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

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

CASE NOS. 15329 & 15330

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 the above-referenced Applications were provided under the notice letters attached hereto.

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 24rd day of June 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. 8
Submitted by: COG OPERATING LLC
Hearing Date: June 25, 2015

COG OPERATING LLC
SALVADOR FEE NO. 3H & 4H WELL

POOLED PARTIES:

Chevron USA Inc.
Attention: Jason Levine
1400 Smith Street,
Room 43028
Houston, Texas 77002

OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

Kelly Van Zandt
6265 C.R. 423
Grandview, TX 76050

Jerry Paul Alexander
10171 Trail Ridge Dr.
Benbrook TX 76126

Joseph Weldon Gibson
Attn: Charles Weldon Gibson
3771 Cortez
Dallas, TX 75220

Estate of Bill Carter
C/O Nina Reynolds
1001 High Road
Coleman, TX 76836

Lester and Chrystie Attaway Rev. Trust
Attn: Lloyd B. Attaway Sr.
420 Quailhollow Dr
Ione, CA 95640

Edna D. Kreps Memorial Trust
Attn: Bill Coats, Trustee
901 Main Street, 17th Floor
Dallas, TX 75202

Kimbery Diane Lynch
Frederick
6703 St. Louis Ave, #8
Odessa, TX 79762

Jennifer Lynn Shiplet
7458 NE Prairie Rd
Albuquerque, NM 87109

Keri Shiplet
5016 46th St
Lubbock, TX 79414

University of the Southwest
Foundation
Attn: Maria Fierro
6610 N. Lovington Hwy
Hobbs, NM 88240

Chevron USA Inc. (Operating Rights)
Attn: Jason Levine
1400 Smith St.
Houston, TX 77002

OFFSETS:

OXY USA Inc.
PO 50250
Midland, TX 79710

OXY USA WTP LP
PO Box 4294
Houston, TX 77210

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

Endeavor Energy Resources LP
110 N. Marienfeld #200
Midland, TX 79701

Occidental Permian LP
5 E. Greenway Plaza #110
Houston, TX 77046

RSE Partners I LP
3141 Hood St #350
Dallas, TX 75219

Shell Everest Inc.
5080 California Ave.
Bakersfield, CA 93309

L. N. Dunnavant
609 Midland National Bank
Midland, TX 79701

J B Abercrombie Minerals
2001 Gulf Bldg.
Houston, TX 77002

COG OPERATING LLC
SALVADOR FEE NO. 3H & 4H WELL

Joe C. Richardson Jr.
PO Box 10013
Amarillo, TX 79106

Asher Enterprises Ltd. Co.
PO Box 432
Artesia, NM 88211

William C. Bahlburg
14875 Landmark Blvd.
Dallas, TX 75240

Corral Inc.
PO Box 2107
Roswell, NM 88202

Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

Lobo Oil and Gas Partners
200 N. Loraine #1245
Midland, TX 79701

MB Exploration Corp.
14875 Landmark Blvd.
Dallas, TX 75251

ABO Petro Corp.
105 S. 4th St.
Artesia, NM 88210

Myco Industries Inc.
105 S. 4th St.
Artesia, NM 88210

Oxy Y-1 Company
PO Box 27570
Houston, TX 77227

Yates Petro Corp.
105 S. 4th St.
Artesia, NM 88210

Yates Petro Corp
105 S. 4th St.
Artesia, NM 88210

HOLLAND&HART LLP

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

June 4, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Salvador Fee No. 3H 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 Mike Wallace, at (432) 221-0465 or mwallace@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

June 4, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Salvador Fee No. 3H 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 Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

MHF/COG
SALVADOR 3H

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

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

Sent To
OXY USA Inc.
Street, Apt. No., or PO Box No.
PO 50250
City, State, ZIP+4
Midland, TX 79710

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4169

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:

OXY USA Inc.
PO 50250
Midland, TX 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] Mason C. Date of Delivery 6/9/15

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) 7014 1200 0001 1539 4169

PS Form 3811, July 2013 Domestic Return Receipt

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SALVADOR 3H

Postage $
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Restricted Delivery Fee (Endorsement Required)
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Postmark Here
USPS SANTA FE, NM 87594
JUN - 4 2015
DE VARGAS POST OFFICE

Sent To
OXY USA WTP, LLC
Attention: Joel Johnson
Street, Apt. No., or PO Box No.
5 Greenway Plaza
City, State, ZIP+4
Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2905

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:

OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

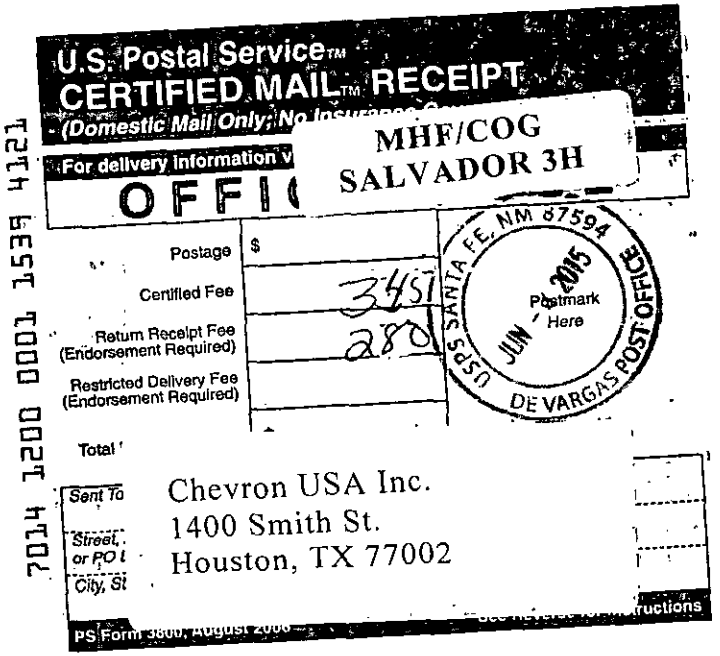
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7014 1200 0001 1539 2905

PS Form 3811, July 2013 Domestic Return Receipt



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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

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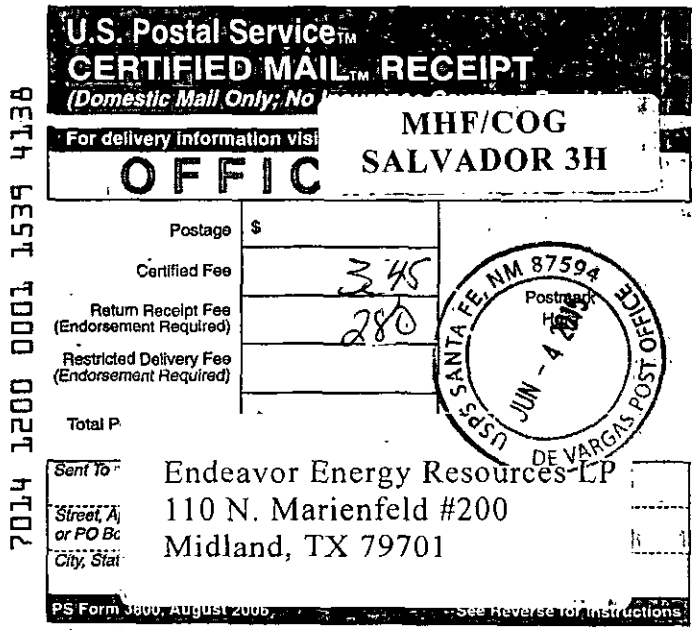
JUN 2015
Postmark Here
DE VARGAS POST OFFICE

Sent To Chevron USA Inc.
Street, Apt. No., or PO Box No. 1400 Smith St.
City, State, ZIP+4 Houston, TX 77002

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4121



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MHF/COG
SALVADOR 3H

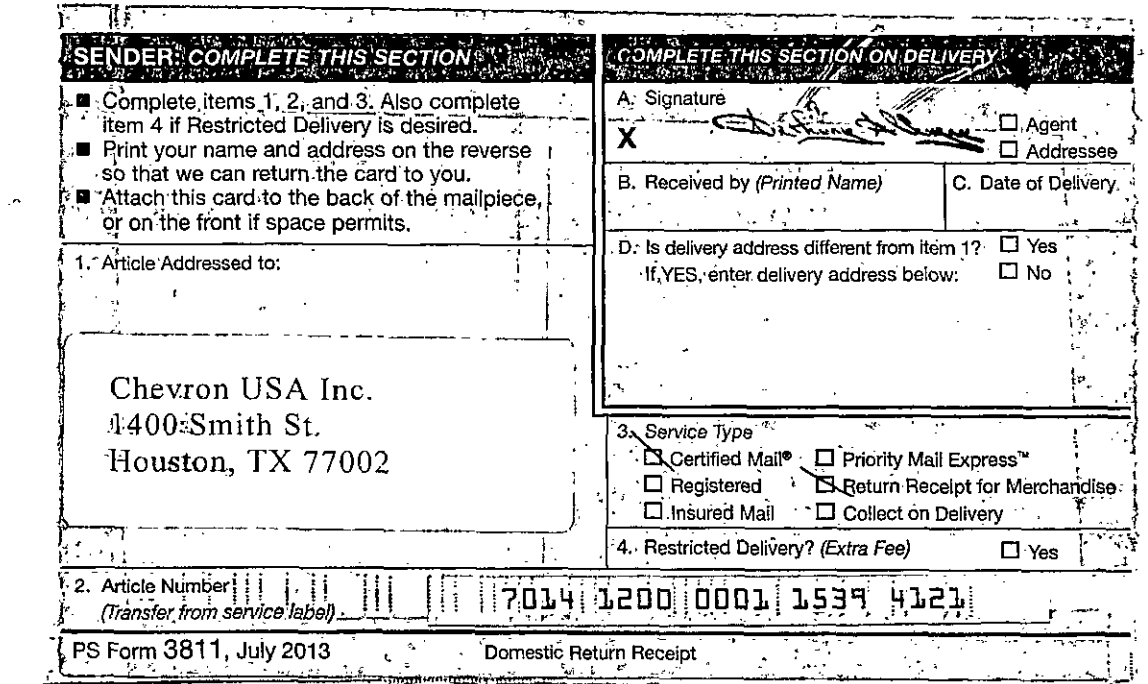
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

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

Sent To Endeavor Energy Resources LP
Street, Apt. No., or PO Box No. 110 N. Marienfeld #200
City, State, ZIP+4 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4138



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

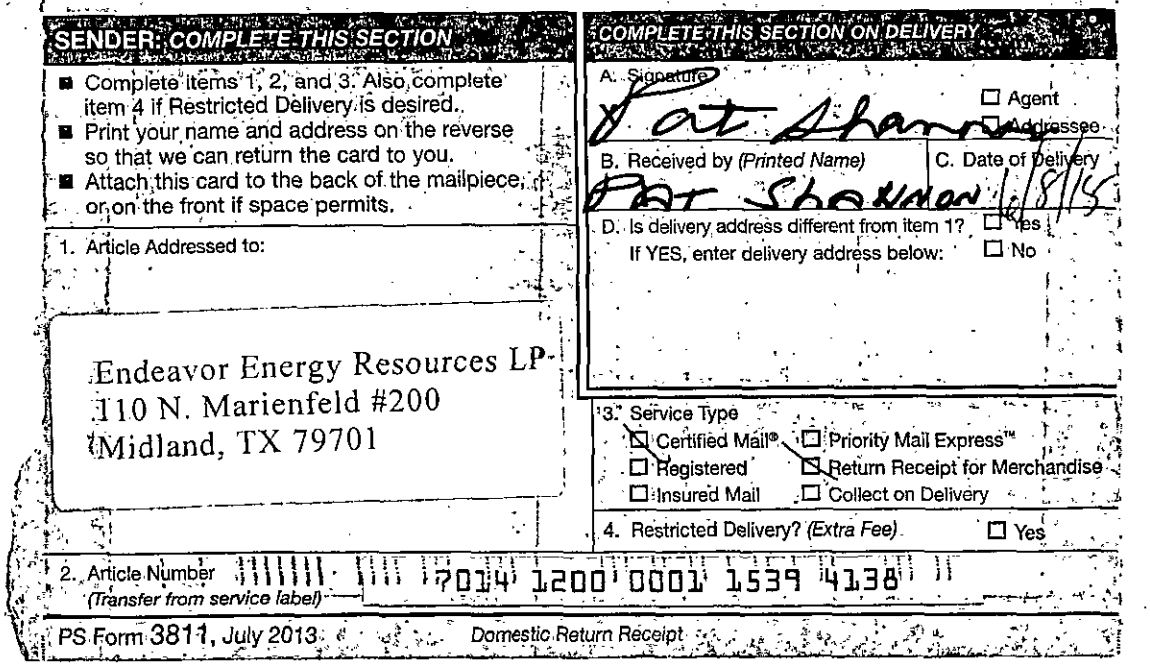
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7014 1200 0001 1539 4121

PS Form 3811, July 2013 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Endeavor Energy Resources LP
110 N. Marienfeld #200
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pat Shannon
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Pat Shannon 6/8/15

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) 7014 1200 0001 1539 4138

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4107

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SALVADOR 3H

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

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JUN - 4 2015
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Sent To
Street, Ap
or PO Bo
City, Stat

Occidental Permian LP
5 E. Greenway Plaza #110
Houston, TX 77046

PS Form

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:

Occidental Permian LP
5 E. Greenway Plaza #110
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) T BEARD | 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) 7014 1200 0001 1539 4107

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 8893

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MHF/COG
SALVADOR 3H

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

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JUN - 2015
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Sent To
Street, Apt.
or PO Box
City, State,

RSE Partners I LP
3141 Hood St #350
Dallas, TX 75219

PS Form 38

See Reverse for Instructions

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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:

RSE Partners I LP
3141 Hood St #350
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Helen Coffee ☐ Agent ☐ Addressee

B. Received by (Printed Name) Helen Coffee | C. Date of Delivery 6/8/2015

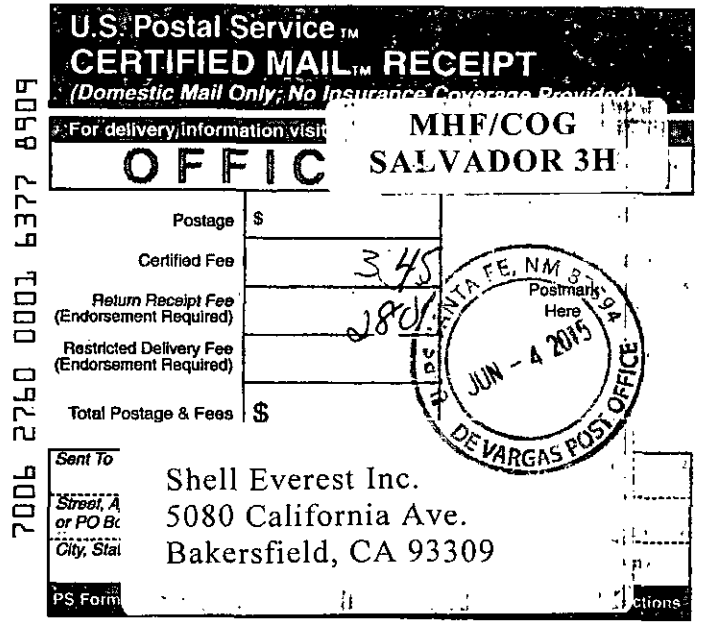
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 8893

PS Form 3811, July 2013 Domestic Return Receipt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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
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Shell Everest Inc.
5080 California Ave.
Bakersfield, CA 93309
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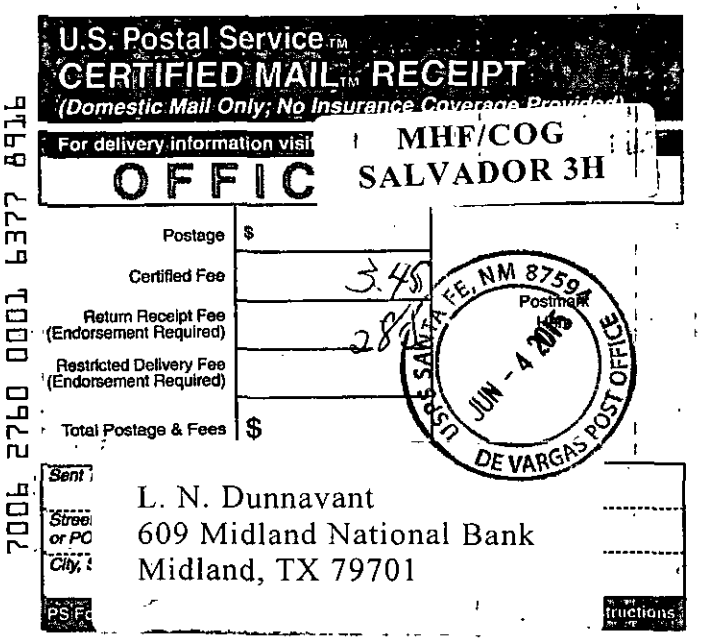
7006 2760 0001 6377 8909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L. N. Dunnavant
609 Midland National Bank
Midland, TX 79701
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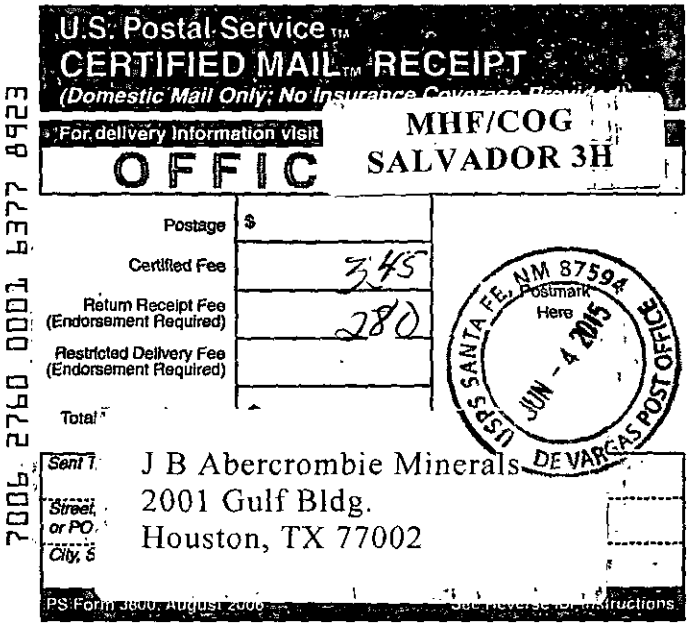
7006 2760 0001 6377 8916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Street, or PO
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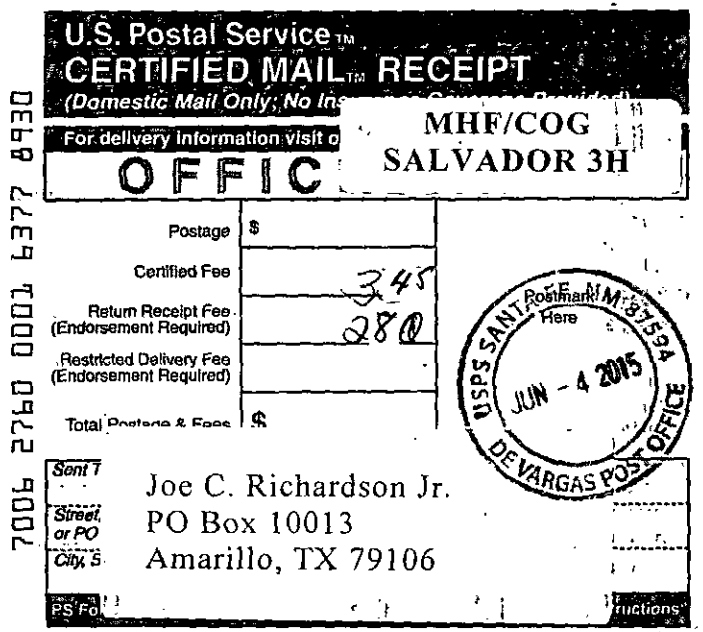
J B Abercrombie Minerals
2001 Gulf Bldg.
Houston, TX 77002
PS Form 3800, August 2006
7006 2760 0001 6377 8923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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
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JUN - 4 2015
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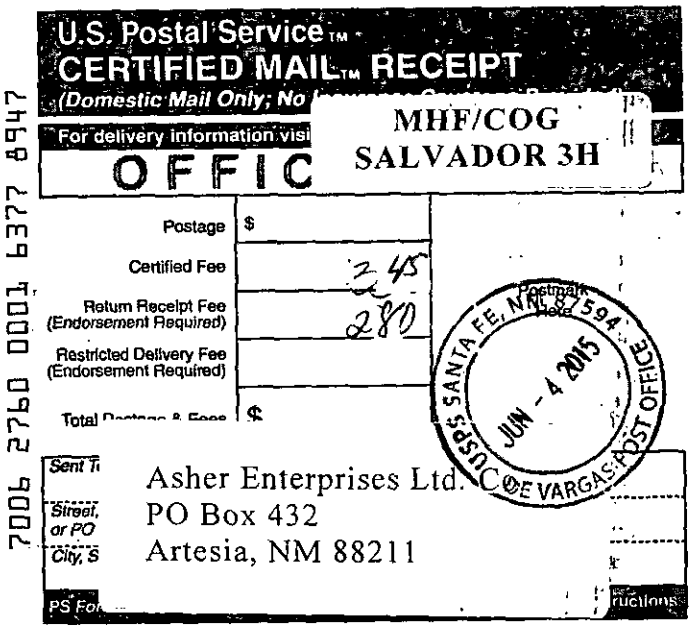
Street, or PO
City, S
Joe C. Richardson Jr.
PO Box 10013
Amarillo, TX 79106
PS Fo
ructions
7006 2760 0001 6377 8930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Postage $
Certified Fee 2.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total
Postmark Here
USPS SANTA FE, NM 87594
JUN - 4 2015
DE VARGAS POST OFFICE
Sent To
Asher Enterprises Ltd. C
Street, or PO
PO Box 432
City, S
Artesia, NM 88211
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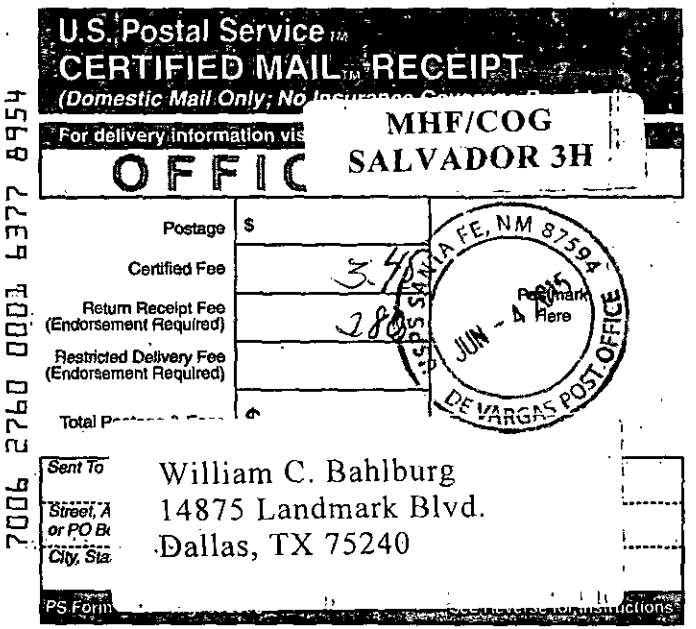
ructions
7006 2760 0001 6377 8947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MHF/COG
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Postage $
Certified Fee 3.40
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total
USPS SANTA FE, NM 87594
JUN - 4 2015
Postmark Here
DE VARGAS POST OFFICE
Sent To
William C. Bahlburg
Street, A
or PO B
14875 Landmark Blvd.
City, Sta
Dallas, TX 75240
PS Form
Instructions
7006 2760 0001 6377 8954

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MHF/COG
SALVADOR 3H

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

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Sent To
Street, Apt. or PO B
City, Sta

Corral Inc.
PO Box 2107
Roswell, NM 88202

PS Form

7006 2760 0001 6377 8961

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:

Corral Inc.
PO Box 2107
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 6/8/15

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

ROSWELL, NM 88201
JUN 8 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 6377 8961

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
OFFIC

MHF/COG
SALVADOR 3H

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

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

Sent T
Street, or PO
City, S

Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 8978

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:

Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

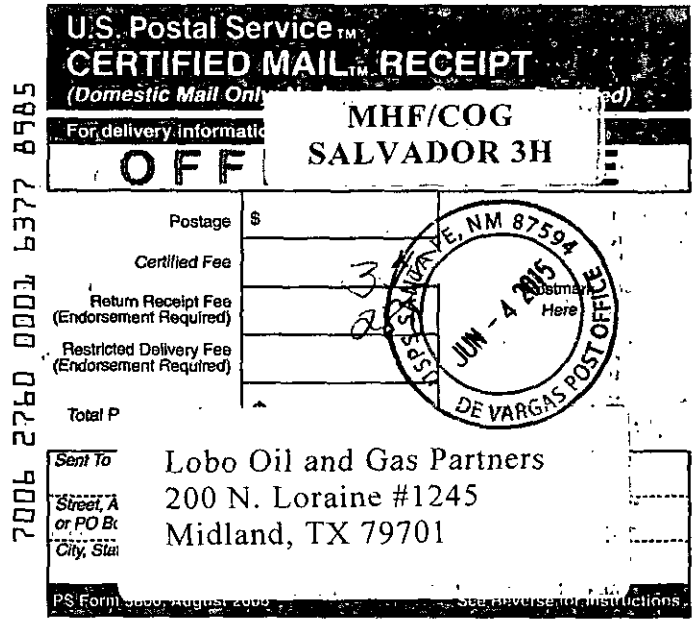
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 6377 8978

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only
For delivery informatio
OFF
MHF/COG
SALVADOR 3H
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total P
USPS SANTA FE, NM 87594
JUN - 4 2015
Postmark Here
DE VARGAS POST OFFICE
Sent To
Lobo Oil and Gas Partners
Street, A
or PO Bo
200 N. Loraine #1245
City, Stat
Midland, TX 79701
PS Form
See Reverse for Instructions
7006 2760 0001 6377 8985


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only
For delivery informati
OFF
MHF/COG
SALVADOR 3H
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
JUN - 4 2015
Postmark Here
DE VARGAS POST OFFICE
Sent To
MB Exploration Corp.
Street, A
or PO Bo
14875 Landmark Blvd.
City, Stat
Dallas, TX 75251
PS Form
7006 2760 0001 6377 8992

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

For delivery information

MHF/COG
SALVADOR 3H

OFFI

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

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

Sent To
Street, A or PO B
City, Sta

ABO Petro Corp.
105 S. 4th St.
Artesia, NM 88210

PS Form

7006 2760 0001 6377 9005

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:

ABO Petro Corp.
105 S. 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

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 6377 9005

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

MHF/COG
SALVADOR 3H

OFFI

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

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

Sent To
Street, A or PO Bo
City, Stat

Myco Industries Inc.
105 S. 4th St.
Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 9012

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Myco Industries Inc.
105 S. 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

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 6377 9012

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/COG
SALVADOR 3H

For delivery information v

OFFIC

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 JUN - 4 2015 DE VARGAS POST OFFICE Postmark Here

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

Oxy Y-1 Company
PO Box 27570
Houston, TX 77227

PS Form 38

7006 2760 0001 6377 9029

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

MHF/COG
SALVADOR 3H

For delivery information visit

OFFIC

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 JUN - 4 2015 DE VARGAS POST OFFICE Postmark Here

Se
Str
or
Cit

Yates Petro Corp
105 S. 4th St.
Artesia, NM 88210

PS

7006 2760 0001 6377 9043

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:

Oxy Y-1 Company
PO Box 27570
Houston, TX 77227

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J BOHAN 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 6377 9029

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 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:

Yates Petro Corp
105 S. 4th St.
Artesia, NM 88210

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-2-15

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 6377 9043

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OFFICIAL USE

MHF/COG
SALVADOR 3H

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
JUN - 4 2015
Postmark Here
DE VARGAS POST OFFICE

Sent To: Yates Petro Corp.
Street, Apt. No., or PO Box: 105 S. 4th St.
City, State: Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 9036

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petro Corp.
105 S. 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
6/8/15

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 6377 9036

PS Form 3811, July 2013 Domestic Return Receipt

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

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OFFICIAL USE

MHF/COG
SALVADOR 3H

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
JUN - 4 2015
Postmark Here
DE VARGAS POST OFFICE

Sent To: Chevron USA Inc.
Street, Apt. No., or PO Box: Attention: Jason Levine
1400 Smith Street, Room
43028
City, State: Houston, Texas 77002

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 9050

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron USA Inc.
Attention: Jason Levine
1400 Smith Street, Room
43028
Houston, Texas 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

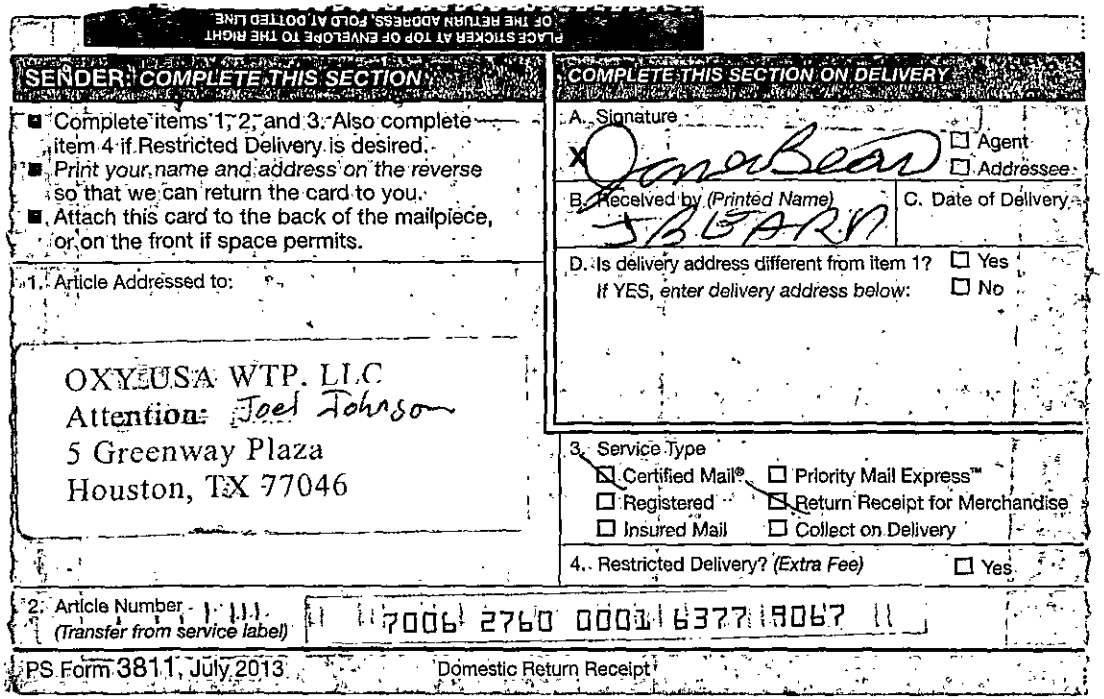
3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

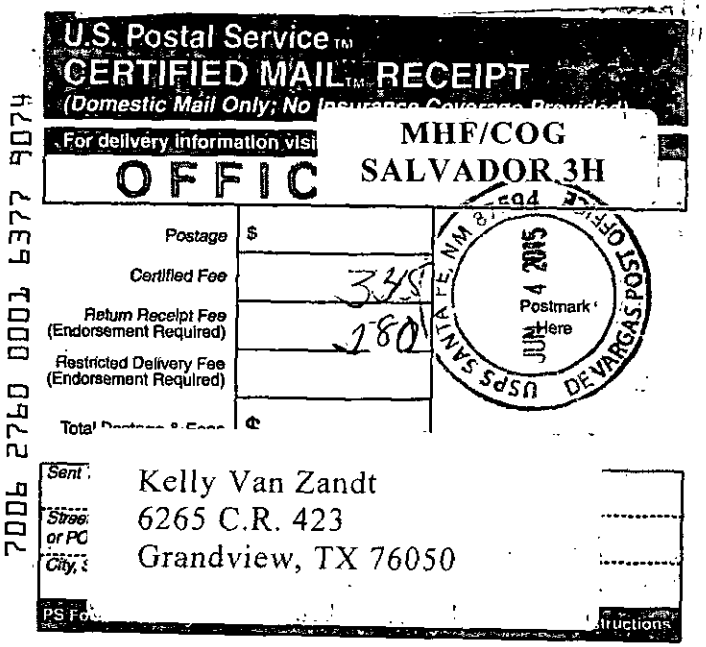
2. Article Number (Transfer from service label) 7006 2760 0001 6377 9050

PS Form 3811, July 2013 Domestic Return Receipt

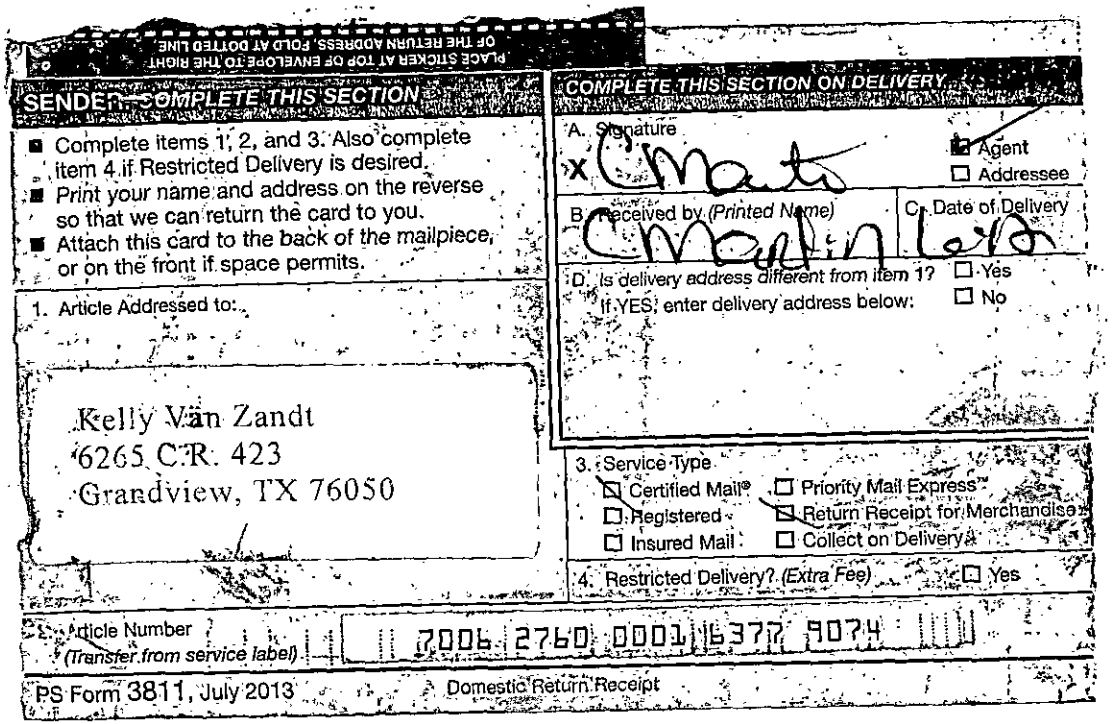
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE
MHF/COG
SALVADOR 3H
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Sent To
Street, Apt. or PO Box
City, State, ZIP+4
OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046
PS Form 3800, August 2006 See Reverse for Instructions
USPS SANTA FE, NM 87504 JUN - 4 2015 DE VARGAS POST OFFICE Postmark Here
7006 2760 0001 6377 9067



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:
OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) J BEARD 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 6377 9067
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
SALVADOR 3H
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Sent To
Street, Apt. or PO Box
City, State, ZIP+4
Kelly Van Zandt
6265 C.R. 423
Grandview, TX 76050
PS Form 3800, August 2006 See Reverse for Instructions
USPS SANTA FE, NM 87504 JUN 4 2015 DE VARGAS POST OFFICE Postmark Here
7006 2760 0001 6377 9074



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:
Kelly Van Zandt
6265 C.R. 423
Grandview, TX 76050
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 6377 9074
PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information vis

OFFIC

MHF/COG
SALVADOR 3H

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

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

Sent To
Street, /
or PO B
City, Sta

Jerry Paul Alexander
10171 Trail Ridge Dr.
Benbrook TX 76126

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 9081

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

For delivery information vis

OFFIC

MHF/COG
SALVADOR 3H

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
Postmark Here
JUN – 4
DE VARGAS POST OFFICE

Sent T
Street,
or PO
City, S

Joseph Weldon Gibson
Attn: Charles Weldon Gibson
3771 Cortez
Dallas, TX 75220

PS For — See Reverse for Instructions

7006 2760 0001 6377 9098

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:

Jerry Paul Alexander
10171 Trail Ridge Dr.
Benbrook TX 76126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
X | 6-8

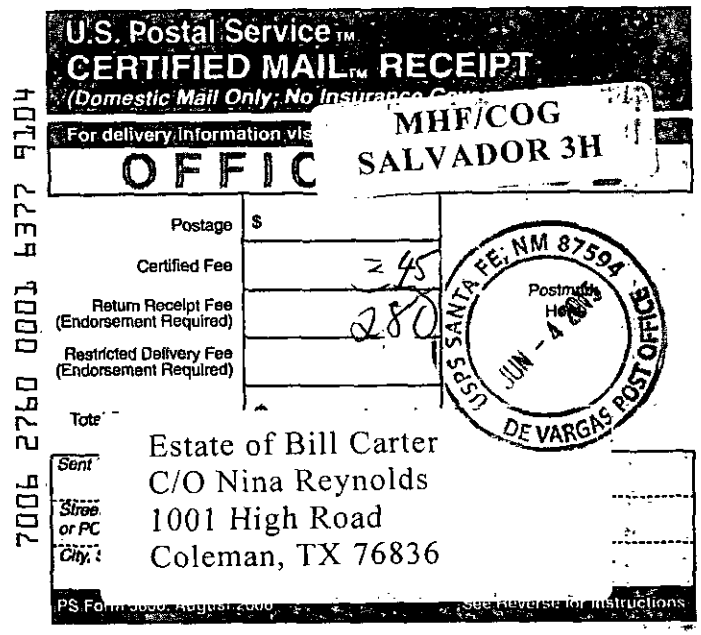
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7006 2760 0001 6377 9081

PS Form 3811, July 2013 Domestic Return Receipt



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

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

OFFICIAL USE

MHF/COG
SALVADOR 3H

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 Postmark Here JUN - 4 2015 DE VARGAS POST OFFICE

Sent To
Estate of Bill Carter
Street, Apt. No., or PO Box No. C/O Nina Reynolds
1001 High Road
City, State, ZIP+4 Coleman, TX 76836

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 9104

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
SALVADOR 3H

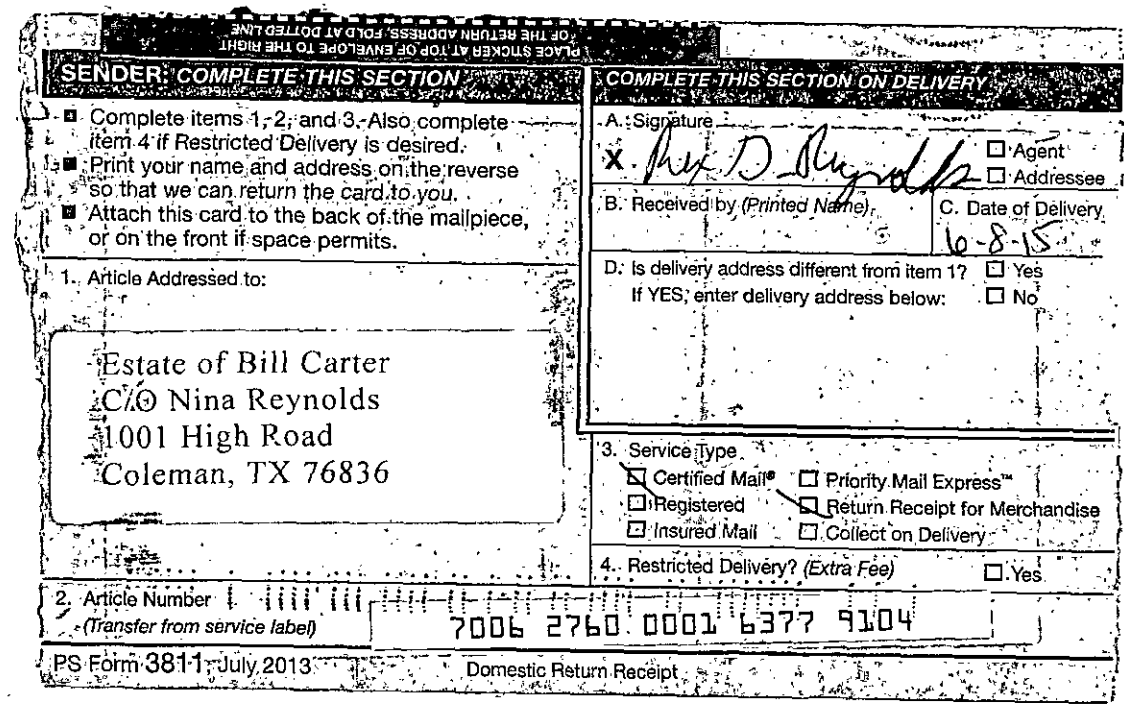
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

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

Sent To
Lester and Chrystie Attaway Rev. Trust
Street, Apt. No., or PO Box No. Attn: Lloyd B. Attaway Sr.
420 Quailhollow Dr
City, State, ZIP+4 Ione, CA 95640

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 9111



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of Bill Carter
C/O Nina Reynolds
1001 High Road
Coleman, TX 76836

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

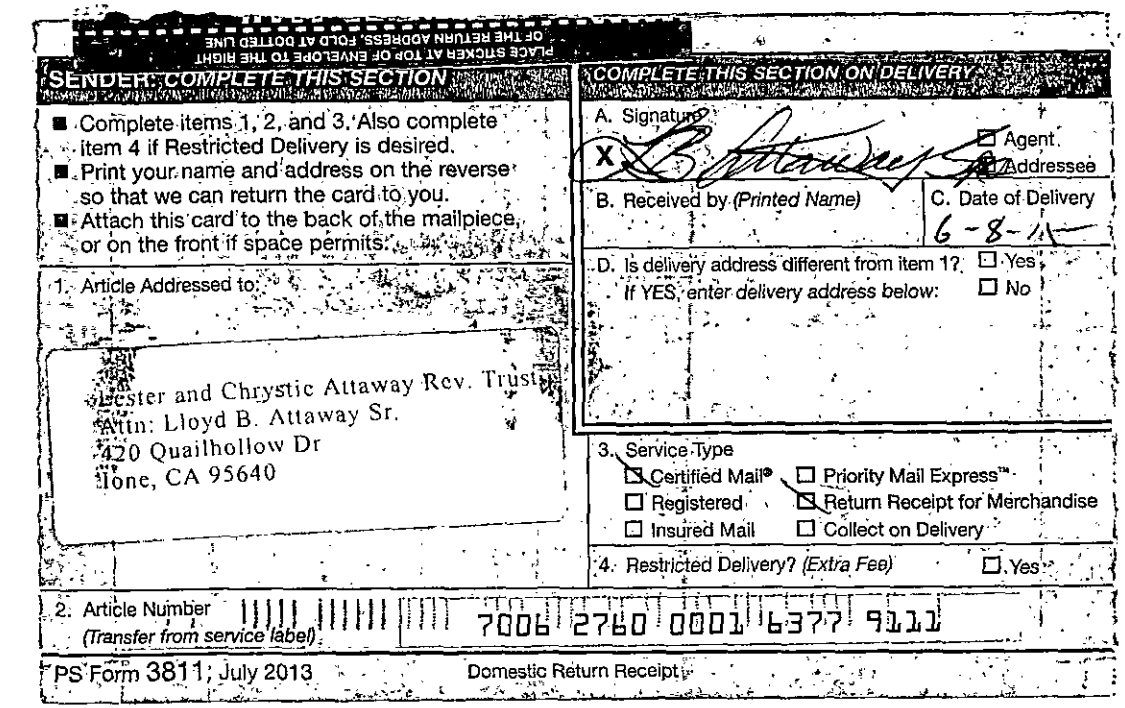
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 6377 9104

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:

Lester and Chrystie Attaway Rev. Trust
Attn: Lloyd B. Attaway Sr.
420 Quailhollow Dr
Ione, CA 95640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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 6377 9111

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

MHF/COG
SALVADOR 3H

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

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

Sent To: Edna D. Kreps Memorial Trust
Attn: Bill Coats, Trustee
Street, Apt. No., or PO Box No.: 901 Main Street, 17th Floor
City, State, ZIP+4: Dallas, TX 75202

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 9128

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:

Edna D. Kreps Memorial Trust
Attn: Bill Coats, Trustee
901 Main Street, 17th Floor
Dallas, TX 75202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobby Mayo ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bobby Mayo C. Date of Delivery 6-9-15

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 6377 9128

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

MHF/COG
SALVADOR 3H

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

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

Sent To: Kimbery Diane Lynch Frederick
Street, Apt. No., or PO Box No.: 6703 St. Louis Ave, #8
City, State, ZIP+4: Odessa, TX 79762

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 9135

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:

Kimbery Diane Lynch
Frederick
6703 St. Louis Ave, #8
Odessa, TX 79762

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kim Frederick ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kim Frederick C. Date of Delivery 6-9-15

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

USPS NE STATION ODESSA TX 79762-9998 JUN - 9 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 6377 9135

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/COG
SALVADOR 3H

For delivery information vis
OFFIC

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 Postmark Here JUN - 4 2015 DE VARGAS POST OFFICE

Sent
Stree
or P
City,

Jennifer Lynn Shiplet
7458 NE Prairie Rd
Albuquerque, NM 87109

PS F

structions

7006 2760 0001 6377 9159

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

MHF/COG
SALVADOR 3H

For delivery information vi
OFFIC

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

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

Sent
Stree
or PO
City, S

Keri Shiplet
5016 46th St
Lubbock, TX 79414

PS Fo

structions

7006 2760 0001 6377 9166

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:

Jennifer Lynn Shiplet
7458 NE Prairie Rd
Albuquerque, NM 87109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jennifer Lynn Shiplet ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jennifer Shiplet C. Date of Delivery 6/4/15

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 6377 9159

S 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
SALVADOR 3H

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 JUN - 4 2015 Postmark Here DE VARGAS POST OFFICE

Sent To: University of the Southwest Foundation
Street, Apt. or PO Box: Attn: Maria Fierro
City, State: 6610 N. Lovington Hwy
Hobbs, NM 88240

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 9173

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:

University of the Southwest
Foundation
Attn: Maria Fierro
6610 N. Lovington Hwy
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name): J. GRIFFITH C. Date of Delivery: 6-8-15

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 6377 9173

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
SALVADOR 3H

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 JUN - 4 2015 Postmark Here DE VARGAS POST OFFICE

Sent To: Chevron USA Inc. (Operating Rights)
Street, Apt. or PO Box: Attn: Jason Levine
City, State: 1400 Smith St.
Houston, TX 77002

PS Form 3800, August 2006 — See Reverse for Instructions

7006 2760 0001 6377 9180

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. (Operating Rights)
Attn: Jason Levine
1400 Smith St.
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

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

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

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 6377 9180

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2929

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

MHF/COG
SALVADOR 3H

For delivery information vis

OFFIC

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
JUN 2015
Postmark Here
DE VARGAS POST OFFICE

Sent
Stree
or PC
City,

Edna D. Kreps Memorial Trust
Attn. Bill Coats
P.O. Box 840738
Dallas, Texas 840738

PS Fo

nstructions

7014 1200 0001 1539 4114

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

MHF/COG
SALVADOR 3H

For delivery information vis

OFFIC

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

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

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

OXY USA WTP LP
PO Box 4294
Houston, TX 77210

PS Form 3800, August

ions

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:

OXY USA WTP LP
PO Box 4294
Houston, TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James Sepa
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
James Sepa 6/8/15

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

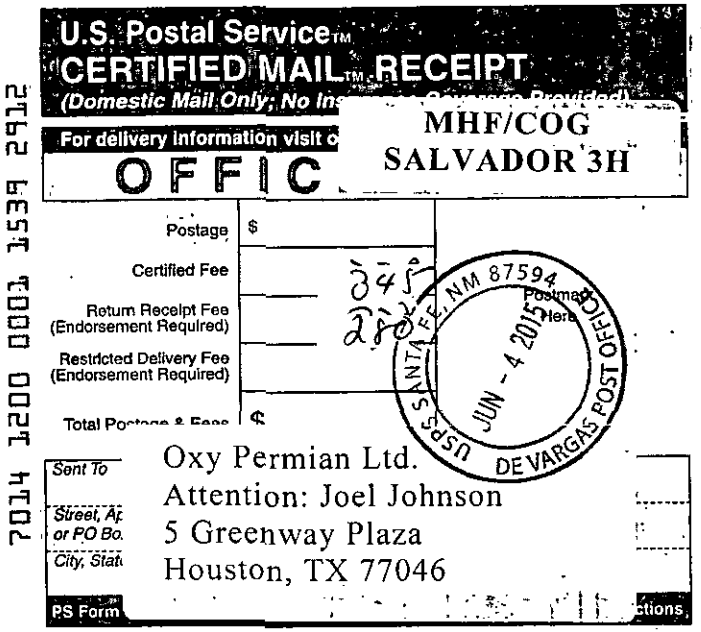
USPS

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) 7014 1200 0001 1539 4114

PS Form 3811, July 2013 Domestic Return Receipt



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

MHF/COG
SALVADOR 3H

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 Postmark Here JUN - 4 2015 DE VARGAS POST OFFICE

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

Oxy Permian Ltd.
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

PS Form ...tions

7014 1200 0001 1539 2912

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:

Oxy Permian Ltd.
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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) 7014 1200 0001 1539 2912

PS Form 3811, July 2013 Domestic Return Receipt

HOLLAND&HART LLP

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

June 4, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Salvador Fee No. 4H 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 Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART

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

June 4, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Salvador Fee No. 4H 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 Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

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

For delivery information

MHF/COG
SALVADOR 4H

OFFI

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

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

Sent T
Street, or PO
City, St

OXY USA Inc.
PO 50250
Midland, TX 79710

PS For

See Reverse for Instructions

7014 1200 0001 1539 2615

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:

OXY USA Inc.
PO 50250
Midland, TX 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ashland Mason C. Date of Delivery 6/9/15

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) 7014 1200 0001 1539 2615

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information vi

MHF/COG
SALVADOR 4H

OFFI

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 JUN 4 2015 Postmark Here DE VARGAS POST OFFICE

Sent T
Street, or PO
City, St

OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

PS For

See Reverse for Instructions

7014 1200 0001 1539 2936

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:

OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

D. Is delivery address different from
If YES, enter deliver

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) 7014 1200 0001 1539 2936

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/COG
SALVADOR 4H

For delivery information visit

OFFICIAL USE

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

USPS SANTA FE, NM 87504 POST OFFICE DE VARGAS
JUN 4 2015
Postmark Here

Sent To
Chevron USA Inc.
Street, Apt. No., or PO Box
1400 Smith St.
City, State, ZIP+4
Houston, TX 77002

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2639

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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) 7014 1200 0001 1539 2639

PS Form 3811, July 2013 Domestic Return Receipt

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

MHF/COG
SALVADOR 4H

For delivery information

OFFICIAL USE

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

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

Sent To
Endeavor Energy Resources LP
Street, Apt. No., or PO Box
110 N. Marienfeld #200
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2646

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:

Endeavor Energy Resources LP
110 N. Marienfeld #200
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Pat Shannon 6/8/15

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) 7014 1200 0001 1539 2646

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
SALVADOR 4H

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

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

Sent To: Occidental Permian LP
Street, or PO: 5 E. Greenway Plaza #110
City, St: Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2653

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:

Occidental Permian LP
5 E. Greenway Plaza #110
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] C. Date of Delivery: 6/8/15

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) 7014 1200 0001 1539 2653

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
SALVADOR 4H

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

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

Sent To: RSE Partners I LP
Street or PO: 3141 Hood St #350
City, St: Dallas, TX 75219

PS Form [illegible] Instructions

7014 1200 0001 1539 2660

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:

RSE Partners I LP
3141 Hood St #350
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Helen Coffee C. Date of Delivery: 6/9/15

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) 7014 1200 0001 1539 2660

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2677

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N
For delivery information v
OFFI

MHF/COG
SALVADOR 4H

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

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

Sent To
Street, Ap or PO Bo
City, State

Shell Everest Inc.
5080 California Ave.
Bakersfield, CA 93309

PS Form tions

7014 1200 0001 1539 2684

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insu
For delivery information visit our
OFFICIAL USE

MHF/COG
SALVADOR 4H

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

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

Sent To
Street, or PO I
City, St

L. N. Dunnavant
609 Midland National Bank
Midland, TX 79701

PS For uctions


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
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OFFIC
MHF/COG
SALVADOR 4H
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
USPS DE VARGAS POST OFFICE NM 87594
Postmark Here
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J B Abercrombie Minerals
2001 Gulf Bldg.
Houston, TX 77002
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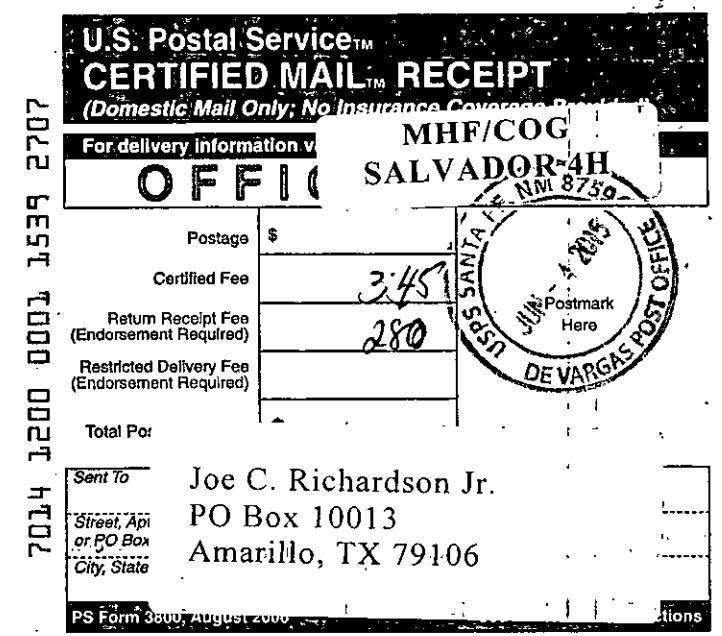
7014 1200 0001 1539 2691


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage
For delivery information v
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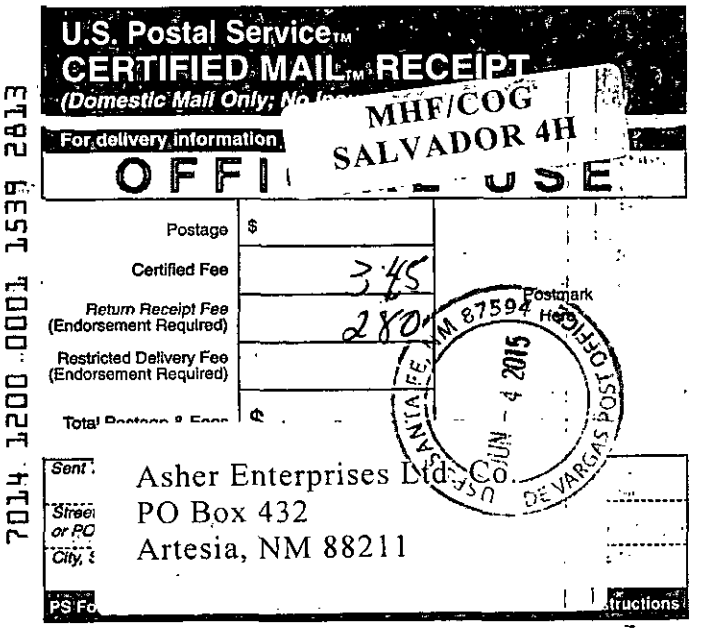
SALVADOR 4H
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total Po
USPS SANTA DE VARGAS POST OFFICE NM 8759
Postmark Here
Sent To
Street, Api
or PO Box
City, State
Joe C. Richardson Jr.
PO Box 10013
Amarillo, TX 79106
PS Form 3800, August 2006
tions
7014 1200 0001 1539 2707


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information
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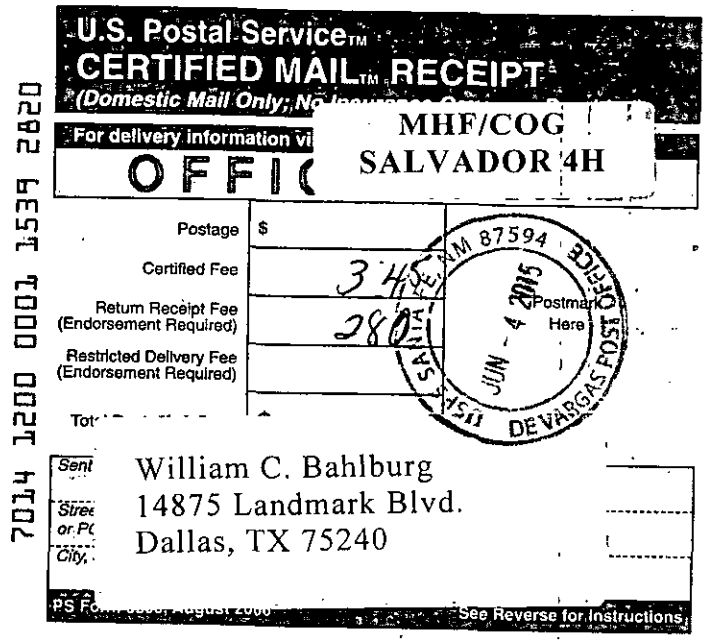
USE
MHF/COG
SALVADOR 4H
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total
Postmark Here
SANTA FE, NM 87594
JUN - 4 2015
USPS DE VARGAS POST OFFICE
Sent
Street or PO
City,
Asher Enterprises Ltd. Co.
PO Box 432
Artesia, NM 88211
PS Fo
tructions
7014 1200 0001 1539 2813


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information vi
OFFIC
MHF/COG
SALVADOR 4H
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Tot
Postmark Here
SANTA FE, NM 87594
JUN - 4 2015
USPS DE VARGAS POST OFFICE
Sent
Stree
or PO
City,
William C. Bahlburg
14875 Landmark Blvd.
Dallas, TX 75240
PS Fo
See Reverse for Instructions
7014 1200 0001 1539 2820

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

For delivery information vi
OFFIC

MHF/COG
SALVADOR 4H

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

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

Sent To
Street, Ap or PO Bo
City, Stat

Corral Inc.
PO Box 2107
Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2837

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:

Corral Inc.
PO Box 2107
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 6/10/15

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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 2837

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 vi
OFFIC

MHF/COG
SALVADOR 4H

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 JUN - 4 2015 Postmark Here DE VARGAS POST OFFICE

Se
St
or
Ci

Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

PS Instructions

7014 1200 0001 1539 2844

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:

Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature X P Moo ☐ 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: P Moo

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) 7014 1200 0001 1539 2844

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

7014 1200 0001 1539 2851

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

OFFI

MHF/COG
SALVADOR 4H

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

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

Sent To
Street, A
or PO B
City, Sta

Lobo Oil and Gas Partners
200 N. Loraine #1245
Midland, TX 79701

PS Form 3800, August 2006 ...ctions

7014 1200 0001 1539 2714

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

For delivery information vis

OFFIC

MHF/COG
SALVADOR 4H

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

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

Sent To
Street, Ap
or PO Bo
City, State

MB Exploration Corp.
14875 Landmark Blvd.
Dallas, TX 75251

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2721

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

For delivery information v

OFFI(

MHF/COG
SALVADOR 4H

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 JUN 4 2015 Postmark Here DE VARGAS POST OFFICE

Ser
Stre
or F
City

ABO Petro Corp.
105 S. 4th St.
Artesia, NM 88210

PS F

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:

ABO Petro Corp.
105 S. 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

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

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

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) 7014 1200 0001 1539 2721

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2738

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

For delivery informatio

OFF

MHF/COG
SALVADOR 4H

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 JUN 4 2015 Postmark Here DE VARGAS POST OFFICE

Sent To
Street,
or PO
City, St

Myco Industries Inc.
105 S. 4th St.
Artesia, NM 88210

PS For

uctions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Myco Industries Inc.
105 S. 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

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) 7014 1200 0001 1539 2738

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2745

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

MHF/COG
SALVADOR 4H

For delivery information

OFFI

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

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

Sent To
Street, A
or PO Bo
City, Stat

Oxy Y-1 Company
PO Box 27570
Houston, TX 77227

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2769

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

MHF/COG
SALVADOR-4H

For delivery information

OFFI

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

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

Sent
Stree
or PO
City,

Yates Petro Corp
105 S. 4th St.
Artesia, NM 88210.

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:

Oxy Y-1 Company
PO Box 27570
Houston, TX 77227

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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) 7014 1200 0001 1539 2745

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petro Corp
105 S. 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) 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 ☐ 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) 7014 1200 0001 1539 2769

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

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MHF/COG
SALVADOR 4H

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 JUN - 4 2015 DE VARGAS POST OFFICE
Postmark Here

Sent To: Yates Petro Corp.
Street, Apt. No., or PO Box No.: 105 S. 4th St.
City, State, ZIP+4®: Artesia, NM 88210

PS Form ... See Reverse for Instructions

7014 1200 0001 1539 2752

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petro Corp.
105 S. 4th St.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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) 7014 1200 0001 1539 2752

PS Form 3811, July 2013 Domestic Return Receipt

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MHF/COG
SALVADOR 4H

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 JUN 2015 DE VARGAS POST OFFICE
Postmark Here

Sent To: Chevron USA Inc.
Street, Apt. No., or PO Box No.: Attention: Jason Levine
1400 Smith Street, Room
City, State, ZIP+4®: 43028
Houston, Texas 77002

PS Form ... See Reverse for Instructions

7014 1200 0001 1539 2776

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.
Attention: Jason Levine
1400 Smith Street, Room
43028
Houston, Texas 77002

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) 7014 1200 0001 1539 2776

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

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

MHF/COG
SALVADOR 4H

For delivery information v
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Postage	$
Certified Fee	3 45
Return Receipt Fee (Endorsement Required)	2 80
Restricted Delivery Fee (Endorsement Required)	
Total	

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

Sent T
Street or PO
City, S

Oxy Permian Ltd.
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 2950

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

MHF/COG
SALVADOR 4H

For delivery information vi
OFFI

Postage	$
Certified Fee	3 45
Return Receipt Fee (Endorsement Required)	2 80
Restricted Delivery Fee (Endorsement Required)	
Total F	¢

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

Sent To
Street
or PO E
City, St

Kelly Van Zandt
6265 C.R. 423
Grandview, TX 76050

PS Form ... ructions

7014 1200 0001 1539 2790

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:

Oxy Permian Ltd.
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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) 7014 1200 0001 1539 2950

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2806

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

MHF/COG
SALVADOR 4H

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

OFFICIAL USE

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

USPS SANTA FE, NM 87504 Postmark Here JUN - 4 2015 DE VARGAS POST OFFICE

Sent To: Jerry Paul Alexander
Street, Apt. or PO Box: 10171 Trail Ridge Dr.
City, State: Benbrook TX 76126

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2516

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

MHF/COG
SALVADOR 4H

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

OFFICIAL USE

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

USPS SANTA FE, NM 87504 Postmark Here JUN 4 2015 DE VARGAS POST OFFICE

Sent To: Joseph Weldon Gibson
Attn: Charles Weldon Gibson
Street, Apt. or PO Box: 3771 Cortez
City, State: Dallas, TX 75220

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:

Jerry Paul Alexander
10171 Trail Ridge Dr.
Benbrook TX 76126

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): X

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

2. Article Number *(Transfer from service label)* 7014 1200 0001 1539 2806

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

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

For delivery information visit

OFFIC

MHF/COG
SALVADOR 4H

Postage	$
Certified Fee	2 45
Return Receipt Fee (Endorsement Required)	2 80
Restricted Delivery Fee (Endorsement Required)	
Total	

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

Sent T
Street or PO
City, S

Estate of Bill Carter
C/O Nina Reynolds
1001 High Road
Coleman, TX 76836

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2523

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of Bill Carter
C/O Nina Reynolds
1001 High Road
Coleman, TX 76836

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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) 7014 1200 0001 1539 2523

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

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

For delivery information vi

OFFIC

MHF/COG
SALVADOR 4H

Postage	$
Certified Fee	3 45
Return Receipt Fee (Endorsement Required)	2 80
Restricted Delivery Fee (Endorsement Required)	
Total Po	

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

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

Lester and Chrystie Attaway Rev. Trust
Attn: Lloyd B. Attaway Sr.
420 Quailhollow Dr
Ione, CA 95640

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2530

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:

Lester and Chrystie Attaway Rev. Trust
Attn: Lloyd B. Attaway Sr.
420 Quailhollow Dr
Ione, CA 95640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 6.5.15

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) 7014 1200 0001 1539 2530

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

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

MHF/COG
SALVADOR 4H

For delivery information vis

OFFICIAL USE

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

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

Sent To
Edna D. Kreps Memorial Trust
Attn: Bill Coats, Trustee
Street, Ap. or PO Box
901 Main Street, 17th Floor
City, State
Dallas, TX 75202

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2547

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

MHF/COG
SALVADOR 4H

For delivery information vi

OFFICIAL USE

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

JUN - 4 2015
Postmark Here
DE VARGAS POST OFFICE

Sent To
Kimbery Diane Lynch
Frederick
Street, Apt. or PO Box
6703 St. Louis Ave, #8
City, State,
Odessa, TX 79762

PS Form 38 See Reverse for Instructions

7014 1200 0001 1539 2554

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:

Edna D. Kreps Memorial Trust
Attn: Bill Coats, Trustee
901 Main Street, 17th Floor
Dallas, TX 75202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Bobby Mays ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bobby Mays
C. Date of Delivery 6-9-15

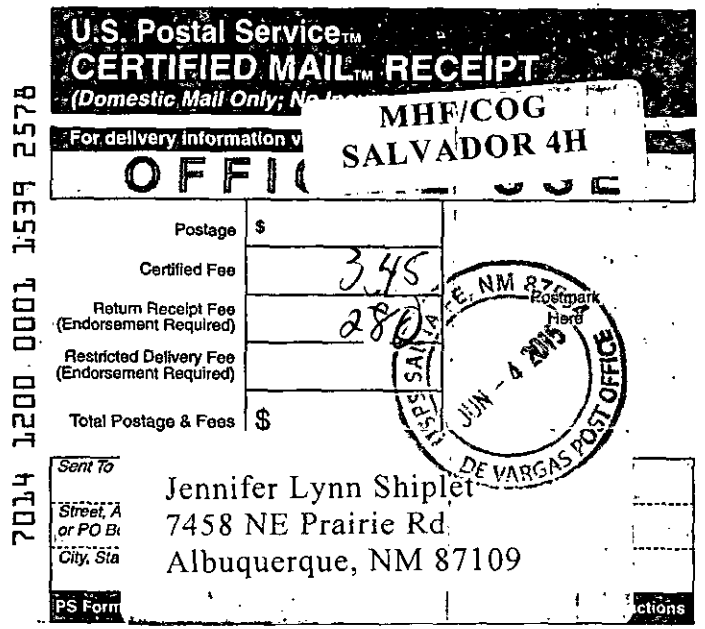
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

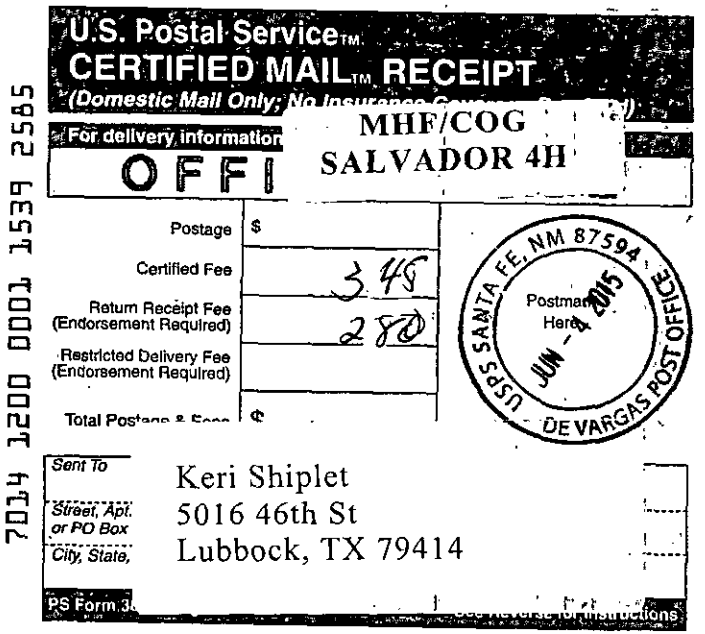
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 2547

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


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information v
OFFI
MHF/COG
SALVADOR 4H
Postage $
Certified Fee 3.45
Return Receipt Fee (Endorsement Required) 2.80
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
USPS SANTA FE, NM 87
Postmark Here
JUN - 4 2015
DE VARGAS POST OFFICE
Sent To
Jennifer Lynn Shiplet
Street, A
or PO B
7458 NE Prairie Rd
City, Sta
Albuquerque, NM 87109
PS Form
ctions
7014 1200 0001 1539 2578


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information
OFFI
MHF/COG
SALVADOR 4H
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
Postmark Here
JUN - 4 2015
DE VARGAS POST OFFICE
Sent To
Keri Shiplet
Street, Apt. or PO Box
5016 46th St
City, State,
Lubbock, TX 79414
PS Form 3
See Reverse for Instructions
7014 1200 0001 1539 2585

7014 1200 0001 1539 2592

U.S. Postal Service™
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MHF/COG
SALVADOR 4H

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

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

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

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4®

University of the Southwest
Foundation
Attn: Maria Fierro
6610 N. Lovington Hwy
Hobbs, NM 88240

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:

University of the Southwest
Foundation
Attn: Maria Fierro
6610 N. Lovington.Hwy
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J CHAPA C. Date of Delivery 6-6-15

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) 7014 1200 0001 1539 2592

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2608

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

MHF/COG
SALVADOR 4H

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

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

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

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4®

Chevron USA Inc. (Operating Rights)
Attn: Jason Levine
1400 Smith St.
Houston, TX 77002

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 USA Inc. (Operating Rights)
Attn: Jason Levine
1400 Smith St.
Houston, TX 77002

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) 7014 1200 0001 1539 2608

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2943

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

For delivery information visit o
OFFIC

MHF/COG
SALVADOR 4H

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 JUN - 4 2015 DE VARGAS POST OFFICE
Postmark Here

Sent To
Edna D. Kreps Memorial Trust
Street, or PO
Attn. Bill Coats
P.O. Box 840738
City, S
Dallas, Texas 840738

PS Form ... See Reverse for Instructions

7014 1200 0001 1539 2622

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

For delivery information visi
OFFIC

MHF/COG
SALVADOR 4H

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

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

Sent
OXY USA WTP LP
Stree
PO Box 4294
or P
City,
Houston, TX 77210

PS Form ... 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:

OXY USA WTP LP
PO Box 4294
Houston, TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

BARBARA JORDAN PO JUN 9 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)* 7014 1200 0001 1539 2622

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2783

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

For delivery information visi

OFFIC

MHF/COG
SALVADOR 4H

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

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

Sent To
Street, / or PO B
City, Sta

OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

PS Form [illegible] uctions

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:

OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] BOARD — 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)* 7014 1200 0001 1539 2783

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