



**OFFSETS:**

Chevron U.S.A.  
Post Office Box 1635  
Houston, Texas 77251

Harvey E. Yates Co.  
Post Office Box 1933  
Roswell, New Mexico 88202

Explorers Petro Corp.  
Post Office Box 1933  
Roswell, New Mexico 88202

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

Spiral Inc.  
Post Office Box 1933  
Roswell, New Mexico 88202

Mobil Prod TX & NM  
12450 Greenspoint Drive  
Houston, Texas 77060

Saber Oil & Gas Ventures, LLC  
400 W. Illinois, Suite 950  
Midland, Texas 79701

Merit Energy Partners, LP  
13727 Noel Road, #500  
Dallas, Texas 75240

Merit Energy Partners III, LP  
13727 Noel Road, #500  
Dallas, Texas 75240

Merit Energy Partners VIII, LP  
13727 Noel Road, #500  
Dallas, Texas 75240

Merit Partners, LP  
13727 Noel Road, #500  
Dallas, Texas 75240

Chevron U.S.A. Inc.  
Post Office Box 2100  
Houston, Texas 77252

Judah Oil LLC  
Post Office Box 568  
Artesia, New Mexico 88210

GVC Ventures  
Post Office Box 1273  
Lovington, New Mexico 88260

Tandem Energy Corporation  
2700 Post Oak Blvd., Suite 1000  
Houston, Texas 77056

Snow Oil & Gas, Inc.  
Post Office Box 1277  
Andrews, Texas 79714

**POOLED PARTIES:**

Norton, LLC  
60 Beach Avenue  
South Dartmouth, MA 02748

Helen G. Newell  
2202 Boyd Street  
Midland, Texas 79701

Larry Newell  
1401 Thomas Place  
Fort Worth, Texas 76107

Larry Newell, Individually and as  
Executor of the Estate of Clay  
Newell  
1401 Thomas Place  
Forth Worth, Texas 76107

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

Kenneth L. Hewitt  
127 Peachtree Street  
14th Floor Candler Building  
Atlanta, Georgia 30303

S&C Construction, Inc.  
Post Office Box 1509  
Whitefish, Montana 59937

SheerFive, LP  
18822 Autumn Breeze Drive  
Spring, Texas 77379

Read & Stevens, Inc.  
Post Office Box 1518  
Roswell, New Mexico 88202

James C. Johnson  
9720-B Candelaria NE  
Albuquerque, N.M. 87112

Jack G. Roberts  
5300 Hill N. Dale Drive  
Farmington, N.M. 87401

Prospector LLC  
Post Office Box 647  
Artesia, New Mexico 88221

William C. Johns, M.D. and  
James S. Shortle, M.D.  
717 Encino Place, NE, Suite 35  
Albuquerque, N.M. 88221

Schultz Properties, LLC  
100 N. Pennsylvania  
Roswell, New Mexico 88203

Tritex Energy A, LP  
15455 Dallas Parkway,  
Suite 600  
Addison, Texas 75001

**NOTICE TO POOLED  
PARTIES ON 01/03/13:**

Martha L. Roberts Revocable Trust,  
dated August 9, 2011, Martha L.  
Roberts, Trustee  
3101 Castlerock Road, Villa 58  
Oklahoma City, OK 73120-1861

Ann Johnson  
13408 Summit Hills Place  
Albuquerque, N.M. 87112

Carol Johnson  
1617 Valdez, N.E.  
Albuquerque, N.M. 87112



January 3, 2013

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

**TO: AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Lea County, New Mexico - Warhawk 3 Federal Com #1H well (API #30-025-40635)**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on January 24, 2013. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Caleb Hopson, Landman, at (432) 683-7443.

Sincerely,

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

Michael H. Feldewert

7006 0100 0005 5769 6109

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
**MHF/COG**  
**WARHAWK**  
 For delivery information visit our **OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Martha L. Roberts Revocable Trust,  
 dated August 9, 2011, Martha L.  
 Roberts, Trustee  
 3101 Castlerock Road, Villa 58  
 Oklahoma City, OK 73120-1861

See Reverse for Instructions

PS Form 3811, June 2002

See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Martha L. Roberts Revocable Trust,  
 dated August 9, 2011, Martha L.  
 Roberts, Trustee  
 3101 Castlerock Road, Villa 58  
 Oklahoma City, OK 73120-1861

2. Article Number: **7006 0100 0005 5769 6109**  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  *D. Sager*  Agent  Addressee

B. Received by (Printed Name): *D. Sager* C. Date of Delivery: *1/7/13*

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

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

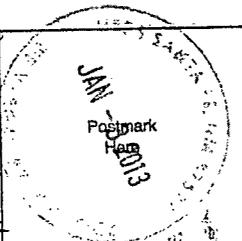
4. Restricted Delivery? (Extra Fee)  Yes

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

7006 0100 0005 5769 6116

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
**MHF/COG**  
**WARHAWK**  
 For delivery information visit our **OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Ann Johnson  
 13408 Summit Hills Place  
 Albuquerque, N.M. 87112

PS Form 3811, June 2002

See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ann Johnson  
 13408 Summit Hills Place  
 Albuquerque, N.M. 87112

2. Article Number: **7006 0100 0005 5769 6116**  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  *Ann C. Johnson*  Agent  Addressee

B. Received by (Printed Name): *Ann C. Johnson* C. Date of Delivery: *1-4-13*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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





December 28, 2012

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

**TO: AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Lea County, New Mexico - Warhawk 3 Federal Com #1H well (API #30-025-40635)**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on January 24, 2013. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Caleb Hopson, Landman, at (432) 683-7443.

Sincerely,

Michael H. Feldewert

7006 0100 0005 5769 6093

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFIC**

MHF/COG  
 WARHAWK

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: DEC 28 2012  
 81501-3888  
 USPS

St. \_\_\_\_\_  
 Post Office Box 1635  
 Houston, Texas 77251

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

SECTION ON DELIVERY

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

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *A. Allyn*

C. Date of Delivery: *1-4-13*

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

1. Article Addressed to:  
 Chevron U.S.A.  
 Post Office Box 1635  
 Houston, Texas 77251

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6093

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7006 0100 0005 5769 6086

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFIC**

MHF/COG  
 WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: DEC 28 2012  
 81501-3888  
 USPS

Sent \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, \_\_\_\_\_  
 Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

SECTION ON DELIVERY

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

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *12/31/12*

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

1. Article Addressed to:  
 Harvey E. Yates Co.  
 Post Office Box 1933  
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6086

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7006 0100 0005 5769 6079

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No*  
 For delivery information visit **MHF/COG WARHAWK**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: **SANTA FE NEW MEXICO 87501 DEC 28 2012 USPS**

Sent To: Explorers Petro Corp.  
 Street, Apt, or PO Box: Post Office Box 1933  
 City, State: Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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

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

Signature: *[Signature]*  Agent  Addressee

Received by (Printed Name): *[Signature]* C. Date of Delivery: *12/31/12*

1. Article Addressed to:  
 Explorers Petro Corp.  
 Post Office Box 1933  
 Roswell, New Mexico 88202

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number: **7006 0100 0005 5769 6079**  
 (Transfer from service label)

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

7006 0100 0005 5769 6062

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No*  
 For delivery information visit **MHF/COG WARHAWK**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: **SANTA FE NEW MEXICO 87501 DEC 28 2012 USPS**

Sent To: Nadel & Gussman Capitan LLC  
 Street, Apt, or PO Box: 15 E. 5th Street, Suite 3200  
 City, State: Tulsa, Oklahoma 74103

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6055

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No. 3811)  
 For delivery information visit **OFFIC**  
**MHF/COG WARHAWK**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA ROSA, NM 501-9898  
 Postmark Here  
 DEC 30 2012  
 USPS

Sent To  
 Street or PO City, State  
 Spiral Inc.  
 Post Office Box 1933  
 Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **SECTION ON DELIVERY**

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

1. Article Addressed to:  
 Spiral Inc.  
 Post Office Box 1933  
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6055

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

4. Restricted Delivery? (Extra Fee)  Yes

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

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

7006 0100 0005 5769 6048

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No. 3811)  
 For delivery information visit **OFFIC**  
**MHF/COG WARHAWK**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

NORTH HOUSTON, TX 77060  
 Postmark Here  
 DEC 30 2012  
 USPS

Sent To  
 Street or PO City, State  
 Mobil Prod TX & NM  
 12450 Greenspoint Drive  
 Houston, Texas 77060

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **SECTION ON DELIVERY**

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

1. Article Addressed to:  
 Mobil Prod TX & NM  
 12450 Greenspoint Drive  
 Houston, Texas 77060

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6048

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

4. Restricted Delivery? (Extra Fee)  Yes

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

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

7006 0100 0005 5769 6031

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Inland)*

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

**OFFICE** MHF/COG WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here! DEC 28 2012 USPS

Sent To: Saber Oil & Gas Ventures, LLC  
 Street, or PO B: 400 W. Illinois, Suite 950  
 City, St: Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** ACTION ON DELIVERY

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

1. Article Addressed to:  
 Saber Oil & Gas Ventures, LLC  
 400 W. Illinois, Suite 950  
 Midland, Texas 79701

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6031

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *H. Boler*  Agent  Addressee  
 B. Received by (Printed Name): H. Boler C. Date of Delivery: 1-8-12  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

7006 0100 0005 5769 5997

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Inland)*

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

**OFFICE** MHF/COG WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here! DEC 28 2012 USPS

Sent To: Merit Partners, LP  
 Street, or PO B: 13727 Noel Road, #500  
 City, St: Dallas, Texas 75240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** ACTION ON DELIVERY

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

1. Article Addressed to:  
 Merit Partners, LP  
 13727 Noel Road, #500  
 Dallas, Texas 75240

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5997

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *A. Davis*  Agent  Addressee  
 B. Received by (Printed Name): AMANDA DAVIS C. Date of Delivery: 01/02/13  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

7006 0100 0005 5769 6017

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No) MHF/COG  
 For delivery information visit OFFIC WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: **SANTA FE NEW MEXICO 87501-3898** **DEC 28 2012**

Sent To: Merit Energy Partners III, LP  
 Street, Apt. or PO Box: 13727 Noel Road, #500  
 City, State: Dallas, Texas 75240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
 Merit Energy Partners III, LP  
 13727 Noel Road, #500  
 Dallas, Texas 75240

2. Article Number: 7006 0100 0005 5769 6017

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: X *A. Davis*  Agent  Addressee  
 B. Received by (Printed Name): AMANDA DAVIS  
 C. Date of Delivery: 01/02/13  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7006 0100 0005 5769 6000

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No) MHF/COG  
 For delivery information visit OFFIC WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: **SANTA FE NEW MEXICO 87501-3898** **DEC 28 2012**

Sent To: Merit Energy Partners VIII, LP  
 Street, Apt. or PO Box: 13727 Noel Road, #500  
 City, State: Dallas, Texas 75240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
 Merit Energy Partners VIII, LP  
 13727 Noel Road, #500  
 Dallas, Texas 75240

2. Article Number: 7006 0100 0005 5769 6000

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

4. Restricted Delivery? (Extra Fee)  Yes

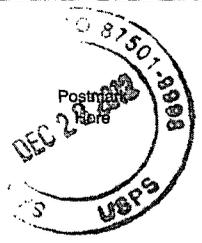
A. Signature: X *A. Davis*  Agent  Addressee  
 B. Received by (Printed Name): AMANDA DAVIS  
 C. Date of Delivery: 01/02/13  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7006 0100 0005 5769 6024

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, N...)  
 For delivery information, visit **MHF/COG WARHAWK**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To: Merit Energy Partners, LP  
 Street, or P.O.: 13727 Noel Road, #500  
 City, S: Dallas, Texas 75240  
 PS Form 3800, June 2002 See Reverse for Instructions

**SENDER:** COMPLETE THESE ITEMS BEFORE MAILING  
**SECTION ON DELIVERY:**

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

1. Article Addressed to:  
 Merit Energy Partners, LP  
 13727 Noel Road, #500  
 Dallas, Texas 75240

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6024

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

A. Signature: *U. Davis*  
 Agent  
 Addressee

B. Received by (Printed Name): AMANDA DAVIS  
 C. Date of Delivery: 01/02/13

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

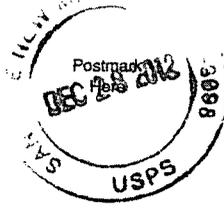
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5769 5980

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, N...)  
 For delivery information, visit **MHF/COG WARHAWK**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To: Chevron U.S.A. Inc.  
 Street, or P.O.: Post Office Box 2100  
 City, S: Houston, Texas 77252  
 PS Form 3800, June 2002 See Reverse for Instructions

**SENDER:** COMPLETE THESE ITEMS BEFORE MAILING  
**SECTION ON DELIVERY:**

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

1. Article Addressed to:  
 Chevron U.S.A. Inc.  
 Post Office Box 2100  
 Houston, Texas 77252

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5980

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

A. Signature: *A. Alleyne*  
 Agent  
 Addressee

B. Received by (Printed Name): A. Alleyne  
 C. Date of Delivery: 12-31

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5769 5973

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail Permitted)

For delivery information, visit **OFFICE**  
**MHF/COG WARHAWK**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 DEC 28 2012  
 SAN ANTONIO, TX 78210  
 USPS

Sent To  
 Judah Oil LLC  
 Post Office Box 568  
 Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **RECIPIENT: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Judah Oil LLC  
 Post Office Box 568  
 Artesia, New Mexico 88210

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5973

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 Agent  
 Addressee  
 X John Paul Hammett

B. Received by (Printed Name)  
 John Paul Hammett

C. Date of Delivery

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

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

7006 0100 0005 5769 5966

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail Permitted)

For delivery information, visit **OFFICE**  
**MHF/COG WARHAWK**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 DEC 20 2012  
 ALBUQUERQUE, NM 87101-9999  
 USPS

Sent To  
 GVC Ventures  
 Post Office Box 1273  
 Lovington, New Mexico 88260

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **RECIPIENT: COMPLETE THIS SECTION**

1. Article Addressed to:  
 GVC Ventures  
 Post Office Box 1273  
 Lovington, New Mexico 88260

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5966

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 Agent  
 Addressee  
 X [Signature]

B. Received by (Printed Name)

C. Date of Delivery

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

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

7006 0100 0005 5769 5959

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**  
 MHF/COG  
 WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Tandem Energy Corporation  
 Street or PO: 2700 Post Oak Blvd., Suite 1000  
 City, S: Houston, Texas 77056

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
 Tandem Energy Corporation  
 2700 Post Oak Blvd., Suite 1000  
 Houston, Texas 77056

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5959

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

ON ON DELIVERY

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 1-2-13

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

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

4. Restricted Delivery? (Extra Fee)  Yes

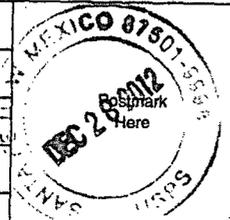
7006 0100 0005 5769 5942

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**  
 MHF/COG  
 WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Snow Oil & Gas, Inc.  
 Street or PO: Post Office Box 1277  
 City: Andrews, Texas 79714

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: CC ON ON DELIVERY

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

1. Article Addressed to:  
 Snow Oil & Gas, Inc.  
 Post Office Box 1277  
 Andrews, Texas 79714

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5942

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

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): Lynn Snow C. Date of Delivery: 1-3-13

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

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

4. Restricted Delivery? (Extra Fee)  Yes



December 28, 2012

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

**TO: OFFSET OWNERS**

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Lea County, New Mexico - Warhawk 3 Federal Com #1H well (API #30-025-40635)**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the N/2 N/2 of Section 3, Township 19 South, Range 32 East, NMPM, Lea County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on January 24, 2013. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Caleb Hopson, Landman, at (432) 683-7443.

Sincerely,

Michael H. Feldewert

7006 0100 0005 5769 5935

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
MHF/COG  
WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Norton, LLC  
 Street, or PO: 60 Beach Avenue  
 City, State: South Dartmouth, MA 02748

PS Form 3800, June 2002 See Reverse for Instructions

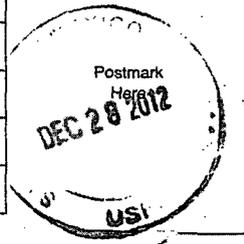
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>Helen G. Newell</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Norton, LLC 60 Beach Avenue South Dartmouth, MA 02748</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
<p>2. Article Number: _____ (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 0100 0005 5769 5935</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0100 0005 5769 5926

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
MHF/COG  
WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Helen G. Newell  
 Street, or PO: 2202 Boyd Street  
 City, State: Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

**Returned**

7006 0100 0005 5769 5911

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/COG WARHAWK OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark: DEC 28 2012

Sent To: Larry Newell  
 1401 Thomas Place  
 Fort Worth, Texas 76107

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Larry Newell  
 1401 Thomas Place  
 Fort Worth, Texas 76107

2. Article Number: 7006 0100 0005 5769 5911  
 (Transfer from service label)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 1-2-13

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5769 5904

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/COG WARHAWK OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark: DEC 28 2012

Sent To: Larry Newell, Individually and as Executor of the Estate of Clay Newell  
 1401 Thomas Place  
 Fort Worth, Texas 76107

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Larry Newell, Individually and as Executor of the Estate of Clay Newell  
 1401 Thomas Place  
 Fort Worth, Texas 76107

2. Article Number: 7006 0100 0005 5769 5904  
 (Transfer from service label)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 1-2-13

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5769 5898

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No International)

For delivery information visit **MHF/COG WARHAWK**

**OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark  
 DEC 8 2012

Sent To  
 Street, or PO I  
 City, St  
 Yates Petroleum Corporation  
 105 South Fourth Street  
 Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Yates Petroleum Corporation  
 105 South Fourth Street  
 Artesia, New Mexico 88210

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5769 5898

**COMPLIANCE SECTION ON DELIVERY**

A. Signature  
 Underwood  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Underwood 12-31-12

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7006 0100 0005 5769 5898

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No International)

For delivery information visit **MHF/COG WARHAWK**

**OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark  
 DEC 28 2012

Sent To  
 Street, or PO I  
 City, St  
 Kenneth L. Hewitt  
 127 Peachtree Street  
 14th Floor Candler Building  
 Atlanta, Georgia 30303

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 5874

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

For delivery information visit: **MHF/COG WARHAWK OFFIC**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 DEC 28 2012  
 MEXICO 815C-3982  
 USPS

Sent 1  
 Street or PO City, State ZIP+4®  
 S&C Construction, Inc.  
 Post Office Box 1509  
 Whitefish, Montana 59937

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 S&C Construction, Inc.  
 Post Office Box 1509  
 Whitefish, Montana 59937

2. Article Number: 7006 0100 0005 5769 5874  
 (Transfer from service label)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Carolyn Casey*  Agent  Addressee

B. Received by (Printed Name): *Carolyn Casey* C. Date of Delivery: *12/31/12*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5769 5867

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

For delivery information visit: **MHF/COG WARHAWK OFFI**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 DEC 28 2012  
 MEXICO 815C-3982  
 USPS

Sent 1  
 Street or PO City, State ZIP+4®  
 SheerFive, LP  
 18822 Autumn Breeze Drive  
 Spring, Texas 77379

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 SheerFive, LP  
 18822 Autumn Breeze Drive  
 Spring, Texas 77379

2. Article Number: 7006 0100 0005 5769 5867  
 (Transfer from service label)

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

**SECTION ON DELIVERY**

A. Signature: *Wesley Smith*  Agent  Addressee

B. Received by (Printed Name): C. Date of Delivery: *1.2.13*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5769 5850

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Necessary if Mailed in the United States)

For delivery information visit **MHF/COG WARHAWK OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: **NEW MEXICO 8730 DEC 28 2012**

Sent: Read & Stevens, Inc.  
 Street or P.O. Box: Post Office Box 1518  
 City: Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Read & Stevens, Inc.  
 Post Office Box 1518  
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label): 7006 0100 0005 5769 5850

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *J. Griffith*  Agent  Addressee

B. Received by (Printed Name): **G. GRIFFITH**

C. Date of Delivery: **1-3-13**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7006 0100 0005 5769 5850

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Necessary if Mailed in the United States)

For delivery information visit **MHF/COG WARHAWK OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: **NEW MEXICO 87501 DEC 28 2012**

Sent: James C. Johnson  
 Street or P.O. Box: 9720-B Candelaria NE  
 City: Albuquerque, N.M. 87112

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 5829

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Necessary for Delivery)  
 For delivery information, visit [usps.com](http://usps.com)

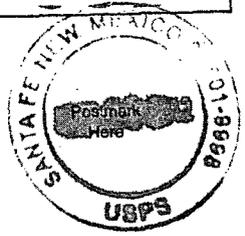
**OFFICE**

MHF/COG  
 WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: Jack G. Roberts  
 Street, Apt or PO Box: 5300 Hill N. Dale Drive  
 City, State: Farmington, N.M. 87401

PS Form 3800, June 2002 See Reverse for Instructions



**Returned**

7006 0100 0005 5769 5829

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Necessary for Delivery)  
 For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

MHF/COG  
 WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: Prospector LLC  
 Street, Apt or PO Box: Post Office Box 647  
 City, State: Artesia, New Mexico 88221

PS Form 3800, June 2002 See Reverse for Instructions



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Ross Duncan</i> C. Date of Delivery: <i>JAN - 2 2013</i></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:  Prospector LLC Post Office Box 647 Artesia, New Mexico 88221	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from Service label): 7006 0100 0005 5769 5829	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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

7006 0100 0005 5769 5812

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFIC**

MHF/COG  
 WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: William C. Johns, M.D. and James S. Shortle, M.D.  
 Street, or PO Box: 717 Encino Place, NE, Suite 35  
 City, State: Albuquerque, N.M. 88221

PS Form 3800, June 2002 See Reverse for Instructions



*Returned*

7006 0100 0005 5769 5805

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)

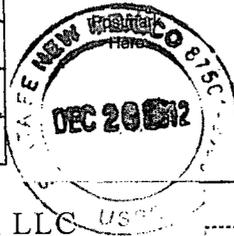
For delivery information visit **OFFIC**

MHF/COG  
 WARHAWK

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: Schultz Properties, LLC  
 Street, Apt. or PO Box: 100 N. Pennsylvania  
 City, State: Roswell, New Mexico 88203

PS Form 3800, June 2002 See Reverse for Instructions



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          [Signature] 12-31-12</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>Schultz Properties, LLC          100 N. Pennsylvania          Roswell, New Mexico 88203</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label):</p> <p>7006 0100 0005 5769 5805</p>	

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

7006 0100 0005 5769 5799

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

For delivery information visit **OFFIC**  
**MHF/COG**  
**WARHAWK**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Tritex Energy A, LP  
 Street, or PO: 15455 Dallas Parkway,  
 City, S: Suite 600  
 Addison, Texas 75001

PS Form 3811, February 2004 Instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETION SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>x Clari Bartell</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>Clari Bartell</i></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>Tritex Energy A, LP          15455 Dallas Parkway,          Suite 600          Addison, Texas 75001</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5769 5799</p>	

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