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

APPLICATION OF XTO ENERGY INC. FOR A NON-STANDARD SPACING AND PRORATION UNIT, AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 15299

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of XTO Energy Inc., 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 10th 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. 7
Submitted by: XTO Energy Inc.
Hearing Date: June 11, 2015

HOLLAND&HART LLP

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

April 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: POOLED PARTIES

Re: Application of XTO Energy Inc. for a non-standard spacing and proration unit, and compulsory pooling, Eddy County, New Mexico. Goldenchild State 1H Well

Dear Sir or Madam:

This letter is to advise you that XTO Energy Inc., has filed the enclosed amended 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 May 14, 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 Angie Repka, at (817) 885-2746 or Angie_Repka@xtoenergy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR XTO ENERGY INC.

HOLLAND&HART

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

April 24, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of XTO Energy Inc. for a non-standard spacing and proration unit, and compulsory pooling, Eddy County, New Mexico. Goldenchild State 1H Well

This letter is to advise you that XTO Energy Inc. has filed the enclosed amended 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 of the request for the proposed non-standard spacing and proration unit and due to the proposed unorthodox well location.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 14, 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 Angie Repka, at (817) 885-2746 or Angie_Repka@xtoenergy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR XTO ENERGY INC.

U.S. Postal Service™
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Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

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

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

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7575

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
APR 28 2015

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

HOUSTON, TX 770

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7575

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

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

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

OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7582

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.
5 Greenway Plaza, Suite 110
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7582

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

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Sent To
Street, A or PO Bo
City, Sta

J.D. Bodkin Oil & Gas
P.O. Box 2191
Canon City, CO 81212

PS Form

7006 2760 0001 6377 4260

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:

J.D. Bodkin Oil & Gas
P.O. Box 2191
Canon City, CO 81212

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) 7006 2760 0001 6377 4260

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

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Sent To
Street, A or PO B
City, Sta

W.T. Boyle & Co.
P.O. Box 57
Graham, TX 76450-0057

PS Form

7006 2760 0001 6377 7704

CERTIFIED MAIL

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

SEND S 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:

W.T. Boyle & Co.
P.O. Box 57
Graham, TX 76450-0057

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dwight Boyle
C. Date of Delivery 4-20-15

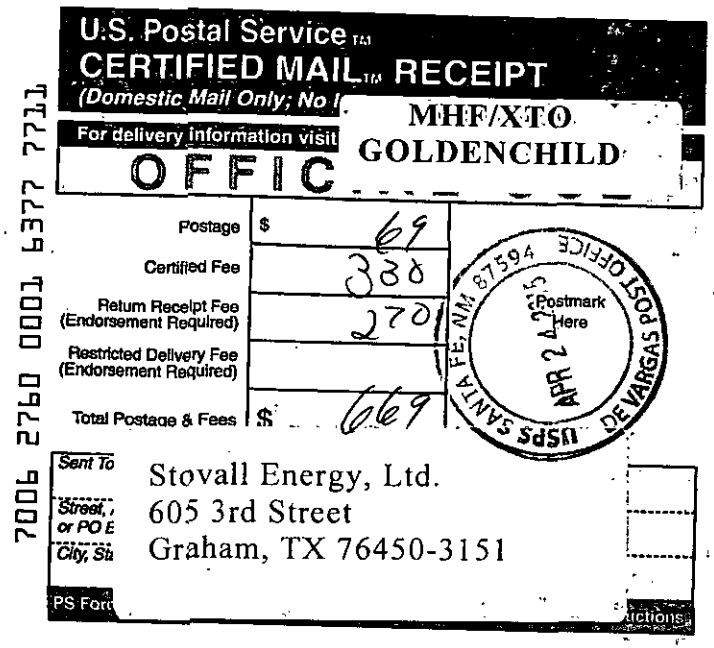
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7704

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540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Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 669
Postmark Here
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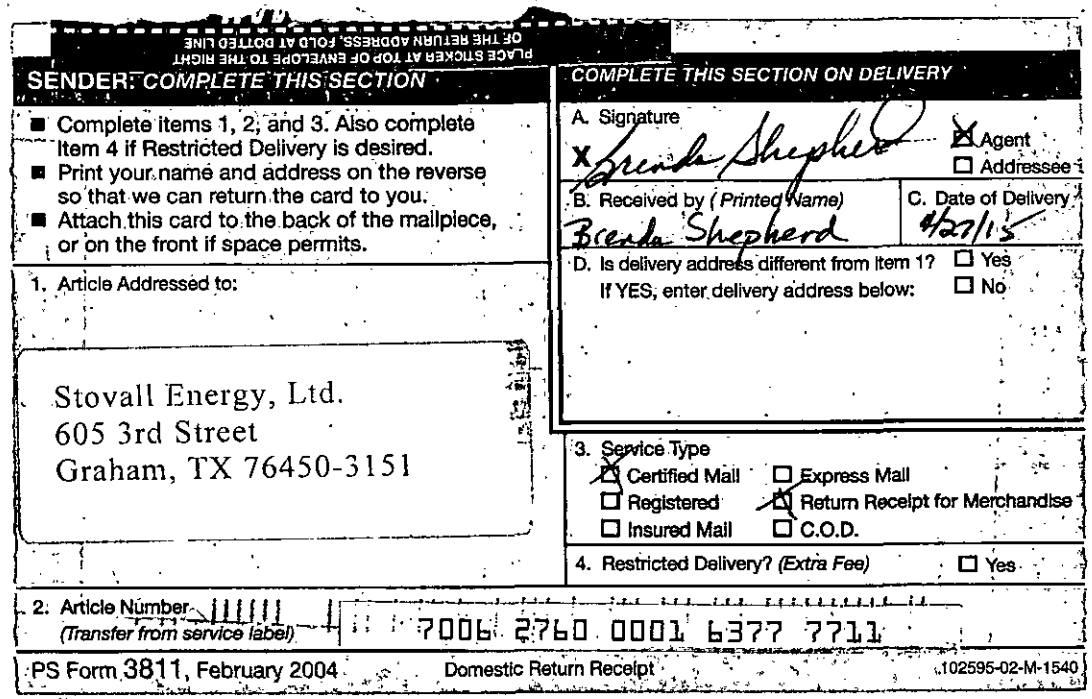
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE
Sent To
Street, or PO E
City, Sta
Stovall Energy, Ltd.
605 3rd Street
Graham, TX 76450-3151
PS Form
ctions
7006 2760 0001 6377 7711


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:
Stovall Energy, Ltd.
605 3rd Street
Graham, TX 76450-3151
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Brenda Shepherd
Agent
Addressee
B. Received by (Printed Name)
Brenda Shepherd
C. Date of Delivery
4/27/15
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)
7006 2760 0001 6377 7711
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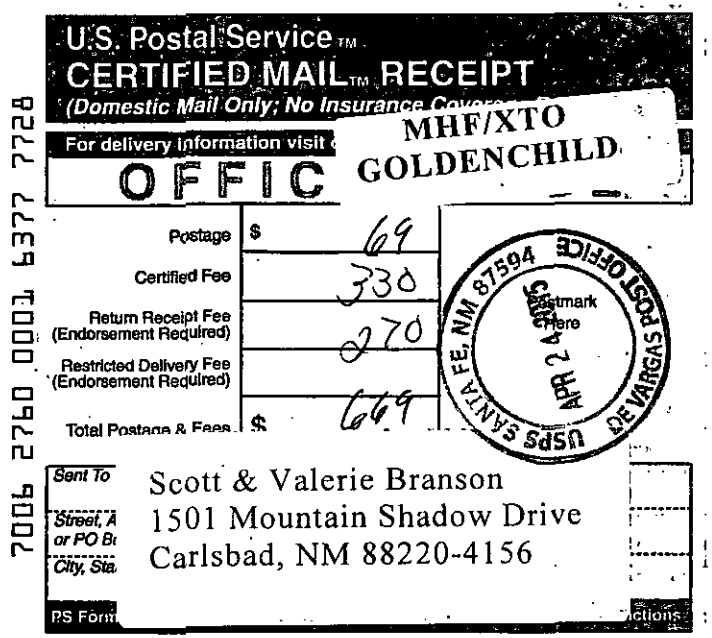
Domestic Return Receipt
102595-02-M-1540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Postage $ 69
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Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 669
Postmark Here
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Street, A
or PO B
City, Sta
Scott & Valerie Branson
1501 Mountain Shadow Drive
Carlsbad, NM 88220-4156
PS Form
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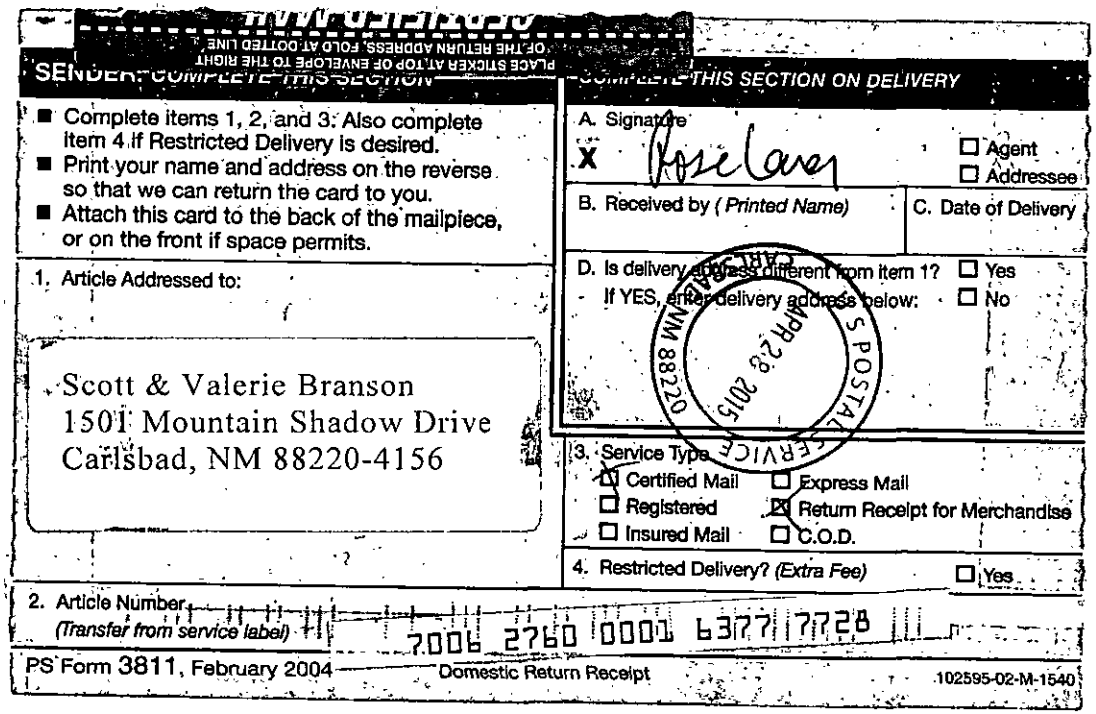
7006 2760 0001 6377 7728


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:
Scott & Valerie Branson
1501 Mountain Shadow Drive
Carlsbad, NM 88220-4156
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Rose Lara
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
APR 28 2015
USPS
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)
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Postage	$ .69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

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Street, ... or PO B...
City, Sta...

Eleven Sands Exploration, Inc.
State Route 8 Box 104B
Guthrie, OK 73044-9808.

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

USPS SAN... DE VARGAS POST OFFICE ...E, NM 87594 APR 24 2015 Postmark Here

Sent To
Street, ... or PO E...
City, St...

BAGAM Ltd.
P.O. Box 900
Graham, TX 76450-0900

PS Form ... ...ctions

7006 2760 0001 6377 7742

Return

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:

BAGAM Ltd.
P.O. Box 900
Graham, TX 76450-0900

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Phil Fortune ☒ Agent ☐ Addressee

B. Received by (Printed Name) PHIL FORTUNE C. Date of Delivery 4/28/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6377 7742

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

USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POST OFFICE

Postmark Here

Sent To: Sonic Oil & Gas LP
Street, Apt. No., or PO Box No.: P.O. Box 1240
City, State, ZIP+4: Graham, TX 76450-7240

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7759

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:

Sonic Oil & Gas LP
P.O. Box 1240
Graham, TX 76450-7240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 4/28/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7759

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

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Postmark Here

Sent To: H.M. Bettis, Inc.
Street, Apt. No., or PO Box No.: P.O. Box 1240
City, State, ZIP+4: Graham, TX 76450-7240

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7766

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:

H.M. Bettis, Inc.
P.O. Box 1240
Graham, TX 76450-7240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 4/28/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7766

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

USPS SANTA FE, NM 87594 POSTMASTER DE VARGAS
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APR 24 2015

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

Guinn Family Properties, Ltd.
623 Elm Street, Suite 306
Graham, TX 76450-3068

PS Form 3800

7006 2760 0001 6377 7773

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:

Guinn Family Properties, Ltd.
623 Elm Street, Suite 306
Graham, TX 76450-3068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jay Guinn
☐ 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

USPS GRAHAM TX 76450 APR 29 2015

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7773

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

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For delivery information

MHF/XTO
GOLDENCHILD

OFFI

Postage	$ .69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.69

USPS SANTA FE, NM 87594 POSTMASTER DE VARGAS
Postmark Here
APR 24 2015

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

The Allar Company
P.O. Box 1567
Graham, TX 76450

PS Form 38 See Reverse for Instructions

7006 2760 0001 6377 7780

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 Allar Company
P.O. Box 1567
Graham, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melanie Barrett
☐ Agent
☐ Addressee

B. Received by (Printed Name) Melanie Barrett | C. Date of Delivery 4-28-15

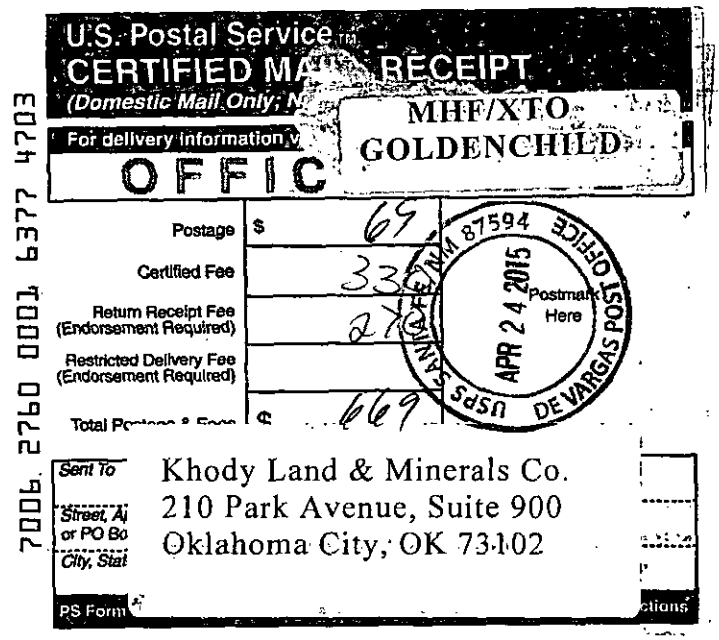
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7780

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

OFFIC

MHF/XTO
GOLDENCHILD

Postage	$ 69
Certified Fee	33
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	
Total Po	$ 669

SANTA FE NM 87594
APR 24 2015
USPS DE VARGAS POST OFFICE
Postmark Here

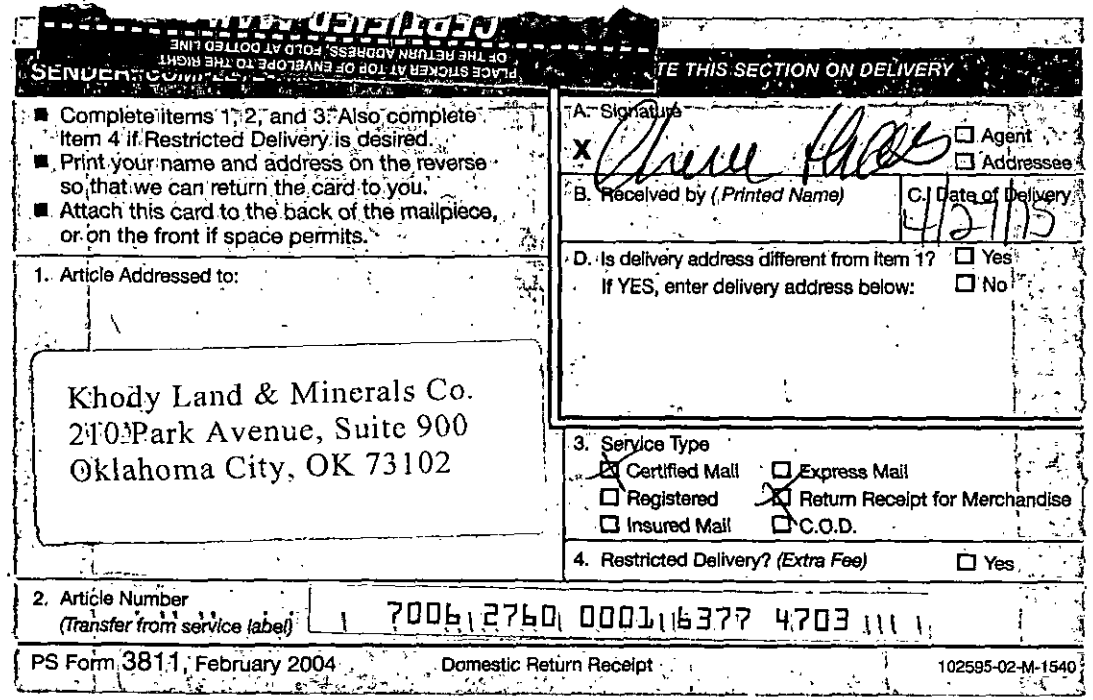
Sent To
Street, A
or PO Bo
City, Stat

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

PS Form

ctions

7006 2760 0001 6377 4703



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:

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4/27/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4703

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

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MHF/XTO
GOLDENCHILD

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

USPS SANTA FE, NM 87594 APR 24 2015 Postmark Here DE VARGAS POST OFFICE

7006 2760 0001 6377 4239

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

COG Operating LLC
600 W. Illinois Ave.
Midland, TX 79701-4882

PS Form 380 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:

COG Operating LLC
600 W. Illinois Ave.
Midland, TX 79701-4882

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cynthia Hernandez C. Date of Delivery 4/27

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4239

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

U.S. Postal Service™
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For delivery information visit

OFFIC

MHF/XTO
GOLDENCHILD

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

USPS SANTA FE, NM 87594 APR 24 2015 Postmark Here DE VARGAS POST OFFICE

7006 2760 0001 6377 4246

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

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

PS Form

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 4/28/2015

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4246

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/XTO
GOLDENCHILD

7006 2760 0001 6377 4253

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

Postmark Here
USPS SANTA FE NM 87594 APR 24 2015 DE VARGAS POST OFFICE

Sent T
Street, or PO
City, S
OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046
PS Fo
ructions

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.
5 Greenway Plaza, Suite 110
Houston, TX 77046

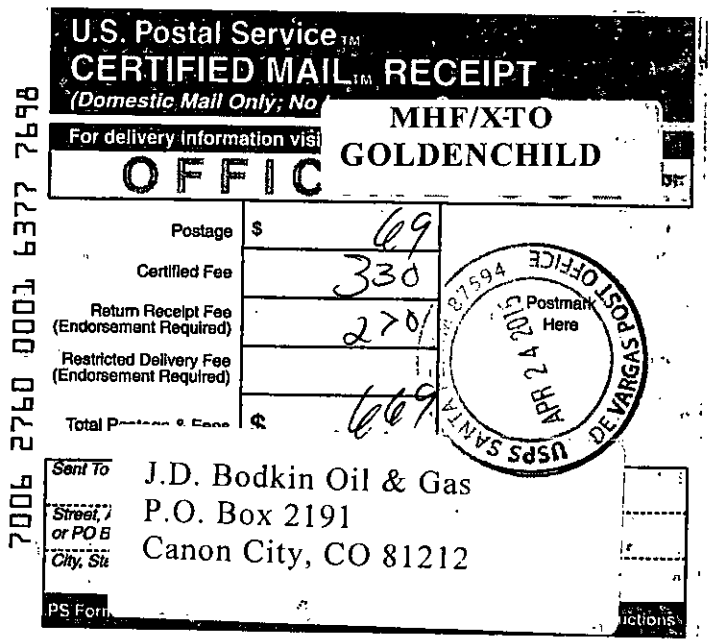
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lat
7006 2760 0001 6377 4253

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 visi
OFFIC
MHF/XTO
GOLDENCHILD

7006 2760 0001 6377 7698

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

Postmark Here
USPS SANTA FE NM 87594 APR 24 2015 DE VARGAS POST OFFICE

Sent To
Street, or PO B
City, St
J.D. Bodkin Oil & Gas
P.O. Box 2191
Canon City, CO 81212
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:
J.D. Bodkin Oil & Gas
P.O. Box 2191
Canon City, CO 81212

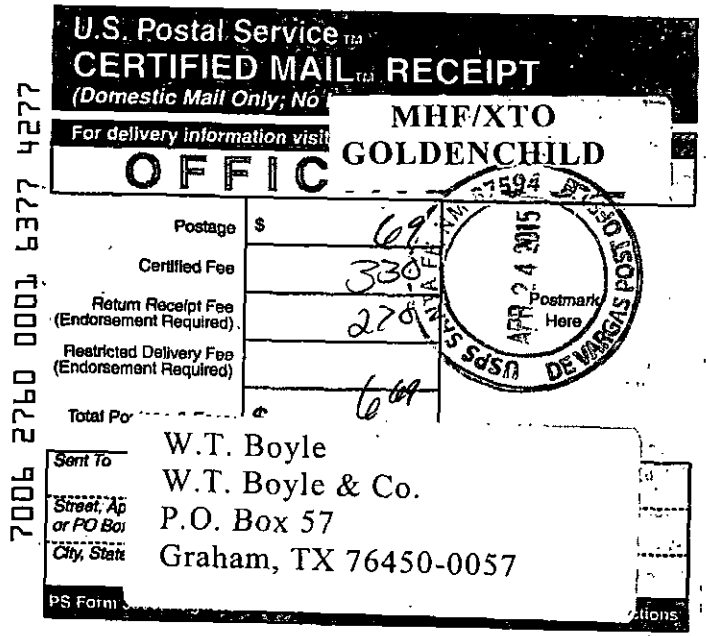
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

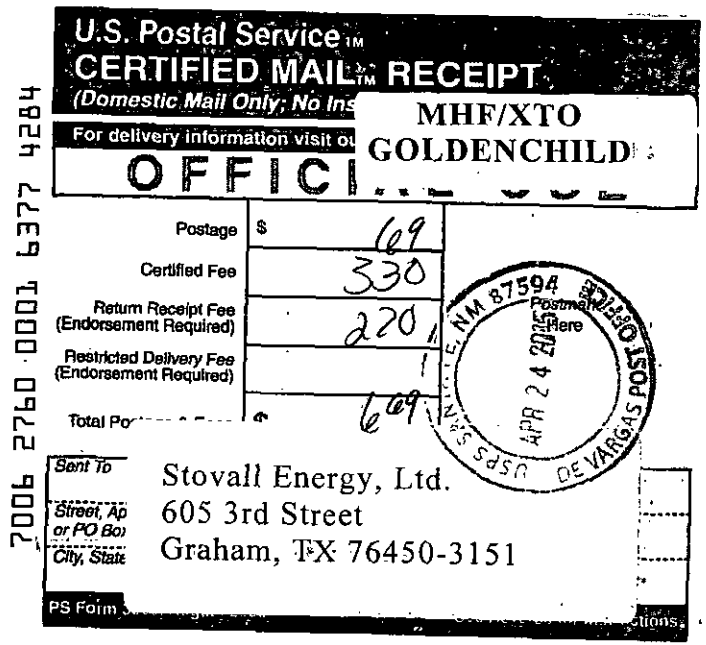
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

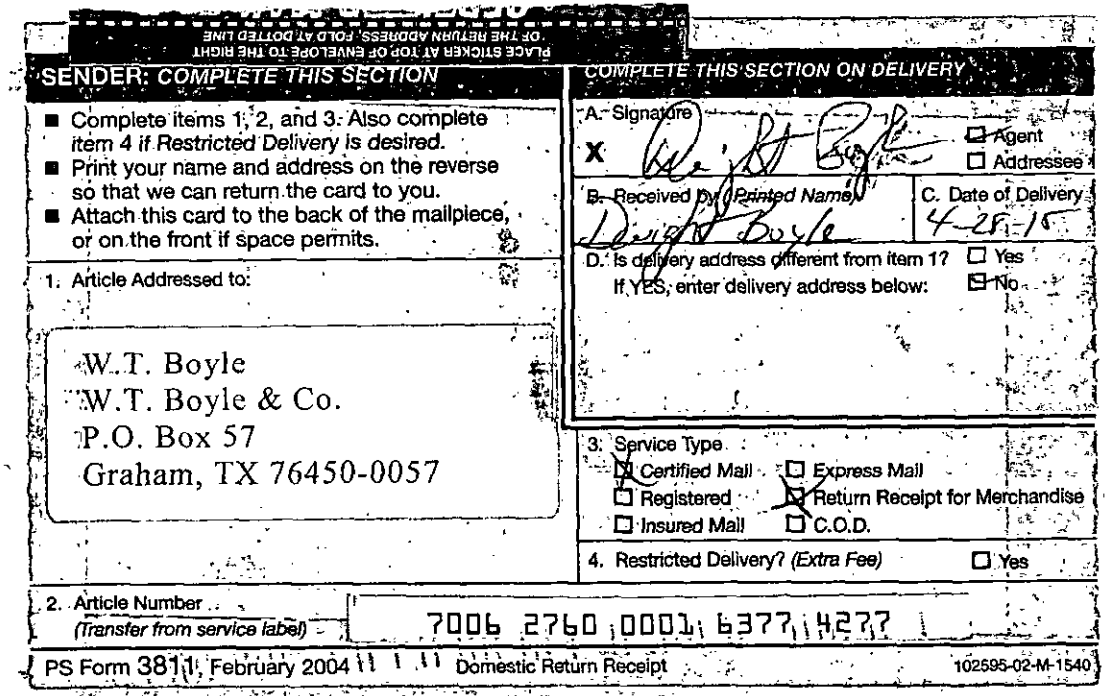
4. Restricted Delivery? (Extra Fee) ☐ Yes

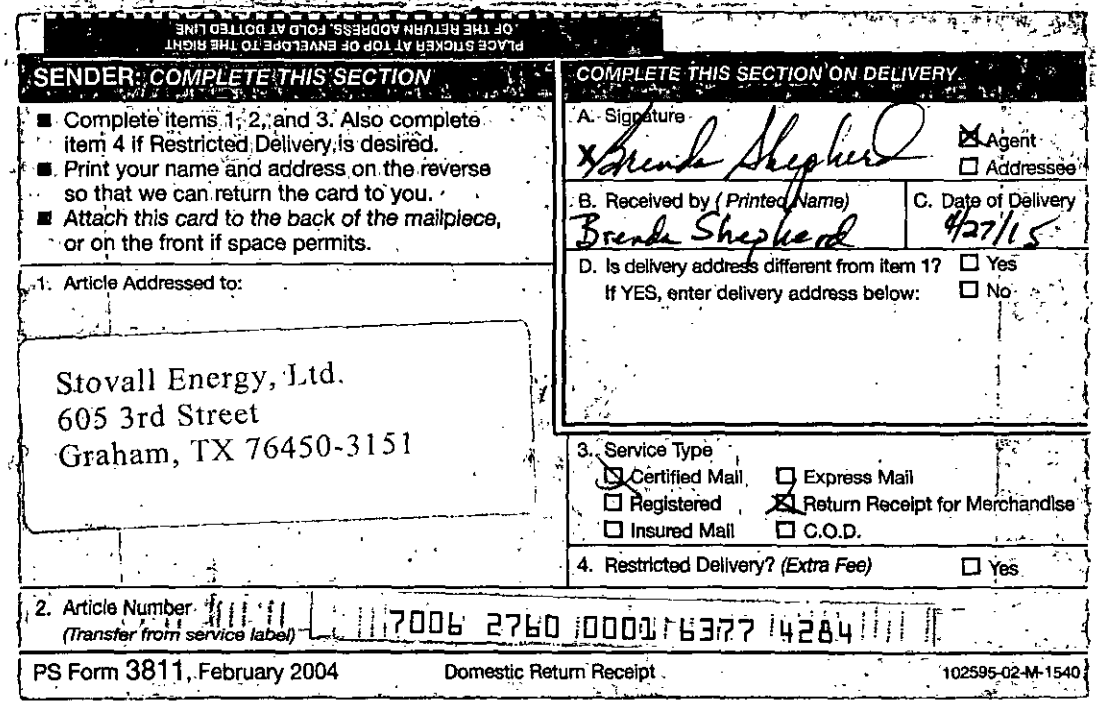
2. Article Number (Transfer from service label)
7006 2760 0001 6377 7698

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 visit
OFFIC
MHF/XTO
GOLDENCHILD
Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 220
Restricted Delivery Fee (Endorsement Required)
Total Po 6 69
APR 24 2015
USPS
DE VARGAS POST OFFICE
Postmark Here
Sent To
Street, Ap or PO Bo
City, State
W.T. Boyle
W.T. Boyle & Co.
P.O. Box 57
Graham, TX 76450-0057
7006 2760 0001 6377 4277


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No
For delivery information visit
OFFICI
MHF/XTO
GOLDENCHILD
Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 220
Restricted Delivery Fee (Endorsement Required)
Total Po 6 69
APR 24 2015
USPS
DE VARGAS POST OFFICE
Postmark Here
Sent To
Street, Ap or PO Bo
City, State
Stovall Energy, Ltd.
605 3rd Street
Graham, TX 76450-3151
7006 2760 0001 6377 4284


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
W.T. Boyle
W.T. Boyle & Co.
P.O. Box 57
Graham, TX 76450-0057
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
Dwight Boyle
C. Date of Delivery
4-28-15
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 4277
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Stovall Energy, Ltd.
605 3rd Street
Graham, TX 76450-3151
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Brenda Shepherd
Agent
Addressee
B. Received by (Printed Name)
Brenda Shepherd
C. Date of Delivery
4/27/15
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 4284
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

OFFICIAL USE

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

USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POSTOFFICE
Postmark Here

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

Scott & Valerie Branson
1501 Mountain Shadow Drive
Carlsbad, NM 88220-4156

PS Form 3800 See Reverse for Instructions

7006 2760 0001 6377 4291

U.S. Postal Service™
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GOLDENCHILD

For delivery information visit

OFFICIAL USE

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

USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POSTOFFICE
Postmark Here

Sent
Street
or PO
City,

Eleven Sands Exploration, Inc.
State Route 8 Box 104B
Guthrie, OK 73044-9808

PS Fo ructions

7006 2760 0001 6377 4307

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:

Scott & Valerie Branson
1501 Mountain Shadow Drive
Carlsbad, NM 88220-4156

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

CARLSBAD, NM 882220 APR 23 2015 U S POSTAL SERVICE

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4291

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

Return

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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins

For delivery information visit ou

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MHF/XTO
GOLDENCHILD

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

APR 24 2015
USPS SANTA FE, NM 87501
Postmark Here
DE VARGAS POST OFFICE

Sent
Stree
or P
City,

BAGAM Ltd.
P.O. Box 900
Graham, TX 76450-0900

PS F ...structions

7006 2760 0001 6377 7599

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFIC

MHF/XTO
GOLDENCHILD

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

APR 24 2015
USPS SANTA FE, NM 87501
Postmark Here
DE VARGAS POST OFFICE

Sent T
Street,
or PO
City, S

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

PS Form ...August 2006... ...tructions

7006 2760 0001 6377 7605

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:

BAGAM Ltd.
P.O. Box 900
Graham, TX 76450-0900

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Phil Fortune ☒ Agent ☐ Addressee

B. Received by (Printed Name) PHIL FORTUNE C. Date of Delivery 5/7/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7599

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Berry ☐ Agent ☒ Addressee

B. Received by (Printed Name) J Berry C. Date of Delivery 4-28-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7605

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

Return

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MHF/XTO
GOLDENCHILD

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

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

7006 2760 0001 6377 7612

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

PCP Operating Co., LLC
9525 Hillwood Dr., Suite 160
Las Vegas, NV 89134-0596

PS Form 3800, August 2006

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

For delivery information visit o

OFFICI

MHF/XTO
GOLDENCHILD

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

USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here

7006 2760 0001 6377 7629

Sent To
Street, A
or PO Bo
City, Stat

TBO Oil & Gas, LLC
214 W. Texas Ave., Suite 1101
Midland, TX 79701-4600

PS Form

See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
X Dana Howard ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dana Howard C. Date of Delivery 4/21/15

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

1. Article Addressed to:

TBO Oil & Gas, LLC
214 W. Texas Ave., Suite 1101
Midland, TX 79701-4600

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7629

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

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

For delivery information visit

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MHF/XTO
GOLDENCHILD

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

Postmark Here
APR 24 2015
USPS SANTA FE NM 87594
DE VARGAS POST OFFICE

Sent To
Tarpon Engineering Corp.
Street, Apt. No., or PO Box
5211 Preston Dr.
City, State, ZIP+4
Midland, TX 79707-5104

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7636

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:

Tarpon Engineering Corp.
5211 Preston Dr.
Midland, TX 79707-5104

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paula Albertson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Paula Albertson C. Date of Delivery 4-27-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7636

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

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

For delivery information visit

OFFIC

MHF/XTO
GOLDENCHILD

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

Postmark Here
APR 24 2015
USPS SANTA FE NM 87594
DE VARGAS POST OFFICE

Sent To
Crump Family Partnership, Ltd.
Street, Apt. No., or PO Box
303 Veterans Airpark Ln.
City, State, ZIP+4
Midland, TX 79705-4546

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7643

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:

Crump Family Partnership, Ltd.
303 Veterans Airpark Ln.
Midland, TX 79705-4546

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Behrends ☑ Agent ☐ Addressee

B. Received by (Printed Name) S BEHRENDS C. Date of Delivery 4-27-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7643

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 visi

OFFIC

MHF/XTO
GOLDENCHILD

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

USPS SANTA FE NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here

Sent To
Street, Ap
or PO Box
City, State

Collins & Jones Investments
508 W. Wall St., Suite 1200
Midland, TX 79701-5076

PS Form

7006 2760 0001 6377 7650

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:

Collins & Jones Investments
508 W. Wall St., Suite 1200
Midland, TX 79701-5076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Daniela Lozoya
C. Date of Delivery 4-29-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7650

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 visi

OFFIC

MHF/XTO
GOLDENCHILD

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

USPS SANTA FE NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here

Sent To
Street, Apt
or PO Box
City, State

Desert Rock Resources, LP
3325 Caldera Blvd.
Midland, TX 79707-2823

PS Form

7006 2760 0001 6377 7667

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:

Desert Rock Resources, LP
3325 Caldera Blvd.
Midland, TX 79707-2823

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7667

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

Return

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

For delivery information

MHF/XTO
GOLDENCHILD

OFFI

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

USPS SANTA FE NM 87501 DEC VARGAS POST OFFICE
Postmark Here
APR 24 2015

Sent To
Street, or PO
City, St

I-43 Associates, Inc.
508 W. Wall St., Suite 1250
Midland, TX 79701-5069

PS For

uctions

7006 2760 0001 6377 7674

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

For delivery information vi

MHF/XTO
GOLDENCHILD

OFFIC

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

USPS SANTA FE NM 87501 DEC VARGAS POST OFFICE
Postmark Here
APR 24 2015

Sent To
Street, or PO E
City, St

Stillwater Investments, LP
6910 E. 14th St.
Tulsa, OK 74112-6618

PS Form

uctions

7006 2760 0001 6377 7681

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:

Stillwater Investments, LP
6910 E. 14th St.
Tulsa, OK 74112-6618

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

APR 27 2015

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

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

2. Article Number *(Transfer from service label)* 7006 2760 0001 6377 7681

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

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

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

MHF/XTO
GOLDENCHILD

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

USPS SANTA FE, NM 87594 APR 2 2015 Postmark Here DE VARGAS POST OFFICE

Sent To: Charles D. Ray
Street, Apt. No., or PO Box No.: 4 Churchill Way
City, State, ZIP+4: Midland, TX 79705-1804

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7797

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/XTO
GOLDENCHILD

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

USPS SANTA FE, NM 87594 APR 2 2015 Postmark Here DE VARGAS POST OFFICE

Sent To: Bettis Brothers, Inc.
Street, Apt. No., or PO Box No.: 500 W. Texas Ave., Suite 830
City, State, ZIP+4: Midland, TX 79701-4276

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7803

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:

Charles D. Ray
4 Churchill Way
Midland, TX 79705-1804

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Dawn Gosland C. Date of Delivery: 5/5/15

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): 7006 2760 0001 6377 7797

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bettis Brothers, Inc.
500 W. Texas Ave., Suite 830
Midland, TX 79701-4276

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Carolyn Price C. Date of Delivery: 4-28-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6377 7803

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N
For delivery information
MHF/XTO
GOLDENCHILD
OFFIC

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

Postmark Here
APR 24 2015
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

Sent
Stree
or PC
City,

Sonic Oil & Gas LP
P.O. Box 1240
Graham, TX 76450-7240

PS Form 3800, August 2006 ... structions

7006 2760 0001 6377 7810

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:

Sonic Oil & Gas LP
P.O. Box 1240
Graham, TX 76450-7240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tar Lowden
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery
4/28/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7810

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N
For delivery information
MHF/XTO
GOLDENCHILD
OFFIC

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

Postmark Here
APR 24 2015
USPS SANTA FE, NM 87594
POST OFFICE

Sent To
Street, A
or PO Bo
City, Stat

H.M. Bettis, Inc.
P.O. Box 1240
Graham, TX 76450-7240

PS Form ... tions

7006 2760 0001 6377 7827

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:

H.M. Bettis, Inc.
P.O. Box 1240
Graham, TX 76450-7240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tar Lowden
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
4/28/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7827

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

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

MHF/XTO
GOLDENCHILD

For delivery information visi

OFFIC

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

Postmark Here
APR 24 2005
USPS SANTA FE NM 87594 DE VARGAS POST OFFICE

Sent To
Guinn Family Properties, Ltd.
Street, A
or PO B
623 Elm Street, Suite 306
City, Sta
Graham, TX 76450-3068

PS Form

7006 2760 0001 6377 7834

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:

Guinn Family Properties, Ltd.
623 Elm Street, Suite 306
Graham, TX 76450-3068

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

GRAHAM TX 76450
APR 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7834

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

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

MHF/XTO
GOLDENCHILD

For delivery information visi

OFFIC

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

Postmark Here
APR 24 2005
USPS SANTA FE NM 87594 DE VARGAS POST OFFICE

Sent To
The Allar Company
Street, Ap
or PO Bo
P.O. Box 1567
City, State
Graham, TX 76450

PS Form

7006 2760 0001 6377 7841

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:

The Allar Company
P.O. Box 1567
Graham, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melanie Barrett ☐ Agent ☐ Addressee

B. Received by (Printed Name) Melanie Barrett | C. Date of Delivery 4-28-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7841

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

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

MHF/XTO
GOLDENCHILD

For delivery information vis

OFFIC . AL USE

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

USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here

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

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

PS Form 380

7006 2760 0001 6377 7858

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:

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4/27/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7858

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

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

MHF/XTO
GOLDENCHILD

For delivery information visit

OFFIC IAL USE

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

USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here

Sent To
Street, Ap
or PO Bo
City, State

CML Exploration, LLC
Barton Oaks Plaza One,
Ste 430
901 Mopac Expwy S
Austin, TX 78746

PS Form

7006 2760 0001 6377 7865

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:

CML Exploration, LLC
Barton Oaks Plaza One,
Ste 430
901 Mopac Expwy S
Austin, TX 78746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7865

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

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

MHF/XTO
GOLDENCHILD

For delivery information visit
OFFIC

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

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
Postmark Here
APR 24 2015

Sent To
Street, Ap or PO Bo
City, State

Patterson Petroleum LLC
P.O. Box 1416
Snyder, TX 79550

PS Form 3800, Augus

7006 2760 0001 6377 7872

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

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

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
Postmark Here
APR 24 2015

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

George Soros
17 Judea Cemetery Rd
Washington, CT 06793-1506

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 7889

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:

Patterson Petroleum LLC
P.O. Box 1416
Snyder, TX 79550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A Stedman ☐ Agent ☐ Addressee

B. Received by (Printed Name) A Stedman
C. Date of Delivery 4/27/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7872

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

Return

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

MHF/XTO
GOLDENCHILD

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

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

Postmark Here
APR 24 2015
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

Sent To
Susan Cole Niederhoffer
Street, Apt. No., or PO Box No.
30 Hillcrest Ln.
City, State, ZIP+4
Weston, CT 06883-1105

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 4802

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:

Susan Cole Niederhoffer
30 Hillcrest Ln.
Weston, CT 06883-1105

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

APR 30 2015
WESTON CT 06883

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4802

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/XTO
GOLDENCHILD

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

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

Postmark Here
APR 24 2015
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

Sent To
Menpart Associates
Street, Apt. No., or PO Box No.
5 Mohawk Place
City, State, ZIP+4
Randolph, NJ 07869

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 4611

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:

Menpart Associates
5 Mohawk Place
Randolph, NJ 07869

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

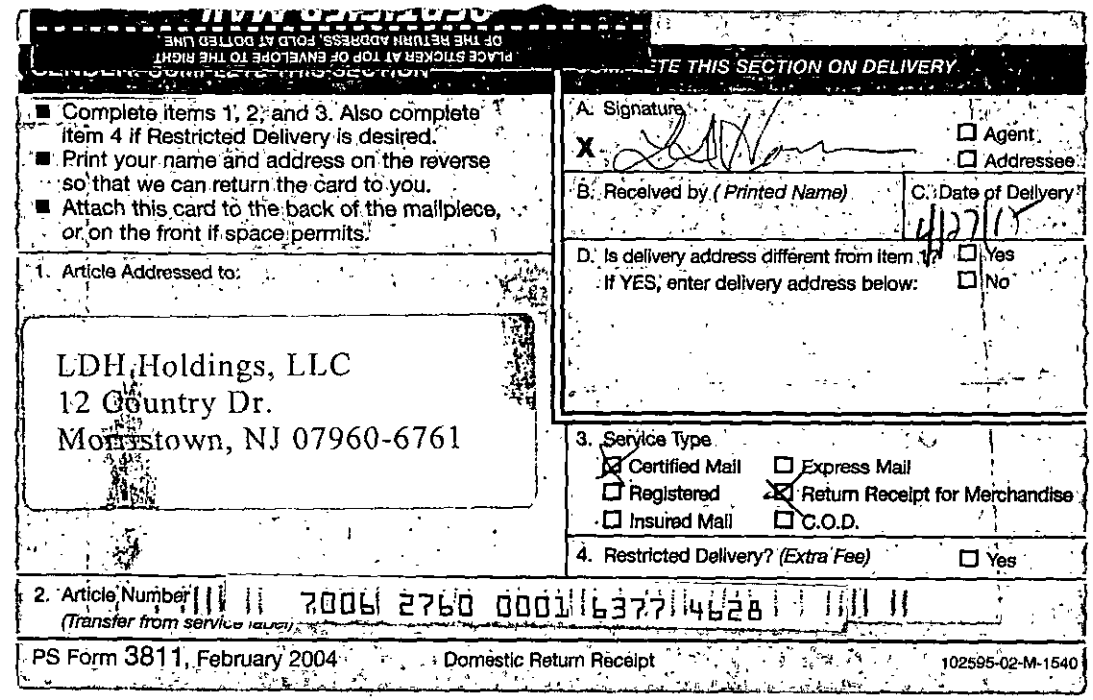
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

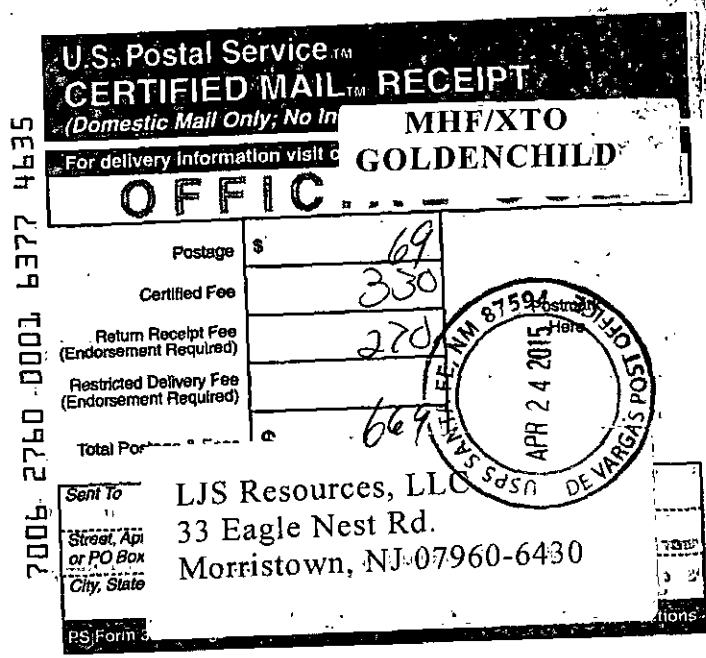
4. Restricted Delivery? (Extra Fee) ☐ Yes

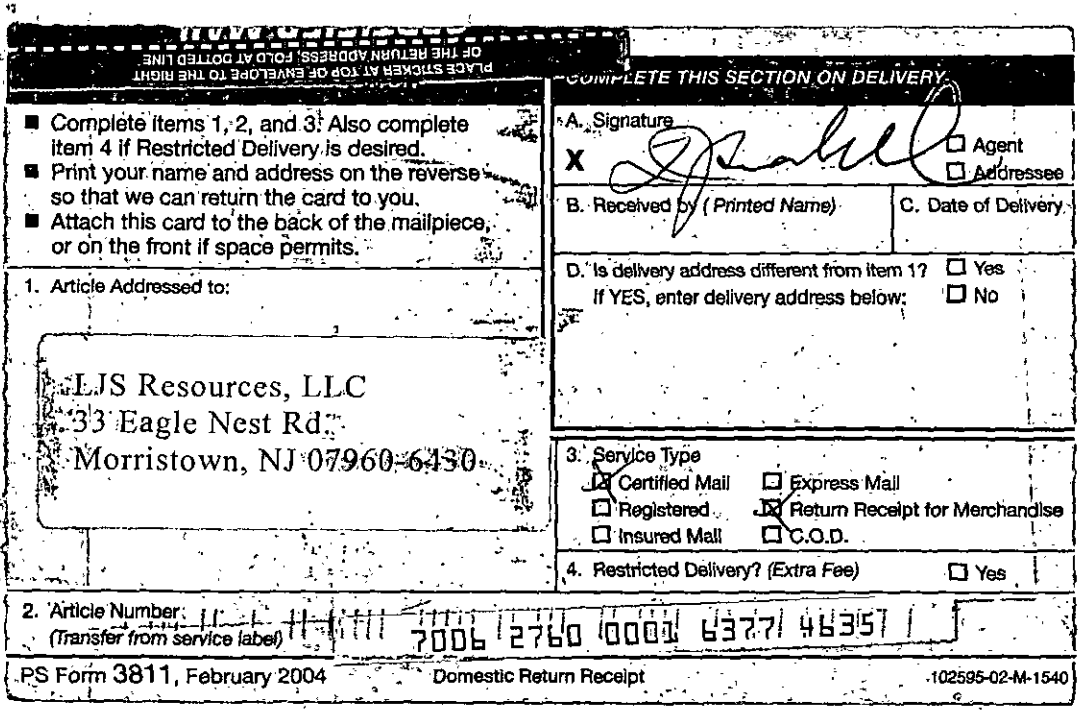
2. Article Number (Transfer from service label) 7006 2760 0001 6377 4611

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/XTO
GOLDENCHILD
Postage $ .69
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.69
USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here
Sent To
Street, Apt. N
or PO Box N
City, State, Z
LDH Holdings, LLC
12 Country Dr.
Morristown, NJ 07960-6761
PS Form 380
7006 2760 0001 6377 4628


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
4/27/15
1. Article Addressed to:
LDH Holdings, LLC
12 Country Dr.
Morristown, NJ 07960-6761
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 4628
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No In
For delivery information visit
OFFIC
MHF/XTO
GOLDENCHILD
Postage $ .69
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.69
USPS SANTA FE, NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here
Sent To
Street, Apt
or PO Box
City, State
LJS Resources, LLC
33 Eagle Nest Rd.
Morristown, NJ 07960-6430
PS Form
7006 2760 0001 6377 4635


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
1. Article Addressed to:
LJS Resources, LLC
33 Eagle Nest Rd.
Morristown, NJ 07960-6430
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7006 2760 0001 6377 4635
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

7006 2760 0001 6377 4642

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

MHF/XTO
GOLDENCHILD

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

OFFICIAL USE

Postage	$ 0.69
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.19

Postmark Here
APR 24 2005
USPS SANTA FE, NM
POST OFFICE DE VARGAS

Sent To: Holsum, Inc.
Street, Apt. No. or PO Box No.: 723 N. Main St.
City, State: Roswell, NM 88201-4825

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 4659

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

MHF/XTO
GOLDENCHILD

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

OFFICIAL USE

Postage	$ 0.69
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.19

Postmark Here
APR 24 2005
USPS SANTA FE, NM
POST OFFICE DE VARGAS

Sent To: Wright Family Living Trust
Joe R. Wright Trustee
Street, Apt. No. or PO Box No.: 2286 Albatross Way
City, State: Sparks, NV 89441-5837

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:

Wright Family Living Trust
Joe R. Wright Trustee
2286 Albatross Way
Sparks, NV 89441-5837

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4-28

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4659

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

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

OFFICIAL USE

MHF/XTO
GOLDENCHILD

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

USPS SANTA FE, NM 87594 APR 24 2015 POST OFFICE DE VARGAS

Postmark Here

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

AAR Limited Partnership
4462 State Line Rd.
Kansas City, KS 66103-3512

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 4666

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:

AAR Limited Partnership
4462 State Line Rd.
Kansas City, KS 66103-3512

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tito Perez ☐ 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

Tito Perez

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4666

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

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

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

OFFICIAL USE

MHF/XTO
GOLDENCHILD

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

USPS SANTA FE, NM 87594 APR 24 2015 POST OFFICE DE VARGAS

Postmark Here

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

The R-N Limited Partnership
14478 County Rd 356
Fairview, MT 59221-9341

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 4673

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:

The R-N Limited Partnership
14478 County Rd 356
Fairview, MT 59221-9341

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Rocky Nyles 5-4-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4673

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

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

MHF/XTO
GOLDENCHILD

For delivery information

OFFICIAL USE

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

Postmark Here
APR 24 2015
USPS SANTA FE NM 87594 DE VARGAS POST OFFICE

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

Beverly J. Barr, Trustee
Richard K. Barr Family Trust
8027 Chalk Knoll Drive
Austin, TX 78735

PS Form 3

7006 2760 0001 6377 4680

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:

Beverly J. Barr, Trustee
Richard K. Barr Family Trust
8027 Chalk Knoll Drive
Austin, TX 78735

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beverly Barr ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
4-28-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4680

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

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

MHF/XTO
GOLDENCHILD

For delivery information

OFFICIAL USE

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

Postmark Here
APR 28 2015
USPS SANTA FE NM 87594 DE VARGAS POST OFFICE

Cynthia E. Wilson, Executrix
Scott Wilson Estate
4601 Mirador Dr.
Austin, TX 79735-1554

Instructions

7006 2760 0001 6377 4697

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:

Cynthia E. Wilson, Executrix
Scott Wilson Estate
4601 Mirador Dr.
Austin, TX 79735-1554

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia D. Wilson ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Cynthia M. Wilson

C. Date of Delivery
4-28-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4697

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

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

MHF/XTO
GOLDENCHILD

For delivery information v

OFFI

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

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

7006 2760 0001 6378 5006

Sent To
Nearburg Exploration
Company, L.L.C.
P.O. Box 823085
Dallas, TX 75382-3085

Street, /
or PO E
City, St

PS For

ictions

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

MHF/XTO
GOLDENCHILD

For delivery information visit

OFFIC

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

USPS SANTA FE NM 87594 APR 24 2015 DE VARGAS POST OFFICE
Postmark Here

7006 2760 0001 6378 0001

Sent To
Marbob Energy Corporation
P.O. Box 227
Artesia, NM 88211

Street, A
or PO B
City, Sta

PS Form

ctions

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

TE THIS SECTION ON DELIVERY

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

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name) Kesiah Wansley
C. Date of Delivery 4-27-15

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

1. Article Addressed to:

Nearburg Exploration
Company, L.L.C.
P.O. Box 823085
Dallas, TX 75382-3085

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6378 5006

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

Return

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

MHF/XTO
GOLDENCHILD

For delivery information visit
OFFIC

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

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
APR 24 2015
Postmark Here

Sent To
Street, A
or PO Bc
City, Stat

HMJ Minerals, Inc.
P.O. Box 1240
Graham, TX 76450-1240

PS Form

7006 2760 0001 6377 7513

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

MHF/XTO
GOLDENCHILD

For delivery information
OFFI

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

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
APR 24 2015
Postmark Here

Sent To
Street, A
or PO Bo
City, Stat

James R. Guinn Family Trust
James R. Guinn Jr.
201 E. Abram, Suite 650
Arlington, TX 76010

PS Form

7006 2760 0001 6377 7537

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:

HMJ Minerals, Inc.
P.O. Box 1240
Graham, TX 76450-1240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4/28/15

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

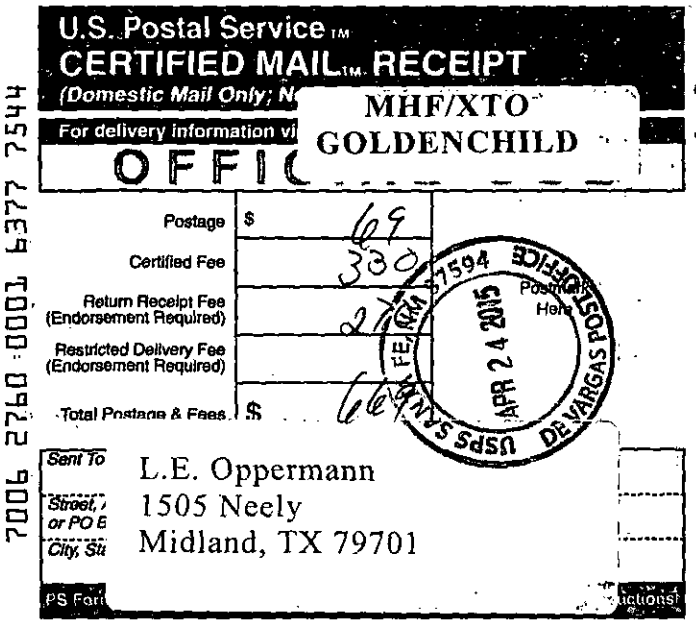
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

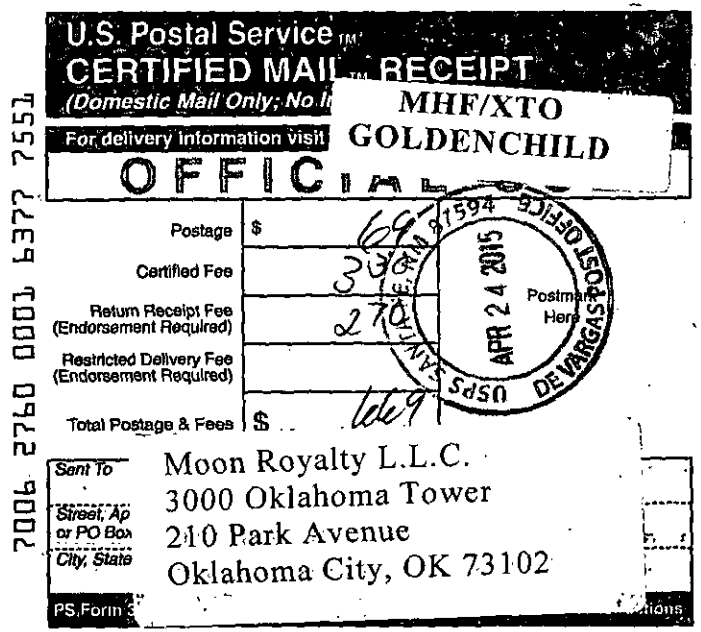
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6377 7513

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

Return


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; N
For delivery information vi
OFFIC
MHF/XTO
GOLDENCHILD
Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 669
APR 24 2015
USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
Sent To L.E. Oppermann
Street, or PO B 1505 Neely
City, St Midland, TX 79701
PS Form
7006 2760 0001 6377 7544


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No I
For delivery information visit
OFFICIAL
MHF/XTO
GOLDENCHILD
Postage $ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 669
APR 24 2015
USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
Sent To Moon Royalty L.L.C.
Street, Ap or PO Box 3000 Oklahoma Tower
City, State 210 Park Avenue
Oklahoma City, OK 73102
PS Form
7006 2760 0001 6377 7551

Return


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No In
For delivery information visit
OFFICIAL
MHF/XTO
GOLDENCHILD
Postage $ .69
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.69
SANTA FE, NM 87594
APR 2 2015
Postmark Here
USPS POST OFFICE
DE VARGAS
Sent To
Ricks Exploration II, L.P.
Street, Apt. or PO Box
3000 Oklahoma Tower
City, State,
210 Park Avenue
Oklahoma City, OK 73102
PS Form 3
7006 2760 0001 6377 7568

Return

HOLLAND&HART LLP

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

May 22, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: POOLED PARTIES

Re: Application of XTO Energy Inc. for a non-standard spacing and proration unit, and compulsory pooling, Eddy County, New Mexico. Goldenchild 6 State 1H Well

Dear Sir or Madam:

This letter is to advise you that XTO Energy Inc., 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 11, 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 Angie Repka, at (817) 885-2746 or Angie_Repka@xtoenergy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR XTO ENERGY INC.

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

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

OFFICIAL USE

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

Postmark Here
DE VARGAS POST OFFICE USPS SANTA FE, NM 87594
MAY 22 2015

Jason Goss
Nadel & Gussman
Suite 508
601 North Marienfeld
Midland, TX 79701

for Instructions

7006 2760 0001 6377 8800

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

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

OFFICIAL USE

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

Postmark
DE VARGAS POST OFFICE USPS SANTA FE, NM 87594
MAY 22 2015

TYL Oil and Gas Company
1500 Four Mile
Canon City, CO 81212-9130

for Instructions

7006 2760 0001 6377 8794

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:

Jason Goss
Nadel & Gussman
Suite 508
601 North Marienfeld
Midland, TX 79701

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

B. Received by (Printed Name): S. Thanchom

C. Date of Delivery: 5/21/15

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

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

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

2. Article Number *(Transfer from service label)* 7006 2760 0001 6377 8800

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