



HOLLAND & HART <sup>LLP</sup>



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

October 31, 2014

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

**TO: POOLED PARTIES**

**Re: Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Approval of a Non-Standard Project Area, Eddy County, New Mexico.**  
**Pilum 15 Fee 2H Well.**

Dear Sir or Madam:

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 November 20, 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 19.15.4.13.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 Stuart Dirks, at (432) 685-4354 or [sdirks@concho.com](mailto:sdirks@concho.com).

Sincerely,

Jordan L. Kessler  
**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

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

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

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

HOLLAND & HART<sup>LLP</sup>



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

October 31, 2014

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

**TO: OFFSETTING LESSEES AND OPERATORS**

**Re: Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Approval of a Non-Standard Project Area, Eddy County, New Mexico.**  
**Pilum 15 Fee 2H Well.**

Dear Sir or Madam:

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.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit and due to the request for a non-standard project area.

This application has been set for hearing before a Division Examiner at 8:15 AM on November 20, 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 19.15.4.13.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 Stuart Dirks, at (432) 685-4354 or [sdirks@concho.com](mailto:sdirks@concho.com).

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

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

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

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

4289 2760 0001 6382 8314

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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 For delivery information visit [usps.com](#)

**OFFICE** **MHF/COG**  
**PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
<b>Total Postage &amp; Fees</b>	<b>\$ 1338</b>

**Sent To**  
 Charles M. Morgan  
 4032 U.S. Highway 82  
 Mayhill, NM 88339

PS Form 3811, July 2013



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

**ACTION ON DELIVERY**

1. Article Addressed to:  
 Charles M. Morgan  
 4032 U.S. Highway 82  
 Mayhill, NM 88339

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8314

PS Form 3811, July 2013 Domestic Return Receipt

**A. Signature**  
 X *Charles Morgan*  Agent  Addressee

**B. Received by (Printed Name)**  
 Charles M. Morgan

**C. Date of Delivery**  
 11-2-14

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

**3. Service Type**  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

**4. Restricted Delivery? (Extra Fee)**  Yes

7006 2760 0001 6382 8314

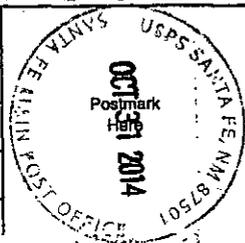
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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 For delivery information visit [usps.com](#)

**OFFICE** **MHF/COG**  
**PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
<b>Total Postage &amp; Fees</b>	<b>\$ 1338</b>

**Sent To**  
 Cimarex Energy Co.  
 600 N. Marienfeld St.  
 Ste 600  
 Midland, TX 79701

PS Form 3811, July 2013



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

**ACTION ON DELIVERY**

1. Article Addressed to:  
 Cimarex Energy Co.  
 600 N. Marienfeld St.  
 Ste 600  
 Midland, TX 79701

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8611

PS Form 3811, July 2013 Domestic Return Receipt

**A. Signature**  
*Donna Russell*  Agent  Addressee

**B. Received by (Printed Name)**  
 Donna Russell

**C. Date of Delivery**  
 11-2-14

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

**3. Service Type**  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

**4. Restricted Delivery? (Extra Fee)**  Yes

7006 2760 0001 6382 8604

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
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 For delivery information, visit **MHF/COG**  
**OFFIC** **PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here  
 OCT 31 2014  
 POST OFFICE 107501  
 USPS SANTA FE, NM 87501

Sent To: **EOG Resources, Inc.**  
 Street, or PO Box: **PO Box 2267**  
 City, State: **Midland, TX 79702**

PS Form 3800, August 2009. See Reverse for Instructions.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit **MHF/COG**  
**OFFIC** **PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here  
 OCT 31 2014  
 POST OFFICE 107501  
 USPS SANTA FE, NM 87501

Sent To: **EOG Resources, Inc.**  
 Street, or PO Box: **PO Box 2267**  
 City, State: **Midland, TX 79702**

PS Form 3800, August 2009. See Reverse for Instructions.

7006 2760 0001 6382 8598

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit **MHF/COG**  
**OFFIC** **PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here  
 OCT 31 2014  
 POST OFFICE 107501  
 USPS SANTA FE, NM 87501

Sent To: **Explorers Petroleum Corp.**  
 Street, or PO Box: **PO Box 1933**  
 City, State: **Roswell, NM 88202**

PS Form 3800, August 2009. See Reverse for Instructions.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit **MHF/COG**  
**OFFIC** **PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total	

Postmark Here  
 OCT 31 2014  
 POST OFFICE 107501  
 USPS SANTA FE, NM 87501

Sent To: **Explorers Petroleum Corp.**  
 Street, or PO Box: **PO Box 1933**  
 City, State: **Roswell, NM 88202**

PS Form 3800, August 2009. 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:

**EOG Resources, Inc.**  
**PO Box 2267**  
**Midland, TX 79702**

2. Article Number: 7006 2760 0001 6382 8604  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**SECTION ON DELIVERY**

A. Signature:  Agent  Addressee  
*x Robert Force*

B. Received by (Printed Name): **R. Force**

C. Date of Delivery: **11-4-14**

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

3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**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:

**Explorers Petroleum Corp.**  
**PO Box 1933**  
**Roswell, NM 88202**

2. Article Number: 7006 2760 0001 6382 8598  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**SECTION ON DELIVERY**

A. Signature:  Agent  Addressee  
*[Signature]*

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

C. Date of Delivery: **[Date]**

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

3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6382 8581

**U.S. Postal Service™**  
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For delivery information visit **OFFIC**

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PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here  
OCT 31 2014

Sent To  
Harvey E. Yates Company  
PO Box 1933  
Roswell, NM 88202

PS Form 3811, July 2013

7006 2760 0001 6382 8574

**U.S. Postal Service™**  
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MHF/COG  
PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark Here  
OCT 31 2014

Sent To  
Heirs or Devises of Monta J. Moore  
c/o Ronald K. Baccus  
3238 Pleasant Cove Court  
Houston, TX 77059-3234

PS Form 3811, July 2013

**GERMELN MAIL**

**SENDER:** 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.

A. Signature  Agent  
*Harvey E. Yates*  Addressee

B. Received by (Printed Name) *Harvey E. Yates* C. Date of Delivery *11/5/14*

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

1. Article Addressed to:  
Harvey E. Yates Company  
PO Box 1933  
Roswell, NM 88202

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8581

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8567

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

MHF/COG  
 PILUM 2H

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

**OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Postmark Here: **OCT 31 2014**

Sent To: **J. Paul Karcher**  
 Street, or PO Box: **16 Albatross Lane**  
 City, State, ZIP+4®: **Rockport, TX 78382-3701**

PS Form 3811, July 2013

RETURN

7006 2760 0001 6382 8550

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

MHF/COG  
 PILUM 2H

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

**OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Postmark Here: **OCT 31 2014**

Sent To: **John A. Yates**  
 Street, or PO Box: **105 S. Fourth St.**  
 City, State, ZIP+4®: **Artesia, NM 88210**

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD ALONG 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:

**John A. Yates**  
**105 S. Fourth St.**  
**Artesia, NM 88210**

2. Article Number (Transfer from service label): **7006 2760 0001 6382 8550**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): **Steman** C. Date of Delivery: **11/3/14**

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

3. Service Type:  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 Domestic Return Receipt

459 2969 1000 0922 9001

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information visit **OFFICIAL MAIL™**

**MHF/COG  
PILUM 2H**

Postage	\$ 0.77
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
<b>Total Postage &amp; Fees</b>	\$

Postmark Here: **SEP 31 2014**  
 USPS SANTA FE, NM 87501

**Sent To:** John A. Yates, Trustee of Trust Q  
 u/w/o Peggy A. Yates, dec'd  
 105 South Fourth Street  
 Artesia, NM 88210

PS Form 3811, July 2013

0249 2969 1000 0922 9001

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information visit **OFFICIAL MAIL™**

**MHF/COG  
PILUM 2H**

Postage	\$ 6.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.69
<b>Total Postage &amp; Fees</b>	\$

Postmark Here: **SEP 31 2014**  
 USPS SANTA FE, NM 87501

**Sent To:** Judson Properties, Ltd.  
 PO Box 3340  
 Midland, TX 79701

PS Form 3811, July 2013

**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:  
 John A. Yates, Trustee of Trust Q  
 u/w/o Peggy A. Yates, dec'd  
 105 South Fourth Street  
 Artesia, NM 88210

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8543

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 11/3/14

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 Domestic Return Receipt

**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 79701

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8420

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 11/3/14

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 Domestic Return Receipt

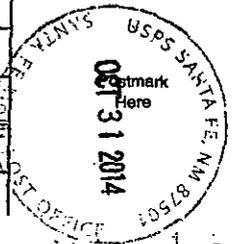
7006 2760 0001 6382 8406

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage)  
 For delivery information visit **MHF/COG**  
**OFFIC** **PILUM 2H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees \$

Sent To  
 Legacy Royalty, LLC  
 PO Box 1091  
 Artesia, NM 88211-0840

PS Form 3811, July 2013



**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Legacy Royalty, LLC  
 PO Box 1091  
 Artesia, NM 88211-0840

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8406

PS Form 3811, July 2013 Domestic Return Receipt

**SECTION ON DELIVERY**

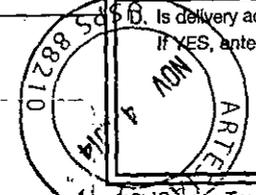
A. Signature: *Frances Moreau*  
 Agent  
 Addressee

B. Received by (Printed Name): **FRANCES MOREAU**  
 C. Date of Delivery: **11-4-14**

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

3. Service Type:  
 Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



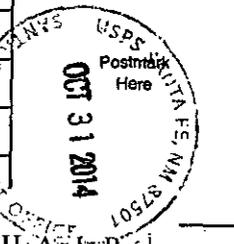
7006 2760 0001 6382 8390

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage)  
 For delivery information visit **MHF/COG**  
**OFFIC** **PILUM 2H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees \$

Sent To  
 Lime Rock Resources II-A, L.P.  
 1111 Bagby St. Suite 4600  
 Houston, TX 77002

PS Form 3811, July 2013



**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Lime Rock Resources II-A, L.P.  
 1111 Bagby St. Suite 4600  
 Houston, TX 77002

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8390

PS Form 3811, July 2013 Domestic Return Receipt

**SECTION ON DELIVERY**

A. Signature: *Justin Adams*  
 Agent  
 Addressee

B. Received by (Printed Name): **Justin Adams**  
 C. Date of Delivery: **11/4/2014**

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

3. Service Type:  
 Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6382 8413

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information, visit **OFFIC**  
**MHF/COG**  
**PILUM 2H**

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here: **OCT 31 2014**

Sent To: **L.M. Graham Family Limited Partnership**  
 200 North Loraine, Suite 1515  
 Midland, TX 79701

PS Form 3811, July 2013

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

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

1. Article Addressed to:  
**L.M. Graham Family Limited Partnership**  
 200 North Loraine, Suite 1515  
 Midland, TX 79701

2. Article Number (Transfer from service label): **7006 2760 0001 6382 18413**

PS Form 3811, July 2013 Domestic Return Receipt

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): **Hailey Law**  
 C. Date of Delivery: **11/3/14**

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

7006 2760 0001 6382 8383

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information, visit **OFFIC**  
**MHF/COG**  
**PILUM 2H**

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here: **OCT 31 2014**

Sent To: **Los Chicos**  
 105 S. Fourth St.  
 Artesia, NM 88210

PS Form 3811, July 2013

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

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

1. Article Addressed to:  
**Los Chicos**  
 105 S. Fourth St.  
 Artesia, NM 88210

2. Article Number (Transfer from service label): **7006 2760 0001 6382 8383**

PS Form 3811, July 2013 Domestic Return Receipt

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): **Stemman**  
 C. Date of Delivery: **11/3/14**

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

7006 2760 0001 6382 8376

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

For delivery information visit **OFFIC**

MHF/COG  
 PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
 OCT 31 2014  
 USPS SANTA FE, NM 87501

Sent To: Marigold LLLP  
 Street or PO: PO Box 1290  
 City: Artesia, NM 88211-1290

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

For delivery information visit **OFFIC**

MHF/COG  
 PILUM 2H

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:  
 Marigold LLLP  
 PO Box 1290  
 Artesia, NM 88211-1290

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8376

PS Form 3811, July 2013 Domestic Return Receipt

**ACTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 11-3-14

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

3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6382 8376

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

For delivery information visit **OFFIC**

MHF/COG  
 PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
 OCT 31 2014  
 USPS SANTA FE, NM 87501

Sent To: Mobil Producing Texas & New Mexico, Inc. a subsidiary of ExxonMobil  
 Street or PO: 810 Houston Street  
 City: Fort Worth, TX 76102-6298

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

For delivery information visit **OFFIC**

MHF/COG  
 PILUM 2H

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:  
 Mobil Producing Texas & New Mexico, Inc. a subsidiary of ExxonMobil  
 810 Houston Street  
 Fort Worth, TX 76102-6298

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8376

PS Form 3811, July 2013 Domestic Return Receipt

**ACTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: NOV 03 2014

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

3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6382 8352

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

For delivery information  
**OFFI** MHF/COG  
 PILUM 2H

Postage \$ 67  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total

Sent to: MYCO Industries, Inc.  
 105 S. Fourth St.  
 Artesia, NM 88210

Postmark Here  
 06/31 2014  
 USPS SANTA FE, NM 87501

PS Form 3811, July 2013

7006 2760 0001 6382 8321

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

For delivery information  
**OFF** MHF/COG  
 PILUM 2H

Postage \$ 67  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees

Sent to: New Mexico State Highway  
 Transportation Department  
 PO Box 1149  
 Santa FE, NM 78504

Postmark Here  
 06/31 2014  
 USPS SANTA FE, NM 87501

PS Form 3811, July 2013

**RECEIVED MAIL**  
 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:  
 MYCO Industries, Inc.  
 105 S. Fourth St.  
 Artesia, NM 88210

2. Article Number (Transfer from service label)  
 7006 2760 0001 6382 8352

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent  
 Addressee

B. Received by (Printed Name) Stemmer C. Date of Delivery 11/3/14

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**RECEIVED MAIL**  
 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 Mexico State Highway  
 Transportation Department  
 PO Box 1149  
 Santa FE, NM 78504

2. Article Number (Transfer from service label)  
 7006 2760 0001 6382 8321

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent  
 Addressee

B. Received by (Printed Name) MS C. Date of Delivery NOV 2 2014

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6382 8345

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

For delivery information visit **OFFICIAL USE**

MHF/COG  
PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
OCT 31 2014  
U.S. POST OFFICE  
SANTA FE, NM 87501

Sent To: OXY Y-1 Company  
PO Box 4294  
Houston, TX 7710-4294

PS Form 3811, July 2013

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

For delivery information visit **OFFICIAL USE**

MHF/COG  
PILUM 2H

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

**SENDER:** \_\_\_\_\_ **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:  
 OXY Y-1 Company  
 PO Box 4294  
 Houston, TX 7710-4294

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8345

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: *[Signature]*  
 Agent  
 Addressee

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

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

3. Service Type:  
 Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6382 8338

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

For delivery information visit **OFFICIAL USE**

MHF/COG  
PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
OCT 31 2014  
U.S. POST OFFICE  
SANTA FE, NM 87501

Sent To: Premier Oil & Gas Inc.  
PO Box 1246  
Artesia, NM 88211-1246

PS Form 3811, July 2013

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

For delivery information visit **OFFICIAL USE**

MHF/COG  
PILUM 2H

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

**SENDER:** \_\_\_\_\_ **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:  
 Premier Oil & Gas Inc.  
 PO Box 1246  
 Artesia, NM 88211-1246

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8338

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: *[Signature]*  
 Agent  
 Addressee

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

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

3. Service Type:  
 Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

4578 2892 1000 0960 2760 2720 9000

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

For delivery information, visit **OFFICIAL**

**MHF/COG  
PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
OCT 31 2014  
USPS SANTA FE, NM 87501

Sent To: Prime Energy Corporation  
 9821 Katy Freeway, Suite 1050  
 Houston, TX 77024-6009

PS Form 3811, July 2013

4578 2892 1000 0960 2760 2720 9000

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

For delivery information, visit **OFFICIAL**

**MHF/COG  
PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
OCT 31 2014  
USPS SANTA FE, NM 87501

Sent To: Robin K. Nix, Successor Trustee of  
 the NIX 2002 Trust  
 3322 W. Ohio Ave.  
 Midland, TX 79703

PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

**RECESSION 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): *[Name]* C. Date of Delivery: *11/4/14*

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

1. Article Addressed to:  
 Prime Energy Corporation  
 9821 Katy Freeway, Suite 1050  
 Houston, TX 77024-6009

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number: 7006 2760 0001 6382 8154  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

**RECESSION 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): C. Date of Delivery: *11-03-14*

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

1. Article Addressed to:  
 Robin K. Nix, Successor Trustee of  
 the NIX 2002 Trust  
 3322 W. Ohio Ave.  
 Midland, TX 79703

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number: 7006 2760 0001 6382 8147  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

5056 282 6382 8505

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

For delivery information visit **OFFICIAL MAIL™**  
**MHF/COG**  
**PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
 OCT 31 2014  
 ARTESIA, NM 87501

Sent To: Santo Legado LLLP  
 PO Box 1020  
 Artesia, NM 88211-1020

PS Form 3811, July 2013

9007 0920 0001 6382 8499

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

For delivery information visit **OFFICIAL MAIL™**  
**MHF/COG**  
**PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here  
 OCT 31 2014  
 ARTESIA, NM 87501

Sent To: Sharbro Energy, LLC  
 PO Box 840  
 Artesia, NM 88211-0840

PS Form 3811, July 2013

**U.S. MAIL CERTIFIED MAIL™**  
 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:  
 Santo Legado LLLP  
 PO Box 1020  
 Artesia, NM 88211-1020

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8505

PS Form 3811, July 2013 Domestic Return Receipt

**RECIPIENT ACTION ON DELIVERY**

A. Signature: *Karen Leahn*  Agent  Addressee

B. Received by (Printed Name): *Karen Leishman*

C. Date of Delivery: *11-4-14*

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

3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. MAIL CERTIFIED MAIL™**  
 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:  
 Sharbro Energy, LLC  
 PO Box 840  
 Artesia, NM 88211-0840

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8499

PS Form 3811, July 2013 Domestic Return Receipt

**RECIPIENT ACTION ON DELIVERY**

A. Signature: *D. Chavarria*  Agent  Addressee

B. Received by (Printed Name): *D. Chavarria*

C. Date of Delivery: *11-4-14*

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

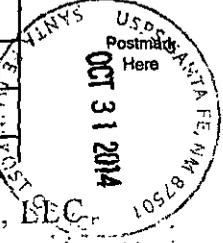
3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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

For delivery information visit our **OFFICIAL** website at **MHF/COG PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
<b>Total Postage &amp; Fees</b>	<b>1338</b>



Sent To: **Sharbro Holdings, LLC**  
 Street, Apt or PO Box: **PO Box 840**  
 City, State: **Artesia, NM 88211-0840**

PS Form 3811, July 2013

**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:  
**Sharbro Holdings, LLC**  
**PO Box 840**  
**Artesia, NM 88211-0840**

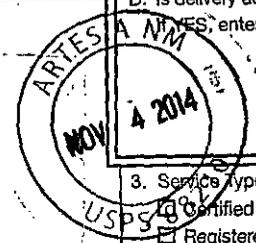
2. Article Number (Transfer from service label): **7006 2760 0001 6382 8482**

PS Form 3811, July 2013

**ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **x D Chavarria**  Agent  Addressee  
 B. Received by (Printed Name): **D Chavarria**  
 C. Date of Delivery: **11-4-14**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

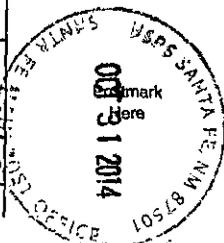
3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery  
 4. Restricted Delivery? (Extra Fee)  Yes



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

For delivery information visit our **OFFICIAL** website at **MHF/COG PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
<b>Total Postage &amp; Fees</b>	<b>1338</b>



Sent To: **Spiral Inc.**  
 Street, Apt or P.O.B.: **PO Box 1933**  
 City, State: **Roswell, NM 88202**

PS Form 3811, July 2013

**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:  
**Spiral Inc.**  
**PO-Box 1933**  
**Roswell, NM 88202**

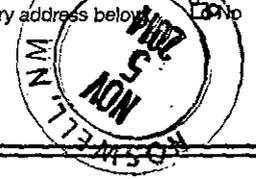
2. Article Number (Transfer from service label): **7006 2760 0001 6382 8475**

PS Form 3811, July 2013

**ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **Kelly...**  Agent  Addressee  
 B. Received by (Printed Name): **Kelly...**  
 C. Date of Delivery: **11-5-14**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery  
 4. Restricted Delivery? (Extra Fee)  Yes



7006 2760 0001 6382 8482

7006 2760 0001 6382 8475

7006 2760 0001 6382 8451

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup>**  
 (Domestic Mail Only, No FIM)  
 For delivery information visit [www.usps.com](http://www.usps.com)

MHF/COG  
 PILUM 2H

**OFFICIAL USE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark  
 OCT 31 2014  
 ROSWELL, NM 87501

Sent  
 Street or PO Box  
 City, State, ZIP+4<sup>®</sup>

Tulipan LLC  
 PO Box 1020  
 Artesia, NM 88211-1020

PSF instructions

# Return

1548 2989 1000 0922 9002

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only, No FIM)  
 For delivery information visit [www.usps.com](http://www.usps.com)

MHF/COG  
 PILUM 2H

**OFFICIAL USE**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark  
 OCT 31 2014  
 ROSWELL, NM 87501

Sent  
 Street or PO Box  
 City, State, ZIP+4<sup>®</sup>

Yates Energy Corporation  
 PO Box 2323  
 Roswell, NM 88202-2323

PSF 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:

Yates Energy Corporation  
 PO Box 2323  
 Roswell, NM 88202-2323

2. Article Number (Transfer from service label)

7006 2760 0001 6382 8451

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Tedi Hamilton*  Addressee

B. Received by (Printed Name) *Tedi Hamilton*

C. Date of Delivery  
 OCT 31 2014

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

3. Service Type  
 Certified Mail<sup>®</sup>  Priority Mail Express<sup>™</sup>  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8444

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information, visit our **OFFICIAL** website.

**MHF/COG  
PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Sent To: Yates Industries LLC  
 Street, Apt. or PO Box: PO Box 1091  
 City, State: Artesia, NM 88211-1091

Postmark Here: OCT 31 2014

PS Form 3811, July 2013

7006 2760 0001 6382 8437

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information, visit our **OFFICIAL** website.

**MHF/COG  
PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Sent To: Yates Petroleum Corp.  
 Street, Apt. or PO Box: 105 South 4th St.  
 City, State: Artesia, NM 88210

Postmark Here: OCT 31 2014

PS Form 3811, July 2013

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

1. Article Addressed to:  
 Yates Industries LLC  
 PO Box 1091  
 Artesia, NM 88211-1091

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8444

3. Service Type:  
 Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Frances Moreau*  
 Agent  
 Addressee

B. Received by (Printed Name): FRANCES MOREAU  
 C. Date of Delivery: 11-4-14

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

PS Form 3811, July 2013 Domestic Return Receipt

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

1. Article Addressed to:  
 Yates Petroleum Corp.  
 105 South 4th St.  
 Artesia, NM 88210

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8437

3. Service Type:  
 Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Stefano*  
 Agent  
 Addressee

B. Received by (Printed Name): Stefano  
 C. Date of Delivery: 11/3/14

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

PS Form 3811, July 2013 Domestic Return Receipt