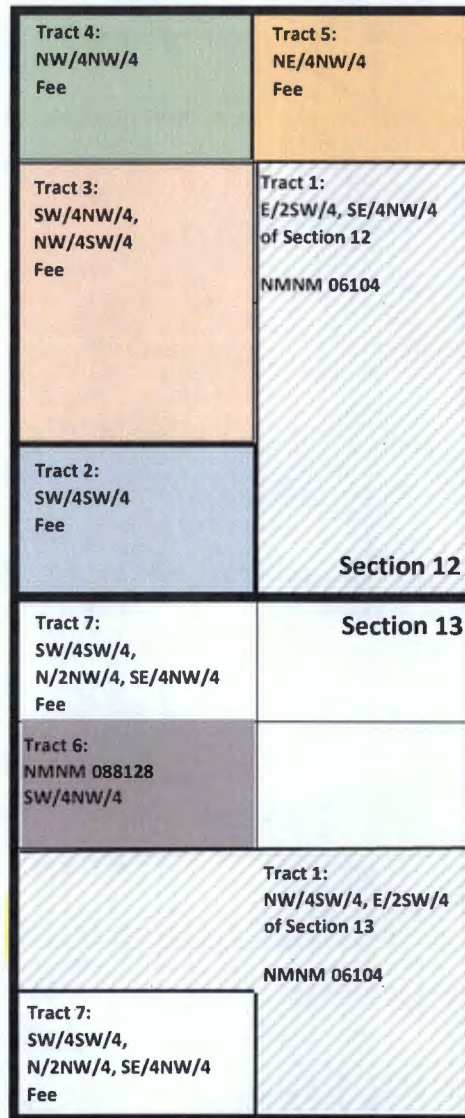
**CIMAREX ENERGY CO.
SUPPLEMENTAL EXHIBITS**

January 25, 2018

Riverbend 12 – 13 29H – Pooled Interests

W/2 of Section 12 & W/2 of Section 13, Township 25 South, Range 28 East, Eddy County, New Mexico

OWNER	Tract	TYPE	Net Acres	Working Interest Percentage
RKI Exploration & Production, LLC	2, 4, 5	Leasehold	3.71878125	0.58105957%
CWPLCO, Inc.	2	Unleased Minerals	20.00000000	3.12500000%
EOG Resources, Inc.	1	Leasehold, Contractual	29.30232600	4.57848838%
Devon Energy Production, LP	1, 4, 3	Leasehold, Contractual	4.03872631	0.63105957%
Total			57.05983356	8.91559899%



Scanned

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 391-6161 Fax: (575) 393-0720
District II
811 S. First St., Azusa, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Arriba Road, Azusa, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1235 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3463

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ APT Number	² Pool Code	³ Pool Name
	98220	Purple Sage Wolfcamp Gas
⁴ Property Code	⁵ Property Name	
	RIVERBEND 12-13 FEDERAL COM	
⁶ OGHHS No.	⁷ Operator Name	⁸ Well Number
215099	CIMAREX ENERGY CO.	29H
		⁹ Elevation
		2937.2

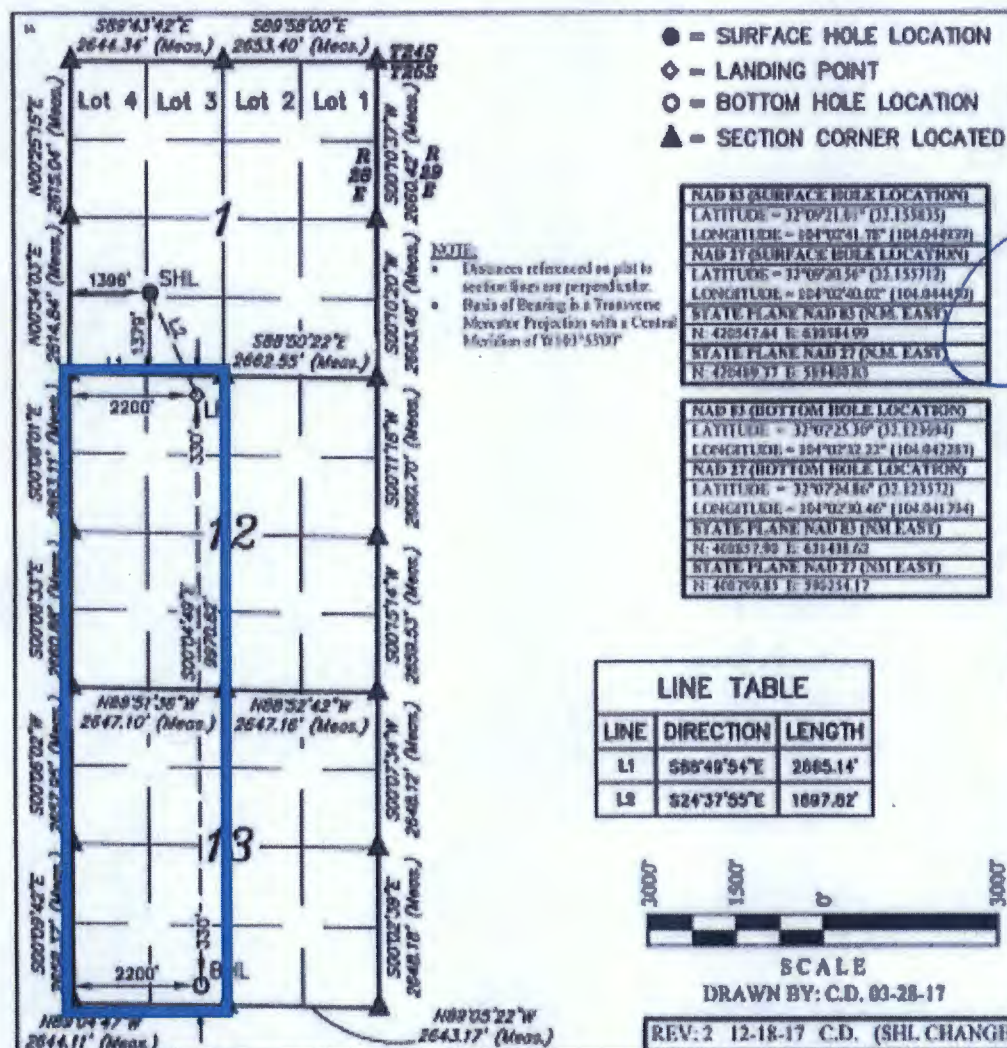
"Surface Location

U.I. or lot no.	Section	Township	Range	Lot 16n	Feet from the	North/South line	Feet from the	East/West line	County
K	I	25S	28E		1379	SOUTH	1396	WEST	EDDY

"Bottom Hole Location If Different From Surface

U.I. or lot no.	Section	Township	Range	Lot 16n	Feet from the	North/South line	Feet from the	East/West line	County
N	13	25S	28E		330	SOUTH	2200	WEST	EDDY
¹¹ Indicated Acres	¹² Subst or Infill	¹³ Consolidation Code	¹⁴ Order No.						
640									

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



**"OPERATOR
CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or advanced 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 hereby filed with the division.

Signature: *[Signature]* 1/4/18
Date
Name: Terri Stathem

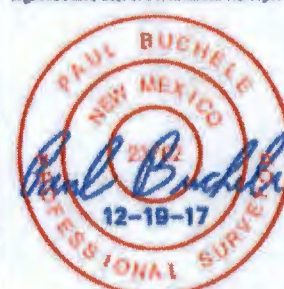
Present Name
Email Address: Tstathem@Cimarex.com

**"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.

December 12, 2017

Date of Survey
Signature and Seal of Professional Surveyor



Certificate Number:

NMOCD CASE No. 15755
CIMAREX ENERGY CO.
Exhibit No. 9
January 25, 2018

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

**APPLICATION OF CIMAREX ENERGY CO. FOR A NON-STANDARD OIL
SPACING AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

CASE NO. 15755

AFFIDAVIT OF LANDON RISER

STATE OF TEXAS)
) ss.
COUNTY OF MIDLAND)

Landon Riser, being duly sworn, states:

1. I am the age of majority and am otherwise competent to testify to the matters set forth herein of which I have personal knowledge.

2. I am a reservoir engineer with Cimarex Energy Company in Midland, Texas. Among other areas, I am familiar with the Riverbend 12-13 Federal Com Well No. 29H Well in the W/2 of Sections 12 and 13, Township 25 South, Range 28 East NMPM, Eddy County, New Mexico. I am also familiar with the lands, area development and geology in the vicinity. I have both a Bachelor of Science and a Master of Science degree in Petroleum Engineering from Texas A&M University in College Station, Texas. I also have four years of engineering work experience in the Permian Basin.

3. I have reviewed the AFE attached as Exhibit A to this Affidavit. It is my understanding that this AFE was sent to all working interest owners along with a well proposal letter on February 8, 2017. Copies of these letters were admitted as Cimarex's

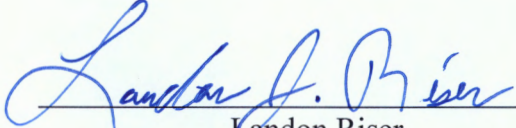
**NMOCD CASE No. 15755
CIMAREX ENERGY CO.
Exhibit No. 10
January 25, 2018**

3. I have reviewed the AFE attached as Exhibit A to this Affidavit. It is my understanding that this AFE was sent to all working interest owners along with a well proposal letter on February 8, 2017. Copies of these letters were admitted as Cimarex's Exhibit 3 at the December 21, 2017 hearing in this matter. A separate copy of the attached AFE was also admitted on December 21, 2017 as Cimarex's Exhibit 4.

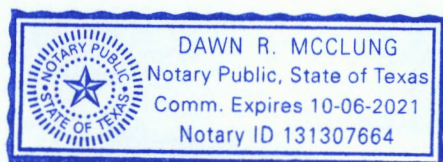
4. Since February 8, 2017, the proposed surface location of the Riverbend 12-13 Federal Com Well No. 29H Well has been changed from 330 feet from the south line and 2200 feet from the west line of Section 1, Township 25 South, Range 28 East, NMPM to a new location 1379 feet from the south line and 11396 feet from the west line of Section 1. The bottom hole location remains 330 feet from the South line and 2200 feet from the west line of Section 13, Township 25 South, Range 28 East, NMPM.

5. It is my testimony that, despite this change in surface location, the cost estimates set forth in the attached Exhibit A remain Cimarex's good faith estimates for the Riverbend 12-13 Federal Com Well No. 29H Well.

FURTHER AFFIANT SAYETH NOT.


Landon Riser

Subscribed, sworn to and acknowledged before me on this 3rd day of January, 2018, by Landon Riser.





Notary Public

My commission expires:

10-06-2021



Authorization For Expenditure

Company Entity	Date Prepared
Cimarex Energy Co	January 30, 2016

Region	Well Name	Prospect or Field Name	Property Number	Drilling AFE No.
PERMIAN	Riverbend			

Location	County	State	Type Well
	Eddy	NM	Oil <input checked="" type="checkbox"/> Expl <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Prod <input type="checkbox"/>

Estimate Type	Est. Start Date	Est. Comp Date	Formation	Ttl Measured Depth
Original Estimate				21,000'
Revised Estimate				Ttl Vertical Depth
Supplemental Estimate			WOLFCAMP D	10,750'

Project Description
Drill a 2 Mile WCMP D well.

Intangibles	Dry Hole Cost	After Casing Point	Completed Well Cost
Drilling Costs	\$2,708,000		\$2,708,000
Completion Costs		\$7,693,502	\$7,693,502
Total Intangible Costs	\$2,708,000	\$7,693,502	\$10,401,502

Tangibles			
Well Equipment	\$368,000	\$364,000	\$732,000
Lease Equipment		\$1,547,791	\$1,547,791
Total Tangible Well Cost	\$368,000	\$1,911,791	\$2,279,791

Plug and Abandon Cost	\$0	\$0	\$0
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Total Well Cost	\$3,076,000	\$9,605,293	\$12,681,293
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Comments on Well Costs
1. All tubulars, well or lease equipment is priced by COPAS and CEPS guidelines using the Historic Price Multiplier.

Well Control Insurance
Unless otherwise indicated below, you, as a non-operating working interest owner, agree to be covered by Operator's well control insurance procured by Operator so long as Operator conducts operations hereunder and to pay your prorated share of the premiums therefore. If you elect to purchase your own well control insurance, you must provide a certificate of such insurance acceptable to Operator, as to form and limits, at the time this AFE is returned, if available, but in no event later than commencement of drilling operations. You agree that failure to provide the certificate of insurance, as provided herein, will result in your being covered by insurance procured by Operator.
<input type="checkbox"/> I elect to purchase my own well control insurance policy.
Well control insurance procured by Operator, provides, among other terms, for \$20,000,000 (100% W.I.) of Combined Single Limit coverage for well control and related redrilling and clean-up/pollution expense covering drilling (through completion) with a \$1,000,000 (100% W.I.) deductible.

Marketing Election
Cimarex sells its gas under arm's-length contracts with third party purchasers. Such contracts may include fees. In addition, penalties may be incurred for insufficient volumes delivered over time. Should you choose to market your share of gas with Cimarex, you will be subject to all of the terms of such contracts. Upon written request to Cimarex's Marketing Department, we will share with you the terms and conditions pursuant to which gas will be sold. Failure to make an election below shall be deemed an election to market your gas with Cimarex under the terms and conditions set forth above.
<input type="checkbox"/> I elect to take my gas in kind.
<input type="checkbox"/> I elect to market my gas with Cimarex pursuant to the terms and conditions of its contract.

Comments on AFE
The above costs are estimates only and anticipate trouble free operations without any foreseeable change in plans. The actual costs may exceed the estimated costs without affecting the authorization for expenditure herein granted. By approval of this AFE, the working interest owner agrees to pay its proportionate share of actual legal, curative, regulatory and well costs under term of the joint operating agreement, regulatory order or other applicable agreement covering this well.

Cimarex Energy Co. Approval

Prepared by	Drilling and Completion Manager	Regional Manager

Joint Interest Approval

Company	By	Date



Project Cost Estimate

Well Name: Riverbend

	BCP - Drilling (Dry Hole Cost)		ACP - Drilling		Completion / Stimulation		Production Equipment / Construction		Post Completion		Total Well Cost
Intangibles	Codes		Codes		Codes		Codes		Codes		
Roads & Location Preparation / Restoration	DIDC 100	\$200,000			STIM 100	\$3,000	CON 100	\$77,500	PCOM 100	\$23,000	\$303,500
Damages	DIDC 105	\$6,000					CON 105	\$22,500			\$28,500
Mud / Fluids Disposal Charges	DIDC 255	\$90,000			STIM 255	\$33,000			PCOM 255	\$25,000	\$168,000
Day Rate 28.25 DH Days 4.00 ACP Days 0 \$18,000 Per Day	DIDC 115	\$527,000	DICC 120	\$72,000							\$599,000
Misc Preparation Cost (mouse hole, rat hole, pads, pile clusters, misc.)	DIDC 120	\$25,000									\$25,000
Bits	DIDC 125	\$80,000	DICC 125	\$0	STIM 125	\$0			PCOM 125		\$80,000
Fuel \$2.25 Per Gallon 1,100 Gallons Per Day	DIDC 135	\$82,000	DICC 130	\$0					PCOM 130		\$82,000
Water for Drilling Rig / Completion Fluids (Not Frac Water)	DIDC 140	\$3,000	DICC 135	\$0	STIM 135	\$120,000			PCOM 135		\$123,000
Mud & Additives	DIDC 145	\$220,000									\$220,000
Surface Rentals \$2,500 Per Day (BCP)	DIDC 150	\$96,000	DICC 140	\$0	STIM 140	\$148,000	CON 140	\$23,950	PCOM 140	\$50,000	\$317,950
Downhole Rentals	DIDC 155	\$113,000			STIM 145	\$30,000			PCOM 145		\$163,000
Formation Evaluation (DST, Coring including evaluation, G&G Services)	DIDC 160	\$0			STIM 150	\$0					\$0
Mud Logging 24.00 Days @ \$1,200 Per Day	DIDC 170	\$34,000									\$34,000
Open Hole Logging	DIDC 180	\$0									\$0
Cementing & Float Equipment	DIDC 185	\$85,000	DICC 155	\$40,000							\$125,000
Tubular Inspections	DIDC 190	\$35,000	DICC 160	\$5,000	STIM 160	\$4,000			PCOM 160		\$44,000
Casing Crews	DIDC 195	\$20,000	DICC 165	\$13,000	STIM 165	\$0					\$33,000
Extra Labor, Welding, Etc.	DIDC 200	\$20,000	DICC 170	\$3,000	STIM 170	\$0	CON 170	\$646,500	PCOM 170		\$669,500
Land Transportation (Trucking for tangibles)	DIDC 205	\$25,000	DICC 175	\$8,000	STIM 175	\$4,000	CON 175	\$30,000	PCOM 175		\$67,000
Supervision \$4,000 Per Day	DIDC 210	\$137,000	DICC 180	\$16,000	STIM 180	\$110,000	CON 180	\$46,300	PCOM 180		\$309,300
Trailer House / Camp / Catering \$600.00 Per Day	DIDC 280	\$23,000	DICC 255	\$2,000	STIM 280	\$12,000					\$37,000
Other Misc Expenses	DIDC 220	\$5,000	DICC 190	\$0	STIM 190	\$0	CON 190	\$0	PCOM 190		\$5,000
Overhead	DIDC 225	\$5,000	DICC 195	\$5,000							\$10,000
Remedial Cementing	DIDC 231	\$0			STIM 215	\$0			PCOM 215		\$0
MOB/DEMOB	DIDC 240	\$150,000									\$150,000
Directional Drilling Services	DIDC 245	\$414,000					CON 230	\$0			\$414,000
Crane for Construction											\$0
Solids Control	DIDC 260	\$76,000									\$76,000
Well Control Equip (Snubbing Svcs.)	DIDC 265	\$91,000	DICC 240	\$5,000	STIM 240	\$41,000			PCOM 240		\$137,000
Fishing & Sidetrack Operations	DIDC 270	\$0	DICC 245	\$0	STIM 245	\$0			PCOM 245		\$0
Completion Rig					STIM 215	\$9,000			PCOM 215		\$9,000
Coil Tubing					STIM 260	\$200,000			PCOM 260		\$200,000
Completion Logging, Perforating, WL Units, WL Surveys					STIM 200	\$179,000			PCOM 200		\$179,000
Composite Plugs					STIM 390	\$96,000			PCOM 390		\$96,000
Stimulation Pumping Charges, Chemicals, Additives, Sand					STIM 210	\$3,768,000			PCOM 210		\$3,768,000
Stimulation Water / Water Transfer / Water Storage					STIM 395	\$708,000					\$708,000
Cimarex Owned Frac / Rental Equipment					STIM 305	\$40,000					\$40,000
Legal / Regulatory / Curative	DIDC 300	\$10,000					CON 300	\$0			\$10,000
Well Control Insurance \$0.35 Per Foot	DIDC 285	\$7,000									\$7,000
Contingency 5.0 % of Drilling Intangibles	DIDC 435	\$129,000	DICC 220	\$8,000	STIM 220	\$277,000	CON 220	\$298,498	PCOM 220	\$0	\$712,498
Construction For Flow Lines							CON 310	\$451,254			\$451,254
Construction For Sales P/L							CON 265	\$0			\$0
Total Intangible Cost		\$2,708,000		\$177,000		\$5,822,000		\$1,596,502		\$98,000	\$10,401,502

Tangible - Well Equipment											
	Size	Feet	\$ / Foot								
Casing				DWFB 130	\$0						\$0
Drive Pipe 0		0	\$0.00	DWFB 130	\$0						\$0
Conductor Pipe 0		0	\$0.00	DWFB 135	\$14,000						\$14,000
Water String 13 3/8"	450	\$31.00		DWFB 140	\$36,000						\$36,000
Surface Casing 9 5/8"	1990	\$18.00		DWFB 145	\$288,000						\$288,000
Intermediate Casing 1 7"	9930	\$29.00		DWFB 155	\$0						\$0
Intermediate Casing 2 0	0	\$0.00		DWFB 160	\$0						\$0
Drilling Liner 0	0	\$0.00				DWFA 100	\$113,000				\$113,000
Production Casing or Liner 4 1/2"	11280	\$10.00				DWEA 165	\$0	STIMT 101	\$0		\$0
Production Tie Back 0	0	\$0.00						STIMT 105	\$56,000	PCOMT 105	\$0
Tubing 2 7/8"	9300	\$6.00									\$56,000
Wellhead, Tree, Chokes				DWFB 115	\$30,000	DWEA 120	\$25,000	STIMT 120	\$45,000		\$100,000
Liner Hanger, Isolation Packer				DWFB 100	\$0	DWEA 125	\$90,000				\$90,000
Packer, Nipples								STIMT 400	\$20,000	PCOMT 400	\$0
Pumping Unit, Engine								STIMT 405	\$0	PCOMT 405	\$0
Downhole Lift Equipment (BHP, Rods, Anchors, ESP, GVLs, PC Pump)								STIMT 410	\$15,000	PCOMT 410	\$0
Tangible - Lease Equipment											
N/C Lease Equipment								CONT 400	\$359,250		\$359,250
Tanks, Tanks Steps, Stairs								CONT 405	\$126,000		\$126,000
Battery (Heater Treater, Separator, Gas Treating Equipment)								CONT 410	\$458,800		\$458,800
Secondary Containments								CONT 415	\$105,000		\$105,000
Overhead Power Distribution (electric line to facility)								CONT 420	\$44,000		\$44,000
Facility Electrical & Automation								CONT 425	\$125,490		\$125,490
SWD Connection								CONT 430	\$0		\$0
Flow Lines (Line Pipe from wellhead to central facility)								CONT 435	\$263,451		\$263,451
Pipeline to Sales								CONT 440	\$0		\$0
Meters and Metering Equipment								CONT 445	\$65,800		\$65,800
Total Tangibles					\$368,000		\$228,000		\$136,000	\$1,547,791	\$0

P&A Costs	DIDC 295	\$0	DICC 275	\$0							\$0
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Total Cost		\$3,076,000		\$405,000		\$5,958,000		\$3,144,293		\$98,000	\$12,681,293
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**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

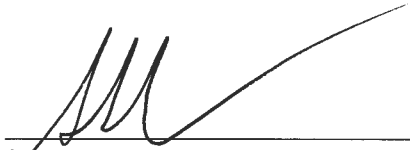
**APPLICATION OF CIMAREX ENERGY CO. FOR A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

CASE NO. 15755

SUPPLEMENTAL AFFIDAVIT OF NOTICE

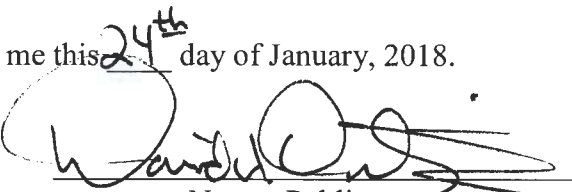
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Seth C. McMillan, attorney and authorized representative of Cimarex Energy Co., the Applicant in this matter, being first duly sworn, upon oath states that he sent copies of the Application in this matter to the overriding royalty interest owners listed on the attached Exhibit A. All green cards received to date are attached hereto.



SETH C. McMILLAN

SUBSCRIBED AND SWORN to before me this 24th day of January, 2018.



Notary Public

My Commission Expires:

6/13/2018

**NMOCD CASE No. 15755
CIMAREX ENERGY CO.
Exhibit No. 11
January 25, 2018**

EXHIBIT A
OVERRIDING ROYALTY INTEREST OWNERS

Monty D. McClane
P.O. Box 9451
Midland, Texas 79708

Alan Jochimsen
4209 Cardinal Lane
Midland Texas 79707

States Royalty, LP
300 N. Breckenridge Avenue
Breckenridge, TX 76424

Morris E. Schertz
P.O. Box 2588
Roswell, New Mexico 88201

Orion Oil & Gas Properties
2505 Lakeview, Suite 210
Amarillo, Texas 79109

Premier Oil & Gas, Inc.
P.O. Box 837205
Richardson, Texas 75083-7205

George H. Hunker, III
(George H. Hunker Jr.)
P.O. Box 1837
Roswell, NM 88202

Rad E. Fredric
409 Atherton Drive
Garland, TX 75043

Rad E. Fredric
404 San Bruno Drive
Garland, TX 75043

Norton, LLC
60 Beach Avenue-Bay View
S. Dartmouth, MA 02748-1543

Margaret Hunker Tsui
Trustee of the Margaret Hunker Tsui Trust

3200 N. Tacoma Street
Arlington, VA 22213

OGI, Inc.
841 Hersch Avenue
Pagosa Springs, CO 81147

Energy Properties, LP
P.O. Box 51408
Casper, WY 82605-1408

ROEC, Inc.
P.O. Box 490
Grand Junction, CO 81502

Sam L. Shackelford
100 Casa Vista Court
Ruidoso, NM 88345

Robin K. Shackelford
108 Paradise Canyon Drive
Ruidoso, NM 88345

The William N. Heiss Profit Sharing Plan
William N. Heiss and Susan E. Heiss Co-Trustees
c/o Midhill,
P.O. Box 2680
Casper, WY 82602

Dutch-Irish Oil Company
223 W. Wall
Suite 407
Midland, Texas 79701

Matt Hinkle
70 Riverside Drive
Roswell, NM 88201

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

OGX Royalty Fund, L.P.
400 N. Marienfeld Street
Suite 200
Midland, TX 79701

Magnum Hunter Production, Inc.
202 S. Cheyenne, Suite 1000
Tulsa, OK 74103

Curtis W. Mewbourne, Trustee
P.O. Box 7698
Tyler, TX 75711

Curtis W. Mewbourne, Trustee
3901 S. Broadway Avenue
Tyler, TX 75701

ConocoPhillips Company
600 North Dairy Ashford
Houston, Texas 77079

Centennial, LLC a New Mexico Partnership
P.O. Box 1837
Roswell, NM 88202-1837

Hutchings Oil Company
P.O. Box 1216
Albuquerque, NM 87103-1216

Peter T. Balog
Trustee of the Balog Family Trust
25812 S. Dartford Drive
Sun Lake, AZ 85248

Vermejo Property Investment Company
P.O. Box 20849
Albuquerque, NM 87154

Vermejo Property Investment Company
7500 La Madera Road NE
Albuquerque, NM 87109

Dan M. Leonard
P.O. Box 3422
Midland, Texas 79702

Dan M. Leonard
Trustee of the DML Revocable Trust
P.O. Box 3422
Midland, TX 79702

Dan M. Leonard
Trustee of the DML Revocable Trust
9 Lakes Drive
Midland, TX 79705

LML Properties, LLC
P.O. Box 3194
Boulder, CO 80307

Jack's Peak, LLC
P.O. Box 294928
Kerrville, Texas 78029

Kevin K. Leonard
Trustee of the Kevin K. Leonard Child's Trust
c/o Kevin K. Leonard, TTEE
P.O. Box 50688
Midland, Texas 79710-0688

Mark B. Murphy
c/o Murphy Petroleum Corp.
P.O. Box 2545
Roswell, New Mexico 88202-2545

Strata Production Company
P.O. Box 1030
Roswell, NM 88202-1030

Valorie F. Walker
Trustee of the Jack V. Walker Revocable Trust
P.O. Box 102256
Anchorage, AK 99510-2256

Sharon Winn Scott
P.O. Box 1834
Roswell, NM 88202

Worrall Investment Corporation
P.O. Box 1834
Roswell, NM 88202

Mitchell Exploration, Inc.
6212 Homestead Blvd.
Midland, Texas 79707

Permian Basin Investment Corporation
c/o Bank of the Southwest
P.O. Box 1638
Roswell, NM 88202-1638

Southwest Petroleum Land Services, LLC
1901 W. 4th Street
Roswell, NM 88201

Realtimzone, Inc.
P.O. Box 1834
Roswell, NM 88202

Oak Valley Mineral & Land, LP
P.O. Box 50820
Midland, Texas 79710

7015 1730 0000 9793 5027

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

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

OFFICIAL USE

Certified Mail Fee 7.50
\$
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$
Total Postage and Fees
\$

Sent To

Street

City, State

Monty D. McClane
P.O. Box 9451
Midland, Texas 79708

PS Form

SANTA FE NM
Postmark Here
JAN - 5 2018
USPO 87504

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:

Monty D. McClane
P.O. Box 9451
Midland, Texas 79708



9590 9403 0913 5223 4345 11

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5027

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Monty D. McClane*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Monty D. McClane

C. Date of Delivery

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

7015 1730 0000 9793 5034

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee 7.50
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage and Fees \$

Sent To
Street Alan Jochimsen
City 4209 Cardinal Lane
Midland Texas 79707

PS F

Instructions

SANTA FE NM
Postmark
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Alan Jochimsen
4209 Cardinal Lane
Midland Texas 79707



9590 9403 0913 5223 4345 04

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5034

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Alan Jochimsen

C. Date of Delivery

1-8-18

- 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
☐ 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

7015 1730 0000 9793 5058

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

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

OFFICIAL USE

Certified Mail Fee 7.50
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage and Fees \$

SANTA FE NM
Post Office
Here
JAN - 5 2018
USPO 87504

Sent To **Morris E. Schertz**
Street and **P.O. Box 2588**
City, State **Roswell, New Mexico 88201**

PS Form

actions

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:
Morris E. Schertz
P.O. Box 2588
Roswell, New Mexico 88201



9590 9403 0913 5223 4344 74

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5058

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) Tate, Stacy C. Date of Delivery 1-8-18
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
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9793 5065

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$
 Total Postage and Fees

\$

Sent To

Street and

City, State

Orion Oil & Gas Properties
 2505 Lakeview, Suite 210
 Amarillo, Texas 79109

SANTA FE NM
 Postmark
 Here
JAN - 5 2018
USPO 87504

PS Form

ctions

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:

Orion Oil & Gas Properties
 2505 Lakeview, Suite 210
 Amarillo, Texas 79109



9590 9403 0913 5223 4344 81

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5065

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
- ☐ Addressee

B. Received By (Printed Name)

Thomas J. Bennett

C. Date of Delivery

1/8/17

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
- ☐ 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

7015 1730 0000 9793 5072

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage and Fees
 \$

Sent To Premier Oil & Gas, Inc.
 Street and P.O. Box 837205
 City, State, Richardson, Texas 75083-7205

PS Form 3811

SANTA FE NM
 Postmark
 Date

USPO 8/5/11

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:
 Premier Oil & Gas, Inc.
 P.O. Box 837205
 Richardson, Texas 75083-7205



9590 9403 0913 5223 4344 67

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5072

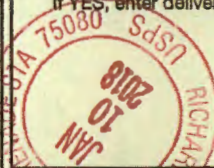
COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

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

Ken Jones

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
☐ 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

7015 1730 0000 9793 5089

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage and Fees
 \$

Sent To George H. Hunker, III
 Street and (George H. Hunker Jr.)
 City, State, P.O. Box 1837
 Roswell, NM 88202

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

SANTA FE NM
 Postmark
 Here
 USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

George H. Hunker, III
 (George H. Hunker Jr.)
 P.O. Box 1837
 Roswell, NM 88202



9590 9403 0913 5223 4344 50

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5089

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

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

7015 1730 0000 9793 5119

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ <u>7.50</u>	<div style="text-align: center;"> SANTA FE NM Postmark JAN - 5 2018 USPO 87504 </div>
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 \$ _____	
Total Postage and Fees \$ _____	
Sent To Street an Norton, LLC City, Stat 60 Beach Ave.-Bay View S. Dartmouth, MA 02748-1543	
PS Form	ctions

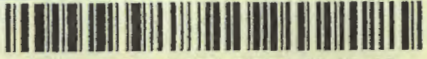
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <u>Judith Norton</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Norton, LLC 60 Beach Ave.-Bay View S. Dartmouth, MA 02748-1543		B. Received by (Printed Name) <u>Judith Norton</u> C. Date of Delivery <u>1-11-18</u>	
2. Article Number (Transfer from service label) 7015 1730 0000 9793 5119		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	



9590 9403 0913 5223 4344 29

7015 1730 0000 9793 5126

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ <u>7.50</u>	<div style="text-align: center;"> SANTA FE NM JAN - 5 2018 USPO 87504 </div>
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 \$	Postage \$
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Total Postage and Fees \$	Sent To Margaret Hunker Tsui Street Trustee of the Margaret Hunker Tsui Trust City, St. 3200 N. Tacoma Street Arlington, VA 22213
PS Form	Instructions

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Margaret Hunker Tsui Trustee of the Margaret Hunker Tsui Trust 3200 N. Tacoma Street Arlington, VA 22213</p> <div style="text-align: center;">  9590 9403 0913 5223 4344 12 </div> <p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 9793 5126</p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature <input checked="" type="checkbox"/> <u>M. Hunker</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MARGARET HUNKER</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

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

Domestic Return Receipt

7015 1730 0000 9793 5133

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

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

OFFICIAL USE

Certified Mail Fee 7.50

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

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **OGI, Inc.**
 Street an **841 Hersch Avenue**
 City, State **Pagosa Springs, CO 81147**

PS Form

SANTA FE NM
JAN 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u><i>Janice Lord</i></u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Janice Lord</u> C. Date of Delivery <u>1.8.18</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>OGI, Inc. 841 Hersch Avenue Pagosa Springs, CO 81147</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 9793 5133</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7015 1730 0000 9793 5140

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$ 7.50
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	\$
Total Postage and Fees	\$
Sent To	Energy Properties, LP
Street and	P.O. Box 51408
City, State	Casper, WY 82605-1408
PS Form	ctions

SANTA FE NM
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Energy Properties, LP
P.O. Box 51408
Casper, WY 82605-1408



9590 9403 0913 5223 4343 99

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5140

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jan Crager

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
- ☐ Insured Mail Restricted Delivery (over \$500)

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

7015 1730 0000 9793 5171

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.50
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ _____
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage and Fees \$ _____

Sent To **Robin K. Shackelford**
 Street and **108 Paradise Canyon Drive**
 City, State, **Ruidoso, NM 88345**

PS Form

SANTA FE NM
JAN 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robin K. Shackelford
108 Paradise Canyon Drive
Ruidoso, NM 88345



9590 9403 0913 5223 4335 38

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5171

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? If YES, enter delivery address below:

☐ Yes
☐ No

Robin K. Shackelford

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

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

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 our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and
 \$

Sent To
 \$

Street and Apt. No.
 \$

City, State, ZIP+4®
 \$

PS Form 3800, A

The William N. Heiss Profit Sharing Plan
 William N. Heiss and Susan E. Heiss Co-
 Trustees
 c/o Midhill,
 P.O. Box 2680
 Casper, WY 82602

SANTA FE NM
JAN - 5 2018
USPC 87504

7015 1730 0000 9793 5188

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 William N. Heiss Profit Sharing Plan
 William N. Heiss and Susan E. Heiss Co-
 Trustees
 c/o Midhill,
 P.O. Box 2680
 Casper, WY 82602



9590 9403 0913 5223 4335 21

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5188

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ [Signature] ☐ Agent
☐ Addressee

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

David V. Choester

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

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

7015 1730 0000 9793 5201

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.50

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

- ☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Matt Hinkle
 70 Riverside Drive
 Roswell, NM 88201

Street and

City, State

PS Form

ctions

SANTA FE NM
 Postmark
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Matt Hinkle
 70 Riverside Drive
 Roswell, NM 88201



9590 9403 0913 5223 4335 07

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5201

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)

S. Hinkle

C. Date of Delivery

1-8-17

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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9793 5218

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.50
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

SANTA FE NM
 Postmark
JAN - 5 2018
USPO 87504

Sent To **Rolla Hinkle, III**
 Street and **P.O. Box 2292**
 City, State **Roswell, NM 88202-2292**

PS Form

ctions

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



9590 9403 0913 5223 4334 91

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5218

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Amodeo

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
☐ 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

7015 1730 0000 9793 5225

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

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

OFFICIAL USE

Certified Mail Fee

\$

7.50

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

- ☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and A

City, State, Z

PS Form 3811

OGX Royalty Fund, L.P.
 400 N. Marienfeld Street
 Suite 200
 Midland, TX 79701

SANTA FE NM
 JAN - 5 2018
 USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OGX Royalty Fund, L.P.
 400 N. Marienfeld Street
 Suite 200
 Midland, TX 79701



9590 9403 0913 5223 4334 84

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5225

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

7015 1730 0000 9793 5232

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 7.50
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ _____
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage and Fees \$ _____

Sent To **Magnum Hunter Production, Inc.**
 Street and **202 S. Cheyenne, Suite 1000**
 City, State **Tulsa, OK 74103**

PS Form

SANTA FE NM
 JAN - 5 2010
 USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Magnum Hunter Production, Inc.
202 S. Cheyenne, Suite 1000
Tulsa, OK 74103



9590 9403 0913 5223 4334 77

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5232

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Justin Wallace ☐ Agent
JUSTIN WALLACE 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
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9793 5249

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Curtis W. Mewbourne, Trustee

Street and A

P.O. Box 7698

City, State, &

Tyler, TX 75711

PS Form 3811

ons

SANTA FE NM
 JAN 3 2018
 USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Curtis W. Mewbourne, Trustee
 P.O. Box 7698
 Tyler, TX 75711



9590 9403 0913 5223 4334 60

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5249

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)

Curtis W. Mewbourne

C. Date of Delivery

Jan 3 2018

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

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9793 5256

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.50

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

☒ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____


Sent To **Curtis W. Mewbourne, Trustee**

Street and **3901 S. Broadway Avenue**

City, State, **Tyler, TX 75701**

PS Form 3811

SANTAFE NM
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <u><i>Eric M. Swel</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u><i>Eric M. Swel</i></u> C. Date of Delivery <u><i>1/8/18</i></u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Curtis W. Mewbourne, Trustee 3901 S. Broadway Avenue Tyler, TX 75701			
 9590 9403 0913 5223 4334 53		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7015 1730 0000 9793 5256			

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

Domestic Return Receipt

7015 1730 0000 9793 5263

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.50

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 \$

Total Postage and Fees \$

Sent To: ConocoPhillips Company
Street: 600 North Dairy Ashford
City, St: Houston, Texas 77079

PS Form

SANTAFE NM
JAN - 5 2018
USPO 87504

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:

ConocoPhillips Company
600 North Dairy Ashford
Houston, Texas 77079

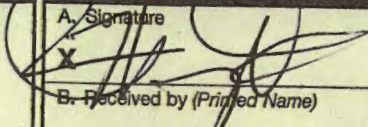


9590 9403 0913 5223 4334 46

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5263

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
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt

7015 1730 0000 9793 5270

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$ 7.50
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	\$
Total Postage and Fees	\$
Sent To	Centennial, LLC a New Mexico Partnership
Street an	P.O. Box 1837
City, State	Roswell, NM 88202-1837
PS Form	actions

SANTA FE NM
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Centennial, LLC a New Mexico Partnership P.O. Box 1837 Roswell, NM 88202-1837</p> <p>2. Article Number (Transfer from service label) 7015 1730 0000 9793 5270</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		



7015 1730 0000 9793 5287

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 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 \$

SANTA FE NM

JAN - 5 2018
 Postmark
USPO 87504

Postage \$
 Total Postage and Fees \$

Sent To **Hutchings Oil Company**
 Street and P.O. Box **1216**
 City, State, **Albuquerque, NM 87103-1216**

PS Form 3811

ions

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:

Hutchings Oil Company
P.O. Box 1216
Albuquerque, NM 87103-1216



9590 9403 0913 5223 4334 22

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5287

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Janie P. Nichols* ☐ Agent
☐ Addressee

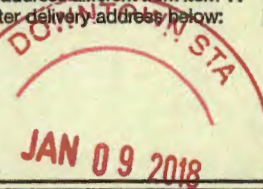
B. Received by (Printed Name)

Samuel L. Nichols

C. Date of Delivery

1-9-17

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



3. Service Type

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

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

Domestic Return Receipt

7015 1730 0000 9793 5294

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage and Fees
 \$

SANTA FE NM
JAN 5 2018
USPO 87504

Sent To **Peter T. Balog**
 Street an **Trustee of the Balog Family Trust**
25812 S. Dartford Drive
 City, State **Sun Lake, AZ 85248**

PS Form

ctions

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:

Peter T. Balog
Trustee of the Balog Family Trust
25812 S. Dartford Drive
Sun Lake, AZ 85248



9590 9403 0913 5223 4334 15

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5294

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Peter T. Balog

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☒ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

005 666 9793 5300
7015 1730 0000 9793 5300

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

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

OFFICIAL USE

Certified Mail Fee 7.50

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

☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage and Fees \$

Sent To Vermejo Property Investment Company
Street and A P.O. Box 20849
City, State, & ZIP+4® Albuquerque, NM 87154

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

SANTA FE NM
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Vermejo Property Investment Company P.O. Box 20849 Albuquerque, NM 87154</p> <p>2. Article Number (Transfer from service label) 7015 1730 0000 9793 5300</p>	<p>A. Signature <u>X Jan Brown</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Jan Brown</u></p> <p>C. Date of Delivery <u>JAN 11 2018</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address: <u> </u> <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

7015 1730 0000 9793 5317

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$
 Total Postage and Fees

Sent To

Street and Apt.

City, State, ZIP

Vermejo Property Investment Company
 7500 La Madera Road NE
 Albuquerque, NM 87109

PS Form 3800

SANTA FE NM
 JAN 5 2018
 USPS 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Vermejo Property Investment Company
 7500 La Madera Road NE
 Albuquerque, NM 87109



9590 9403 0913 5223 4333 92

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5317

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)

Jan Browning

C. Date of Delivery

1/16

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

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9793 5324

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$
 Total Postage and Fees

Sent To **Dan M. Leonard**
 Street and **P.O. Box 3422**
 City, State, **Midland, Texas 79702**

PS Form 3811

SANTA FE NM
 JAN - 5 2018
 1504
 usps

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:
Dan M. Leonard
P.O. Box 3422
Midland, Texas 79702



9590 9403 0913 5223 4333 85

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5324

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Dan M. Leonard* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/18/18

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
- ☐ 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

7015 1730 0000 9793 5331

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$

USPO 87804
 JAN - 5 2018
 SANTA FE NM

Sent To Dan M. Leonard
 Street a Trustee of the DML Revocable Trust
 City, St. P.O. Box 3422
 Midland, TX 79702

PS For

uctions

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:

Dan M. Leonard
 Trustee of the DML Revocable Trust
 P.O. Box 3422
 Midland, TX 79702



9590 9403 0913 5223 4333 78

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5331

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dan M. Leonard ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/18/18

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
- ☐ 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

7015 1730 0000 9793 5348

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

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

OFFICIAL USE

Certified Mail Fee	7.50
\$	
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	
\$	
Total Postage and Fees	
\$	

JAN - 8 2018
 SANTA FE NM
 Postmark Here
 USPO 87504

Sent To **Dan M. Leonard**
 Street at **Trustee of the DML Revocable Trust**
 City, Sta **9 Lakes Drive**
Midland, TX 79705

PS Form

uctions

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:

Dan M. Leonard
Trustee of the DML Revocable Trust
9 Lakes Drive
Midland, TX 79705



9590 9403 0913 5223 4333 61

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5348

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ **Dan M. Leonard**

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

DAN M. LEONARD

C. Date of Delivery

1/11/18

- 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
☐ Insured Mail Restricted Delivery (over \$500)

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

7015 1730 0000 9793 5522

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$ <u>7.50</u>
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	\$ _____
Total Postage and Fees	\$ _____
Sent To	LML Properties, LLC
Street an	P.O. Box 3194
City, Stat	Boulder, CO 80307
PS Form	

USPO 8734
 N - 5-2018
 SANTA FE NM
 Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 LML Properties, LLC
 P.O. Box 3194
 Boulder, CO 80307



9590 9403 0913 5223 4332 79

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5522

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <u>WASD</u>	C. Date of Delivery <u>1-9-18</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> 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"/> Registered Mail	
<input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	

7015 1730 0000 9793 5539

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
☒ Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage and Fees
 \$

Sent To **Jack's Peak, LLC**
 Street an **P.O. Box 294928**
 City, State **Kerrville, Texas 78029**

PS Form

SANTA FE NM
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jack's Peak, LLC
P.O. Box 294928
Kerrville, Texas 78029



9590 9403 0913 5223 4332 86

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5539

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert K. Leonard*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Robert K. Leonard

C. Date of Delivery

1/1/18

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
☐ Insured Mail Restricted Delivery (over \$500)

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

7015 1730 0000 9793 5492

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.50

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

☒ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

SANTA FE NM
Postmark Here
5/19/2018
USPO 87504

Sent To Kevin K. Leonard, Trustee of the Kevin K.
Leonard Child's Trust
Street and A c/o Kevin K. Leonard, TTEE
City, State, z P.O. Box 50688
Midland, Texas 79710-0688

PS Form 3811

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:

Kevin K. Leonard, Trustee of the Kevin K.
Leonard Child's Trust
c/o Kevin K. Leonard, TTEE
P.O. Box 50688
Midland, Texas 79710-0688



9590 9403 0913 5223 4332 93

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5492

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Kevin K Leonard

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Kevin K Leonard

C. Date of Delivery

1/19/2018

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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

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

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

Domestic Return Receipt

7015 1730 0000 9793 5508

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

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

OFFICIAL USE

Certified Mail Fee 7.50
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage and Fees \$

Sent To Mark B. Murphy
Street and c/o Murphy Petroleum Corp.
City, State P.O. Box 2545
Roswell, New Mexico 88202-2545

PS Form

SANTEE NM
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark B. Murphy
c/o Murphy Petroleum Corp.
P.O. Box 2545
Roswell, New Mexico 88202-2545



9590 9403 0913 5223 4333 16

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5508

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 1/5

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"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

7015 1730 0000 9793 5485

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ <u>7.50</u>	<div style="text-align: center;"> SANTA FE NM NOV - 5 2018 USPO 87504 </div>
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 \$	
Total Postage and Fees \$	
Sent To	Strata Production Company
Street and	P.O. Box 1030
City, State	Roswell, NM 88202-1030
PS Form	ctions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Cher Wells</i> Agent <i>Cher Wells</i> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Strata Production Company P.O. Box 1030 Roswell, NM 88202-1030</p>		<p>B. Received by (Printed Name) <i>Cher Wells</i> C. Date of Delivery <i>NOV 5 2018</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 9793 5485</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>		<p>88201</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7015 1730 0000 9793 5461

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage and Fees
 \$

Sent To Valorie F. Walker, Trustee
 Street an The Jack V. Walker Revocable Trust
 City, State P.O. Box 102256
 Anchorage, AK 99510-2256

PS Form

ctions

SANTA FE NM
 Postmark Here
JAN 15 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Valorie F. Walker, Trustee
 The Jack V. Walker Revocable Trust
 P.O. Box 102256
 Anchorage, AK 99510-2256



9590 9403 0913 5223 4333 23

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5461

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Valorie F. Walker ☐ Agent
☐ Addressee

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

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

102256

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

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

Domestic Return Receipt

7015 1730 0000 9793 5478

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		
For delivery information, visit our website at www.usps.com		
OFFICIAL USE		
Certified Mail Fee \$ <u>7.50</u>	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		
Total Postage and Fees		
Sent To Sharon Winn Scott Street and P.O. Box 1834 City, State Roswell, NM 88202		
PS Form		

JAN - 5 2018
 SANTA FE NM
 USPS 8004
 Postmark Here

SENDER: COMPLETE THIS SECTION ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Sharon Winn Scott P.O. Box 1834 Roswell, NM 88202  9590 9403 0913 5223 4333 30 2. Article Number (Transfer from service label) 7015 1730 0000 9793 5478	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> <u>Sharon Winn Scott</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Sharon Winn Scott</u> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
--	---

JAN 8 2018
 SANTA FE NM
 USPS 8004
 Postmark Here

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage and Fees
 \$

Postmark
 Here
SANTA FE NM
JAN - 5 2018
USPO 87504

Sent To
 Street at
 City, Sta
Worrall Investment Corporation
P.O. Box 1834
Roswell, NM 88202

PS Form

uctions

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:

Worrall Investment Corporation
P.O. Box 1834
Roswell, NM 88202



9590 9403 0913 5223 4333 47

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5447

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Sharon Smith* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sharon Smith

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



7015 1730 0000 9793 5454

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.50
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ _____
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage and Fees \$ _____

Sent To Mitchell Exploration, Inc.
 Street and 6212 Homestead Blvd.
 State, Midland, Texas 79707
 Zip Form 3811, July 2015 PSN 7530-02-000-9053

SAVED
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Mitchell Exploration, Inc.
 6212 Homestead Blvd.
 Midland, Texas 79707



9590 9403 0913 5223 4333 54

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5454

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent
☐ Addressee

B. Received by (Printed Name)

STEPHEN T. MITCHELL

C. Date of Delivery

1/10/18

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
- ☐ Insured Mail Restricted Delivery (over \$500)

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

7015 1730 0000 9793 5430

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

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

OFFICIAL USE

Certified Mail Fee	\$ 7.50
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	\$
Total Postage and Fees	\$
Sent To	Permian Basin Investment Corporation
Street or	c/o Bank of the Southwest
City, State	P.O. Box 1638
PS Form	Roswell, NM 88202-1638

SANTA FE NM
 JAN 5 2018
 USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Permian Basin Investment Corporation
 c/o Bank of the Southwest
 P.O. Box 1638
 Roswell, NM 88202-1638



9590 9403 0913 5223 4332 31

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5430

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Felise Uranga ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Felise Uranga

C. Date of Delivery

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

ROSWELL NM
 JAN 9 2018

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"/> Insured Mail | |
| <input checked="" type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7015 1730 0000 9793 5423

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Southwest Petroleum Land Services, LLC

Street and

1901 W. 4th Street

City, State

Roswell, NM 88201

PS Form

ctions

SANTA FE NM
JAN - 5 2018
 Post Office
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Southwest Petroleum Land Services, LLC
 1901 W. 4th Street
 Roswell, NM 88201



9590 9403 0913 5223 4332 48

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5423

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)

James L. Schwitz

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

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9793 5416

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

Sent To Reptimezone, Inc.
 Street and A P.O. Box 1834
 City, State, Z Roswell, NM 88202

PS Form 38

SANTA FE NM
JAN - 5 2018
USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Reptimezone, Inc.
 P.O. Box 1834
 Roswell, NM 88202



9590 9403 0913 5223 4332 55

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5416

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Sharon Seiff*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sharon Seiff

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
☐ 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

7015 1730 0000 9793 5409

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

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

OFFICIAL USE

Certified Mail Fee 7.50
 \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage and Fees
 \$

Sent To Oak Valley Mineral & Land, LP
 Street and P.O. Box 50820
 City, State Midland, Texas 79710

PS Form

SANTA FE NM

JAN 18 2018

USPO 87504

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oak Valley Mineral & Land, LP
 P.O. Box 50820
 Midland, Texas 79710



9590 9403 0913 5223 4332 62

2. Article Number (Transfer from service label)

7015 1730 0000 9793 5409

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Rachel Lange ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Rachel Lange

C. Date of Delivery

1.9.18

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

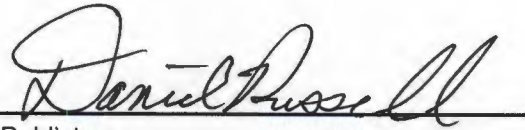
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> 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"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Affidavit of Publication

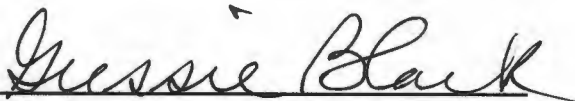
STATE OF NEW MEXICO
COUNTY OF LEA

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).

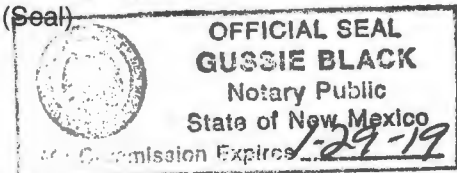
Beginning with the issue dated
January 11, 2018
and ending with the issue dated
January 11, 2018.


Publisher

Sworn and subscribed to before me this
11th day of January 2018.


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 NOTICE January 11, 2018	
NOTICE	
To the following entities, individuals, their heirs, personal representatives, trustees, successors or assigns: R.F. Hare, Trustee u/w/o Albert A. Adkisson	
Cimarex Energy Co. has filed an application with the New Mexico Oil Conservation Division as follows:	
Case No. 15755: Applicant seeks an order approving a non-standard oil spacing and proration unit comprised of the W/2 of Sections 12 and 13, Township 25 South, Range 28 East NMPM, Eddy County, New Mexico, pooling all mineral interests in the Wolfcamp formation, Purple Sage Wolfcamp Gas Pool (98220), underlying the non-standard unit. The unit will be dedicated to Applicant's Riverbend 12-13 Federal Com Well No. 29H. Note: the surface location of the well has been changed from 330 feet from the south line and 2200 feet from the west line of Section 1, Township 25 South, Range 28 East, NMPM to a new location 1379 feet from the south line and 11396 feet from the west line of Section 1. The bottom hole location remains 330 feet from the South line and 2200 feet from the west line of Section 13, Township 25 South, Range 28 East, NMPM. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Applicant and Operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well and lands are located approximately eight miles southeast of Malaga, New Mexico.	
Hearing on this application has been continued to 8:15 a.m. on Thursday, January 25, 2018 at the Oil Conservation Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. For further information, contact the applicant's attorneys, Seth C. McMillan and J. Scott Hall, Montgomery and Andrews, P.A., 325 Paseo de Peridot Santa Fe, New Mexico 87501 (505) 982-3873. #32393	

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00205159

J. SCOTT HALL
MONTGOMERY & ANDREWS, P.A.
P.O. BOX OFFICE BOX 2307
A/C 451986
SANTA FE,, NM 87504-2307

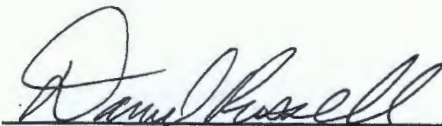
NMOCD CASE No. 15755
CIMAREX ENERGY CO.
Exhibit No. 12
January 25, 2018

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

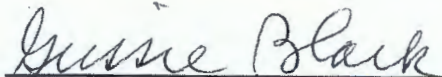
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
January 21, 2018
and ending with the issue dated
January 21, 2018.



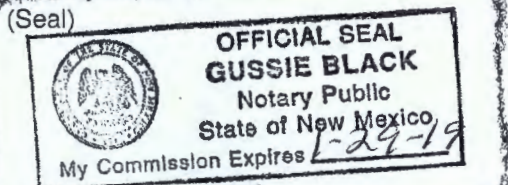
Publisher

Sworn and subscribed to before me this
21st day of January 2018.



Business Manager

My commission expires
January 20, 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 NOTICE
January 21, 2018

NOTICE

To the following entities, individuals, their heirs, personal representatives, trustees, successors or assigns: States Royalty, LP; Rad E. Fredric; ROEC, Inc.; Sam L. Shackelford; Dutch-Irish Oil Company; Matt Hinkle; Valerie F. Walker

Cimarex Energy Co. has filed an application with the New Mexico Oil Conservation Division as follows:

Case No. 15755: Applicant seeks an order approving a non-standard oil spacing and proration unit comprised of the W/2 of Sections 12 and 13, Township 25 South, Range 28 East NMPM, Eddy County, New Mexico, pooling all mineral interests in the Wolfcamp formation, Purple Sage Wolfcamp Gas Pool (98220), underlying the non-standard unit. The unit will be dedicated to Applicant's Riverbend 12-13 Federal Com Well No. 29H. Note: the surface location of the well has been changed from 330 feet from the south line and 2200 feet from the west line of Section 1, Township 25 South, Range 28 East, NMPM to a new location 1379 feet from the south line and 1396 feet from the west line of Section 1. The bottom hole location remains 330 feet from the South line and 2200 feet from the west line of Section 13, Township 25 South, Range 28 East, NMPM. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Applicant and Operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well and lands are located approximately eight miles southeast of Malaga, New Mexico.

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00205893

J. SCOTT HALL
MONTGOMERY & ANDREWS, P.A.
P.O. BOX OFFICE BOX 2307
A/C 451986
SANTA FE,, NM 87504-2307

NMOCD CASE No. 15755
CIMAREX ENERGY CO.
Exhibit No. 13
January 25, 2018