



HOLLAND & HART LLP



**Michael H. Feldewert**  
Recognized Specialist in the Area  
of Natural Resources - oil and gas law  
New Mexico Board of Legal  
Specialization  
mfeldewert@hollandhart.com

February 14, 2014

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

**TO: OFFSETTING LESSEES AND OPERATORS**

**Re: Application of COG Operating LLC for A Non-Standard Spacing And Proration Unit, and Compulsory Pooling, Lea County, New Mexico.  
Case No. 15096: Sebastian Federal Com No. 1H Well**

**Application of COG Operating LLC for A Non-Standard Spacing And Proration Unit, and Compulsory Pooling, Lea County, New Mexico.  
Case No. 15097: Sebastian Federal Com No. 2H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on March 6, 2014. 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 Mike Wallace at (432) 221-0465.

Sincerely,

Michael H. Feldewert  
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Denver Aspen Boulder Colorado Springs DenverTech Center Billings Boise Cheyenne Jackson Hole Las Vegas Salt Lake City Santa Fe Washington, D.C. ☎

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Natural Resources - oil and gas law - New  
Mexico Board of Legal Specialization  
mfeldewert@hollandhart.com

February 14, 2014

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

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

**Re: Application of COG Operating LLC For A Non-Standard Spacing And Proration  
Unit, And Compulsory Pooling, Lea County, New Mexico.  
Case No. 15096: Sebastian Federal Com No. 1H Well**

**Application of COG Operating LLC For A Non-Standard Spacing And Proration  
Unit, And Compulsory Pooling, Lea County, New Mexico.  
Case No. 15097: Sebastian Federal Com No. 2H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on March 6, 2014. 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.

If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465.

Sincerely,

Michael H. Feldewert  
ATTORNEY FOR COG OPERATING LLC

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Denver Aspen Boulder Colorado Springs Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Salt Lake City Santa Fe Washington, D.C. ☉

**COG OPERATING LLC  
SEBASTIAN 1H & 2H  
POOLED PARTIES**

Joel Talley  
c/o Tacor Resources Inc.  
600 N. Marienfeld St., Ste 807  
Midland, TX 79701

**June Cook**  
**No Address (Notice in the  
Paper)**

**Cloma Perkins**  
**No Address (Notice in the  
Paper)**

A&P Family Partership, LP  
P.O. Box 1046  
Eunice, NM 88231

George L. Sims  
P.O. Box 34  
Mayhill, NM 88339

Barbara A. Sims  
1004 Carter Ave.  
Lovington, NM 88260

Heirs and devisees of Winnie Sims  
Kennan (Leo V. Sims, II)  
Leo V. Sims, II  
P.O. Box 2630  
Hobbs, NM 88240

Leo V. Sims, II  
P.O. Box 2630  
Hobbs, NM 88240

Elizabeth Lea Daugherty, Trustee of  
the Elizabeth Lea Daugherty Trust  
dtd. March 22, 2012  
329 W. Houghton  
Santa Fe, NM 87505

Realeza Del Spear, LP  
P.O. Box 1684  
Midland, TX 79702

Rcaleza Del Spear, LP  
P.O. Box 2630  
Midland, TX 79702

Betty Gray  
2305 W. Ruthrauff Rd. #814  
Tucson, AZ 85705

Betty Gray  
P.O. Box 1380  
Silver City, NM 88061

Imogene Hanners  
P.O. Box 1224  
Lovington, NM 88260

Imogene Hanners  
1004 W. Ave N  
Lovington, NM 88260

N.M.Department of Transportation  
1120 Cerrillos Rd.  
Santa Fe, NM 87504  
Attn: Mr. Clyde Archibeque

**OFFSETS**

Kaiser Francis  
P.O. Box 21468  
Tulsa, OK 74121

Kaiser Francis  
P.O. Box 21468  
Tulsa, OK 74121

EOG Resources, Inc.  
5509 Champions Dr.  
Midland, TX 79706

EOG Resources, Inc.  
P.O. Box 4362  
Houston, TX 77210

7006 0100 0005 5771 5138

**U.S. Postal Service™**  
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**OFFICIAL SEBASTIAN SIEZ**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

Joel Talley  
 c/o Tacor Resources Inc.  
 600 N. Marienfeld St., Ste 807  
 Midland, TX 79701

PS Form 3800, June 2004 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:  
 Joel Talley  
 c/o Tacor Resources Inc.  
 600 N. Marienfeld St., Ste 807  
 Midland, TX 79701

2. Article Number  
 (transfer from service label) 7006 0100 0005 5771 5138

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Joel Talley  Agent  Addressee

B. Received by (Printed Name)  
 Joel Talley C. Date of Delivery  
 8/21/14

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 5771 5121

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL SEBASTIAN SIEZ**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

A&P Family Partership, LP  
 P.O. Box 1046  
 Eunice, NM 88231

PS Form 3800, June 2004 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:  
 A&P Family Partership, LP  
 P.O. Box 1046  
 Eunice, NM 88231

2. Article Number  
 (transfer from service label) 7006 0100 0005 5771 5121

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X B. McDonald  Agent  Addressee

B. Received by (Printed Name)  
 B. McDonald C. Date of Delivery  
 8/23/14

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 5771 5114

U.S. Postal Service™  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

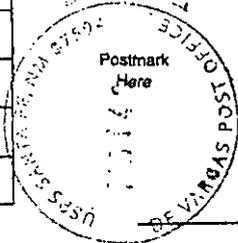
**OFFICIAL BUSINESS**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

George L. Sims  
 P.O. Box 34  
 Mayhill, NM 88339

(See Reverse for Instructions)



**SENDER: CERTIFIED MAIL™** RETURN ON DELIVERY

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

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:  
 George L. Sims  
 P.O. Box 34  
 Mayhill, NM 88339

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 5114

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

4. Restricted Delivery? (Extra Fee)  Yes

B. Received by (Printed Name) Crystal Sears  
 C. Date of Delivery 18 Feb 14

Agent  Addressee

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 5771 5107

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

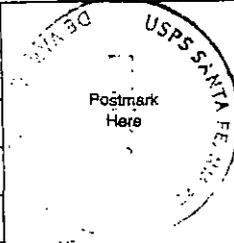
**OFFICIAL BUSINESS**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

Barbara A. Sims  
 1004 Carter Ave.  
 Lovington, NM 88260

(See Reverse for Instructions)



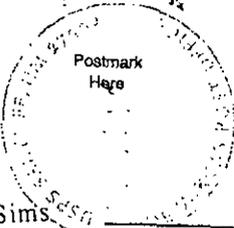
7006 0100 0005 5771 5084

U.S. Postal Service™  
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**OFFICE SUBSTITUTIONS**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.90



Heirs and devisees of Winnie Sims  
Kennan (Leo V. Sims, II)  
Leo V. Sims, II  
P.O. Box 2630  
Hobbs, NM 88240

See Reverse for Instructions

**SENDER: COM** **ON DELIVERY**

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

Complete items 1, 2, and 3. 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:  
Heirs and devisees of Winnie Sims  
Kennan (Leo V. Sims, II)  
Leo V. Sims, II  
P.O. Box 2630  
Hobbs, NM 88240

2. Article Number (Transfer from service label) 7006 0100 0005 5771 5084

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: *Denise Albertson*  Agent  Addressee  
 B. Received by (Printed Name): Denise Albertson  
 C. Date of Delivery: 2-19-14  
 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

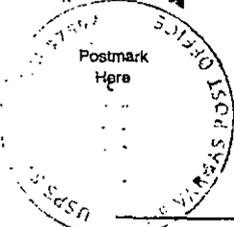
7006 0100 0005 5771 5084

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**OFFICE SUBSTITUTIONS**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.90



Leo V. Sims, II  
P.O. Box 2630  
Hobbs, NM 88240

See Reverse for Instructions

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

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

Complete items 1, 2, and 3. 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:  
Leo V. Sims, II  
P.O. Box 2630  
Hobbs, NM 88240

2. Article Number (Transfer from service label) 7006 0100 0005 5771 5084

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: *Denise Albertson*  Agent  Addressee  
 B. Received by (Printed Name): Denise Albertson  
 C. Date of Delivery: 2-19-14  
 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

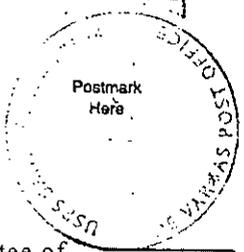
7006 0100 0005 5771 5077

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OFFICE *Sebastien*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90



Elizabeth Lea Daugherty, Trustee of  
the Elizabeth Lea Daugherty Trust  
dtd. March 22, 2012  
329 W. Houghton  
Santa Fe, NM 87505

See Reverse for Instructions

7006 0100 0005 5771 5053

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OFFICE *Sebastien*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90



Realeza Del Spear, LP  
P.O. Box 2630  
Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 5060

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**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE** *Sebastian SEZ*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

Realeza Del Spear, LP  
 P.O. Box 1684  
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPL** **DELIVERY**

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

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.

A. Signature: *Chelsea Sosa*  Agent  Addressee

B. Received by (Printed Name): *Chelsea Sosa* C. Date of Delivery: *2/2/14*

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  No

1. Article Addressed to:  
 Realeza Del Spear, LP  
 P.O. Box 1684  
 Midland, TX 79702

2. Article Number (Transfer from service label): *7006 0100 0005 5771 5060*

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

7006 0100 0005 5771 5046

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE** *Sebastian SEZ*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

Betty Gray  
 2305 W. Ruthrauff Rd. #814  
 Tucson, AZ 85705

PS Form 3800, June 2002 See Reverse for Instructions

**Returned**

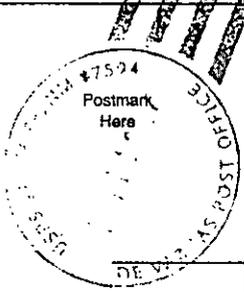
7006 0100 0005 5771 5939

U.S. Postal Service™  
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OFFICE OF SEBASTIAN WISE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90



Betty Gray  
P.O. Box 1380  
Silver City, NM 88061

PS Form 3800, June 2002 See Reverse for Instructions

# Returned

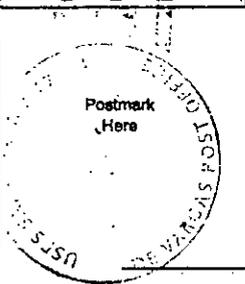
7006 0100 0005 5771 4964

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

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

OFFICE OF SEBASTIAN WISE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90



Imogene Hanners  
1004 W. Ave N  
Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>A. Signature X Imogene Hanners <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Imogene Hanners 1004 W. Ave N Lovington, NM 88260</p>		<p>B. Received by (Printed Name) JH</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7006 0100 0005 5771 4964</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>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

7006 0100 0005 5771 4971

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICE** *Sebastian 542*

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>6.90</b>

Postmark Here

Imogene Hanners  
 P.O. Box 1224  
 Lovington, NM 88260

PS Form 3800, June 2002. See reverse for instructions.

**CERTIFIED MAIL**  
 SENDER: COMPLETE  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**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:  
 Imogene Hanners  
 P.O. Box 1224  
 Lovington, NM 88260

2. Article Number (Transfer from service label)

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

A. Signature: *Imogene Hanners*  
 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

7006 0100 0005 5771 4971

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

7006 0100 0005 5771 4957

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICE** *Sebastian 542*

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>6.90</b>

Postmark Here

N.M. Department of Transportation  
 1120 Cerrillos Rd.  
 Santa Fe, NM 87504  
 Attn: Mr. Clyde Archibeque

PS Form 3800, June 2002. See reverse for instructions.

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

**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:  
 N.M. Department of Transportation  
 1120 Cerrillos Rd.  
 Santa Fe, NM 87504  
 Attn: Mr. Clyde Archibeque

2. Article Number (Transfer from service label)

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

A. Signature: *Mr. Archibeque*  
 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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 4957

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

7006 0100 0005 5771 4940

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

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

**OFFICE** *Sekashan S & E*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <i>6.90</i>	

Kaiser Francis  
 P.O. Box 21468  
 Tulsa, OK 74121

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: 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.

A. Signature *Kaiser Francis*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **FEB 19 2014**

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

1. Article Addressed to:  
 Kaiser Francis  
 P.O. Box 21468  
 Tulsa, OK 74121

2. Article Number (Transfer from service label) **7006 0100 0005 5771 4940**

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

7006 0100 0005 5771 4933

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

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

**OFFICE** *Sekashan S & E*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <i>6.90</i>	

Kaiser Francis  
 P.O. Box 21468  
 Tulsa, OK 74121

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: 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.

A. Signature *Kaiser Francis*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **FEB 19 2014**

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

1. Article Addressed to:  
 Kaiser Francis  
 P.O. Box 21468  
 Tulsa, OK 74121

2. Article Number (Transfer from service label) **7006 0100 0005 5771 4933**

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

7006 0100 0005 5771 4926

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

EOG Resources, Inc.  
 5509 Champions Dr.  
 Midland, TX 79706

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 COMPLETE THIS SECTION SENDER: COMPLETE THIS SECTION PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE. ACTION 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:  
 EOG Resources, Inc.  
 509 Champions Dr.  
 Midland, TX 79706

2. Article Number (Transfer from service label) 7006 0100 0005 5771 4926

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  
 X Robert Foree

B. Received by (Printed Name) R. Foree

C. Date of Delivery 2-20-14

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  
 Correct  
 P.O. Box 2267  
 Midland TX 79702

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

7006 0100 0005 5771 4919

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

Postmark Here

EOG Resources, Inc.  
 P.O. Box 4362  
 Houston, TX 77210

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 COMPLETE THIS SECTION SENDER: COMPLETE THIS SECTION PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE. ACTION 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:  
 EOG Resources, Inc.  
 P.O. Box 4362  
 Houston, TX 77210

2. Article Number (Transfer from service label) 7006 0100 0005 5771 4919

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  
 X M. Carter

B. Received by (Printed Name) M. Carter

C. Date of Delivery FEB 20 2014

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

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