STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

AMENDED APPLICATION OF COG OPERATING LLC FOR A NON-STANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

CASE NO. 15105 (re-opened)

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Jordan L. Kessler, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the addresses shown attached hereto, and that true and correct copies of the notice letter and proof of receipt are attached hereto.

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 4th day of March 2015 by Jordan L. Kessler

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/19

Notary Public

BEFORE THE OIL CONVERSATION DIVISION
Santa Fe, New Mexico
Exhibit No. 2
Submitted by: **COG Operating**
Hearing Date: March 4, 2015

COG OPERATING LLC
AIRSTRIP FEE COM NO. 1H WELL

POOLED PARTIES:

Chevron USA Inc.
P. O. Box 2100
Houston, TX 77252

Harvard Petroleum Company, LLC
P. O. Box 936
Roswell, NM 88202

Lynx Petroleum Consultants
P. O. Box 1708
Hobbbs, NM 88241

AYCO Energy, LLC
2909 Hillcroft Ave., Ste 103
Houston, TX 77057

Big "6" Drilling Company
7500 San Felipe, Ste 250
Houston, TX 77063

Chester B. Benge, Jr.
7500 San Felipe, Ste 250
Houston, TX 77063

Prospector LLC
P. O. Box 429
Roswell, NM 88202

Big Three Energy Group
P. O. Box 429
Roswell, NM 88202

Featherstone Development Corporation
P. O. Box 429
Roswell, NM 88202

XTO Energy In., as agent for
Exxon Mobil Corp.
810 Houston Street
Fort Worth, TX 76102

W. H. Smith Estate
c/o Rowena Reynolds
1311 N. Rusk
Wharton, TX 77488

LEACOWI LLC
4246 Goodfellow Drive
Dallas, TX 75229-2714

Jane R. Lancaster
901 Main Street, Suite 600
Dallas, TX 75202

Michael Stone
7500 San Felipe, Ste 250
Houston, TX 77063

Jack Burnett
983 Cash Road
Kountze, TX 77625

Jack Burnett
7500 San Felipe, Ste 250
Houston, TX 77063

Bright Hawk / Burkard Venture
P. O. Box 79790
Houston, TX 77279

W. A. Stockard Estate
2008 Kirby Dr., Ste 510
Houston, TX 77019

W. A. Stockard Estate
2001 Kirby Dr., Ste 605
Houston, TX 77019

Marguerite B. Griffith
5416 Sugar Hill Dr.
Houston, TX 77063

Sunwest Bank of Albuquerque, Trustee under the Robert O. Erwin & Virginia McKnight Erwin Revocable Trust Agreement dated Feb. 4, 1988
PO Box 25500
Albuquerque, NM 87125

Sunwest Bank of Albuquerque, Trustee under the Robert O. Erwin & Virginia McKnight Erwin Revocable Trust Agreement dated Feb. 4, 1988
PO Box 26900
Albuquerque, NM 87215

Anna Inez Hall Knapp
3220 Country Club Dr.
Lake Charles, LA 70605

Anna Inez Hall Knapp
1017 Ninth St
Lake Charles, LA 70601

Anna Inez Hall Knapp
PO Box 1665
Lake Charles, LA 70602

Thomas O. Hall, Jr.
c/o Carolyn Baumgartner Hall
2010 Fall Creek Drive,
Leander, TX 78641

COG OPERATING LLC
AIRSTRIP FEE COM NO. 1H WELL

Thomas O. Hall, Jr.
c/o Carolyn Baumgartner Hall
10711 Bordley
Houston, TX 77042

Wadi Petroleum Inc.
4355 Sylvanfield Dr. Suite 200
Houston, TX 77014-1649

Wadi Petroleum Inc.
14405 Walters Rd, Suite 400
Houston, TX 77014

Mary H. Elliot
c/o Logan Knapp
2755 Shadowdale Drive
Houston, TX 77043

Patricia Wallace
111 Ellis St, 5th Floor
San Francisco, CA 94102

Fred Brunner
c/o Robert B Brunner, Executor of the Estate of Fred Brunner, deceased
1129 Dilworth Crescent Row #R
Charlotte, NC 28203

Fred Brunner
also: c/o Robert B Brunner, Executor of the Estate of Fred Brunner, deceased
14825 Ballantyne Village Way, Suite 240-17
Charlotte, NC 28277

Katherine Hartig Elmore, Derrill G. Elmore, Jr., and Frank H. Elmore, III, Trustees under the Will of Derrill G. Elmore, Deceased
c/o Derrill G. Elmore, Jr.
3414 Ridgecrest Drive
Flower Mound, TX 75022

Katherine Hartig Elmore, Derrill G. Elmore, Jr., and Frank H. Elmore, III, Trustees under the Will of Derrill G. Elmore, Deceased
c/o Derrill G. Elmore, Jr.
616 Cotton Exchange Blvd
Dallas, TX 75201

Katherine Hartig Elmore, Derrill G. Elmore, Jr., and Frank H. Elmore, III, Trustees under the Will of Derrill G. Elmore, Deceased
c/o Frank H. Elmore, III
400 Elenburg Rd.
Perrin, TX 76486

Richard D. Jones, Jr.
200 North Gaines Road
Cedar Creek, TX 78612

Richard D. Jones, Jr.
1870 College Parkway
Lewisville, TX 75077

John D. McCall
c/o John D. McCall, Jr.
6641 Wakefield Dr. Apt 513
Alexandria, VA 22307

John D. McCall, Jr.
6641 Wakefield Dr. Apt 513
Alexandria, VA 22307

Thomas Screven McCall
10481 FM 344 West
Bullard, TX 75757

Thomas Screven McCall
4913 Pine Knoll Dr
Tyler, TX 75703

Thomas Screven McCall
10481 FM 344 West #344
Bullard, TX 75757

William S. Deniger, Jr.
4061 Mawr Drive
Dallas, TX 75225

William S. Deniger, Jr.
6432 Walnut Hill Lane
Dallas, TX 75230

David B. Deniger
3730 Armstrong Avenue
Dallas, TX 75205

David B. Deniger
3704 Cragmont Ave
Dallas, TX 75205

David B. Deniger
16479 Dallas Parkway, Suite 400
Addison, TX 75001

Elizabeth Raymond a/k/a Betsy Raymond
13357 Forest River Drive SE
Lowell, MI 49331

Frederic D. Brownell
11703 Neering Drive
Dallas, TX 75218

Randolph D. McCall
800 Ox Eye Trail
West Lake Hills, TX 78746

Randolph D. McCall
3204 Drexel
Dallas, TX 75205

Randolph D. McCall
4006 Idlewild Road
Austin, TX 78731

COG OPERATING LLC
AIRSTRIP FEE COM NO. 1H WELL

Rebecca McCall Landis Baird
332 East Terra Alta
San Antonio, TX 78209

Rebecca McCall Landis Baird
c/o Hobby H McCall (Hobby H McCall Living Trust)
1325 Sayles Blvd
Abilene, TX 79605

Catherine H. Ragsdale
c/o Douglass Nichols
4713 Chiappero Trail
Austin, TX 78731

Barbara E. Hannifin
2716 N. Pennsylvania Avenue, Apt 58
Roswell, NM 88201

Barbara E. Hannifin
PO Box 182
Roswell, NM 88201

Glenna Warren
c/o Jean L Klebold
213 E Plaza
Clovis, NM 88101

Glenna Warren
PO Box 514
Clovis, NM 88101

Glenna Warren
c/o Waymond D. Smith
1200 Carver Rd.
Las Cruces, NM 88005

Mary A. Matthews
1239 W. Stillwell St.
Wichita, KS 67213

Gene L. Dalmont
1498 Scipio Lane
McAlester, OK 74501

Gene L. Dalmont
Route 1 Box 193
McAlester, OK 74501

Mae Dell Dalmont
c/o Gene L. Dalmont
1498 Scipio Lane
McAlester, OK 74501

Mae Dell Dalmont
c/o Gene L. Dalmont
Route 1 Box 193
McAlester, OK 74501

Mae Dell Dalmont
c/o Kent W. Dalmont
230 Wolfhunters Lane
McAlester, OK 74501

Mae Dell Dalmont
c/o Kent W. Dalmont
HC 75 Box 365
McAlester, OK 74501

OFFSETS:

Mewbourne Oil Company
500 W. Texas Ave.
Midland, TX 79701

Sundown Energy LP
Two Galleria Tower
13455 Noel Road, Suite 2000
Dallas, Texas 75240

Read & Stevens Inc.
400 N. Pennsylvania Avenue
Suite 1000
Roswell, NM 88201

OXY USA Inc
6 Desta Drive
Midland, Texas 79705

Chevron U.S.A. Inc.
P.O. Box 2100
Houston, Texas 77252

HOLLAND&HART LLP

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

February 13, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: AmendedApplication of COG Operating LLC to Amend Order R-13823 to Limit Pooled Formation and to Compulsory Pool Additional Mineral Interest in the Approved Spacing Unit, Lea County, New Mexico.
Airstrip Fee 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 5, 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 Jeff Lierly, at (432) 221-0485 or jlierly@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART LLP

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

February 2, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET PARTIES

RE: AmendedApplication of COG Operating LLC to Amend Order R-13823 to Limit Pooled Formation and to Compulsory Pool Additional Mineral Interest in the Approved Spacing Unit, Lea County, New Mexico. Airstrip Fee 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. *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 5, 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 Jeff Lierly, at (432) 221-0485 or jlierly@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

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AIRSTRIP 1H

OFFICIAL USE

Postage	$ 0.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	$ 6.69

Sent To: Chevron USA Inc.
Street, Apt. No., or PO Box No.: P. O. Box 2100
City, State, ZIP+4: Houston, TX 77252

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6390 7682

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.
P. O. Box 2100
Houston, TX 77252

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
FEB 18 2015

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

HOUSTON, TX 77201 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7682

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

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Postage	$ 0.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	$ 6.69

Sent To: Harvard Petroleum Company, LLC
Street, Apt. No., or PO Box No.: P. O. Box 936
City, State, ZIP+4: Roswell, NM 88202

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6390 7699

CERTIFIED MAIL™

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

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

1. Article Addressed to:

Harvard Petroleum Company, LLC
P. O. Box 936
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Joy Jureel FEB 2015

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

NM 88201

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service) 7006 2760 0001 6390 7699

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

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Postage	$ .69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Pc	

Sent To
Street, Ap or PO Bo
City, Stat

Lynx Petroleum Consultants
P. O. Box 1708
Hobbbs, NM 8824

USPS SANTA FE NM 87501
MAIN POST OFFICE
Postmark Here
FEB 13 2015

PS Form 3800, August 2006

7006 2760 0001 6390 7705

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For delivery information

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OFFI

Postage	$ .69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00

AYCO Energy, LLC
2909 Hillcroft Ave., Ste 103
Houston, TX 77057

USPS SANTA FE NM 87501
MAIN POST OFFICE
Postmark Here
FEB 13 2015

See Reverse for Instructions

7006 2760 0001 6390 7712

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- 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:

Lynx Petroleum Consultants
P. O. Box 1708
Hobbbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

FEB 18 2015

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7705

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SENDER: COMPLETE THIS SECTION

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- 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:

AYCO Energy, LLC
2909 Hillcroft Ave., Ste 103
Houston, TX 77057

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
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7712

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

U.S. Postal Service™
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AIRSTRIP 1H

OFFI

Postage	$ 6.09
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00

USPS SANTA FE NM 87501 FEB 13 2015 SANTA FE MAIN POST OFFICE

Postmark Here

Sent To
Big "6" Drilling Company
Street, Apt. No., or PO Box No.
7500 San Felipe, Ste 250
City, State, ZIP+4
Houston, TX 77063

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6390 7729

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:

Big "6" Drilling Company
7500 San Felipe, Ste 250
Houston, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cindy King
☐ Agent
☐ Addressee

B. Received by (Printed Name) Cindy King
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 ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7729

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Postage	$ 6.09
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00

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Sent To
Chester B. Benge, Jr.
Street, Apt. No., or PO E
7500 San Felipe, Ste 250
City, St
Houston, TX 77063

PS Form

7006 2760 0001 6390 7736

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:

Chester B. Benge, Jr.
7500 San Felipe, Ste 250
Houston, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cindy King
☐ Agent
☐ Addressee

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

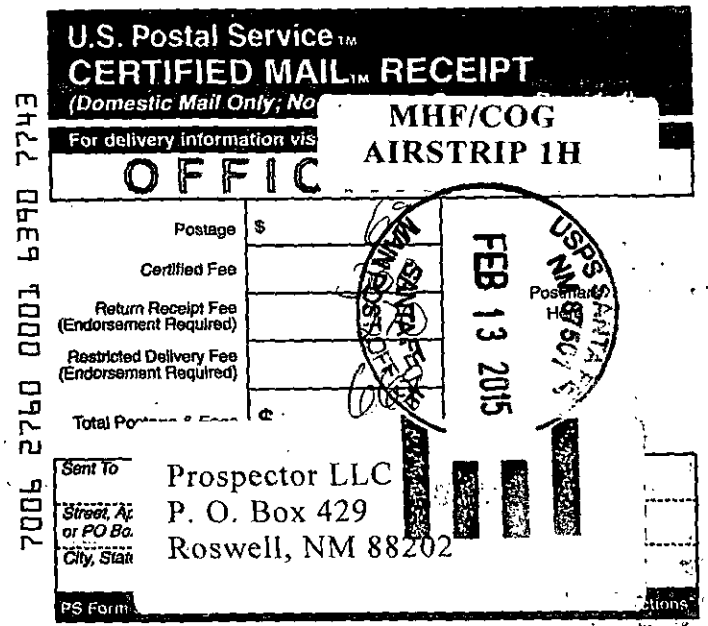
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7736

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



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For delivery information vis
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MHF/COG
AIRSTRIP 1H

Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 220
Restricted Delivery Fee (Endorsement Required) 669
Total Po

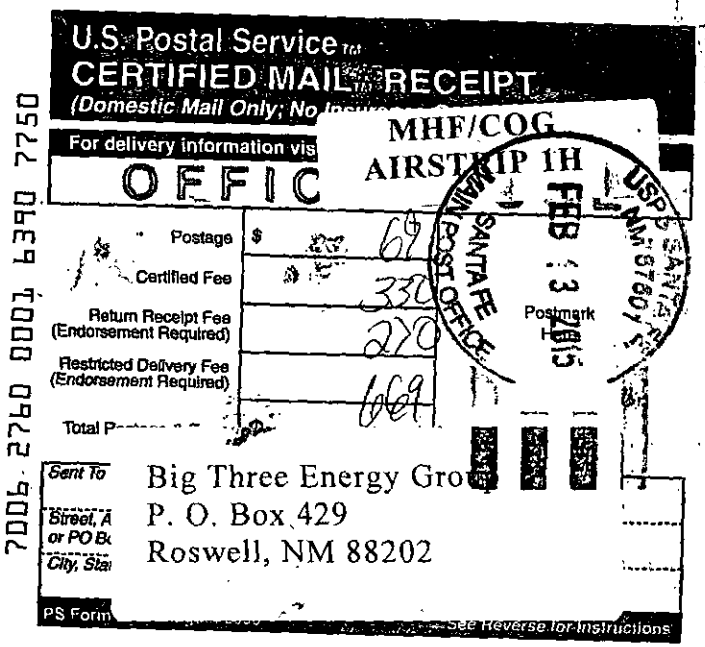
USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here

Sent To
Street, Ap or PO Bo
City, Stat

Prospector LLC
P. O. Box 429
Roswell, NM 88202

PS Form

7006 2760 0001 6390 7743



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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vis
OFFIC

MHF/COG
AIRSTRIP 1H

Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 220
Restricted Delivery Fee (Endorsement Required) 669
Total P

SANTA FE POST OFFICE
FEB 13 2015
Postmark Here

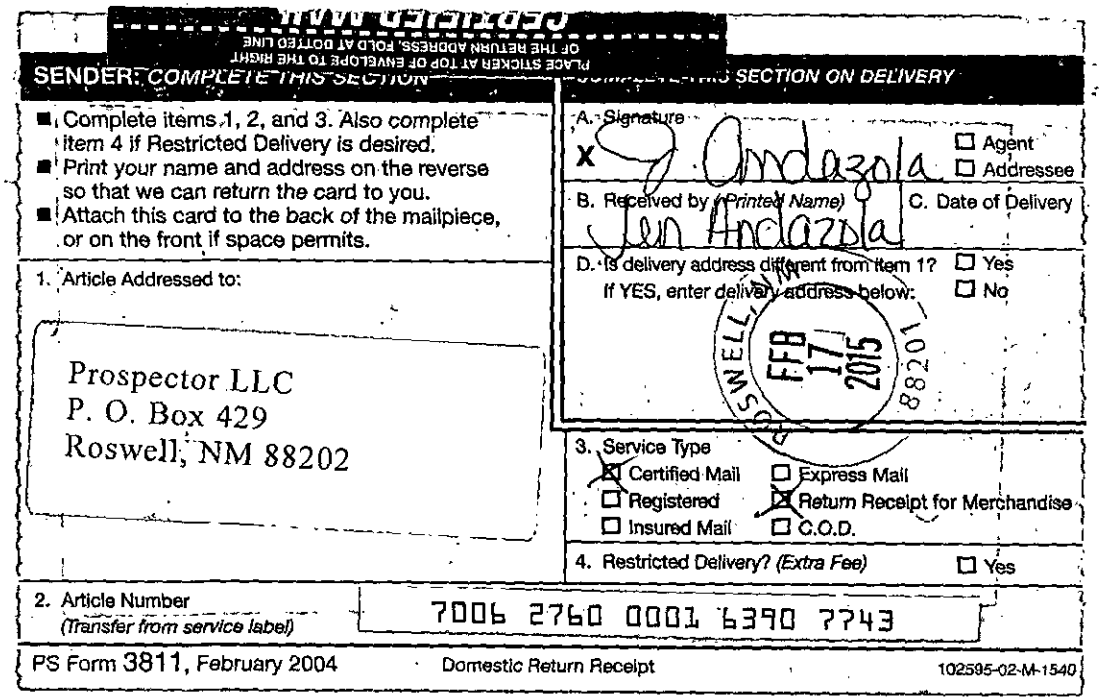
Sent To
Street, A
or PO Bo
City, Stat

Big Three Energy Grou
P. O. Box 429
Roswell, NM 88202

PS Form

See Reverse for Instructions

7006 2760 0001 6390 7750



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- 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:

Prospector LLC
P. O. Box 429
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Ondazola ☐ Agent ☐ Addressee

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

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

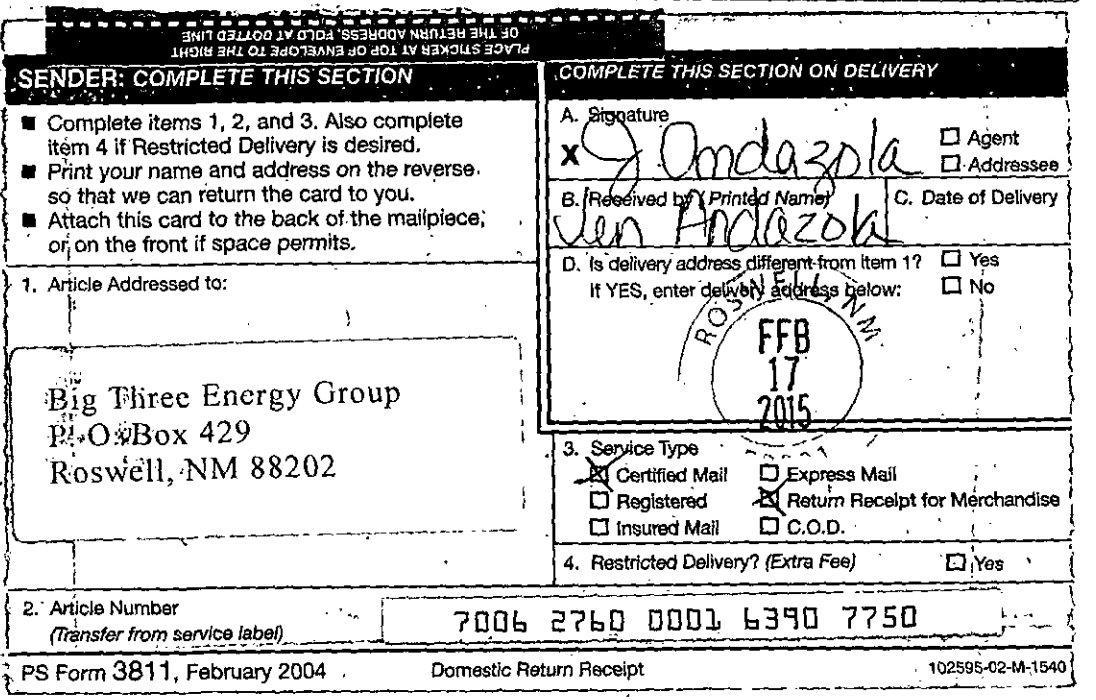
ROSWELL NM 88201
FEB 17 2015

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7743

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Big Three Energy Group
P. O. Box 429
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Ondazola ☐ Agent ☐ Addressee

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

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

ROSWELL NM
FEB 17 2015

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7750

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

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

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ 0.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

USPS SANTA FE, NM 87501 FEB 13 2015 Postmark Here

Sent To: Featherstone Development Corporation
Street, Apt. No., or PO Box No.: P. O. Box 429
City, State, ZIP+4: Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6390 7767

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ 0.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

USPS SANTA FE, NM 87501 FEB 13 2015 Postmark Here

Sent To: XTO Energy In., as agent for Exxon Mobil Corp.
Street, Apt. No., or PO Box No.: 810 Houston Street
City, State, ZIP+4: Fort Worth, TX 76102

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6390 7774

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:

Featherstone Development Corporation
P. O. Box 429
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x J. Andazola ☐ Agent ☐ Addressee

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

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

ROSWELL, NM FEB 17 2015 88201

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7767

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

XTO Energy In., as agent for
Exxon Mobil Corp.
810 Houston Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Jeanni Cox ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery FEB 17 2015

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7774

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

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OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ 69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.60
Total Postage & Fees	$

USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Sent To: W. H. Smith Estate
Street, Apt. No., or PO Box: c/o Rowena Reynolds
City, State: 1311 N. Rusk
Wharton, TX 77488

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 2060

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:

W. H. Smith Estate
c/o Rowena Reynolds
1311 N. Rusk
Wharton, TX 77488

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. Reynolds ☐ Agent ☐ Addressee

B. Received by (Printed Name) XR Reynolds C. Date of Delivery 2-18-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2060

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

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

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ 6.71
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.60
Total Postage & Fees	$

USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Sent To: LEACOWI LLC
Street, Apt. No., or PO Box: 4246 Goodfellow Drive
City, State: Dallas, TX 75229-2714

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 2077

CERTIFIED MAIL

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

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

1. Article Addressed to:

LEACOWI LLC
4246 Goodfellow Drive
Dallas, TX 75229-2714

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy G. Riddle ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nancy G. Riddle C. Date of Delivery 2/17/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2077

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

7006 2760 0001 6382 2084

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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MHF/COG
AIRSTRIP 1H

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

OFFICIAL USE

Postage	$ 69
Certified Fee	3 30
Return Receipt Fee (Endorsement Required)	2 80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: USPS SANTA FE NM 87501 FEB 13 2015

Sent To: Jane R. Lancaster
Street, Apt. No. or PO Box No.: 901 Main Street, Suite 600
City, State, ZIP+4: Dallas, TX 75202

PS Form 3800, August 2006 — 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:

Jane R. Lancaster
901 Main Street, Suite 600
Dallas, TX 75202

COMPLETE THIS SECTION ON DELIVERY

A. Signature: MAILROOM Jackson Walker LLP — ☐ Agent ☐ Addressee

B. Received by (Printed Name): MAILROOM Jackson Walker LLP — C. Date of Delivery: 2-27-15

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

MAILROOM
Jackson Walker LLP
901 Main, Ste 6000
Dallas, TX 75202

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6382 2084

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

7006 2760 0001 6382 2091

U.S. Postal Service™
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MHF/COG
AIRSTRIP 1H

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OFFICIAL USE

Postage	$ 69
Certified Fee	3 30
Return Receipt Fee (Endorsement Required)	2 80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: USPS SANTA FE NM 87501 FEB 13 2015

Sent To: Michael Stone
Street, Apt. No. or PO Box No.: 7500 San Felipe, Ste 250
City, State, ZIP+4: Houston, TX 77063

PS Form 3800, August 2006 — 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:

Michael Stone
7500 San Felipe, Ste 250
Houston, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Cindy King — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Cindy King — 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 ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6382 2091

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

7006 2760 0001 6382 2107

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MHF/COG
AIRSTRIP 1H

Postage	$ 7
Certified Fee	3 0
Return Receipt Fee (Endorsement Required)	2 0
Restricted Delivery Fee (Endorsement Required)	6 8
Total	

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

Sent To: Jack Burnett
Street, Apt. or PO Box: 983 Cash Road
City, State: Kountze, TX 77625

PS Form 3800, August 2006 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:

Jack Burnett
983 Cash Road
Kountze, TX 77625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jack Burnett | 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 ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2107

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

7006 2760 0001 6382 2114

U.S. Postal Service™
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MHF/COG
AIRSTRIP 1H

Postage	$ 6
Certified Fee	3
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	6
Total Post	

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

Sent To: Jack Burnett
Street, Apt. or PO Box: 7500 San Felipe, Ste 250
City, State: Houston, TX 77063

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:

Jack Burnett
7500 San Felipe, Ste 250
Houston, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cindy King | 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 ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2114

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

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

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ .69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

Sent To: Bright Hawk / Burkard Venture
Street, Apt. No., or PO Box No.: P. O. Box 79790
City, State, ZIP+4: Houston, TX 77279

PS Form 3800, August 2006 See Reverse for Instructions

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

7006 2760 0001 6382 2121

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ .69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

Sent To: W. A. Stockard Estate
Street, Apt. No., or PO Box No.: 2008 Kirby Dr., Ste 510
City, State, ZIP+4: Houston, TX 77019

PS Form 3800, August 2006 See Reverse for Instructions

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

7006 2760 0001 6382 2138

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:

W. A. Stockard Estate
2008 Kirby Dr., Ste 510
Houston, TX 77019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jessica Kinyon C. Date of Delivery 2/18/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2138

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

7006 2760 0001 6382 2145

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For delivery information visit ou...
OFFICI...

MHF/COG
AIRSTRIP 1H

Postage	$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 669

USPS SANTA FE NM 87501
MAIN POST OFFICE
FEB 13 2015
Postmark Here

Sent To
Street, Apt. N...
or PO Box No
City, State, Zi...

W. A. Stockard Esta...
2001 Kirby Dr., Ste ...05
Houston, TX 77019

PS Form 380...

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:

W. A. Stockard Estate
2001 Kirby Dr., Ste 605
Houston, TX 77019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jessica Reyes C. Date of Delivery 2/18/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6382 2145

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

7006 2760 0001 6382 2152

U.S. Postal Service™
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For delivery information visit ou...
OFFICI...

MHF/COG
AIRSTRIP 1H

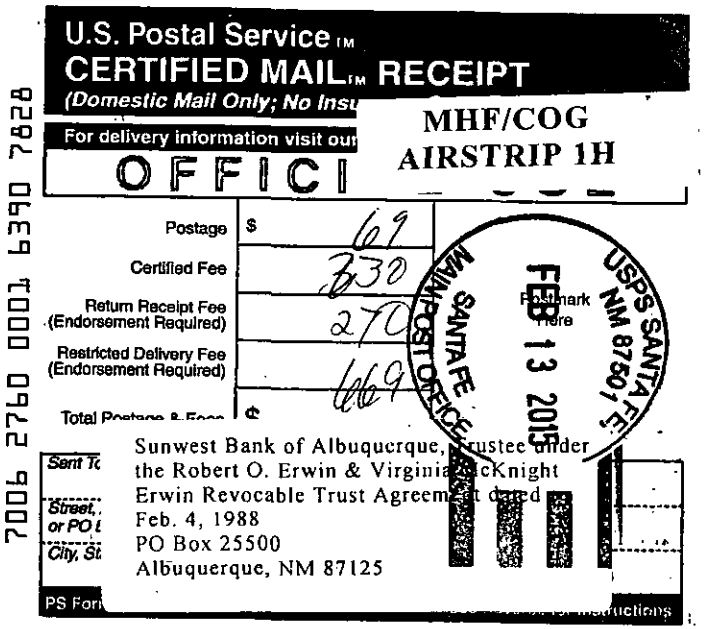
Postage	$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 669

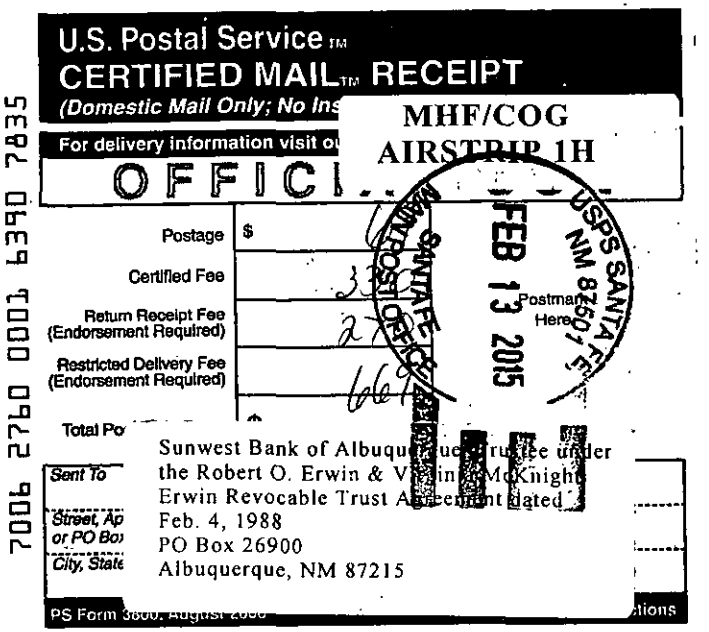
USPS SANTA FE NM 87501
MAIN POST OFFICE
FEB 13 2015
Postmark Here

Sent ...
Street ...
or PO ...
City, ...

Marguerite B. Griffith
5416 Sugar Hill Dr.
Houston, TX 77063

PS Fo... ...tructions





Return

Return

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit OFFIC

MHF/COG
AIRSTRIP 1H

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

USPS SANTA FE NM 87501 FEB 13 2015

Sent To: Anna Inez Hall Knapp
Street, Apt. No., or PO Box: 3220 Country Club Dr.
City, State: Lake Charles, LA 70605

PS Form ... Instructions

7006 2760 0001 6390 7842

U.S. Postal Service™
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MHF/COG
AIRSTRIP 1H

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

USPS SANTA FE NM 87501 FEB 13 2015

Sent To: Anna Inez Hall Knapp
Street, Apt. No., or PO Box: 1017 Ninth St
City, State: Lake Charles, LA 70601

PS Form ... Instructions

7006 2760 0001 6390 7859

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:

Anna Inez Hall Knapp
3220 Country Club Dr.
Lake Charles, LA 70605

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Anna Inez Hall Knapp ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery: Anna Inez Hall Knapp FEB 25

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

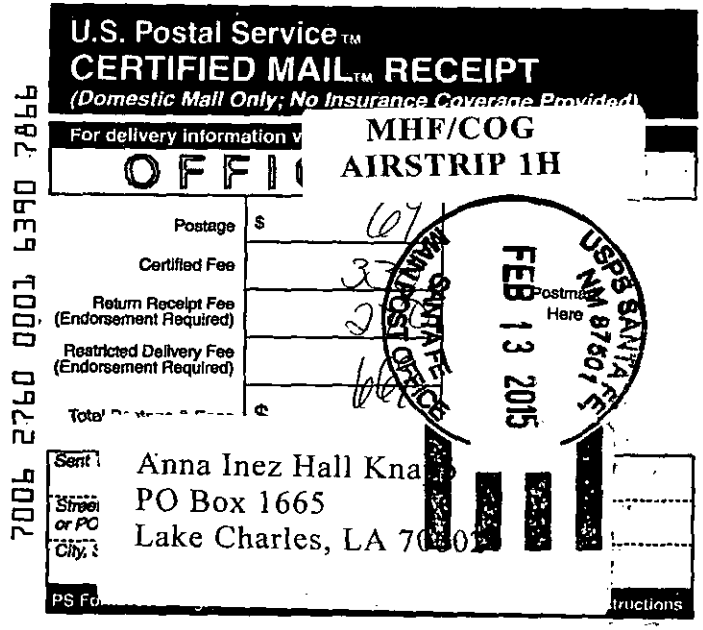
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

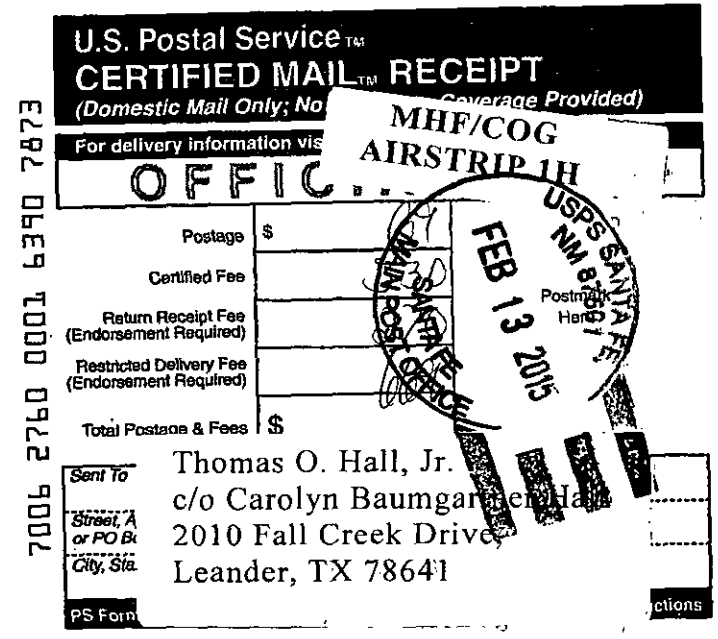
4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7006 2760 0001 6390 7842

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

Return


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information v
OFFI
MHF/COG
AIRSTRIP 1H
Postage $ 67
Certified Fee 3
Return Receipt Fee (Endorsement Required) 2
Restricted Delivery Fee (Endorsement Required)
Total
Sent
Street or PO
City,
Anna Inez Hall Kna
PO Box 1665
Lake Charles, LA 70
PS Fo
tructions
USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here
SANTA FE POST OFFICE
7006 2760 0001 6390 7866


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
Coverage Provided)
For delivery information vis
OFFIC
MHF/COG
AIRSTRIP 1H
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Sent To
Street, A
or PO B
City, Sta
Thomas O. Hall, Jr.
c/o Carolyn Baumgar
2010 Fall Creek Drive
Leander, TX 78641
PS Form
ctions
USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here
SANTA FE POST OFFICE
7006 2760 0001 6390 7873

Return

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N... Coverage Provided)

For delivery information v...

OFFIC...

MHF/COG
AIRSTRIP IH
USPS SANTA FE NM 87501
MAIN POST OFFICE
SANTA FE
FEB 13 2015
Postmark Here

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

Sent
Stree or PC
City,

Thomas O. Hall, Jr.
c/o Carolyn Baumgartner Hall
10711 Bordley
Houston, TX 77042

PS Form 3800, August 2006 ...structions

7006 2760 0001 6390 7860

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

For delivery information vis...

OFFIC...

MHF/COG
AIRSTRIP IH
USPS SANTA FE NM 87501
MAIN POST OFFICE
SANTA FE
FEB 13 2015
Postmark Here

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

Sent To
Street, A...
or PO Bo...
City, Stat...

Wadi Petroleum Inc.
4355 Sylvanfield Dr. Suite 200
Houston, TX 77014-1649

PS Form ...ctions

7006 2760 0001 6390 7897

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:

Wadi Petroleum Inc.
4355 Sylvanfield Dr. Suite 200
Houston, TX 77014-1649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Caldwell ☐ Agent ☐ Addressee

B. Received by (Printed Name) L Caldwell
C. Date of Delivery 2-16-15

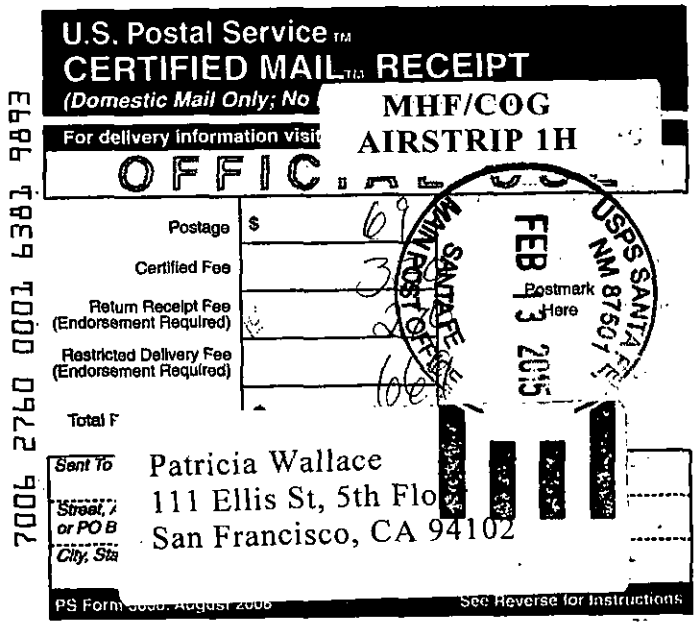
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

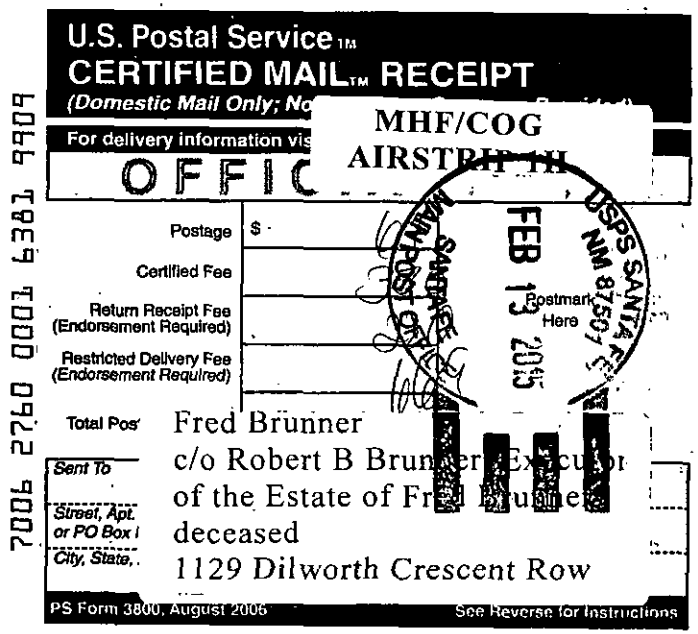
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

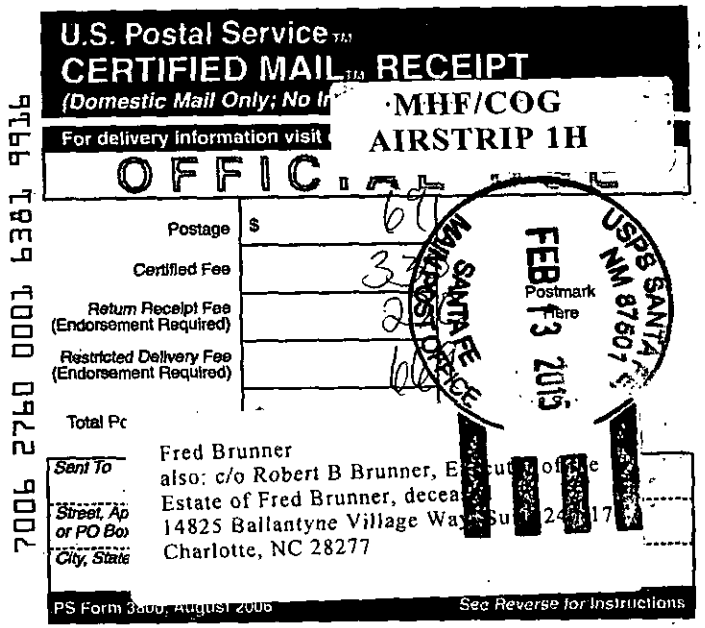
2. Article Number (Transfer from service label) 7006 2760 0001 6390 7897

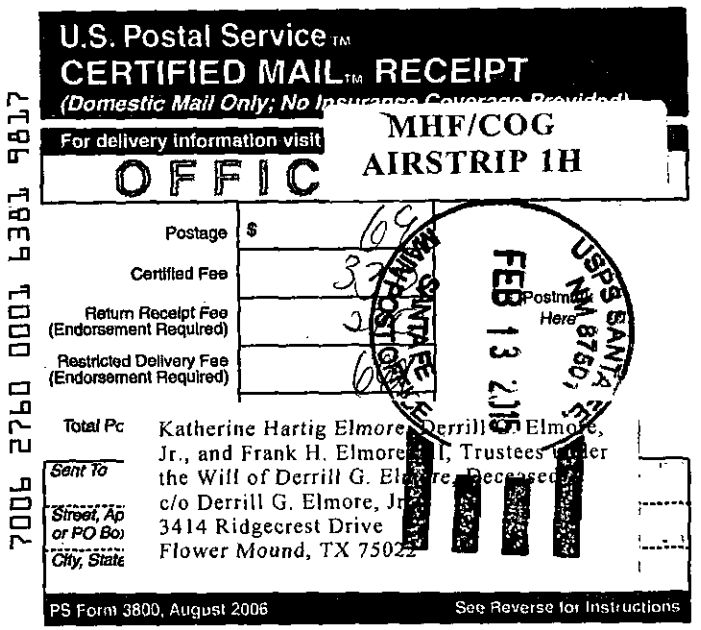
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

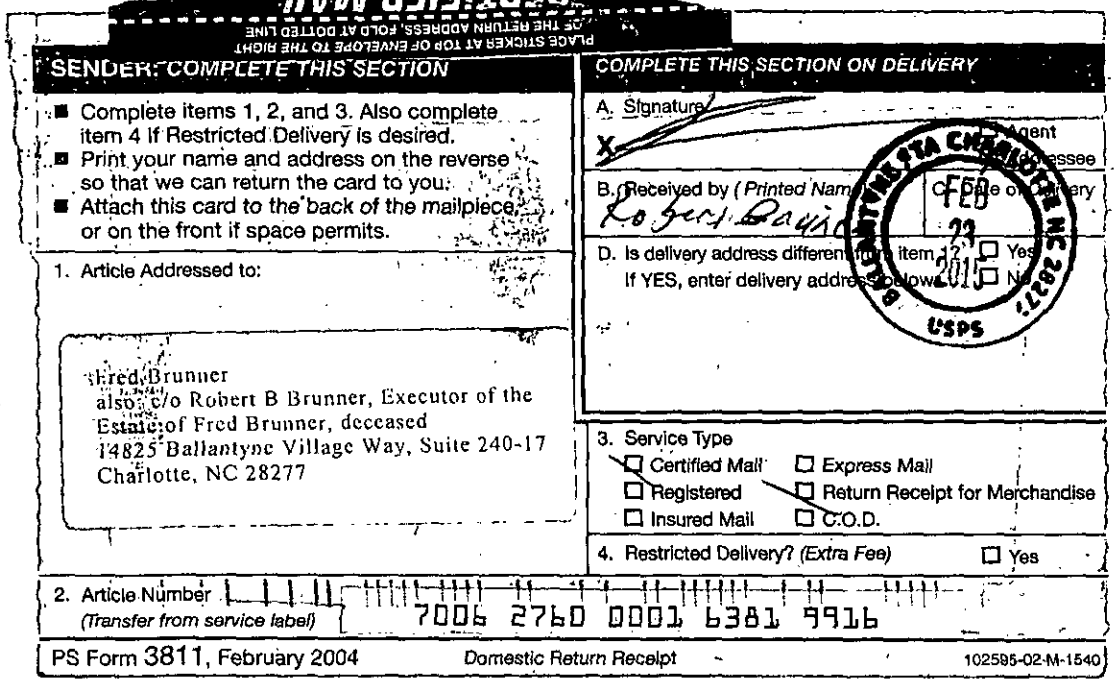

U.S. Postal Service TM
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information visit
MHF/COG
AIRSTRIP 1H
OFFIC
Postage $ 69
Certified Fee 3
Return Receipt Fee (Endorsement Required) 2
Restricted Delivery Fee (Endorsement Required)
Total F 6
Sent To Patricia Wallace
Street, or PO B 111 Ellis St, 5th Flo
City, Sta San Francisco, CA 94102
PS Form
See Reverse for Instructions
USPS SANTA FE NM 87507
MAIN POST OFFICE SANTA FE
FEB 13 2015
Postmark Here
7006 2760 0001 6381 9893

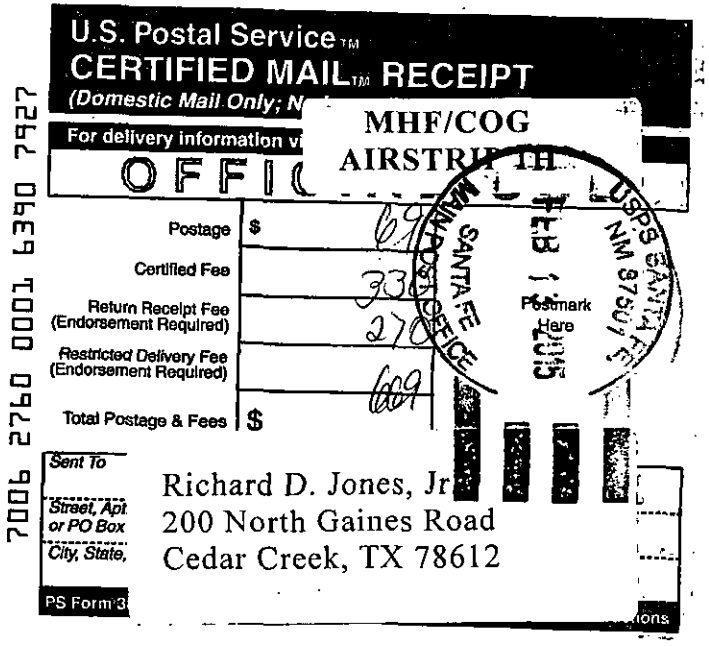

U.S. Postal Service TM
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vis
MHF/COG
AIRSTRIP 1H
OFFIC
Postage $ 6
Certified Fee 3
Return Receipt Fee (Endorsement Required) 2
Restricted Delivery Fee (Endorsement Required)
Total Pos 6
Sent To Fred Brunner
Street, Apt. c/o Robert B Brun Executor
or PO Box of the Estate of Fred Brunner
City, State, deceased
1129 Dilworth Crescent Row
PS Form 3800, August 2006
See Reverse for Instructions
USPS SANTA FE NM 87507
MAIN POST OFFICE SANTA FE
FEB 13 2015
Postmark Here
7006 2760 0001 6381 9909

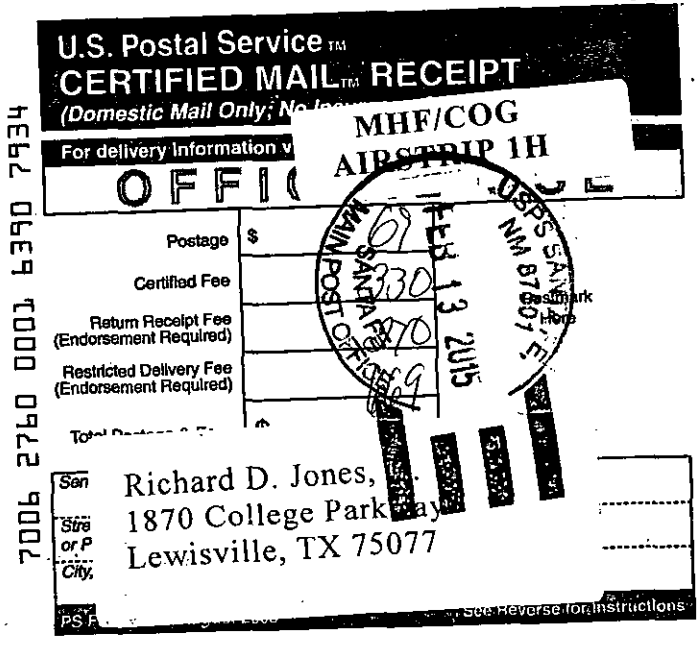
Return


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No I
For delivery information visit
OFFIC
MHF/COG
AIRSTRIP 1H
Postage $ 60
Certified Fee 3
Return Receipt Fee (Endorsement Required) 2
Restricted Delivery Fee (Endorsement Required) 60
Total Pc
Sent To
Street, Ap or PO Bo
City, State
Fred Brunner
also: c/o Robert B Brunner, E
Estate of Fred Brunner, decea
14825 Ballantyne Village Wa
Charlotte, NC 28277
USPS SANTA FE NM 87507
SANTA FE POST OFFICE
FEB 13 2015
Postmark Here
PS Form 3800, August 2006
See Reverse for Instructions
7006 2760 0001 6381 9916


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
OFFIC
MHF/COG
AIRSTRIP 1H
Postage $ 60
Certified Fee 3
Return Receipt Fee (Endorsement Required) 2
Restricted Delivery Fee (Endorsement Required) 60
Total Pc
Sent To
Street, Ap or PO Bo
City, State
Katherine Hartig Elmore, Derrill G. Elmore,
Jr., and Frank H. Elmore II, Trustees under
the Will of Derrill G. Elmore, Deceased
c/o Derrill G. Elmore, Jr.
3414 Ridgecrest Drive
Flower Mound, TX 75022
USPS SANTA FE NM 87507
SANTA FE POST OFFICE
FEB 13 2015
Postmark Here
PS Form 3800, August 2006
See Reverse for Instructions
7006 2760 0001 6381 9817


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:
Fred Brunner
also: c/o Robert B Brunner, Executor of the Estate of Fred Brunner, deceased
14825 Ballantyne Village Way, Suite 240-17
Charlotte, NC 28277
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
Robert Brunner
C. Date of Delivery
FEB 23 2015
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6381 9916
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540





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:

Richard D. Jones, Jr.
200 North Gaines Road
Cedar Creek, TX 78612

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Richard Dalal C. Date of Delivery 2-20-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7927

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

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

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

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

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

USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here
MAIN POST OFFICE
SANTA FE

Sent To: John D. McCall
Street, Apt. No., or PO Box No.: c/o John D. McCall, Jr.
City, State, ZIP+4: 6641 Wakefield Dr. Apt 513
Alexandria, VA 22307

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6390 7941

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

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

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

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

USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here
MAIN POST OFFICE
SANTA FE

Sent To: John D. McCall, Jr.
Street, Apt. No., or PO Box No.: 6641 Wakefield Dr. Apt 1
City, State, ZIP+4: Alexandria, VA 22307

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6390 7958

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:

John D. McCall
c/o John D. McCall, Jr.
6641 Wakefield Dr. Apt 513
Alexandria, VA 22307

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M. Green ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. Green C. Date of Delivery 2.18.15

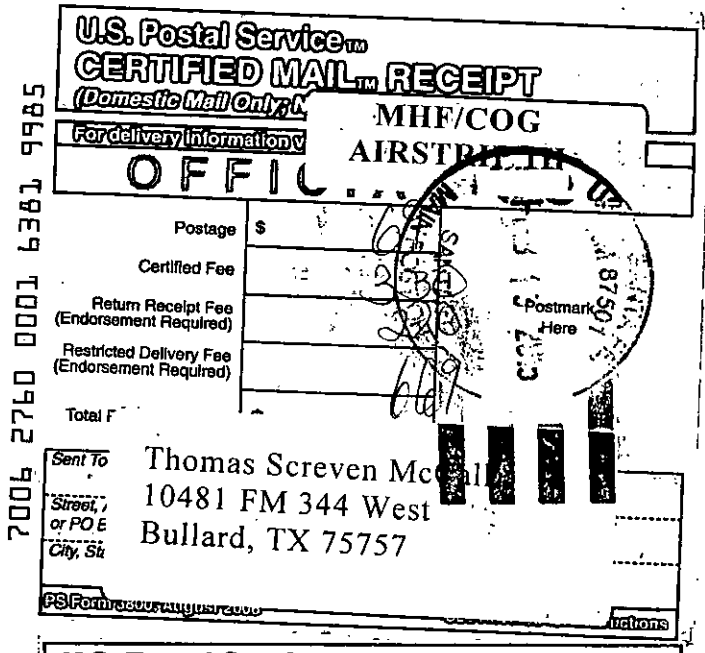
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

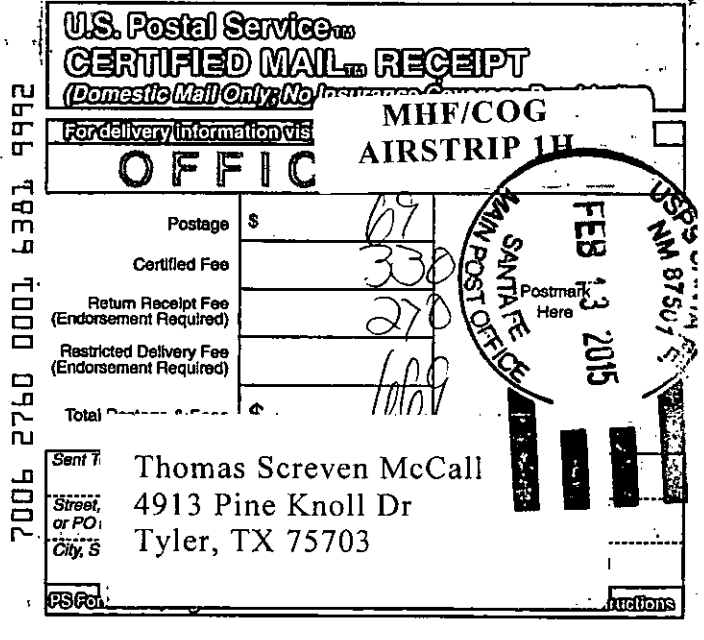
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7941

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





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:

Thomas Screven McCall
10481 FM 344 West
Bullard, TX 75757

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carolyn McCall ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carolyn McCall C. Date of Delivery 2-17-15

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

2. Article Number (Transfer from service label) 7006 2760 0001 6381 9985

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visi

OFFIC

MHF/COG
AIRSTRIP 1H

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

Sent To
Street, Apt. or PO Box
City, State,

Thomas Screven M Call
10481 FM 344 We #344
Bullard, TX 75757

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here SANTA FE MAIN POST OFFICE

PS Form 38

7006 2760 0001 6382 0004

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:

Thomas Screven McCall
10481 FM 344 West #344
Bullard, TX 75757

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carolyn McCall C. Date of Delivery 2-17-15

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

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0004

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visi

OFFIC

MHF/COG
AIRSTRIP 1H

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

Se
St
or
Cit

William S. Deniger, Jr.
4061 Mawr Drive
Dallas, TX 75225

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here SANTA FE MAIN POST OFFICE

PS

Instructions

7006 2760 0001 6381 9824

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:

William S. Deniger, Jr.
4061 Mawr Drive
Dallas, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery 2-17-15

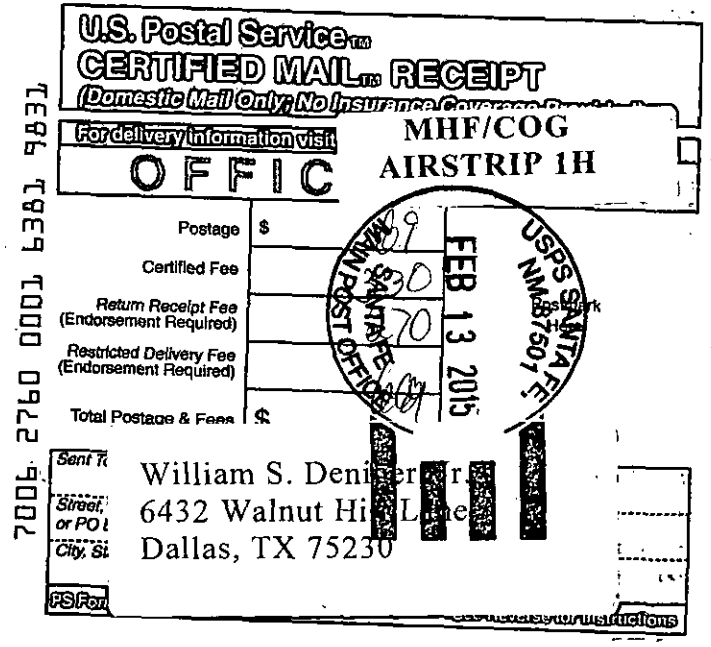
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

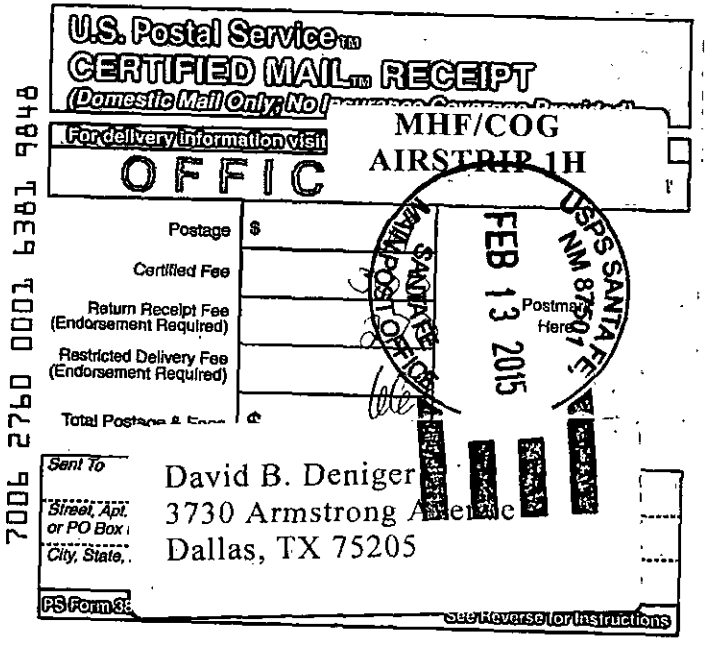
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6381 9824

PS Form 3811, July 2013 Domestic Return Receipt





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:

William S. Deniger, Jr.
6432 Walnut Hill Lane
Dallas, TX 75230

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [William S. Deniger] C. Date of Delivery

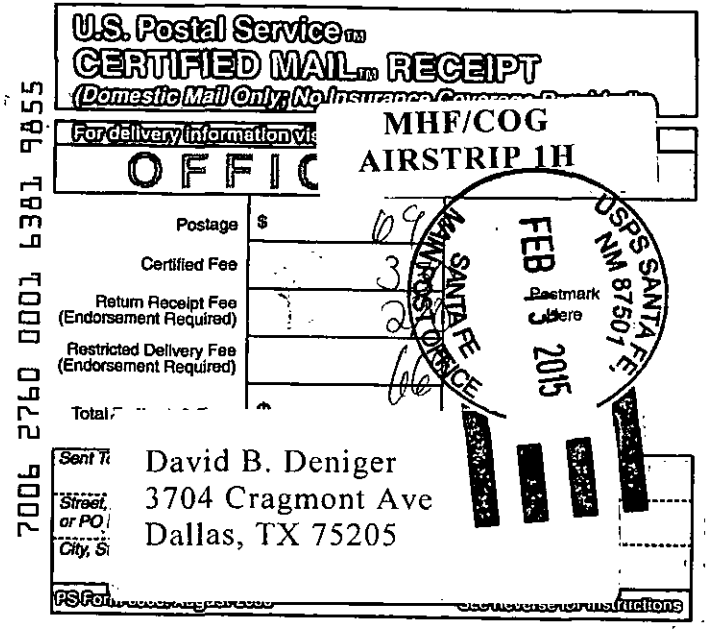
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

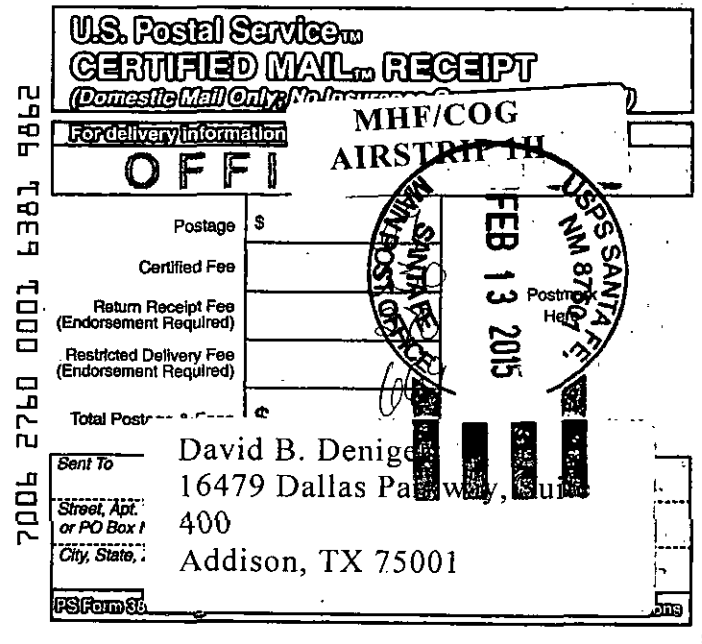
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

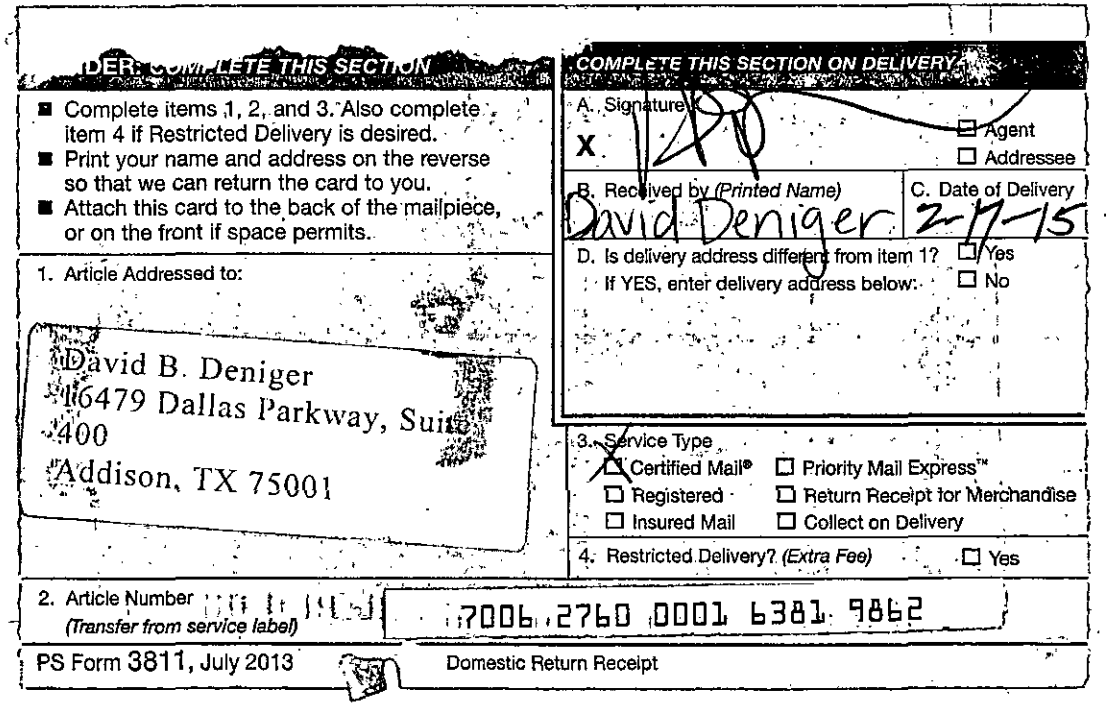
4. Restricted Delivery? (Extra Fee) ☐ Yes

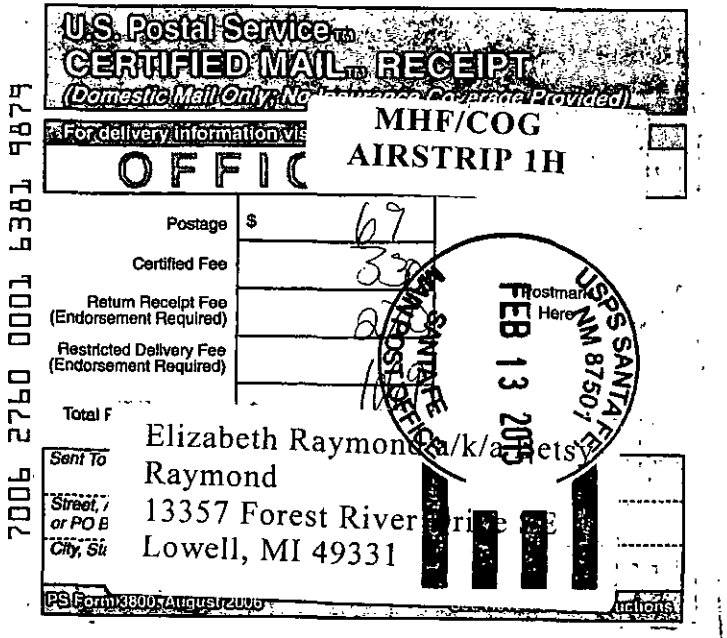
2. Article Number (Transfer from service label) 7006 2760 0001 6381 9831

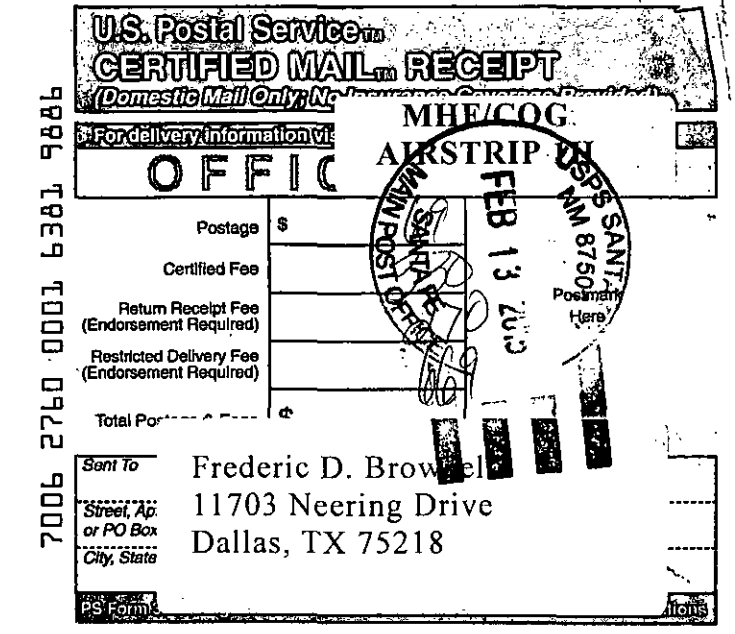
PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE
MHF/COG
AIRSTRIP 1H
Postage $ 0.49
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.49
Sent To David B. Deniger
Street, Apt. No., or PO Box No. 3704 Cragmont Ave
City, State, ZIP+4® Dallas, TX 75205
PS Form 3800, August 2006 See Reverse for Instructions
USPS SANTA FE, NM 87507
FEB 13 2015
Postmark Here
SANTA FE MAIN POST OFFICE
7006 2760 0001 6381 9855


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE
MHF/COG
AIRSTRIP 1H
Postage $ 0.49
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.49
Sent To David B. Deniger
Street, Apt. No., or PO Box No. 16479 Dallas Parkway, Suite 400
City, State, ZIP+4® Addison, TX 75001
PS Form 3800, August 2006 See Reverse for Instructions
USPS SANTA FE, NM 87507
FEB 13 2015
Postmark Here
SANTA FE MAIN POST OFFICE
7006 2760 0001 6381 9862


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:
David B. Deniger
16479 Dallas Parkway, Suite 400
Addison, TX 75001
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name) David Deniger
C. Date of Delivery 2-17-15
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
2. Article Number (Transfer from service label) 7006 2760 0001 6381 9862
PS Form 3811, July 2013 Domestic Return Receipt





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:

Elizabeth Raymond a/k/a Betsy Raymond
13357 Forest River Drive SE
Lowell, MI 49331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bill Raymond C. Date of Delivery 2/17/15

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

2. Article Number (Transfer from service label) 7006 2760 0001 6381 9879

PS Form 3811, July 2013 Domestic Return Receipt

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:

Frederic D. Brownell
11703 Neering Drive
Dallas, TX 75218

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
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

2. Article Number (Transfer from service label) 7006 2760 0001 6381 9886

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No I
For delivery information visit
OFFIC
MHF/COG
AIRSTRIP 1H

Postage $ 6.49
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required) 0.00
Total P

USPS SANTA FE NM 87507
FEB 13 2015
Postmark Here

Sent To Randolph D. McCall
Street, A 800 Ox Eye Trail
or PO B
City, Sta West Lake Hills, TX 78746

PS Form

7006 2760 0001 6390 7996

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vis
OFFIC
MHF/COG
AIRSTRIP 1H

Postage $ 6.49
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required) 0.00
Total Postage & Fees

USPS SANTA FE NM 87507
FEB 13 2015
Postmark Here

Sent To Randolph D. McCall
Street, Ap 3204 Drexel
or PO Box
City, State, Dallas, TX 75205

PS Form 3 See Reverse for Instructions

7006 2760 0001 6390 7965

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:

Randolph D. McCall
800 Ox Eye Trail
West Lake Hills, TX 78746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) M C G 11 C. Date of Delivery 2-17

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

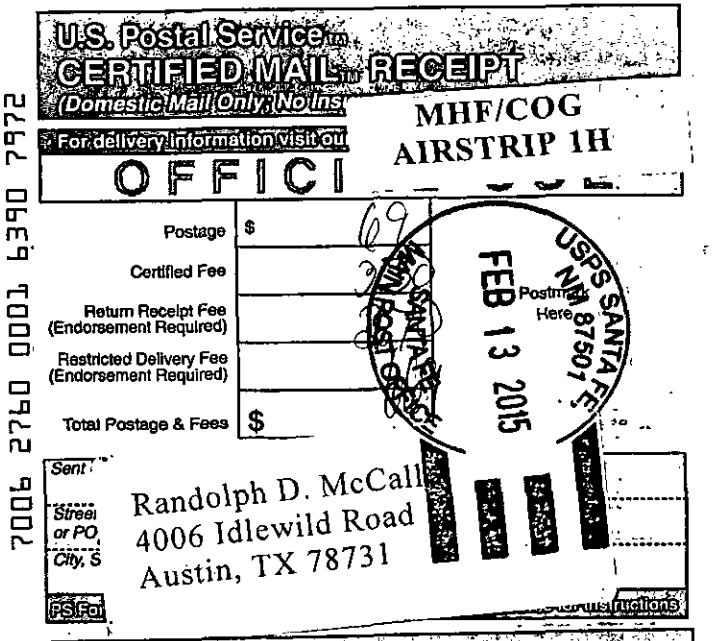
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

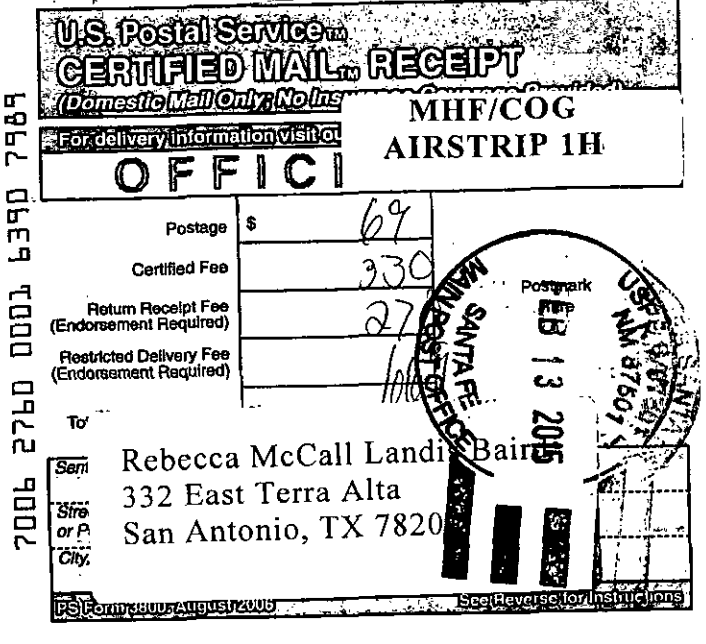
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7996

PS Form 3811, July 2013 Domestic Return Receipt

Return





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

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:

Randolph D. McCall
4006 Idlewild Road
Austin, TX 78731

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

CHIMNEY CORNERS POST OFFICE
AUSTIN, TX 78731
FEB 17 2015

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 6390 7972

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N… Provided)

For delivery information v…

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	169
Total Postage	

Postmark Here
SANTA FE NM POST OFFICE
FEB 13 2015

Sent To
Rebecca McCall Landis Baird
c/o Hobby H McCall (Hobby H McCall Living Trust)
Street, Apt. No. or PO Box No.
1325 Sayles Blvd
City, State, ZIP+4
Abilene, TX 79605

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0003 6390 8030

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; …

For delivery information

OFFICIAL USE

MHF/COG
AIRSTRIP 1H

Postage	$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	169
Total	

Postmark Here
SANTA FE NM POST OFFICE
FEB 13 2015

Sent To
Catherine H. Ragsdale
c/o Douglass Nichols
Street, Apt. No. or PO Box No.
4713 Chiappero Trail
City, State, ZIP+4
Austin, TX 78731

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0003 6390 8047

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:

Rebecca McCall Landis Baird
c/o Hobby H McCall (Hobby H McCall Living Trust)
1325 Sayles Blvd
Abilene, TX 79605

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) HOBBY H. MCCALL JR C. Date of Delivery 2-18-15

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

2. Article Number (Transfer from service label) 7006 2760 0003 6390 8030

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visi

OFFIC...

MHF/COG
AIRSTRIP 1H

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

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

Sent To
Barbara E. Hannifin
Street, Apt. or PO Box
2716 N. Pennsylvania Avenue, Apt 58
City, State
Roswell, NM 88201

PS Form ... See Reverse for Instructions

7006 2760 0001 6390 8054

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only;

For delivery information

OFFI...

MHF/COG
AIRSTRIP 1H

Postage	$ 1.69
Certified Fee	3.35
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 10.04

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

Sent To
Barbara E. Hannifin
Street, Apt. or PO Box
PO Box 182
City, State
Roswell, NM 88201

PS For... ...Instructions

7006 2760 0001 6390 8061

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:

Barbara E. Hannifin
2716 N. Pennsylvania Avenue,
Apt 58
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laura Montague ☐ Agent ☐ Addressee

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

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

FEB 20 2015 88201 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

2. Article Number (Transfer from service label) 7006 2760 0001 6390 8054

PS Form 3811, July 2013 Domestic Return Receipt

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:

Barbara E. Hannifin
PO Box 182
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laura Montague ☐ Agent ☐ Addressee

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

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

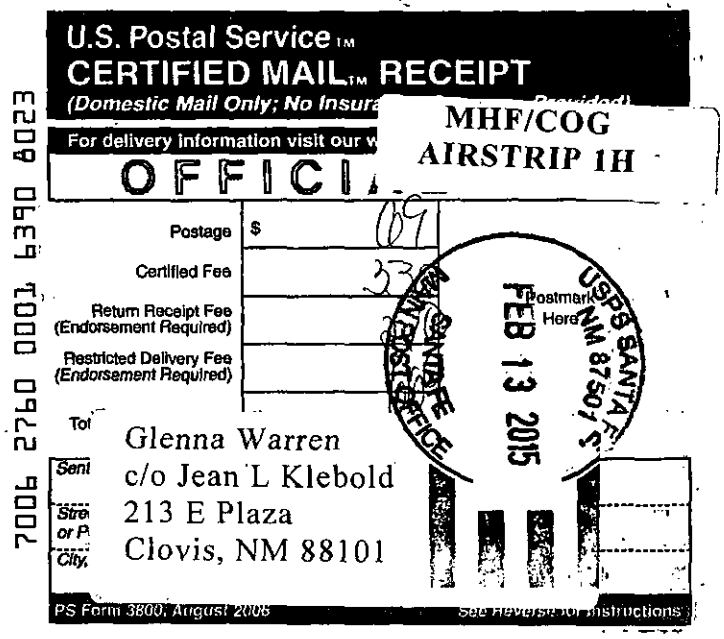
FEB 17 2015 88201 ROSWELL, NM

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

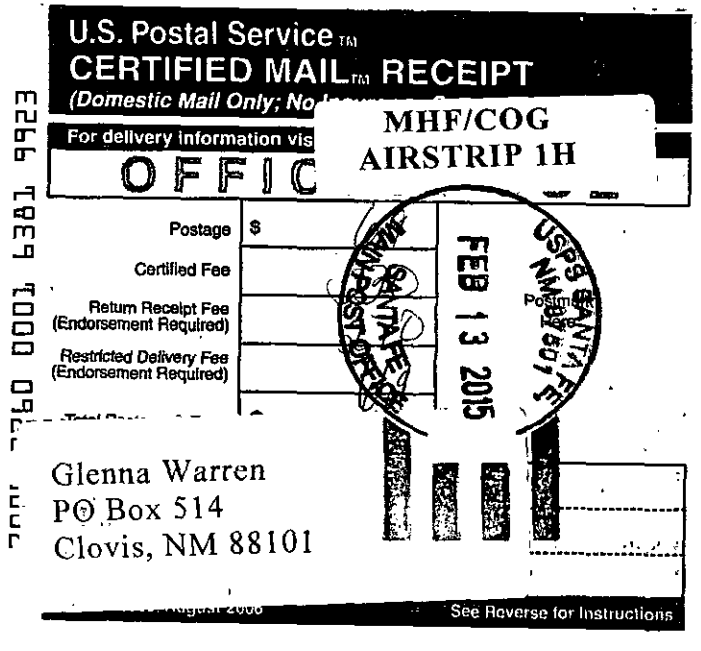
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 8061

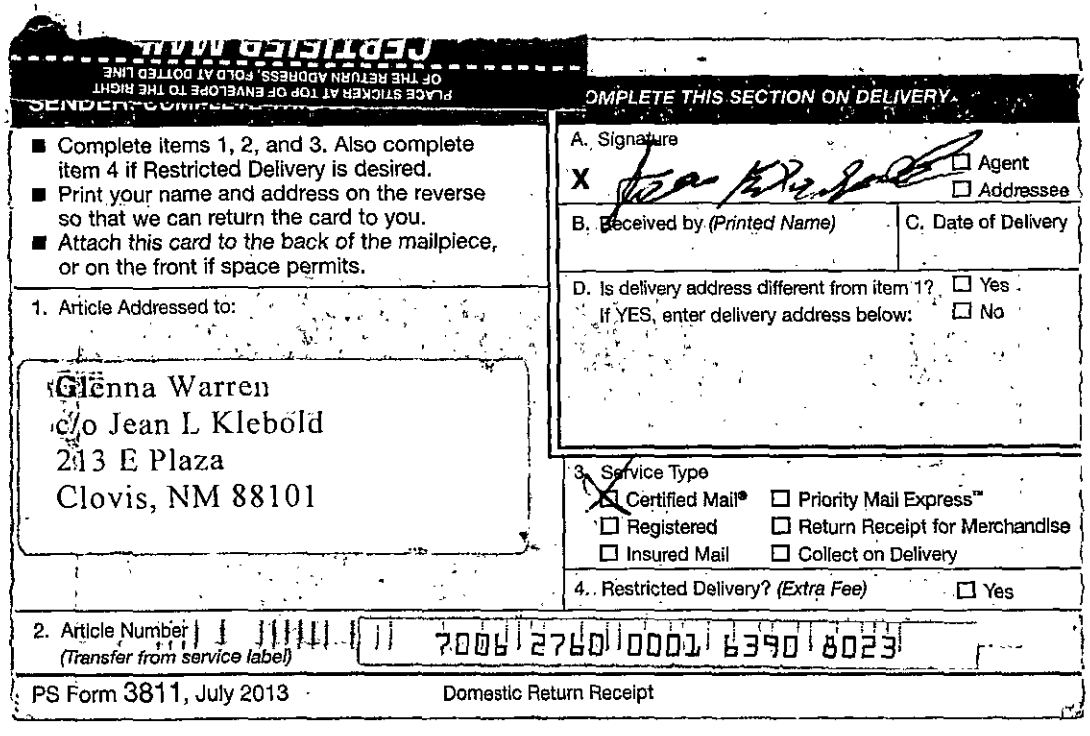
PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insura
For delivery information visit our w
OFFICI
MHF/COG
AIRSTRIP 1H
Postage $ 09
Certified Fee 33
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Tot
Sent
Stre or P
City,
Glenna Warren
c/o Jean L Klebold
213 E Plaza
Clovis, NM 88101
USPS SANTA FE NM 87501
Postmark Here
FEB 13 2015
PS Form 3800, August 2006
See Reverse for Instructions
7006 2760 0001 6390 8023



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vis
OFFIC
MHF/COG
AIRSTRIP 1H
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Glenna Warren
PO Box 514
Clovis, NM 88101
USPS SANTA FE NM 87501
FEB 13 2015
See Reverse for Instructions
7006 2760 0001 6381 9923



CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
1. Article Addressed to:
Glenna Warren
c/o Jean L Klebold
213 E Plaza
Clovis, NM 88101
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
2. Article Number (Transfer from service label) 7006 2760 0001 6390 8023
PS Form 3811, July 2013 Domestic Return Receipt

Return

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

For delivery information visit o
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MHF/COG
AIRSTRIP 1H

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here

Glenna Warren
c/o Waymond D. Smith
1200 Carver Rd.
Las Cruces, NM 88005

See Reverse for Instructions

7006 2760 0001 6381 9930

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

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OFFIC

MHF/COG
AIRSTRIP 1H

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

USPS NM
FEB 13 2015
Postmark Here

Mary A. Matthews
1239 W. Stillwell St.
Wichita, KS 67213

See Reverse for Instructions

7006 2760 0001 6381 9947

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:

Mary A. Matthews
1239 W. Stillwell St.
Wichita, KS 67213

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maryla Matthews ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
2-17

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

2. Article Number (Transfer from service label) 7006 2760 0001 6381 9947

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit

MHF/COG
AIRSTRIP 1H

OFFIC

Postage	$ 0.49
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

Gene L. Dalmont
1498 Scipio Lane
McAlester, OK 74501

See Reverse for Instructions

7006 2760 0001 6381 9954

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:

Gene L. Dalmont
1498 Scipio Lane
McAlester, OK 74501

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
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

2. Article Number (Transfer from service label) 7006 2760 0001 6381 9954

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information vis

MHF/COG
AIRSTRIP 1H

OFFIC

Postage	$ 0.49
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

USPS SANTA FE NM 87501 FEB 13 2015 Postmark Here

Gene L. Dalmont
Route 1 Box 193
McAlester, OK 74501

for Instructions

7006 2760 0001 6381 9961

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:

Gene L. Dalmont
Route 1 Box 193
McAlester, OK 74501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 2-13

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

2. Article Number (Transfer from service label) 7006 2760 0001 6381 9961

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit OFFIC

MHF/COG
AIRSTRIP TH

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

Postmark Here
USPS SANTA FE NM 87501
FEB 13 2015

Mae Dell Dalmont
c/o Gene L. Dalmont
1498 Scipio Lane
McAlester, OK 74501

See Reverse for Instructions

7006 2760 0001 6381 9978

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:

Mae Dell Dalmont
c/o Gene L. Dalmont
1498 Scipio Lane
McAlester, OK 74501

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

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 6381 9978

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit OFFIC

MHF/COG
AIRSTRIP TH

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

Postmark Here
USPS SANTA FE NM 87501
FEB 13 2015

Mae Dell Dalmont
c/o Gene L. Dalmont
Route 1 Box 193
McAlester, OK 74501

See Reverse for Instructions

7006 2760 0001 6390 8009

CERTIFIED MAIL

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:

Mae Dell Dalmont
c/o Gene L. Dalmont
Route 1 Box 193
McAlester, OK 74501

SECTION ON DELIVERY

A. Signature
X
☒ Agent
☐ Addressee

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

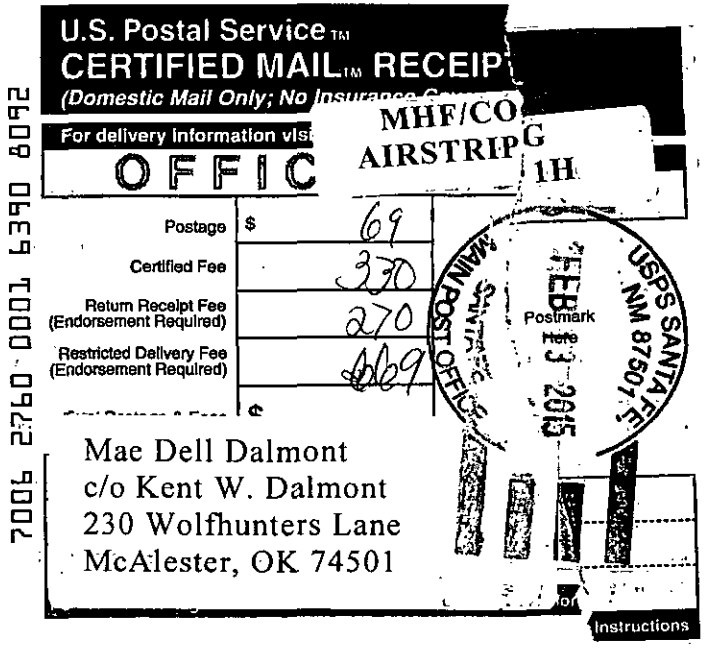
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

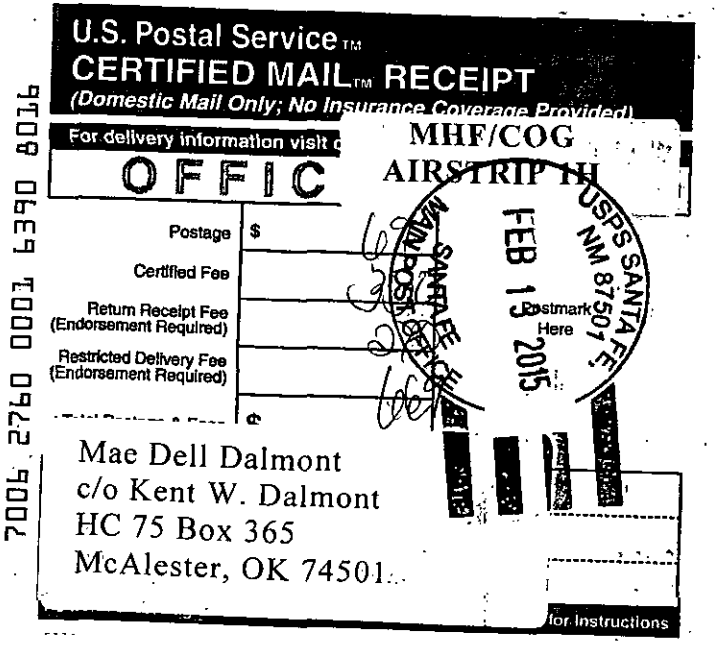
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6390 8009

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
OFFIC
MHF/COG
AIRSTRIP
1H
Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Postmark Here
FEB 13 2015
USPS SANTA FE NM 87501
MAIN POST OFFICE
Mae Dell Dalmont
c/o Kent W. Dalmont
230 Wolfhunters Lane
McAlester, OK 74501
Instructions
7006 2760 0001 6390 8092


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
OFFIC
MHF/COG
AIRSTRIP 1H
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
FEB 13 2015
USPS SANTA FE NM 87501
MAIN POST OFFICE
Mae Dell Dalmont
c/o Kent W. Dalmont
HC 75 Box 365
McAlester, OK 74501
for Instructions
7006 2760 0001 6390 8016

7006 2760 0001 6382 1780

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

MHF/COG
AIRSTRIP 1H

For delivery information v

OFFI

Postage	$ 6.49
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

USPS SANTA FE NM 87501 FEB 13 2013 Postmark Here

Mewbourne Oil Compan
500 W. Texas Ave.
Midland, TX 79701

PS Form 3800, August 2006 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:

Mewbourne Oil Company
500 W. Texas Ave.
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 2-23

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

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1780

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 1773

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

MHF/COG
AIRSTRIP 1H

For delivery information vi

OFFIC

Postage	$ 6.49
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

USPS SANTA FE NM 87501 FEB 13 2013 Postmark Here

Sundown Energy LP
Two Galleria Tower
13455 Noel Road, Suite 2000
Dallas, Texas 75240

PS Form 3800, August 2006 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:

Sundown Energy LP
Two Galleria Tower
13455 Noel Road, Suite 2000
Dallas, Texas 75240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 2-17-13

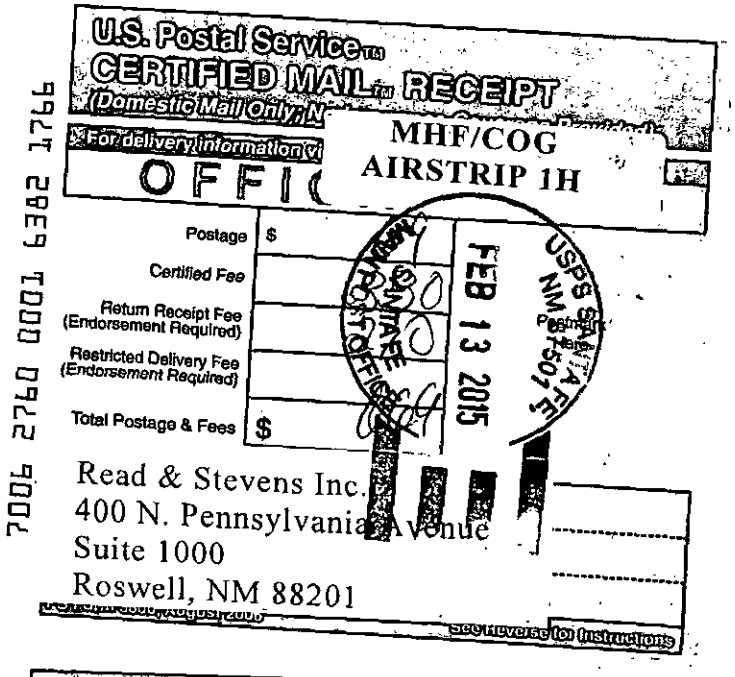
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

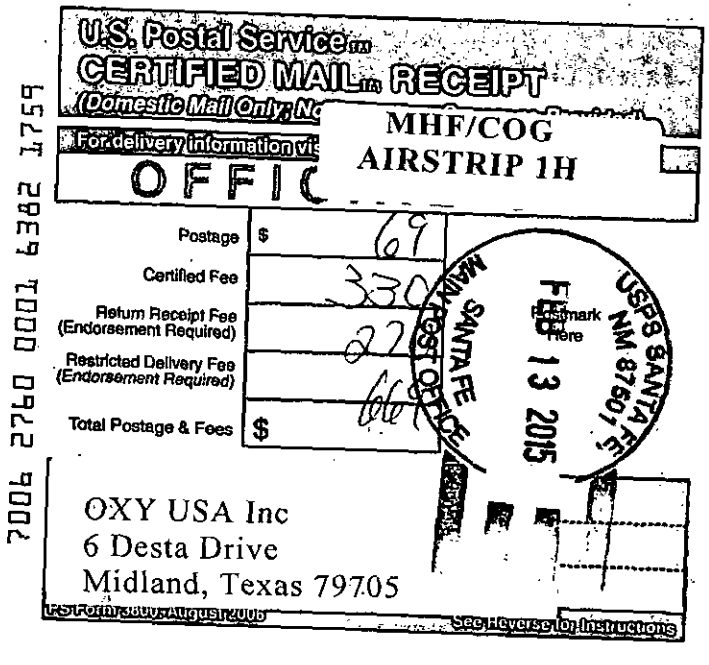
3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

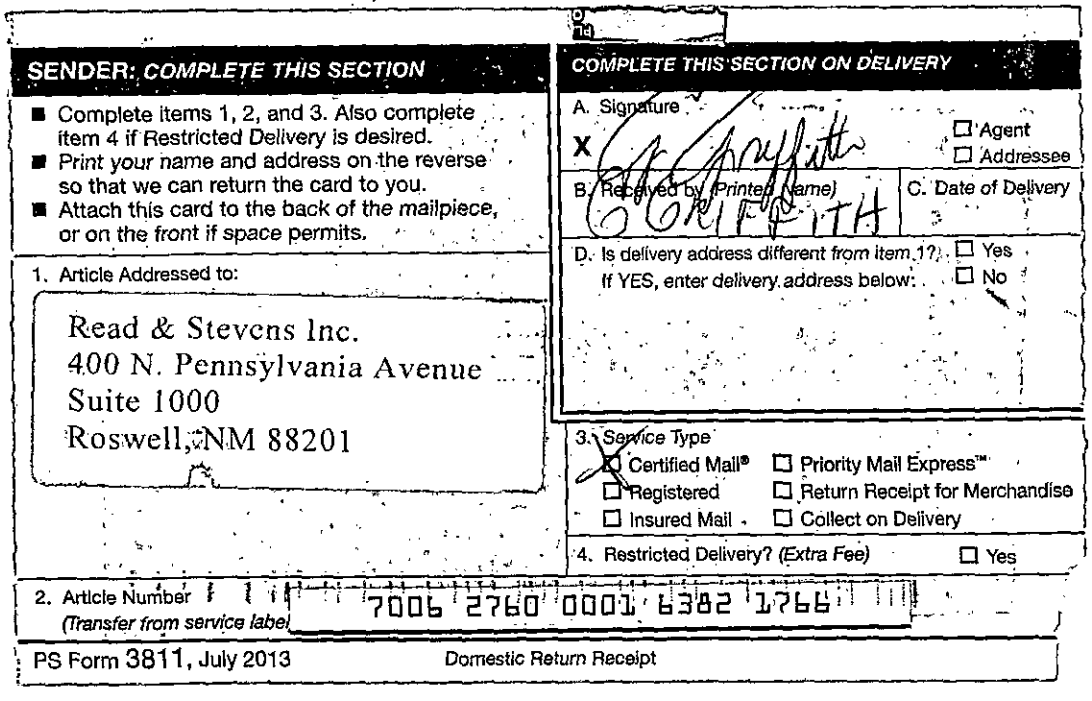
4. Restricted Delivery? (Extra Fee) ☐ Yes

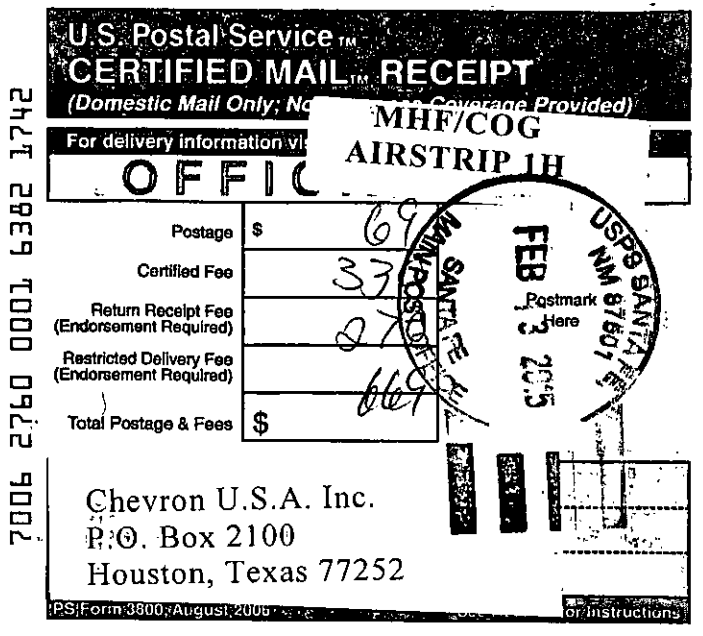
2. Article Number (Transfer from service label) 7006 2760 0001 6382 1773

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N
For delivery information vi
OFFIC
MHF/COG
AIRSTRIP 1H
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
FEB 13 2015
USPS SANTA FE, NM 87501
Postmark Here
Read & Stevens Inc.
400 N. Pennsylvania Avenue
Suite 1000
Roswell, NM 88201
See Reverse for Instructions
7006 2760 0001 6382 1766


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vi
OFFIC
MHF/COG
AIRSTRIP 1H
Postage $ .69
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.19
FEB 13 2015
USPS SANTA FE, NM 87501
Postmark Here
OXY USA Inc
6 Desta Drive
Midland, Texas 79705
See Reverse for Instructions
7006 2760 0001 6382 1759


SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Read & Stevens Inc.
400 N. Pennsylvania Avenue
Suite 1000
Roswell, NM 88201
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
GRIFFITH
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
2. Article Number (Transfer from service label)
7006 2760 0001 6382 1766
PS Form 3811, July 2013
Domestic Return Receipt



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

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

OFFICIAL USE

Postage	$ 69
Certified Fee	3 37
Return Receipt Fee (Endorsement Required)	2 70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6 69

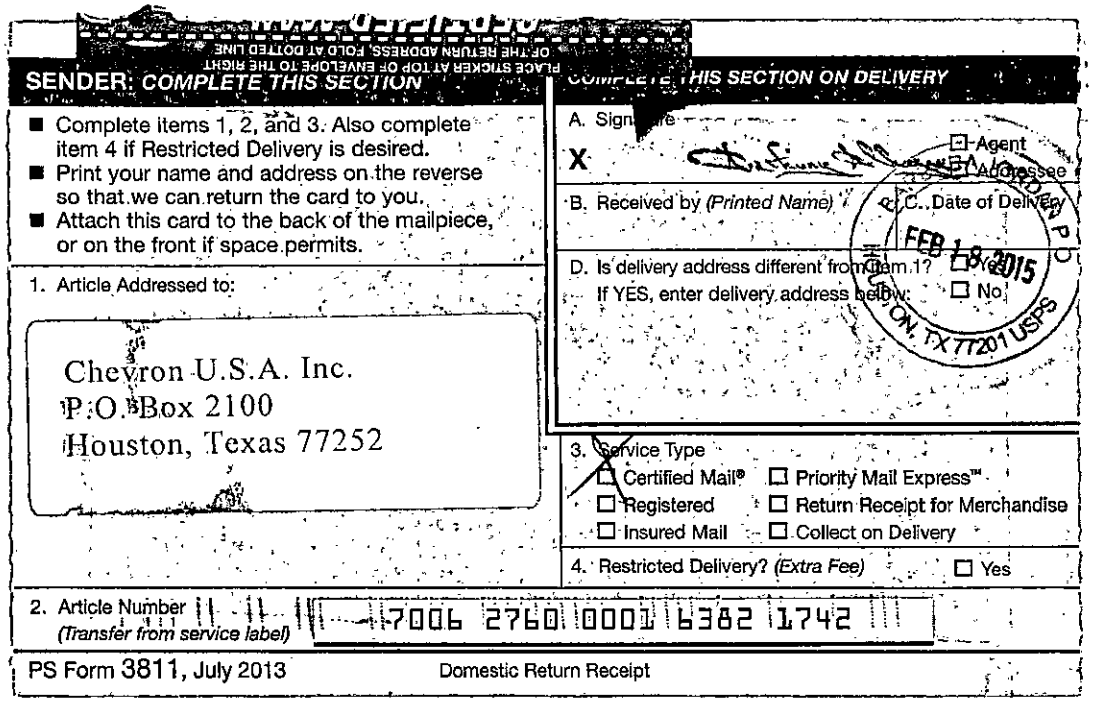
MHF/COG
AIRSTRIP 1H

USPS SANTA FE NM 87501
FEB 13 2015
Postmark Here

Chevron U.S.A. Inc.
P.O. Box 2100
Houston, Texas 77252

7006 2760 0001 6382 1742

PS Form 3800, August 2006 — See Reverse for Instructions



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron U.S.A. Inc.
P.O. Box 2100
Houston, Texas 77252

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
FEB 18 2015

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

HOUSTON, TX 77201 USPS

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 1742

PS Form 3811, July 2013 Domestic Return Receipt