



Yates Petroleum Corporation  
ABO Petroleum Corporation  
Myco Industries, Inc.  
105 South 4th Street  
Artesia, NM 88210-2177  
Attn: Janet Richardson

OXY Y-1 Company  
5 Greenway Plaza, Suite 110  
Houston, TX 77046-0521  
Attn: Permian Land Manager

Texas Christian Univeristy  
2800 S. University Drive  
Fort Worth, TX 76129  
Attn: Carla Sublett

Judson Properties, Ltd.  
PO Box 3340  
Midland, TX 79702

Harry B. Hinkle  
PO Box 60010  
Midland, TX 79702

Mary Jo Guy and Russell Edward Guy as  
Co-Trustees U/T/A dated January 12,  
1982, as amended July 13, 1992  
705 West Grand Ave.  
Artesia, NM 88210

Todd Westmoreland  
PO Box 10107  
Midland, TX 79702

Morris E. Schertz  
PO Drawer 2588  
Roswell, NM 88202

Madison M. Hinkle  
PO Box 2292  
Roswell, NM 88202

New State Gas, LLC  
1213 West Third Street  
Roswell NM 88201  
Attn: Rolla R. Hinkle III

Richardson Mineral & Royalty, LLC  
PO Box 2423  
Roswell, NM 88202  
Attn: Michael S. Richardson

William H. Martin and Karen V.  
Martin, Trustees of the Martin  
Living Trust  
400 W. Illinois, Suite 1100  
Midland, TX 79701

Edward H. and Marilyn M. Judson,  
Trustees of the Judson Living Trust  
400 W. Illinois, Suite 1100  
Midland, TX 79701

Ralph A. Shugart, Jr.  
501 South Cherry, #570  
Denver, CO 80246

Helen W. Rhett and John T. Rhett, Trustees  
under the Helen W. Rhett Trust, dated  
October 15, 2002, as amended by instrument  
dated 9 July 2003  
3175 21st N.  
Arlington, VA 22201-5107

Bassett Birney Oil Corp  
PO Box 127  
Artesia, NM 88210

Cimarex Energy Co.  
600 N. Marienfeld, Suite 600  
Midland, TX 79701  
Attn: Hilary Coder

Exama Oil Company  
5599 San Felipe  
Houston, TX 77056

OXY Y-1 Company  
5 Greenway Plaza, Suite 110  
Houston, TX 77046-0521  
Attn: Permian Land Manager

Stanolind Oil & Gas LP  
310 West Wall Street  
Midland, TX 79701

## NOTICE OF PUBLICATION

Heirs or Devisees of John P. Mathis; Heirs or Devisees of S.C. Mathis; Heirs or Devisees of J.C. Burkhalter; Heirs or Devisees of Gene Burkhalter; Beneficiaries of the William H. Martin and Karen V. Martin Living Trust; Beneficiaries of the Edward H. and Marilyn M. Judson Living Trust; Ralph A. Shugart, Jr.; Heirs or Devisees of Rena Shugart; Heirs or Devisees of E. Bernard Johnston; Heirs or Devisees of Charles E. Currier; Beneficiaries of the Helen W. Rhett Trust; Heirs or Devisees of Randolph M. Richardson, III.



September 13, 2013

**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; Eddy County, New Mexico  
Lee "3" Fee 8H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. 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 October 3, 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 Stuart Dirks, Senior Landman at COG Operating LLC (432) 685-4354.

Sincerely,

A handwritten signature in black ink that reads "Michael H. Feldewert". The signature is fluid and cursive, written over a horizontal line.

Michael H. Feldewert



September 13, 2013

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED****TO: POOLED PARTIES****Re: Application of COG Operating LLC for non-standard spacing and proration  
unit and compulsory pooling; Eddy County, New Mexico  
Lee "3" Fee 8H Well**

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 October 3, 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 Stuart Dirks, Senior Landman at COG Operating LLC (432) 685-4354.

Sincerely,

Michael H. Feldewert

7006 0100 0005 5770 8000

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

For delivery information visit **OFFICIAL**  
**MHF/COG**  
**Lee Fee 8H Well**

Postage	\$ 4.6
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
<b>Total Postage &amp; Fees</b>	<b>\$ 16.36</b>

Postmark: SEP 13 2013 SANTA FE, NM 87501

Sent To:  
 Yates Petroleum Corporation  
 ABO Petroleum Corporation  
 Myco Industries, Inc.  
 105 South 4th Street  
 Artesia, NM 88210-2177  
 Attn: Janet Richardson

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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  
 ABO Petroleum Corporation  
 Myco Industries, Inc.  
 105 South 4th Street  
 Artesia, NM 88210-2177  
 Attn: Janet Richardson

2. Article Number (Transfer from service): 7006 0100 0005 5770 8000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X** J. Oslando  Agent  Addressee

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

C. Date of Delivery: 9-16-13

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 5770 8017

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

For delivery information visit **OFFICIAL**  
**MHF/COG**  
**Lee Fee 8H Well**

Postage	\$ 4.6
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
<b>Total Postage &amp; Fees</b>	<b>\$ 16.36</b>

Postmark: SEP 13 2013 SANTA FE, NM 87501

Sent To:  
 OXY Y-1 Company  
 5 Greenway Plaza, Suite 110  
 Houston, TX 77046-0521  
 Attn: Permian Land Manager

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

**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:  
 OXY Y-1 Company  
 5 Greenway Plaza, Suite 110  
 Houston, TX 77046-0521  
 Attn: Permian Land Manager

2. Article Number (Transfer from service): 7006 0100 0005 5770 8017

**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  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

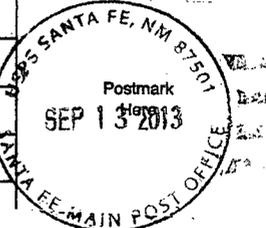
7006 0100 0005 5770 8024

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information, visit **OFFICIAL** Lee Fee 8H Well

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
<b>Total</b>	

Sent To: Texas Christian Univeristy  
 2800 S. University Drive  
 Fort Worth, TX 76129  
 City, St: Attn: Carla Sublett

PS Form 3800, June 2002



**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:  
 Texas Christian Univeristy  
 2800 S. University Drive  
 Fort Worth, TX 76129  
 Attn: Carla Sublett

2. Article Number:  
 (Transfer from serv) 7006 0100 0005 5770 8024

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Carla Sublett*  Agent  Addressee

B. Received by (Printed Name): *Carla Sublett* C. Date of Delivery: *9-16-13*

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 5770 8031

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information, visit **OFFICIAL** Lee Fee 8H Well

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
<b>Total</b>	

Sent To: Judson Properties, Ltd.  
 PO Box 3340  
 Midland, TX 79702  
 City, St: Midland, TX 79702

PS Form 3800, June 2002



**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:  
 Judson Properties, Ltd.  
 PO Box 3340  
 Midland, TX 79702

2. Article Number:  
 (Transfer from serv) 7006 0100 0005 5770 8031

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Annetta Winkler*  Agent  Addressee

B. Received by (Printed Name): *Annetta Winkler* C. Date of Delivery: *9-19-13*

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

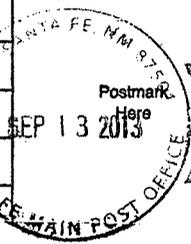
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5770 8048

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**MHF/COG**  
 Lee Fee 8H Well

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent To: Harry B. Hinkle  
 Street, or PO Box: PO Box 60010  
 City, State: Midland, TX 79702

7006 0100 0005 5770 7751

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
**MHF/COG**  
 Lee Fee 8H Well

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent To: Mary Jo Guy and Russell Edward Guy as Co-Trustees U/T/A dated January 12, 1982, as amended July 13, 1992  
 Street, or PO Box: 705 West Grand Ave.  
 City, State: Artesia, NM 88210

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>Debbie Guy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Debbie Guy</i> C. Date of Delivery: <i>SEP 17 2013</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mary Jo Guy and Russell Edward Guy as Co-Trustees U/T/A dated January 12, 1982, as amended July 13, 1992          705 West Grand Ave.          Artesia, NM 88210</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>2. Article Number (Transfer from): 7006 0100 0005 5770 7751</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7006 0100 0005 5770 7768

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurances Provided)  
 MHF/COG  
 Lee Fee 8H Well  
 For delivery information visit our **OFFICIAL** website

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Santa Fe, NM 87507  
 Postmark Here  
 SEP 13 2013  
 SANTA FE MAIN POST OFFICE

Sent To: Todd Westmoreland  
 Street or PO: PO Box 10107  
 City, State: Midland, TX 79702

PS Form 3811, February 2004

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:  
 Todd Westmoreland  
 PO Box 10107  
 Midland, TX 79702

2. Article Number: 7006 0100 0005 5770 7768  
 (Transfer from sender's label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): TODD WESTMORELAND C. Date of Delivery: 10-18-13

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 5770 7762

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurances Provided)  
 MHF/COG  
 Lee Fee 8H Well  
 For delivery information visit our **OFFICIAL** website

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Santa Fe, NM 87507  
 Postmark Here  
 SEP 13 2013  
 SANTA FE MAIN POST OFFICE

Sent To: Morris E. Schertz  
 Street or PO: PO Drawer 2588  
 City, State: Roswell, NM 88202

PS Form 3811, February 2004

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:  
 Morris E. Schertz  
 PO Drawer 2588  
 Roswell, NM 88202

2. Article Number: 7006 0100 0005 5770 7762  
 (Transfer from sender's label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): MORRIS E. SCHERTZ C. Date of Delivery: 9-16-13

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 5770 7775

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

**OFFICIAL USE**

Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Price	6.11

Postmark Here: SEP 19 2013 SANTA FE, NM 87501

Sent To: Madison M. Hinkle  
 Street, A or PO Box: PO Box 2292  
 City, State: Roswell, NM 88202

PS Form 3811, February 2004

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:  
 Madison M. Hinkle  
 PO Box 2292  
 Roswell, NM 88202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Rolla R. Hinkle* C. Date of Delivery: *SEP 16 2013*

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 5770 7775

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

7006 0100 0005 5770 7799

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**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at www.usps.com®

**OFFICIAL USE**

MHF/COG  
 Lee Fee 8H Well

Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Price	6.11

Postmark Here: SEP 13 2013 SANTA FE, NM 87501

Sent To: New State Gas, LLC  
 Street, A or PO Box: 1213 West Third Street  
 City, State: Roswell NM 88201  
 Attn: Rolla R. Hinkle III

PS Form 3811, February 2004

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:  
 New State Gas, LLC  
 1213 West Third Street  
 Roswell NM 88201  
 Attn: Rolla R. Hinkle III

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Rolla R. Hinkle* C. Date of Delivery: *SEP 13 2013*

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

2. Article (Transfer): *7006 0100 0005 5770 7799*

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

7006 0100 0005 5770 7744

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

**MHF/COG**  
 Lee Fee 8H Well

For delivery information visit [offic](#)

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.11

SANTA FE, NM 87501  
 SEP 13 2013  
 ROSWELL, NM  
 MAIN POST OFFICE

Sent To: Richardson Mineral & Royalty, LLC  
 PO Box 2423  
 Roswell, NM 88202  
 Attn: Michael S. Richardson

PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE

**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:  
 Richardson Mineral & Royalty, LLC  
 PO Box 2423  
 Roswell, NM 88202  
 Attn: Michael S. Richardson

2. Article (Iran) 7006 0100 0005 5770 17744

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Michael S. Richardson*  Agent  Addressee

B. Received by (Printed Name): *Michael S. Richardson* C. Date of Delivery: *SEP 16 2013*

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 5770 7737

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

**MHF/COG**  
 Lee Fee 8H Well

For delivery information visit [offic](#)

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.11

SANTA FE, NM 87501  
 SEP 13 2013  
 ROSWELL, NM  
 MAIN POST OFFICE

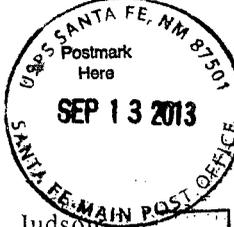
Sent To: William H. Martin and Karen V. Martin, Trustees of the Martin Living Trust  
 400 W. Illinois, Suite 1100  
 Midland, TX 79701

PS Form 3811, February 2004

7006 0100 0005 5770 7720

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit  
**OFFIC** Lee Fee 8H Well

Postage	\$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 6.11



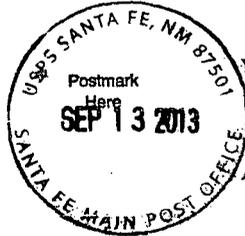
Sent To: Edward H. and Marilyn M. Judson,  
 Trustees of the Judson Living Trust  
 Street, or PO: 400 W. Illinois, Suite 1100  
 City, S: Midland, TX 79701

# Returned

7006 0100 0005 5770 7713

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit  
**OFFIC** Lee Fee 8H Well

Postage	\$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent To: Ralph A. Shugart, Jr.  
 Street, or PO: 501 South Cherry, #570  
 City: Denver, CO 80246

**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:

Ralph A. Shugart, Jr.  
 501 South Cherry, #570  
 Denver, CO 80246

2. Article Number: 7006 0100 0005 5770 7713

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Shawn Honan*  Agent  Addressee

B. Received by (Printed Name): *Shawn Honan* C. Date of Delivery: *SEP 16 2013*

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.

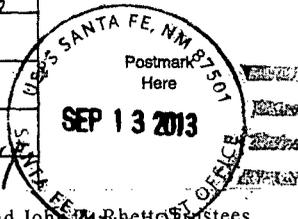
4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 5770 7706

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Provided)  
MHF/COG  
Lee Fee 8H Well

Postage	\$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

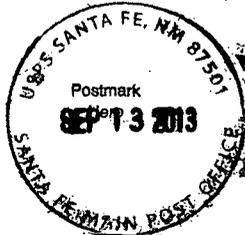


Sent To: Helen W. Rhett and John W. Rhett, Trustees under the Helen W. Rhett Trust, dated October 15, 2002, as amended by instrument dated 9 July 2003  
Street, Apt. No., or PO Box No.: 3175 21st N.  
City, State, ZIP+4: Arlington, VA 22201-5107  
PS Form 3800, J

7006 0100 0005 5770 7690

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Provided)  
MHF/COG  
Lee Fee 8H Well

Postage	\$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent To: Bassett Birney Oil Corp  
Street, Apt. No., or PO Box: PO Box 127  
City, State, ZIP+4: Artesia, NM 88210  
PS Form 3800, J

*Returned*

7006 0100 0005 5770 8086

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

For delivery information visit **OFFIC**  
**MHF/COG**  
**Lee Fee 8H Well**

Postage	\$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

SANTA FE, NM  
 SEP 13 2013  
 MAIN POST OFFICE

Cimarex Energy Co.  
 600 N. Marienfeld, Suite 600  
 Midland, TX 79701  
 Attn: Hilary Coder

PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS, SOLD AT POST OFFICE

**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:  
 Cimarex Energy Co.  
 600 N. Marienfeld, Suite 600  
 Midland, TX 79701  
 Attn: Hilary Coder

2. Article Number (Transfer from): 7006 0100 0005 5770 8086

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sadi Garcia*  Agent  Addressee

B. Received by (Printed Name): *Sadi Garcia* C. Date of Delivery: *9-16-13*

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

MIDLAND, TX SEP 7 2013

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

7006 0100 0005 5770 8079

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

For delivery information visit **OFFI**  
**MHF/COG**  
**Lee Fee 8H Well**

Postage	\$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

SANTA FE, NM  
 SEP 13 2013  
 MAIN POST OFFICE

Sent To: Exama Oil Company  
 Street or PO: 5599 San Felipe  
 City, State: Houston, TX 77056

PS Form 3811, February 2004

*Returned*

7006 0100 0005 5770 8062

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit **OFFICIAL**  
 Lee Fee 8H Well

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Postmark Here SEP 15 2013  
 THE MAIN POST OFFICE

Sent To: OXY Y-1 Company  
 Street or PO: 5 Greenway Plaza, Suite 110  
 City, State: Houston, TX 77046-0521  
 Attn: Permian Land Manager

PS Form 3811, February 2004

**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:  
 OXY Y-1 Company  
 5 Greenway Plaza, Suite 110  
 Houston, TX 77046-0521  
 Attn: Permian Land Manager

2. Article (Transfer) 7006 0100 0005 5770 8062

**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  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 5770 8055

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit **OFFICIAL**  
 Lee Fee 8H Well

Postage	\$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Postmark Here SEP 15 2013  
 THE MAIN POST OFFICE

Sent To: Stanolind Oil & Gas LP  
 Street or PO: 310 West Wall Street  
 City, State: Midland, TX 79701

PS Form 3811, February 2004

**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:  
 Stanolind Oil & Gas LP  
 310 West Wall Street  
 Midland, TX 79701

2. Article (Transfer) 7006 0100 0005 5770 8055

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X Tammy Kennedy  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Tammy Kennedy 9/16

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