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. 15327

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. 10
Submitted by: **COG OPERATING LLC**
Hearing Date: June 25, 2015

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. Sneed 9 Fed Com No. 23H 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 Ashley Roush, at (432) 818-2358 or aroush@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
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE MALJAMAR; YESO, WEST POOL

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Sneed 9 Fed Com No. 23H Well.

Dear Sir or Madam:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because you own an interest below the base of the Blinebry in the Yeso formation (Maljamar; Yeso, West Pool (44500)) that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion is limited to the top of the Yeso formation estimated at 5,000' to the base of the Blinebry.

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 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 Ashley Roush, at (432) 818-2358 or aroush@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. Sneed 9 Fed Com No. 23H 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 Ashley Roush, at (432) 818-2358 or aroush@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

7014 1200 0001 1539 4343

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

MHF/COG
SNEED 23H

For delivery information vis

GLOBE AZ 85501

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)		N/A N/A
Total Postage & Fees	$	$0.71 $4.16

0496 USPS SANTA FE, NM 87594
07 Postmark Here
JUN - 2 2015
06/04/2015
POST OFFICE

Sent To: Oscar Wigman & Jean Wigman
Street, Apt. No. or PO Box: Revocable Trust
City, State: 1416 Sierra Vista Drive
Globe, AZ 85501

PS Form ... 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:

Oscar Wigman & Jean Wigman
Revocable Trust
1416 Sierra Vista Drive
Globe, AZ 85501

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Jean F Crowley ☐ 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 4343

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4350

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CERTIFIED MAIL™ RECEIPT
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MHF/COG
SNEED 23H

For delivery information vis

GLOBE AZ 85501

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)		N/A N/A
Total Postage & Fees	$	$0.71 $4.16

0496 USPS SANTA FE, NM 87594
Postmark Here
JUN - 2 2015
06/04/2015
POST OFFICE

Sent To: Jean F Wigman Crowley
Street, Apt. No. or PO Box: 1416 Sierra Vista Drive
City, State: Globe, AZ 85501

PS Form ... 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:

Jean F Wigman Crowley
1416 Sierra Vista Drive
Globe, AZ 85501

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Jean Crowley ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jean Crowley | C. Date of Delivery: 6-13-15

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 4350

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4046

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GLOBE AZ 85501

MHF/COG
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Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS SANTA FE, NM 87594
0496
07 JUN 2015 Postmark Here
06/04/2015
POST OFFICE

Sent To: Jean F. Wigman Survivor's Trust dated March 31, 1982
Street, Apt. No., or PO Box No.: 1416 Sierra Vista Drive
City, State, ZIP+4: Globe, AZ 85501

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4039

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GLENDALE CA 91207

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS SANTA FE, NM 87594
0496
07 JUN 2015 Postmark Here
06/04/2015
POST OFFICE

Sent To: Laura H. Parkes
Street, Apt. No., or PO Box No.: 1344 Rossmoyne Avenue
City, State, ZIP+4: Glendale, CA 91207

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:

Jean F. Wigman Survivor's Trust dated March 31, 1982
1416 Sierra Vista Drive
Globe, AZ 85501

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Jean Crowley ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jean Crowley C. Date of Delivery: 6/13/15

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 4046

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4008

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For delivery information visit ou
ELLIS KS 67637

MHF/COG
SNEED 23H

OFFICI

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	N/A
	$0.71
Total Postage & Fees	¢

0496 07 USPS SANTA FE, NM 87594 Postmark Here JUN - 2 2015 06/04/2015 DELIVERING POST OFFICE

Sent To
Street, A
or PO B
City, Sta

Pauline A. Nicholson Revocable Family Trust dated September 26, 2000, Philip T. Nicholson, Jack A. Nicholson and Paulette N. Harp, Successor Trustee
106 E. 13th Street
Ellis, KS 67637

PS Form

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:

Pauline A. Nicholson Revocable Family Trust dated September 26, 2000, Philip T. Nicholson, Jack A. Nicholson and Paulette N. Harp, Successor Trustee
106 E. 13th Street
Ellis, KS 67637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jack A Nicholson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Jack A Nicholson C. Date of Delivery 6/15/15

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

Article Number *(Transfer from service label)* 7014 1200 0001 1539 4008

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7014 1200 0001 1539 4015

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LOS GATOS CA 95030

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OFFICI

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$0.00
	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	N/A
	$0.71
Total Postage & Fees	¢ $9.16

0496 07 USPS SANTA FE, NM 87594 JUN Postmark Here 2015 06/04/2015 DELIVERING POST OFFICE

Sent To
Street, A
or PO B
City, Sta

Wade H. Hover & Elizabeth B. Hover
101 Church Street, Ste. 12
Los Galos, CA 95030

PS Form

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:

Wade H. Hover & Elizabeth B. Hover
101 Church Street, Ste. 12
Los Galos, CA 95030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 6/16/15

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 4015

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RUIDOSO NM 88355

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Postage & Fees	$6.96

USPS SANTA FE, NM 87594 0496 JUN 07 Postmark Here 2015
DEVAR STATION POST OFFICE 06/04/2015

Sent To: Compound Properties, LLC
Street, Apt. No., or PO Box No.: P.O. Box 2990
City, State, ZIP+4: Ruidoso, NM 88355

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:

Compound Properties, LLC
P.O. Box 2990
Ruidoso, NM 88355

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DONNA HASTEY | C. Date of Delivery JUN 10 2015

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

RUIDOSO NM JUN 10 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)* 7014 1200 0001 1539 4022

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 3964

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SANTA BARBARA CA 93105

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Postage & Fees	$6.96

USPS SANTA FE, NM 87594 0496 JUN 07 Postmark Here 2015
DEVAR STATION POST OFFICE 06/04/2015

Sent To: Carol N. Nantker Family Trust dated September 3, 1998, Lucinda Malott, Trustee
Street, Apt. No., or PO Box No.: 957 La Senda
City, State, ZIP+4: Santa Barbara, CA 93105

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:

Carol N. Nantker Family Trust dated September 3, 1998, Lucinda Malott, Trustee
957 La Senda
Santa Barbara, CA 93105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) L Malott | 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 3964

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ALBUQUERQUE NM 87107

MHF/COG-
SNEED 23H

Postage	$ $3.45
Certified Fee	$0.345
Return Receipt Fee (Endorsement Required)	$0.00 $0.280
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$0.71
	$4.16

SANTA FE, NM 87594
0496
JUN - 2 2015
07 Postmark Here
VARGAS POST OFFICE
06/04/2015

Sent To
Kyla Taylor Thompson
Street, Apt. or PO Box I
1122 Green Valley Rd, NW
City, State,
Los Ranchos, NM 87107

PS Form 38 See Reverse for Instructions

7014 1200 0001 1539 3971

SENDER: C

- 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:

Kyla Taylor Thompson
1122 Green Valley Rd, NW
Los Ranchos, NM 87107

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kyla Thompson
☐ Agent
☐ Addressee

B. Received by (Printed Name) Kyla Thompson
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 3971

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For delivery information

ROSWELL NM 88202

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$0.345
Return Receipt Fee (Endorsement Required)	$0.00 $0.280
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$0.71
	$4.16

SANTA FE, NM 87594
0496
JUN - 2 2015
07 Postmark Here
VARGAS POST OFFICE
06/04/2015

Sent To
Ray Devoe Taylor
Street, Apt. I
P.O. Box 8189
City, State, Z
Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 3988

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:

Ray Devoe Taylor
P.O. Box 8189
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

ROSWELL NM
JUN 10 2015
88201

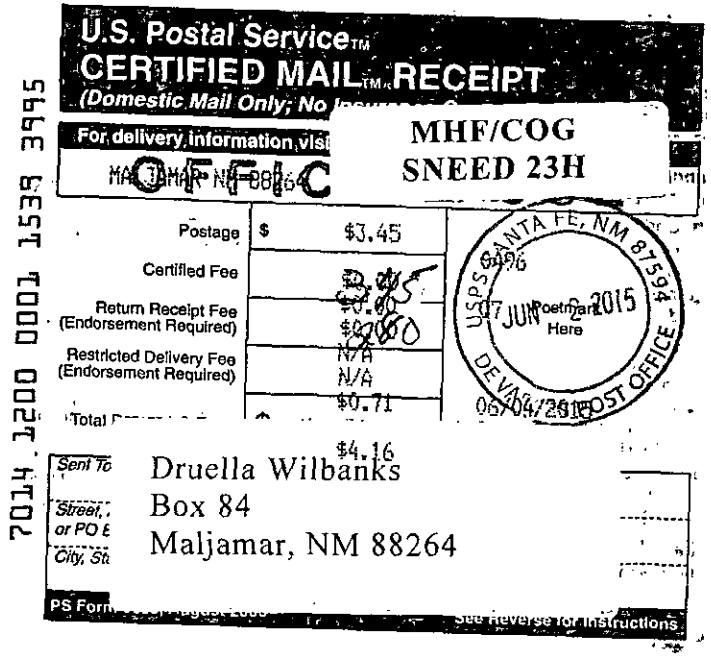
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3988

PS Form 3811, July 2013 Domestic Return Receipt



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MAYHAM NM 88264

OFFICIAL USE

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	$2.80
Total Postage & Fees	N/A
	N/A
	$0.71
	$4.16

USPS SANTA FE, NM 87594
07 JUN 2015 Postmark Here
06/04/2015
POST OFFICE

Sent To: Druella Wilbanks
Street, Apt. No., or PO Box No.: Box 84
City, State, ZIP+4®: Maljamar, NM 88264

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 3995

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:

Druella Wilbanks
Box 84
Maljamar, NM 88264

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Druella Wilbanks ☐ Agent ☐ Addressee

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

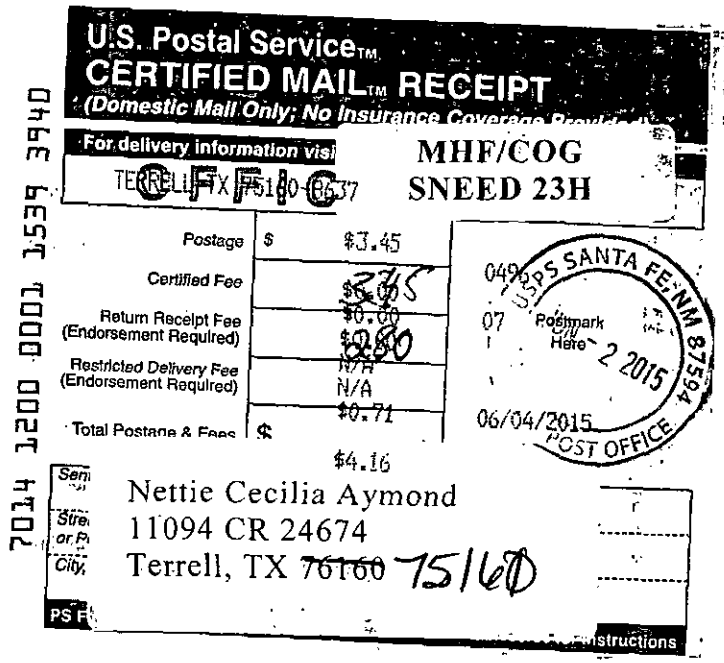
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3995

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®
TERRELL TX 75160-0637

OFFICIAL USE

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	$2.80
Total Postage & Fees	N/A
	N/A
	$0.71
	$4.16

USPS SANTA FE, NM 87594
07 Postmark Here 2 2015
06/04/2015
POST OFFICE

Sent To: Nettie Cecilia Aymond
Street, Apt. No., or PO Box No.: 11094 CR 24674
City, State, ZIP+4®: Terrell, TX ~~76160~~ 75160

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 3940

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:

Nettie Cecilia Aymond
11094 CR 24674
Terrell, TX 76160

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) D'Ale Aymond 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 3940

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 3759

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

For delivery information visit

AUSTIN TX 78745 OFFICIAL

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$2.~~30~~ 45
Return Receipt Fee (Endorsement Required)	$0.~~00~~ 2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS 049 SANTA FE, NM 87594
Postmark Here
JUN 2015
06/04/2015
DEVARGAS POST OFFICE

Sent To: Alice Crouch
Street, Apt. or PO Box: 4508 Banister Lane
City, State: Austin, TX 78745

PS Form [illegible] See Reverse for Instructions

7014 1200 0001 1539 3742

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

For delivery information visit

WICKENBURG AZ 85358 OFFICIAL

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$0.~~00~~ 45
Return Receipt Fee (Endorsement Required)	$0.~~00~~ 2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71
	$4.16

USPS 049 SANTA FE, NM 87594
Postmark Here
JUN - 2 2015
06/04/2015
DEVARGAS POST OFFICE

Sent To: Ruth Taylor Wright
Street, Apt. or PO Box: P.O. Box 3259
City, State: Wickenburg, AZ 85358

PS Form [illegible] 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:

Ruth Taylor Wright
P.O. Box 3259
Wickenburg, AZ 85358

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

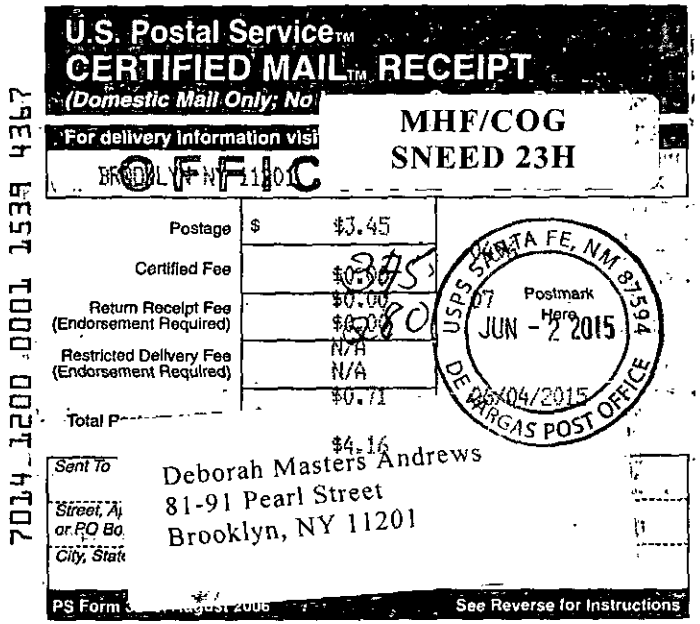
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

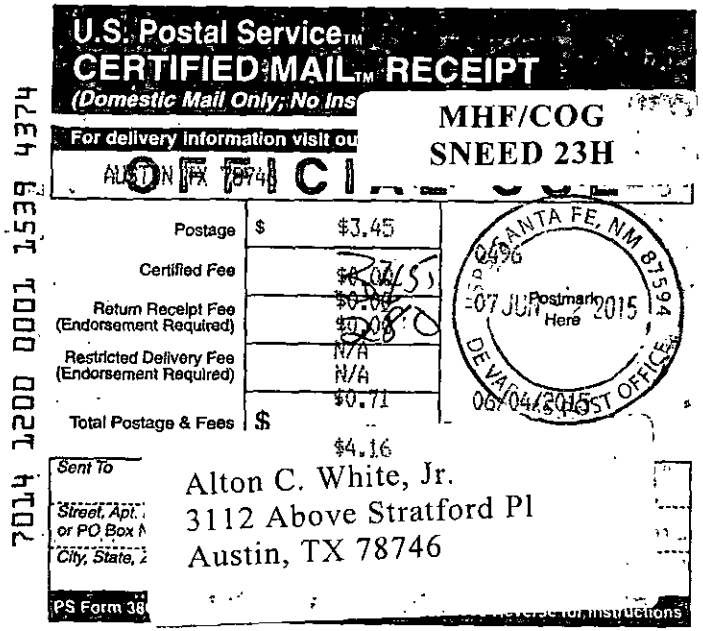
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 3742

PS Form 3811, July 2013 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
For delivery information visi
OFFIC
MHF/COG
SNEED 23H
Postage $ $3.45
Certified Fee $3.45
Return Receipt Fee (Endorsement Required) $2.80
Restricted Delivery Fee (Endorsement Required) N/A
Total P $0.71
$4.16
SANTA FE, NM 87594
Postmark Here
JUN - 2 2015
06/04/2015
DE VARGAS POST OFFICE
Sent To
Deborah Masters Andrews
81-91 Pearl Street
Brooklyn, NY 11201
PS Form
See Reverse for Instructions
7014 1200 0001 1539 4367


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins
For delivery information visit ou
OFFICIAL
MHF/COG
SNEED 23H
Postage $ $3.45
Certified Fee $3.45
Return Receipt Fee (Endorsement Required) $2.80
Restricted Delivery Fee (Endorsement Required) N/A
Total Postage & Fees $ $0.71
$4.16
SANTA FE, NM 87594
Postmark Here
07 JUN 2015
06/04/2015
DE VARGAS POST OFFICE
Sent To
Alton C. White, Jr.
3112 Above Stratford Pl
Austin, TX 78746
PS Form 38
7014 1200 0001 1539 4374

7014 1200 0001 1539 4381

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

MHF/COG
SNEED 23H

For delivery information visit
LEAVENWORTH KS 66048
OFFICIAL USE

Postage	$ $3.45
Certified Fee	~~$2.95~~ $2.95
Return Receipt Fee (Endorsement Required)	~~$2.60~~ $2.60
Restricted Delivery Fee (Endorsement Required)	~~N/A~~ N/A
Total P	~~$0.71~~
	$4.16

0496
07 USPS SANTA FE, NM 87594
Postmark Here JUN 2 2015
06/04/2015 POST OFFICE

Sent To
Street, or PO E
City, St

The Dorothy Dell Graeber Trust,
U/T/A dated May 5, 1978
5151 S. 4th Street
Leavenworth, KS 66048

PS Form 3800, August 2006 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO

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:

The Dorothy Dell Graeber Trust,
U/T/A dated May 5, 1978
5151 S. 4th Street
Leavenworth, KS 66048

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathleen A. Adams — ☒ Agent ☐ Addressee

B. Received by (Printed Name) Kathleen A. Adams — C. Date of Delivery 6-5

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 4381

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4299

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

MHF/COG
SNEED 23H

For delivery information vis
HOUSTON TX 77057
OFFICIAL USE

Postage	$ $3.45
Certified Fee	~~$2.95~~ $2.95
Return Receipt Fee (Endorsement Required)	~~$2.60~~ $2.60
Restricted Delivery Fee (Endorsement Required)	~~N/A~~ N/A
Total Postage & Fees	~~$0.71~~
	$4.16

0496
07 Postmark Here JUN 2 2015
06/04/2015 POST OFFICE

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

Triad Energy
Attn.: Mr. S.K. Bradshaw, President
1616 Voss Road, Ste. 650
Houston, TX 77057

PS Form 3

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:

Triad Energy
Attn.: Mr. S.K. Bradshaw, President
1616 Voss Road, Ste. 650
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melynda Boerm — ☒ Agent ☐ Addressee

B. Received by (Printed Name) Melynda Boerm — 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 4299

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4282

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

For delivery information visit OFFICIAL

MHF/COG
SNEED 23H

Postage	$3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Postage & Fees	$4.16

USPS 0496 SANTA FE, NM 87594
07 JUN 2015 Postmark Here
06/04/2015 DEVALS POST OFFICE

Sent To: Kiska Oil Company
Street or PO: Sinclair Building, 6 E 5th St. #300
City: Tulsa, OK 74103

PS Form ... Instructions

7014 1200 0001 1539 4251

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

For delivery information visit OFFICIAL

MHF/COG
SNEED 23H

Postage	$3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
	$0.71
Total Postage & Fees	$4.16

USPS SANTA FE, NM 87594
07 Postmark Here 2015
06/04/2015 DEVALS POST OFFICE

Sent To: Marathon Oil Company
Street or PO B: P.O. Box 732312
City, Sta: Dallas, TX 75373-2312

PS Form ... Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marathon Oil Company
P.O. Box 732312
Dallas, TX 75373-2312

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Chris Thornquist ☐ Agent ☐ Addressee

B. Received by (Printed Name) JUN 16 2015 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 4251

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4268

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

MHF/COG
SNEED 23H

For delivery information visit o
MIDLAND TX 79702
OFFIC

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)		N/A N/A
		$0.71
Total Postage & Fees		$4.16

0496 SANTA FE, NM 87594
07 Postmark Here JUN - 2 2015
DE VARGAS POST OFFICE
06/04/2015

Sent To
Mark T. Hawkins
Street, Apt. or PO Box
P.O. Box 3192
City, State,
Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4275

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

MHF/COG
SNEED 23H

For delivery information visit
MIDLAND TX 79702
OFFIC

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)		N/A N/A
		$0.71
Total Postage & Fees	$	$4.16

0496 SANTA FE, NM 87594
07 JUN - 2 2015
Postmark Here
DE VARGAS POST OFFICE
06/04/2015

Sent To
Charles R. Qualia
Street, Apt. or PO Box
P.O. Box 10181
City, State,
Midland, TX 79702

PS Form 3800, August 2006 ...tions

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:

Mark T. Hawkins
P.O. Box 3192
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARK T. HAWKINS 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 4268

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit

DALLAS OFFICE

MHF/COG
SNEED 23H

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees		$0.71

USPS SANTA FE, NM 87594
07 JUN Postmark Here 2015
DE VARGAS POST OFFICE
05/04/2015

Sent To
Selma E Andrews Perpetual
Charitable Trust, Bank of America,
N.A., Trustee
P.O. Box 830308
Dallas, TX 75283

Street, Ap
or PO Bo
City, Stat

PS Form

7014 1200 0001 1539 4497

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:

Selma E Andrews Perpetual
Charitable Trust, Bank of America,
N.A., Trustee
P.O. Box 830308
Dallas, TX 75283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brenda Olsen ☑ Agent ☐ Addressee

B. Received by (Printed Name) Brenda Olsen
C. Date of Delivery 6/18/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4497

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information vis

DALLAS OFFICE

MHF/COG
SNEED 23H

Postage	$	$3.45
Certified Fee		$3.45
Return Receipt Fee (Endorsement Required)		$0.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total P		$0.71

USPS SANTA FE, NM 87594
07 JUN Postmark Here 2015
DE VARGAS POST OFFICE
05/04/2015

Sent To
Selma E Andrews Trust for the benefit
of Peggy Barrett, Bank of America,
N.A., Trustee
P.O. Box 830308
Dallas, TX 75283

Street, Ap
or PO Bo
City, Stat

PS Form 3800, August 2006

7014 1200 0001 1539 4503

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:

Selma E Andrews Trust for the benefit
of Peggy Barrett, Bank of America,
N.A., Trustee
P.O. Box 830308
Dallas, TX 75283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brenda Olsen ☑ Agent ☐ Addressee

B. Received by (Printed Name) Brenda Olsen
C. Date of Delivery 6/18/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4503

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4398

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

For delivery information visit our website at www.usps.com®
MONTEREY CA 93940 OFFICIAL USE

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$ $0.71
	$4.16

0496 USPS SANTA FE NM 87594
Postmark Here
JUN - 2 2015
06/04/2015
DEVARGAS POST OFFICE

Sent To: Ingrid D. Powell, Trustee of the
and I Powell Revocable Living Trust
Street, Apt. No., or PO Box No.: 114 Las Brisas Drive
City, State, ZIP+4®: Monterey, CA 93940

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:

Ingrid D. Powell, Trustee of the C
and I Powell Revocable Living Trust
114 Las Brisas Drive
Monterey, CA 93940

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ingrid Powell ☐ Agent ☐ Addressee

B. Received by (Printed Name) INGRID POWELL C. Date of Delivery 6/16/15

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 4398

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4404

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

For delivery information visit our website at www.usps.com®
PALO CEDRO CA 96073 OFFICIAL USE

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$ $0.71
	$4.16

0496 USPS SANTA FE NM 87594
Postmark Here
JUN - 2 2015
06/04/2015
DEVARGAS POST OFFICE

Sent To: Edward Dreessen, Jr.
Street, Apt. No., or PO Box No.: P.O. Box 830
City, State, ZIP+4®: Palo Cedro, CA 96073

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:

Edward Dreessen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Edward Dreessen ☐ Agent ☐ Addressee

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

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

PALO CEDRO CA 96073 JUN 15 2015 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 4404

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
SNEED 23H

POULSBO WA 98370

Postage	$ $3.45
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	N/A $0.71 $4.16

USPS SANTA FE, NM 87594
JUN 07 2015
Postmark Here
DE VARGAS POST OFFICE

Sent To: Cecile Marie Dreessen
Street, Apt. No. or PO Box No.: P.O. Box 1696
City, State, ZIP+4: Poulsbo, WA 98370

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 4411

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
SNEED 23H

SANTA BARBARA CA 93130

Postage	$ $3.45
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	N/A $0.71 $4.16

USPS SANTA FE, NM 87594
JUN 07 2015
Postmark Here
DE VARGAS POST OFFICE

Sent To: Progeny Petroleum
Street, Apt. No. or PO Box No.: P.O. Box 30864
City, State, ZIP+4: Santa Barbara, CA 93130

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 4428

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:

Cecile Marie Dreessen
P.O. Box 1696
Poulsbo, WA 98370

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4411

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:

Progeny Petroleum
P.O. Box 30864
Santa Barbara, CA 93130

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4428

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4305

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

For delivery information visit c
MONTERREY CA 93940

MHF/COG
SNEED 23H

OFFIC

Postage	$ $3.45
Certified Fee	$0.345
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total F	$0.71
	$4.16

USPS SANTA FE, NM 87594
0496
JUN - 2 2015
Postmark Here
DE VARGAS POST OFFICE

06/04/2015

Sent To: Betty Kyte Dreeseen
Street, A or PO B: Irrevocable Trust of 12-23-1958
City, Sta: 114 Las Brisas Drive
Monterey, CA 93940

PS Form 3800, August 2006 — See Reverse for Instructions

7014 1200 0001 1539 4312

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

For delivery information visit
HOUSTON TX 77002

MHF/COG
SNEED 23H

OFFIC

Postage	$ $3.45
Certified Fee	$0.345
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Pr	$0.71
	$4.16

0496
USPS SANTA FE, NM 87594
JUN - 2 2015
Postmark Here
DE VARGAS POST OFFICE

06/04/2015

Sent To: Linn Energy Holdings
Street, A or PO Bc: 600 Travis Street, Ste. 5100
City, Stat: Houston, TX 77002
Attn: Land Department-Permian Basin

PS Form ... ctions

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:

Betty Kyte Dreeseen
Irrevocable Trust of 12-23-1958
114 Las Brisas Drive
Monterey, CA 93940

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

MONTEREY POST OFFICE 93940 JUN 12 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) 7014 1200 0001 1539 4305

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:

Linn Energy Holdings
600 Travis Street, Ste. 5100
Houston, TX 77002
Attn: Land Department-Permian Basin

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUN 15 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) 7014 1200 0001 1539 4312

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4329

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

For delivery information visi
HOUSTON TX 77046

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $0.00
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$ $0.71 $4.16

USPS SANTA FE, NM 87594
Postmark Here
JUN - 2 2015
DEVARGAS POST OFFICE 06/04/2015

Sent To
Street, or PO E
City, St
PS Form

Occidental Permian Limited Partnership-
Attn: Permian Basin Land Manager
5 Greenway Plaza, Suite 110
Houston, TX 77046

uctions

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 Limited Partnership-
Attn: Permian Basin Land Manager
5 Greenway Plaza, Suite 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

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 4329

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

7014 1200 0001 1539 4336

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

For delivery information
SPRING TX 7738

MHF/COG
SNEED 23H

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $0.00
Restricted Delivery Fee (Endorsement Required)	N/A N/A
Total Postage & Fees	$ $0.71 $4.16

USPS SANTA FE, NM 87594
Postmark Here
JUN - 2 2015
DEVARGAS POST OFFICE 06/04/2015

Sent T
Street, or PO
City, S
PS For

Energyquest II, LLC-
Attn: Land Department
4526 Research Forest Dr., Suite 200
The Woodlands, TX 77381

ructions

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:

Energyquest II, LLC-
Attn: Land Department
4526 Research Forest Dr., Suite 200
The Woodlands, TX 77381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Schwandt ☐ Agent ☐ Addressee

B. Received by (Printed Name) Linda Schwandt C. Date of Delivery 6-17-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4336

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 4534

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

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

HOUSTON TX 77002 7342

MHF/COG
SNEED 23H

OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71

04496 USPS SANTA FE, NM 87594
DEVARGAS POST OFFICE
06/04/2015

Postmark Here
JUN 2 2015

Sent To: Chevron U.S.A.-
Street, Apt. or PO Box: Attn: NOJV Group
City, State: 1400 Smith Street, Ste. 3600
Houston, TX 770002-7342

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 4541

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

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

OKLAHOMA CITY, OK 73102

MHF/COG
SNEED 23H

OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	$0.71

04496 USPS SANTA FE, NM 87594
DEVARGAS POST OFFICE
06/04/2015

Postmark Here
JUN 2 2015

Sent To: Devon Energy Production-
Street, Apt. or PO Box: Attn: Cari Allen
City, State: 333 W. Sheridan Avenue
Oklahoma City, OK 73102

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:

Devon Energy Production-
Attn: Cari Allen
333 W. Sheridan Avenue
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery JUN 15 2015

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4541

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
SNEED 23H

For delivery information visi
HOUSTON TX 77046
OFFICE

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
	$0.71
Total Postage & Fees	$4.16

0496 USPS SANTA FE, NM 87594
07 Postmark Here
JUN 2 2015
05/04/2015
POST OFFICE

Sent To: Occidental Permian Limited Partnership
Street, Ap or PO Bo: 5 Greenway Plaza, Suite 110
City, State: Houston, TX 77046
Attn: Permian Basin Land Manager

PS Form 3 ...tions

7014 1200 0001 1539 4510

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 Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046
Attn: Permian Basin Land Manager

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 ☐ 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 4510

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)

MHF/COG
SNEED 23H

For delivery information visit ou
SPRING TX 77381
OFFICE

Postage	$ $3.45
Certified Fee	$3.45
Return Receipt Fee (Endorsement Required)	$0.00 $2.80
Restricted Delivery Fee (Endorsement Required)	N/A N/A
	$0.71
Total Postage & Fees	$6.96

USPS SANTA FE, NM 87594
0496 JUN 07 2015 Postmark Here
DE VARGAS POST OFFICE 05/04/2015

Sent T: Energyquest II, LLC
Street, or PO: 4526 Research Forest Dr.,
City, S: Suite 200
The Woodlands, TX 77381

PS For ...See Reverse for Instructions

7014 1200 0001 1539 4527

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:

Energyquest II, LLC
4526 Research Forest Dr.,
Suite 200
The Woodlands, TX 77381

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): [illegible] C. Date of Delivery: 6-17-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4527

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

7014 1200 0001 1539 4459

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

MHF/COG
SNEED 23H

For delivery information visit
MIDLAND TX 79702
OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total	$0.71
	$4.16

0496 SANTA FE, NM 87594
07 Postmark Here
JUN - 2 2015
06/04/2015
US POST OFFICE

Sent To: Este, Ltd.
Street, Apt. No., or PO Box: P.O. Box 10181
City, State, ZIP+4: Midland, TX 79702

PS Form [illegible], August 2006 — See Reverse for Instructions

7014 1200 0001 1539 4466

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

MHF/COG
SNEED 23H

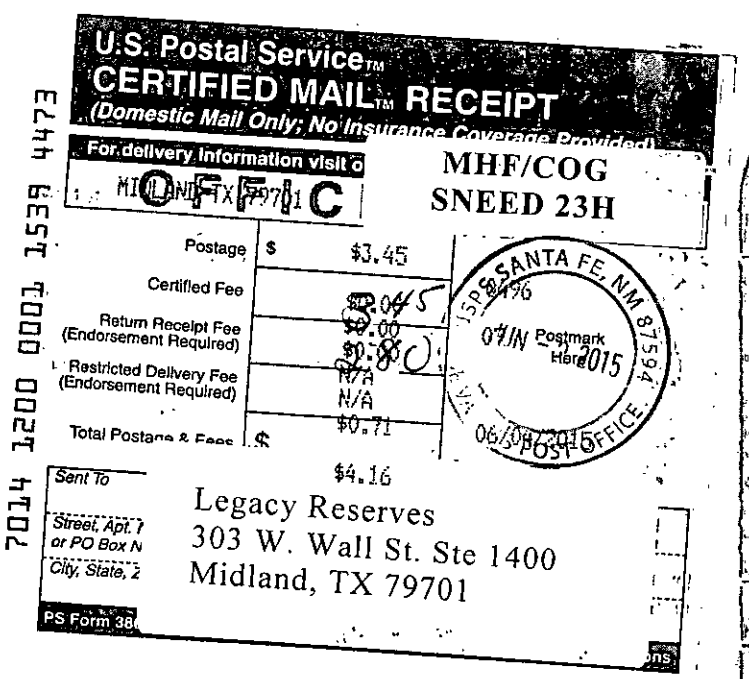
For delivery information visit
HOUSTON TX 77002
OFFICIAL USE

Postage	$ $3.45
Certified Fee	$2.45
Return Receipt Fee (Endorsement Required)	$2.80
Restricted Delivery Fee (Endorsement Required)	N/A
Total	$0.71
	$4.16

0496 SANTA FE, NM 87594
07 Postmark Here
JUN - 2 2015
06/04/2015
US POST OFFICE

Sent To: Chevron U.S.A., Inc.
Street, Apt. No., or PO Box: Attn: NOJV Group
City, State, ZIP+4: 1400 Smith Street, Rm. 43198 Houston, TX 77002

PS Form [illegible], August 2006 — See Reverse for Instructions



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

For delivery information visit o

MIDLAND TX 79701 OFFICIAL

MHF/COG
SNEED 23H

Postage	$	$3.45
Certified Fee		$3.05
Return Receipt Fee (Endorsement Required)		$2.80
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	$	$0.71
		$4.16

USPS SANTA FE, NM 87594
07/N Postmark Here 2015
06/08/2015 POST OFFICE

Sent To
Street, Apt. 7 or PO Box N
City, State, Z

Legacy Reserves
303 W. Wall St. Ste 1400
Midland, TX 79701

PS Form 38

7014 1200 0001 1539 4473

E44 8ES T000 0021 4707

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

ENDER: 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.

A. Signature
Judy Bueltin
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Judy Bueltin

C. Date of Delivery
6-8-15

1. Article Addressed to:

Legacy Reserves
303 W. Wall St. Ste 1400
Midland, TX 79701

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 4473

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