

**COG OPERATING LLC
SCOOTER FEDERAL COM 2H**

Offset Operators

Devon Energy Production
Company, LP
333 W. Sheridan Avenue
Oklahoma City, OK 73102

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

Seely Oil Company
815 W. Tenth Street
Fort Worth, TX 76102

Devon Energy Production
Company, LP
333 W. Sheridan Avenue
Oklahoma City, OK 73102

Chase Oil Corp.
P. O. Box 1767
Artesia, NM 88211

**Uncommitted Working
Interest Owners**

Devon Energy Production
Company, LP
333 W. Sheridan Avenue
Oklahoma City, OK 73102

Seely Petroleum Partners, LP
815 W. Tenth Street
Fort Worth, TX 76102

SSV&H Associates
815 W. Tenth Street
Fort Worth, TX 76102

Burnett Oil Company
801 Cherry Street, Suite 1500
Fort Worth, TX 76102

James Robert Hill, Virginia Glenn Hill
Lattimore and John A. Styrsky, Trustees of
the Houston and Emma Hill Trust Estate
500 West 7th Street, Suite 1802
Fort Worth, TX 76102

Chisos, LTD
670 Dona Ana Road, SW
Deming NM 88030

Cross Border Resources, Inc.
2515 McKinney Avenue, Suite 900
Dallas, TX 75201

Boswell Interest, Ltd.
1320 Lake Street
Fort Worth, TX 76102

Express Air Drilling, Inc.
3838 Oak Lawn Avenue,
Suite 1525
Dallas, TX 75129

West-Tex Drilling Company
P.O. Box 3739
Abilene, TX 79604

EAB Oil Company
1320 Lake Street
Fort Worth, TX 76102

PVB Oil Company
1320 Lake Street
Fort Worth, TX 76102

John P. Oil Company
1320 Lake Street
Fort Worth, TX 76102

CEB Oil Company
1320 Lake Street
Fort Worth, TX 76102

David L. Henderson, SSP
815 West Tenth Street
Fort Worth, TX 76102

David L. Henderson, et ux
815 West Tenth Street
Fort Worth, TX 76102

Michael J. Havel, et ux
7607 Chalkstone
Dallas, TX 75248

Adelaide Y. Thomsen, Trustee of the
Adelaide Y. Thomsen Trust
11117 Blue Sky Drive
Haslet, TX 76052

Everette L. Andrews, Jr., Trustee of
the Everett L. Andrews Jr. Trust
1715 North Wolcott Avenue
Chicago, IL 60622

William E. Alexander as Trustee of
the Amy Vernae Dahlin Trust
6300 Ridglea Place, Suite 611
Fort Worth, TX 76116

**COG OPERATING LLC
SCOOTER FEDERAL COM 2H**

William E. Alexander as Trustee of
the Merlya Holland Wright Family
Trust
6300 Ridglea Place, Suite 611
Fort Worth, TX 76116

Linda Sheryl Seely Van Sickle ✱
901 N. Craig Street
Victoria, TX 77901

Black Shale Minerals, LLC
P.O. Box 2243
Longview, TX 75606

HOLLAND & HART^{LLP}



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

June 4, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET PARTIES

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico; Scooter Federal Com 2H Well.

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

This application has been set for hearing before a Division Examiner at 8:15 AM on June 25, 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,

Michael H. Feldewert

ATTORNEY FOR COG OPERATING LLC

Holland & Hart^{LLP}

Phone [505] 988-4421 **Fax** [505] 983-6043 **www.hollandhart.com**

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

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

HOLLAND & HART^{LLP}



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

June 4, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: PARTIES SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico; Scooter Federal Com 2H Well.

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on June 25, 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,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

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

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

7014 1200 0001 1539 3674

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

For delivery information visit **MHF/COG**
OFFICE SCOOTER 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Devon Energy Production Company, LP
 Street or PO: 333 W. Sheridan Avenue
 City, St: Oklahoma City, OK 73102

PS Form 3811, February 2004 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Devon Energy Production Company, LP
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3674

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *David Caswell* Agent Addressee

B. Received by (Printed Name): 8 C. Date of Delivery: JUN 8 2015

D. Is delivery address different from item 1? Yes No

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

4. Restricted Delivery? (Extra Fee) Yes

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

7014 1200 0001 1539 3698

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

For delivery information visit **MHF/COG**
OFFICE SCOOTER 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Chevron U.S.A. Inc.
 Street or PO: P.O. Box 2100
 City, St: Houston, TX 77252

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Chevron U.S.A. Inc.
 P.O. Box 2100
 Houston, TX 77252

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3698

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *David Caswell* Agent Addressee

B. Received by (Printed Name): 8 C. Date of Delivery: JUN 8 2015

D. Is delivery address different from item 1? Yes No

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

4. Restricted Delivery? (Extra Fee) Yes

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

7014 1200 0001 1539 3704

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

For delivery information visit **OFFIC**

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent **Seely Oil Company**
 Street or PO **815 W. Tenth Street**
 City **Fort Worth, TX 76102**

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Seely Oil Company
815 W. Tenth Street
Fort Worth, TX 76102

2. Article Number: **7014 1200 0001 1539 3704**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X [Signature]** Agent Addressee

B. Received by (Printed Name): **Susan Little** C. Date of Delivery: **6/8**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3766

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

For delivery information visit **OFFIC**

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent **Devon Energy Production Company, LP**
 Street or PO **333 W. Sheridan Avenue**
 City **Oklahoma City, OK 73102**

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Devon Energy Production Company, LP
333 W. Sheridan Avenue
Oklahoma City, OK 73102

2. Article Number: **7014 1200 0001 1539 3766**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X [Signature]** Agent Addressee

B. Received by (Printed Name): **David Carroll** C. Date of Delivery: **6/8 2015**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3667

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

For delivery information visit **OFFIC**

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.75
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Chase Oil Corp.
 Street, or PO: P. O. Box 1767
 City, St: Artesia, NM 88211

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Chase Oil Corp.
 P. O. Box 1767
 Artesia, NM 88211

2. Article Number: 7014 1200 0001 1539 3667

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kathy Beauregard*
 Agent
 Addressee

B. Received by (Printed Name): **KATHY BEAUREGARD**
 C. Date of Delivery: 10/8/15

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3711

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

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.75
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Devon Energy Production Company, LP
 Street, or PO: 333 W. Sheridan Avenue
 City, St: Oklahoma City, OK 73102

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Devon Energy Production Company, LP
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102

2. Article Number: 7014 1200 0001 1539 3711

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *David Carrillo*
 Agent
 Addressee

B. Received by (Printed Name): **DAVID CARRILLO**
 C. Date of Delivery: JUN 28 2015

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3681

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

For delivery information: **OFF**

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE JUN - 4 2004

Sent to: Seely Petroleum Partners, LP
 Street or PO: 815 W. Tenth Street
 City, ST: Fort Worth, TX 76102

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

7014 1200 0001 1539 3650

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

For delivery information: **OFF**

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE JUN - 4 2004

Sent to: SSV&H Associates
 Street or PO: 815 W. Tenth Street
 City, ST: Fort Worth, TX 76102

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:
 Seely Petroleum Partners, LP
 815 W. Tenth Street
 Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3681

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *S. Little* Agent Addressee

B. Received by (Printed Name): *Susan Little* C. Date of Delivery: *6/8*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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:
 SSV&H Associates
 815 W. Tenth Street
 Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3650

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *S. Little* Agent Addressee

B. Received by (Printed Name): *Susan Little* C. Date of Delivery: *6/8*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7014 1200 0001 1539 3872

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

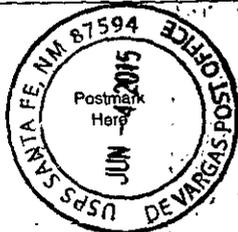
(Domestic Mail Only; No In...

For delivery information visit

MHF/COG
SCOOTER 2H

OFFIC

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total	\$	



Sent To: Burnett Oil Company
801 Cherry Street, Suite 1500
Fort Worth, TX 76102

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

7014 1200 0001 1539 3888

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

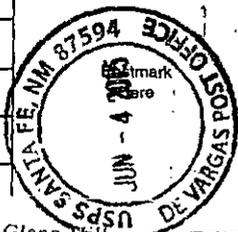
(Domestic Mail Only; No In...

For delivery information visit

MHF/COG
SCOOTER 2H

OFFIC

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total	\$	



Sent To: James Robert Hill, Virginia Glenn Hill
Lattimore and John A. Styrsky, Trustees of
the Houston and Emma Hill Trust Estate
500 West 7th Street, Suite 1802
Fort Worth, TX 76102

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

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.

1. Article Addressed to:

Burnett Oil Company
801 Cherry Street, Suite 1500
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7014 1200 0001 1539 3872

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:

James Robert Hill, Virginia Glenn Hill
Lattimore and John A. Styrsky, Trustees of
the Houston and Emma Hill Trust Estate
500 West 7th Street, Suite 1802
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7014 1200 0001 1539 3888

PS Form 3811, February 2004.

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/8

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

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

E DANIELS

6/8

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

7014 1200 0001 1539 3773

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

For delivery information visit **OFFICIAL** **MHF/COG**
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here: JUN - 4 2005
 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

Sent To: **Chisos, LTD**
 Street, Apt. or PO Box: **670 Dona Ana Road, SW**
 City, State: **Deming NM 88030**

PS Form 3811, February 2004

7014 1200 0001 1539 3780

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

For delivery information visit our **OFFICIAL** **MHF/COG**
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here: JUN - 4 2005
 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

Sent To: **Cross Border Resources, Inc.**
 Street, Apt. or PO Box: **2515 McKinney Avenue, Suite 900**
 City, State: **Dallas, TX 75201**

PS Form 3811, February 2004

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Chisos, LTD
670 Dona Ana Road, SW
Deming NM 88030

2. Article Number (Transfer from service label): **7014 1200 0001 1539 3773**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Mike (eta)* C. Date of Delivery: *6-8-15*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3797

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

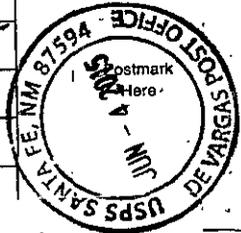
(Domestic Mail Only; No Insurance)

For delivery information visit usps.com

OFFIC

MHF/COG
SCOOTER 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Boswell Interest, Ltd.
1320 Lake Street
Fort Worth, TX 76102.

PS Form

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:

Boswell Interest, Ltd.
1320 Lake Street
Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7014 1200 0001 1539 3797

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery JUN 08 2015

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3803

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

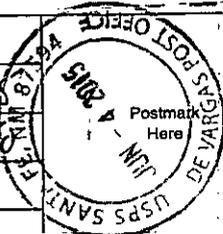
(Domestic Mail Only; No Insurance)

For delivery information visit usps.com

OFFIC

MHF/COG
SCOOTER 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Po	



Sent To
Express Air Drilling, Inc.
3838 Oak Lawn Avenue,
Suite 1525
Dallas, TX 75129

PS Form 3807, August 2000

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:

Express Air Drilling, Inc.
3838 Oak Lawn Avenue,
Suite 1525
Dallas, TX 75129

2. Article Number (Transfer from service label) 7014 1200 0001 1539 3803

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

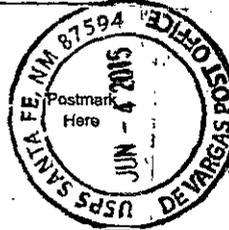
4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3810

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

For delivery information visit our **OFFICIAL** **MHF/COG**
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



Sent To: West-Tex Drilling Company
 Street, or P.O. #: P.O. Box 3739
 City, State: Abilene, TX 79604
 PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 West-Tex Drilling Company
 P.O. Box 3739
 Abilene, TX 79604

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3810

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): P. Robbins C. Date of Delivery: 6-11-15

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3827

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

For delivery information visit our **OFFICIAL** **MHF/COG**
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



Sent To: EAB Oil Company
 Street, or P.O. #: 1320 Lake Street
 City, State: Fort Worth, TX 76102
 PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 EAB Oil Company
 1320 Lake Street
 Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3827

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Name] C. Date of Delivery: JUN 08 2015

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3728

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

For delivery information visit **OFFICE**

MHF/COG
SCOOTER 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Sent To: PVB Oil Company
 Street, or PO Box: 1320 Lake Street
 City, State: Fort Worth, TX 76102

PS Form 3811, February 2004

7014 1200 0001 1539 3735

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

For delivery information visit **OFFICE**

MHF/COG
SCOOTER 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Sent To: John P. Oil Company
 Street, or PO Box: 1320 Lake Street
 City, State: Fort Worth, TX 76102

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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:

John P. Oil Company
 1320 Lake Street
 Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3735

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Name]* C. Date of Delivery: JUN 08 2015

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

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

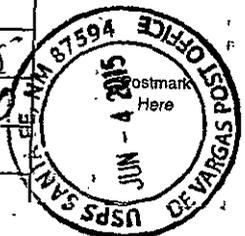
4. Restricted Delivery? (Extra Fee) Yes

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

7014 1200 0001 1539 3957

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

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To: **CEB Oil Company**
1320 Lake Street
Fort Worth, TX 76102

Street, Apt. No. or PO Box
City, State

PS Form 3811, February 2004

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
CEB Oil Company
1320 Lake Street
Fort Worth, TX 76102

2. Article Number (Transfer from service label) | 7014 1200 0001 1539 3957

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery: **JUN 08 2015**

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

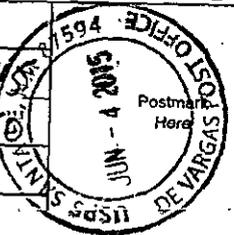
3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3933

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

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To: **David L. Henderson, SSP**
815 West Tenth Street
Fort Worth, TX 76102

Street, Apt. No. or PO Box No
City, State, Zip

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:
David L. Henderson, SSP
815 West Tenth Street
Fort Worth, TX 76102

2. Article Number (Transfer from service label) | 7014 1200 0001 1539 3933

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery: **6-8**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3896

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

For delivery information visit **OFFICE**

MHF/COG
SCOOTER 2H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: DE VARGAS, NM 87594 JUL 14 2013

Sent To: David L. Henderson, et ux
 815 West Tenth Street
 Fort Worth, TX 76102

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE TO THE LEFT 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:
 David L. Henderson, et ux
 815 West Tenth Street
 Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3896

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *S. Little* Agent Addressee

B. Received by (Printed Name): *Susan Little* C. Date of Delivery: *6/8*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3902

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

For delivery information visit **OFFICE**

MHF/COG
SCOOTER 2H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark: DE VARGAS, NM 87594 JUL 14 2013

Sent To: Michael J. Havel, et ux
 7607 Chalkstone
 Dallas, TX 75248

PS Form 3811, August 2000 See Reverse for Instructions

7014 1200 0001 1539 3919

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

For delivery information visit **OFFIC**

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Adelaide Y. Thomsen, Trustee of the Adelaide Y. Thomsen Trust
 11117 Blue Sky Drive
 Haslet, TX 76052

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Adelaide Y. Thomsen, Trustee of the Adelaide Y. Thomsen Trust
 11117 Blue Sky Drive
 Haslet, TX 76052

2. Article Number: 7014 1200 0001 1539 3919
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *A.Y. Thomsen* Agent Addressee

B. Received by (Printed Name): *A.Y. Thomsen*

C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3926

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

For delivery information visit **OFFIC**

MHF/COG
SCOOTER 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

Sent To: Everette L. Andrews, Jr., Trustee of the Everett L. Andrews Jr. Trust
 1715 North Wolcott Avenue
 Chicago, IL 60622

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:
 Everette L. Andrews, Jr., Trustee of the Everett L. Andrews Jr. Trust
 1715 North Wolcott Avenue
 Chicago, IL 60622

2. Article Number: 7014 1200 0001 1539 3926
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Patricia Andrews* Agent Addressee

B. Received by (Printed Name): *Patricia Andrews*

C. Date of Delivery: *6/11/15*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3834

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

For delivery information visit **OFFICIAL**

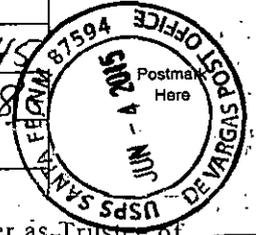
MHF/COG
SCOOTER 2H

Postage \$ _____
 Certified Fee \$ 3.45
 Return Receipt Fee (Endorsement Required) \$ 2.80
 Restricted Delivery Fee (Endorsement Required) \$ _____

Total Postage: _____

Sent To: William E. Alexander as Trustee of the Amy Vernae Dahlin Trust
 Street, Apt. # or PO Box No: 6300 Ridglea Place, Suite 611
 City, State, ZIP: Fort Worth, TX 76116

PS Form 3800, August 2006



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

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 William E. Alexander as Trustee of the Amy Vernae Dahlin Trust
 6300 Ridglea Place, Suite 611
 Fort Worth, TX 76116

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3834

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: Megan Scott Agent Addressee

B. Received by (Printed Name): Megan Scott

C. Date of Delivery: 6-8-13

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3841

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

For delivery information visit **OFFICIAL**

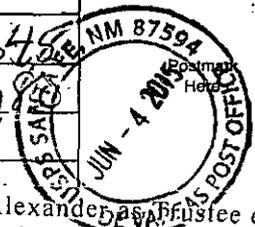
MHF/COG
SCOOTER 2H

Postage \$ _____
 Certified Fee \$ 3.45
 Return Receipt Fee (Endorsement Required) \$ 2.80
 Restricted Delivery Fee (Endorsement Required) \$ _____

Total Postage: _____

Sent To: William E. Alexander as Trustee of the Merlya Holland Wright Family Trust
 Street, Apt. # or PO Box No: 6300 Ridglea Place, Suite 611
 City, State, ZIP: Fort Worth, TX 76116

PS Form 3800, August 2006



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

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 William E. Alexander as Trustee of the Merlya Holland Wright Family Trust
 6300 Ridglea Place, Suite 611
 Fort Worth, TX 76116

2. Article Number (Transfer from service label): 7014 1200 0001 1539 3841

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature: Megan Scott Agent Addressee

B. Received by (Printed Name): Megan Scott

C. Date of Delivery: 6-8-13

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 3858

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

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
 JUN - 4 2015
 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

Sent To: Linda Sheryl Seely Van Sickle
 Street or PO: 901 N. Craig Street
 City, St: Victoria, TX 77901

PS Form 3811, July 2013 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:
 Linda Sheryl Seely Van Sickle
 901 N. Craig Street
 Victoria, TX 77901

2. Article Number: 7014 1200 0001 1539 3858
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name): Gary Van Sickle
 C. Date of Delivery: 6-8

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

7014 1200 0001 1539 3865

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
 SCOOTER 2H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
 JUN - 4 2015
 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

Sent To: Black Shale Minerals, LLC
 Street or PO: P.O. Box 2243
 City, St: Longview, TX 75606

PS Form 3811, July 2013 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:
 Black Shale Minerals, LLC
 P.O. Box 2243
 Longview, TX 75606

2. Article Number: 7014 1200 0001 1539 3865
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: 6-9

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