



February 27, 2015

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

**TO: OFFSET PARTIES**

**RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Cookie Tosser State Com No. 1H Well**

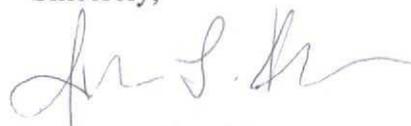
This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on March 19, 2015. 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 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.

If you have any questions about this matter please contact Aaron Young, at (432) 221-0343 or [ayoung@concho.com](mailto:ayoung@concho.com).

Sincerely,



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

HOLLAND & HART<sup>LLP</sup>



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

February 27, 2015

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

**TO: EOG Resources, Inc.**  
**5509 Champions Dr.,**  
**Midland, TX 79706**

**Re: Application of COG Operating LLC for a non-standard spacing and  
proration unit and compulsory pooling, Eddy County, New Mexico.**  
**Cookie Tosser State Com No. 1H 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 19, 2015. 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 Aaron Young, at (432) 221-0343 or ayoung@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, New Mexico 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

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

**COG OPERATING LLC  
COOKIE TOSSER STATE COM NO. 1H**

**POOLED PARTY:**

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

**OFFSETS:**

8 Way OG Inc.  
P.O. Box 371  
Midland, TX 79701

Anderson Oil Ltd.  
5005 Woodway Dr., Suite 300  
Houston, TX 77056

Avery, Rosemary T.  
P.O. Box 3  
Roswell, NM 88202

Chevron USA, Inc.  
P.O. Box 730436  
Dallas, TX 75373

Chevron USA, Inc.  
4508 N. Big Spring St  
Midland, TX 79705

Chevron USA, Inc.  
1400 Smith St.  
Houston, TX 77002

Crosby, SW III  
P.O. Box 2346  
Roswell, NM 88202

Diamond Head Prop  
P.O. Box 2127  
Midland, TX 79702

Edward R. Hudson Trust 4  
616 Texas St  
Ft. Worth, TX 76102

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

Estate of Josephine T. Hudson  
616 Texas St  
Ft. Worth, TX 76102

Explorers Petro Corp.  
P.O. Box 1933  
Roswell, NM 88202

Grover, Arden R.  
P.O. Box 3666  
Midland, TX 79702

Harvey E. Yates Co.  
P.O. Box 1933  
Roswell, NM 88202

Hudson, Edward R., Jr.  
616 Texas St  
Ft. Worth, TX 76102

Hudson, Lewis Delmar  
616 Texas St  
Ft. Worth, TX 76102

Lamb, Garland C.  
3208 Maxwell  
Midland, TX 79705

Lindy's Living Trust  
Francis H. Hudson, Trustee,  
4200 S. Hulen, Ste 302  
Ft. Worth, TX 76109

Lindy's Living Trust  
Francis H. Hudson, Trustee,  
616 Texas St  
Ft. Worth, TX 76102

Mewbourne Oil Co.  
500 W. Texas Ave., Suite 1020  
Midland, TX 79701

Nadel and Gussman Capitan  
LLC  
15 East 5th Street, Suite 3200  
Tulsa, OK 74103

**COG OPERATING LLC  
COOKIE TOSSER STATE COM NO. 1H**

Nadel and Gussman Heyco  
LLC  
P.O. Box 1936  
Roswell, NM 88202

Osborn, Calvin W.  
RR 2 Box 48  
Lovington, NM 88260

Redfern Oil Co.  
P.O. Box 50890  
Midland, TX 79710

Reeser, Wayne F.  
1512 W. Aspen  
Lovington, NM 88260

Spell Inc.  
P.O. Box 50890  
Midland, TX 79710

Spiral Inc.  
P.O. Box 1933  
Roswell, NM 88202

Stratco Operating Co. Inc.  
400 Buckeye Trail  
Austin, TX 78746

Withcer, Marvin D.  
P.O. Box 1983  
Midland, TX 79702

Yates Energy Corp.  
P.O. Box 2323  
Roswell, NM 88201

Yates US Inc.  
P.O. Box 2323  
Roswell, NM 88202

Zorro Partners Ltd.  
616 Texas St  
Ft. Worth, TX 76102

7006 2760 0001 6382 7836

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

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



EOG Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706  
or instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Agent J. Berry <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 3-5-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>EOG Resources, Inc. 5509 Champions Drive Midland, TX 79706</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>2. Article Number (Transfer from service label)</p> <p>7006 2760 0001 6382 7836</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7006 2760 0001 6382 7690

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

**MHF/COG**  
**COOKIE TOSSER**

For delivery information visit our **OFFICIAL** website

Postage	\$ 69
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

**Postmark Here**  
 DE VANGA POST OFFICE  
 FEB 27 2015  
 USPS SANTA FE NM 87594

Sent To  
 8 Way OG Inc.  
 P.O. Box 371  
 Midland, TX 79701

PS Form 3811, July 2013

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:  
 8 Way OG Inc.  
 P.O. Box 371  
 Midland, TX 79701

2. Article Number (Transfer from service label)  
 7006 2760 0001 6382 7690

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Mande M. Ogilvie Agent

B. Received by (Printed Name) / C. Date of Delivery  
 Mande M. Ogilvie 3-16-15 Addressee

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 7706

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

**MHF/COG**  
**COOKIE TOSSER**

For delivery information visit our **OFFICIAL** website

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	277
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

**Postmark Here**  
 DE VANGA POST OFFICE  
 FEB 27 2015  
 USPS SANTA FE NM 87594

Sent To  
 Anderson Oil Ltd.  
 5005 Woodway Dr., Suite 300  
 Houston, TX 77056

PS Form 3811, July 2013

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:  
 Anderson Oil Ltd.  
 5005 Woodway Dr., Suite 300  
 Houston, TX 77056

2. Article Number (Transfer from service label)  
 7006 2760 0001 6382 7706

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Jh Agent

B. Received by (Printed Name) / C. Date of Delivery  
 Jessi Artberry Addressee

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 7713

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No

MHF/COG

For delivery information visit

COOKIE TOSSER

OFFICE

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



Sent To Avery, Rosemary T.  
 Street, Apt or PO Box P.O. Box 3  
 City, State Roswell, NM 88202

PS Form 3800, Instructions

7006 2760 0001 6382 7720

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No

MHF/COG

For delivery information visit

COOKIE TOSSER

OFFICE

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



Sent To Chevron USA, Inc.  
 Street, Apt or PO Box P.O. Box 730436  
 City, State Dallas, TX 75373

PS Form 3800, Instructions

7006 2760 0001 6382 7737

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)  
MHF/COG  
For delivery information visit **OFFICIAL MAIL SERVICE**  
COOKIE TOSSER

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



Sent To  
Chevron USA, Inc.  
4508 N. Big Spring St  
Midland, TX 79705

PS Form 3811

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:  
  
Chevron USA, Inc.  
4508 N. Big Spring St  
Midland, TX 79705

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7737

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Tanya Hunderley  Addressee

B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_

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 7744

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)  
MHF/COG  
For delivery information visit **OFFICIAL MAIL SERVICE**  
COOKIE TOSSER

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



Sent To  
Chevron USA, Inc.  
1400 Smith St.  
Houston, TX 77002

PS Form 3811

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:  
  
Chevron USA, Inc.  
1400 Smith St.  
Houston, TX 77002

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7744

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 \_\_\_\_\_  Addressee

B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_

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 7751

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

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



Sent Crosby, SW III  
P.O. Box 2346  
Roswell, NM 88202  
PS Form 3811, July 2013 See Reverse for Instructions

7006 2760 0001 6382 7768

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

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



Sent To Diamond Head Prop  
P.O. Box 2127  
Midland, TX 79702  
PS Form 3811, July 2013 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:  
  
Crosby, SW III  
P.O. Box 2346  
Roswell, NM 88202

2. Article Number (Transfer from service label)

7006 2760 0001 6382 7751

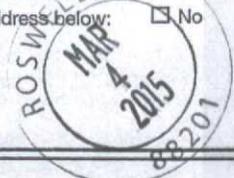
PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

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

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



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:  
  
Diamond Head Prop  
P.O. Box 2127  
Midland, TX 79702

2. Article Number (Transfer from service label)

7006 2760 0001 6382 7768

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
Norma Estrada 3/5/15

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 2046

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

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



Sent To: Edward R. Hudson Trust 4  
 Street or PO Box: 616 Texas St  
 City: Ft. Worth, TX 76102

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

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



Sent To: EOG Resources, Inc.  
 Street, Apt. or PO Box: 5509 Champions Dr.  
 City, State: Midland, TX 79706

5002 2760 0001 6382 2053

**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:  
 Edward R. Hudson Trust 4  
 616 Texas St  
 Ft. Worth, TX 76102

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2046

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Staci Gilborg*  Agent  Addressee

B. Received by (Printed Name) *Staci Gilborg* C. Date of Delivery **MAR 04 2015**

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

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

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2053

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *A. Berry*  Agent  Addressee

B. Received by (Printed Name) *A. Berry* C. Date of Delivery **3-5-15**

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 7591

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

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



Sent  
 Estate of Josephine T. Hudson  
 616 Texas St  
 Ft. Worth, TX 76102  
 PS Form 3811, July 2013

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:  
 Estate of Josephine T. Hudson  
 616 Texas St  
 Ft. Worth, TX 76102

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6382 7591

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) Staci Gilbert  
 C. Date of Delivery MAR 04 2015

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 7607

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

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



To  
 Explorers Petro Corp.  
 P.O. Box 1933  
 Roswell, NM 88202  
 PS Form 3811, July 2013

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:  
 Explorers Petro Corp.  
 P.O. Box 1933  
 Roswell, NM 88202

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6382 7607

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) Kelly Terry  
 C. Date of Delivery MAR 4 2015

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 7614

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

For delivery information visit **MHF/COG**  
**OFFICIAL COOKIE TOSSER**

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  
 Street, Apt. or PO Box  
 City, State  
 Grover, Arden R.  
 P.O. Box 3666  
 Midland, TX 79702

PS Form 3811, July 2013 See reverse for instructions

7006 2760 0001 6382 7621

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

For delivery information visit **MHF/COG**  
**OFFICIAL COOKIE TOSSER**

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  
 Street, Apt. or PO Box  
 City, State  
 Harvey E. Yates Co.  
 P.O. Box 1933  
 Roswell, NM 88202

PS Form 3811, July 2013 See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Chris McInerney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Chris McInerney C. Date of Delivery 3-5-15 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  Grover, Arden R. P.O. Box 3666 Midland, TX 79702	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label) 7006 2760 0001 6382 7614	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Colleen Terry</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Colleen Terry C. Date of Delivery 3/4/15 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  Harvey E. Yates Co. P.O. Box 1933 Roswell, NM 88202	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label) 7006 2760 0001 6382 7621	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

7006 2760 0001 6382 7638

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

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

Sent To: Hudson, Edward R., Jr.  
 Street, or PO: 616 Texas St  
 City, St: Ft. Worth, TX 76102  
 PS Form 3811, July 2013

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Staci E. Gilbert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Staci Gilbert</i> C. Date of Delivery <b>MAR 04 2015</b></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>
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt 7006 2760 0001 6382 7638	

7006 2760 0001 6382 7645

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

Postage	\$ 30	
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)	669	
Total F		

Sent To: Hudson, Lewis Delmar  
 Street, or PO: 616 Texas St  
 City, St: Ft. Worth, TX 76102  
 PS Form 3811, July 2013

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Staci E. Gilbert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Staci E. Gilbert</i> C. Date of Delivery <b>MAR 04 2015</b></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>
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt 7006 2760 0001 6382 7645	

7006 2760 0001 6382 7652

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

For delivery information visit **MHF/COG**  
**OFFICE** **COOKIE TOSSER**

Postage	\$ 69
Certified Fee	33
Return Receipt Fee (Endorsement Required)	27
Restricted Delivery Fee (Endorsement Required)	66
<b>Total</b>	

Sent To: Lamb, Garland C.  
 3208 Maxwell  
 Midland, TX 79705

PS Form 3800, August 2008



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:  
 Lamb, Garland C.  
 3208 Maxwell  
 Midland, TX 79705

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7652

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *Jan Lamb*  Agent  Addressee

B. Received by (Printed Name) *JAN LAMB* C. Date of Delivery *3-5-15*

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 7669

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

For delivery information visit **MHF/COG**  
**OFFICE** **COOKIE TOSSER**

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

Sent To: Lindy's Living Trust  
 Francis H. Hudson, Trustee,  
 4200 S. Hulen, Ste 302  
 Ft. Worth, TX 76109

PS Form 3800, August 2008



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:  
 Lindy's Living Trust  
 Francis H. Hudson, Trustee,  
 4200 S. Hulen, Ste 302  
 Ft. Worth, TX 76109

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7669

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *Tanya Spout*  Agent  Addressee

B. Received by (Printed Name) *Tanya Spout* C. Date of Delivery *3/3/15*

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 7676

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

For delivery information visit **MHF/COG**  
**OFFIC COOKIE TOSSER**

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

Postmark Here  
**FEB 27 2015**  
 USPS SANTA FE, NM 87504 DE WARGAS POST OFFICE

Sent To  
 Lindy's Living Trust  
 Francis H. Hudson, Trustee,  
 616 Texas St  
 Ft. Worth, TX 76102

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, 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:  
 Lindy's Living Trust  
 Francis H. Hudson, Trustee,  
 616 Texas St  
 Ft. Worth, TX 76102

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7676

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Staci Gilburg*

B. Received by (Printed Name) *Staci Gilburg* C. Date of Delivery **MAR 04 2015**

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 7683

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

For delivery information visit **MHF/COG**  
**OFFIC COOKIE TOSSER**

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

Postmark Here  
**FEB 27 2015**  
 USPS SANTA FE, NM 87504 DE WARGAS POST OFFICE

Sent To  
 Mewbourne Oil Co.  
 500 W. Texas Ave., Suite 1020  
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, 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:  
 Mewbourne Oil Co.  
 500 W. Texas Ave., Suite 1020  
 Midland, TX 79701

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7683

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Mitchell*

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

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 7911

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

For delivery information visit **OFFIC**

**MHF/COG  
COOKIE TOSSER**

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

Postmark Here: FEB 27 2015 DE VARGAS POST OFFICE USPS SANTA FE, NM 87594

Sent To: Nadel and Gussman Capitan LLC  
15 East 5th Street, Suite 3200  
Tulsa, OK 74103

PS Form 3811, July 2013

7006 2760 0001 6382 7911

**CERTIFIED MAIL**

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**  
X  Agent  
 Addressee

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

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

MAR 05 2015  
15 E 5TH ST - 3200

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

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

1. Article Addressed to:  
Nadel and Gussman Capitan LLC  
15 East 5th Street, Suite 3200  
Tulsa, OK 74103

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7911

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 7928

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

For delivery information visit **OFFIC**

**MHF/COG  
COOKIE TOSSER**

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

Postmark Here: FEB 27 2015 DE VARGAS POST OFFICE USPS SANTA FE, NM 87594

Sent To: Nadel and Gussman Heyco LLC  
P.O. Box 1936  
Roswell, NM 88202

PS Form 3811, July 2013

7006 2760 0001 6382 7928

**CERTIFIED MAIL**

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**  
X  Agent  
 Addressee

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

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

MAR 05 2015 ROSWELL, NM

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

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

1. Article Addressed to:  
Nadel and Gussman Heyco LLC  
P.O. Box 1936  
Roswell, NM 88202

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7928

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 7515

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

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

Sent To: Osborn, Calvin W.  
RR 2 Box 48  
Lovington, NM 88260

Postmark Here: FEB 27 2015  
DENVER POST OFFICE  
USPS SANTA FE, NM

PS Form 3811, July 2013

7006 2760 0001 6382 7522

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

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

Sent To: Redfern Oil Co.  
P.O. Box 50890  
Midland, TX 79710

Postmark Here: FEB 27 2015  
DENVER POST OFFICE  
USPS SANTA FE, NM

PS Form 3811, July 2013

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>C.W. Osborn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
1. Article Addressed to:  Osborn, Calvin W. RR 2 Box 48 Lovington, NM 88260		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) _____		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		7006 2760 0001 6382 7515 Domestic Return Receipt	

Return

7006 2760 0001 6382 7539

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit **USPS.com**  
**OFFICE**

**MHF/COG**  
**COOKIE TOSSER**

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	069
Total Postage	



**Sent To** Reeser, Wayne F.  
**Street, Apt, or PO Box** 1512 W. Aspen  
**City, State** Lovington, NM 88260

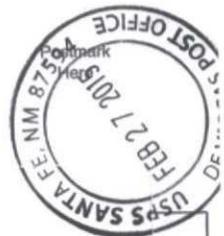
PS Form 3800, August 2009 See Reverse for Instructions

7006 2760 0001 6382 7546

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit **USPS.com**  
**OFFICE**

**MHF/COG**  
**COOKIE TOSSER**

Postage	\$ 09
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	069
Total Postage	



**Sent To** Spell Inc.  
**Street, Apt, or PO Box** P.O. Box 50890  
**City, State** Midland, TX 79710

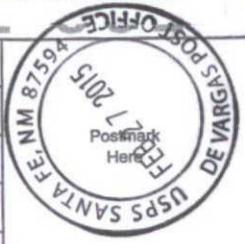
PS Form 3800, August 2009 See Reverse for Instructions

Return

7552 6382 0001 2760 7006

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

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



Sent To  
Spiral Inc.  
P.O. Box 1933  
Roswell, NM 88202  
PS Form 3811, July 2013

7562 6382 0001 2760 7006

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

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



Sent To  
Stratco Operating Co. Inc.  
400 Buckeye Trail  
Austin, TX 78746  
PS Form 3811, August 2007

PLACE STICKER AT TOP OF ENVELOPE, 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/17/15*

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

1. Article Addressed to:  
Spiral Inc.  
P.O. Box 1933  
Roswell, NM 88202

2. Article Number *7006 2760 0001 6382 7553*  
(Transfer from service label)

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 7577

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)  
MHF/COG  
For delivery information visit [usps.com](#)  
OFFICIAL RECEIPT

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

Sent To: Withcer, Marvin D.  
P.O. Box 1983  
Midland, TX 79702

Postmark Here: FEB 27 2015 USPS SANTA FE, NM 87504 DE VARGAS POST OFFICE

7006 2760 0001 6382 7584

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)  
MHF/COG  
For delivery information visit [usps.com](#)  
OFFICIAL RECEIPT

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

Sent To: Yates Energy Corp.  
P.O. Box 2323  
Roswell, NM 88201

Postmark Here: FEB 27 2015 USPS SANTA FE, NM 87504 DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

THIS SECTION ON DELIVERY

1. Article Addressed to:  
Yates Energy Corp.  
P.O. Box 2323  
Roswell, NM 88201

2. Article Number (Transfer from service label): 7006 2760 0001 6382 7584

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: *Tedi Hamilton* (Agent)  
 B. Received by (Printed Name): Tedi Hamilton (Addressee)  
 C. Date of Delivery: 2/25/15  
 D. Is delivery address different from item?  Yes  
 If YES, enter delivery address below:  No

Postmark Here: FEB 27 2015 USPS SANTA FE, NM 87504 DE VARGAS POST OFFICE

7006 2760 0001 6382 7829

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)  
 For delivery information visit **usps.com**  
**OFFICIAL MAIL™**  
**MHF/COG**  
**COOKIE TOSSER**

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



Sent to: Yates US Inc.  
 Street or PO: P.O. Box 2323  
 City, State, ZIP+4: Roswell, NM 88202

**CERTIFIED MAIL**

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>Tedi Hami</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tedi Hami</i> C. Date of Delivery <i>MAR 2 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>	
1. Article Addressed to:  Yates US Inc. P.O. Box 2323 Roswell, NM 88202		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <b>7006 2760 0001 6382 7829</b>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

7006 2760 0001 6382 7812

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)  
 For delivery information visit **usps.com**  
**OFFICIAL MAIL™**  
**MHF/COG**  
**COOKIE TOSSER**

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



Sent to: Zorro Partners Ltd.  
 Street or PO: 616 Texas St  
 City, State, ZIP+4: Ft. Worth, TX 76102

**CERTIFIED MAIL**

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>Staci Gilberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Staci Gilberg</i> C. Date of Delivery <i>MAR 04 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>	
1. Article Addressed to:  Zorro Partners Ltd. 616 Texas St Ft. Worth, TX 76102		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <b>7006 2760 0001 6382 7812</b>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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