



## Osprey 10 #701H

### Parties to be Pooled:

MRC Permian Company  
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

Rochonne Brenneman  
3844 Beaumont St.  
Plano, TX 75023

Roy C. Allen  
P.O. Box 4054  
Benson, AZ 85602

Ferinez Phelps  
1523 Hilton Ave.  
Columbus, GA 31906

Carl O'Dell Brininstool  
P.O. Box 935  
Jal, NM 88252

Louis Charles Weaver  
P.O. Box 4054  
Benson, AZ 85602

Elva Gustine Horvath  
510 S. Olive  
Carlsbad, NM 88220

Estate of Daniel Galbreath  
155 E. Broad Street  
Columbus, OH 43215

D. Morgan Firestone  
353 Iroquois Shore Rd.  
Oakville, Ontario, Canada  
L6MIM3

Leatrice Waren  
4009 Glenwood Dr.  
Brownwood, TX 76801

John Patrick Allen  
P.O. Box 4054  
Benson, AZ 85602

Heirs and Devisees of Alex Waren\*  
1211 Lakeshore Dr.  
Hope, AR 71801

**NSL Notice List:**

EOG Resources, Inc.  
P.O. Box 2267  
Midland, TX 79706

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

MRC Permian Company  
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

Chevron  
P. O. Box 2100  
Houston, TX 77252

Duer Wagner Interests  
3100 W. 7<sup>th</sup> St., Ste. 400  
Fort Worth, TX 76107

Brazos Limited Partnership  
P.O. Box 911  
Breckenridge, TX 76424

Ibex Partnership, Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

ABO Petroleum Corp.  
105 S. 4<sup>th</sup> Street  
Artesia, NM 88210

MYCO Industries, Inc.  
105 S. 4<sup>th</sup> Street  
Artesia, NM 88210

OXY Y-1 Company  
P.O. Box 27570  
Houston, TX 77227

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

**Affected Parties:**

Robert E. Landreth, et ux Donna P.  
110 West Louisiana #404  
Midland, TX 79701

Leon Jeffcoat  
500 W. Texas, Ste. 100  
Midland, TX 79701

Leon Jeffcoat, Trustee  
310 W. Wall, Ste. 500  
Midland, TX 79701

Jerry Barnes  
P.O. Box 93  
Midland, TX 79702

Dennis Eimers  
P.O. Box 152  
Midland, TX 79702

Patin Oil & Gas Company, Inc.  
300 Wilcrest Drive, Ste. 115  
Houston, TX 77042

Richard R. Frazier  
1718 Greentree Ln.  
Duncanville, TX 75137

David M. Lee  
9 Highland Drive  
North Caldwell, NJ 07006

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

BTA Oil Producers  
104 S. Pecos  
Midland, TX 79701

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

New Mexico State Land Office  
310 Old Santa Fe Trail  
Santa Fe, NM 87504

ABO Petroleum Corp.  
105 S. 4<sup>th</sup> Street  
Artesia, NM 88210

MYCO Industries, Inc.  
105 S. 4<sup>th</sup> Street  
Artesia, NM 88210

OXY Y-1 Company  
P.O. Box 27570  
Houston, TX 77227

Bureau of Land Management  
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Carlsbad, NM 88220

MRC Permian Company  
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

Chevron  
P. O. Box 2100  
Houston, TX 77252

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3100 W. 7<sup>th</sup> St., Ste. 400  
Fort Worth, TX 76107

Brazos Limited Partnership  
P.O. Box 911  
Breckenridge, TX 76424

Ibex Partnership, Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

HOLLAND & HART



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

July 2, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of EOG Resources, Inc. for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Unorthodox Location, Lea County, New Mexico.**  
**Osprey 10 No. 701H**

Ladies & Gentlemen:

This letter is to advise you that EOG Resources, 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 July 23, 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 Matthew Phillips, at (432) 686-3649 or [matthew\\_phillips@eogresources.com](mailto:matthew_phillips@eogresources.com).

Sincerely,

Jordan L. Kessler  
**ATTORNEY FOR EOG RESOURCES, INC.**

**Holland & Hart LLP**

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

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

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

HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988-4421

**Fax** (505) 983-6043

**JLKessler@hollandhart.com**

July 2, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: AFFECTED PARTIES**

**RE: Application of EOG Resources, Inc. for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Unorthodox Location, Lea County, New Mexico.**  
**Osprey 10 No. 701H**

Dear Sir or Madam:

This letter is to advise you that EOG Resources, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. You are receiving notice of this application because of the request for the proposed unorthodox well location.

This application has been set for hearing before a Division Examiner at 8:15 AM on July 23, 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.

Questions concerning this application should be directed to Matthew Phillips at (432) 686-3649 or [matthew\\_phillips@eogresources.com](mailto:matthew_phillips@eogresources.com).

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR EOG RESOURCES, INC.**

**Holland & Hart LLP**

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

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

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



HOLLAND & HART<sup>LLP</sup>



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

July 2, 2015

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: Application of EOG Resources, Inc. for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Unorthodox Location, Lea County, New Mexico.**  
**Osprey 10 No. 701H**

This letter is to advise you that EOG Resources, Inc. 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 July 23, 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.

Questions concerning this application should be directed to Matthew Phillips at (432) 686-3649 or [matthew\\_phillips@eogresources.com](mailto:matthew_phillips@eogresources.com).

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR EOG RESOURCES, INC.**

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

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

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

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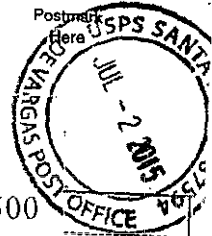
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Adult Signature Restricted Delivery \$ \_\_\_\_\_



MRC Permian Company  
One Lincoln Centre  
5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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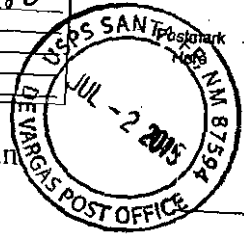
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Rochonne Brenneman  
3844 Beaumont St.  
Plano, TX 75023

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p>MRC Permian Company One Lincoln Centre 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9401 0033 5071 7859 52 7015 0640 0007 1143 3862</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p>
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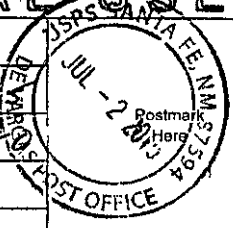
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Roy C. Allen  
 Street, Apt. # or PO Box No.: P.O. Box 4054  
 City, State, ZIP: Benson, AZ 85602

PS Form 3800



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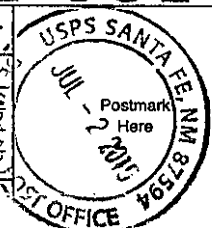
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Ferinez Phelps  
 1523 Hilton Ave.  
 Columbus, GA 31906

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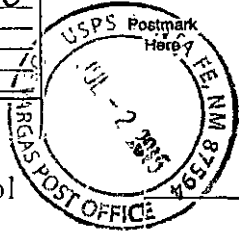
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$	



Carl O'Dell Brininstool  
P.O. Box 935  
Jal, NM 88252

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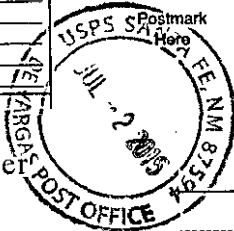
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Louis Charles Weaver  
P.O. Box 4054  
Benson, AZ 85602

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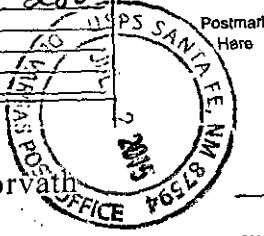
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Elva Gustine Horvath  
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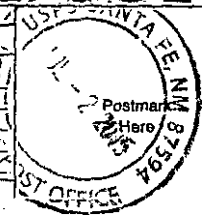
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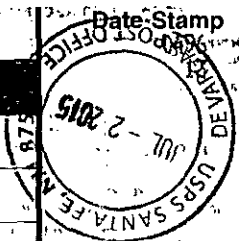
Estate of Daniel Galbreath  
155 E. Broad Street  
Columbus, OH 43215

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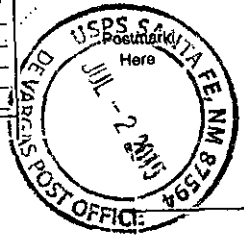
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Postage \$



Leatrice Wren  
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 Brownwood, TX 76801

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

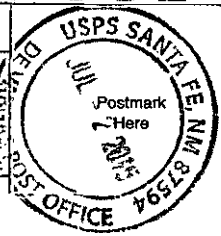
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Postage

John Patrick Allen  
 P.O. Box 4054  
 Benson, AZ 85602

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

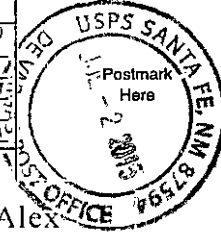
Adult Signature Required \$

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Heirs and Devises of Alex  
 Waren\*  
 1211 Lakeshore Dr.  
 Hope, AR 71801

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SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Bill Foster</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Bill Foster</i></p> <p>C. Date of Delivery <i>7/16/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Heirs and Devises of Alex          Waren*          1211 Lakeshore Dr.          Hope, AR 71801</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express<sup>SM</sup></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail<sup>TM</sup></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail<sup>SM</sup> <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation<sup>TM</sup></p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0007 1135 5423</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Registered Mail<sup>SM</sup> Restricted Delivery \$500</p>
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

0252 5472 1172 0640 0007 1143 2520

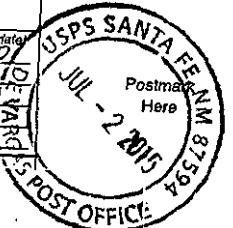
U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



EOG Resources, Inc.  
P.O. Box 2267  
Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 5348

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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 79706

9590 9401 0033 5071 7858 91

7015 0640 0007 1143 2520

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) J. Berg  
C. Date of Delivery 7-7-15

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

9590 9401 0033 5071 7860 10

7015 0640 0007 1135 5348

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) Houley  
C. Date of Delivery 7/6

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt



7015 0640 0007 1135 5324

U.S. Postal Service  
**CERTIFIED MAIL**  
 Domestic Mail Only

MHF/EOG  
 OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.85

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

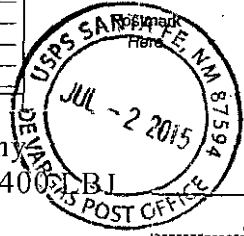
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

MRC Permian Company  
 One Lincoln Centre, 5400 LBJ  
 Freeway, Suite 1500  
 Dallas, TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
 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:  
 MRC Permian Company  
 One Lincoln Centre, 5400 LBJ  
 Freeway, Suite 1500  
 Dallas, TX 75240

9590 9401 0033 5071 7858 08

7015 0640 0007 1135 5324

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery 7/6/15

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Insured Mail Restricted Delivery (over \$500)

7015 0640 0007 1143 3879

U.S. Postal Service  
**CERTIFIED MAIL**  
 Domestic Mail Only

MHF/EOG  
 OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

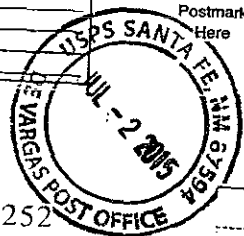
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Chevron  
 P. O. Box 2100  
 Houston, TX 77252

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
 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  
 P. O. Box 2100  
 Houston, TX 77252

9590 9401 0033 5071 7859 45

7015 0640 0007 1143 3879

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

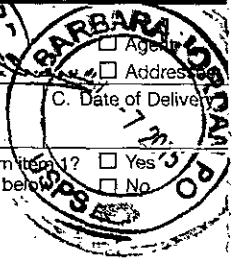
A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery 7/6/15

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Insured Mail Restricted Delivery (over \$500)



7015 0640 0007 1143 3886

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 Domestic Mail Only

**MHF/EOG**  
**OSPNEY 701H**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark  
 USPS SANTA FE, NM 87594  
 JUL - 2 2015  
 DEWEGAS POST OFFICE

Duer Wagner Interests  
 3100 W. 7th St., Ste. 400  
 Fort Worth, TX 76107

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Duer Wagner Interests  
 3100 W. 7th St., Ste. 400  
 Fort Worth, TX 76107

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3886

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Lorena Flores

C. Date of Delivery

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (over \$500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 Domestic Mail Only

**MHF/EOG**  
**OSPNEY 701H**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark  
 USPS SANTA FE, NM 87594  
 JUL - 2 2015  
 DEWEGAS POST OFFICE

Brazos Limited Partnership  
 P.O. Box 911  
 Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Brazos Limited Partnership  
 P.O. Box 911  
 Breckenridge, TX 76424

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3886

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Paula Meadows

C. Date of Delivery  
 7-6-15

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (over \$500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 3886

2952 EHTT 2000 0490 5107

**U.S. Postal Service**  
**CERTIFIED MAIL**  
*Domestic Mail Only*

MHF/EOG  
OSPNEY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

USPS SANTA FE, NM 87504  
JUL - 2 2015  
DENVER POST OFFICE

Ibex Partnership, Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9057 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Ibex Partnership, Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

9590 9401 0033 5071 7857 54

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2582

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Paula Meadows*

B. Received by (Printed Name)  Agent  Addressee  
*Paula Meadows*

C. Date of Delivery  Agent  Addressee  
*7-6-15*

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

3. Service Type  Priority Mail Express®  Registered Mail™  
 Adult Signature  Registered Mail Restricted Delivery  
 Adult Signature Restricted Delivery  Certified Mail®  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Registered Mail  Registered Mail Restricted Delivery (over \$500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

9163 EHTT 2000 0490 5107

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

MHF/EOG  
OSPNEY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

USPS SANTA FE, NM 87504  
JUL - 2 2015  
DENVER POST OFFICE

B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9057 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

9590 9401 0033 5071 7859 07

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3916

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Paula Meadows*

B. Received by (Printed Name)  Agent  Addressee  
*Paula Meadows*

C. Date of Delivery  Agent  Addressee  
*7-8-15*

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

3. Service Type  Priority Mail Express®  Registered Mail™  
 Adult Signature  Registered Mail Restricted Delivery  
 Adult Signature Restricted Delivery  Certified Mail®  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Registered Mail  Registered Mail Restricted Delivery (over \$500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1133 5362

**U.S. Postal Service** **MHF/EOG**  
**CERTIFIED MAIL** **OSPREY 701H**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

ABO Petroleum Corp.  
 105 S. 4th Street  
 Artesia, NM 88210

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 3831

**U.S. Postal Service** **MHF/EOG**  
**CERTIFIED MAIL** **OSPREY 701H**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

MYCO Industries, Inc.  
 105 S. 4th Street  
 Artesia, NM 88210

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ABO Petroleum Corp.  
 105 S. 4th Street  
 Artesia, NM 88210

9590 9401 0033 5071 7857 30

2. Article Number (Transfer from service label)

7015 0640 0007 1133 5362

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X [Signature]

B. Received by (Printed Name) Stevan Tels

C. Date of Delivery 7/2/15

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail (over \$500)  Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MYCO Industries, Inc.  
 105 S. 4th Street  
 Artesia, NM 88210

9590 9401 0033 5071 7857 30

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3831

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X [Signature]

B. Received by (Printed Name) Stevan Tels

C. Date of Delivery 7/2/15

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail (over \$500)  Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7015 0640 0007 1135 5379

**U.S. Postal Service™**  
**CERTIFIED MAIL**  
 Domestic Mail Only

**MHF/EOG**  
**OSPREY 701H**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here  
 JUL 2 2015  
 DE VARGAS POST OFFICE

OXY Y-1 Company  
 P.O. Box 27570  
 Houston, TX 77227

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

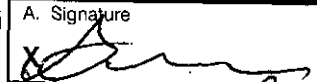
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 OXY Y-1 Company  
 P.O. Box 27570  
 Houston, TX 77227

2. Article Number (Transfer from service label)  
 7015 0640 0007 1135 5379

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) Susan Lora C. Date of Delivery 7-7-15

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

7015 0640 0007 1143 2537

**U.S. Postal Service™**  
**CERTIFIED MAIL**  
 Domestic Mail Only

**MHF/EOG**  
**OSPREY 701H**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \_\_\_\_\_

Postmark Here  
 JUL 2 2015  
 DE VARGAS POST OFFICE

Bureau of Land Management  
 620 E. Greene St.  
 Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**


- Complete items 1, 2, and 3.
- 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:  
 Bureau of Land Management  
 620 E. Greene St.  
 Carlsbad, NM 88220

2. Article Number (Transfer from service label)  
 7015 0640 0007 1143 2537

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 7/6

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

7015 0640 0007 1143 2807

**U.S. Postal Service**  
**CERTIFIED MAIL**  
*Domestic Mail Only*

**MHF/EOG**  
**OSPREY 701H**

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark: SANTA FE, NM 87504 JUL - 2 2015

Robert E. Landreth, et ux  
Donna P.  
110 West Louisiana #404  
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
Robert E. Landreth, et ux  
Donna P.  
110 West Louisiana #404  
Midland, TX 79701

9590 9401 0033 5071 7858 22

2. Article Number (Transfer from service label)

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Linda Carter  Agent  Addressee

B. Received by (Printed Name)  
LINDA CARTER

C. Date of Delivery

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7015 0640 0000 1143 2810

**U.S. Postal Service**  
**CERTIFIED MAIL**  
*Domestic Mail Only*

**MHF/EOG**  
**OSPREY 701H**

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.00

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark: SANTA FE, NM 87504 JUL - 2 2015

Leon Jeffcoat  
500 W. Texas, Ste. 100  
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
Leon Jeffcoat  
500 W. Texas, Ste. 100  
Midland, TX 79701

9590 9401 0033 5071 7858 39

2. Article Number (Transfer from service label)  
7015 0640 0007 1143 2810

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Leon Jeffcoat  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

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7015 0640 0007 1143 2827

**U.S. Postal Service**  
**CERTIFIED**  
*Domestic Mail Only*

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ 3.45

Postmark  
SANTA FE NM 87594  
JUL - 2 2015  
SANTA FE POST OFFICE

Leon Jeffcoat, Trustee  
310 W. Wall, Ste. 500  
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 2834

**U.S. Postal Service**  
**CERTIFIED**  
*Domestic Mail Only*

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ 3.45

Postmark  
SANTA FE NM 87594  
JUL - 2 2015  
SANTA FE POST OFFICE

Jerry Barnes  
P.O. Box 93  
Midland, TX 79702

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Leon Jeffcoat, Trustee  
310 W. Wall, Ste. 500  
Midland, TX 79701

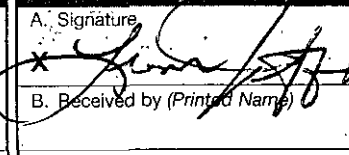
9590 9401 0033 5071 7860 96

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2827

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 7-6

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500)               |   |

Domestic Return Receipt

RETURN

7015 0640 0007 1143 2841

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

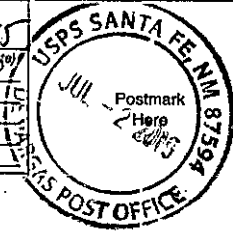
MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee

\$	3.95
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Dennis Eimers  
P.O. Box 152  
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 2856

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

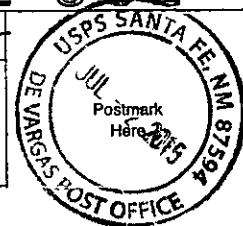
MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee

\$	3.95
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Patin Oil & Gas Company, Inc.  
300 Wilcrest Drive, Ste. 115  
Houston, TX 77042

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7015 0640 0007 1143 2865

U.S. Postal Service  
CERTIFIED MAIL  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

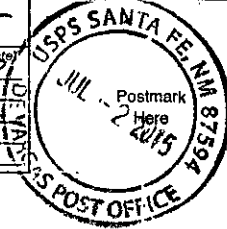
OFFICIAL USE

Certified Mail Fee

\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 2.80
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$



Richard R. Frazier  
1718 Greentree Ln.  
Duncanville, TX 75137

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 2872

U.S. Postal Service  
CERTIFIED MAIL  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

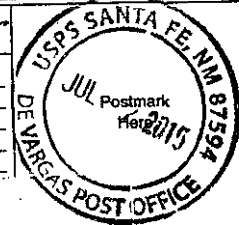
OFFICIAL USE

Certified Mail Fee

\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 2.80
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$



David M. Lee  
9 Highland Drive  
North Caldwell, NJ 07006

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 2889

**U.S. Postal Service** **MHF/EOG**  
**CERTIFIED MAIL** **OSPREY 701H**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

**USPS SANTA FE, NM 87594**  
 Postmark Here  
 JUL - 2 2015  
 DE VARGAS POST OFFICE

Bureau of Land Management  
 620 E. Greene St.  
 Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
 Bureau of Land Management  
 620 E. Greene St.  
 Carlsbad, NM 88220

9590 9401 0033 5071 7860 34

2. Article Number (Transfer from service label)  
 7015 0640 0007 1143 2889

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

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

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

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

7015 0640 0007 1143 2896

**U.S. Postal Service** **MHF/EOG**  
**CERTIFIED MAIL** **OSPREY 701H**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

**USPS SANTA FE, NM 87594**  
 Postmark Here  
 JUL - 2 2015  
 DE VARGAS POST OFFICE

BTA Oil Producers  
 104 S. Pecos  
 Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
 BTA Oil Producers  
 104 S. Pecos  
 Midland, TX 79701

9590 9401 0033 5071 7860 27

2. Article Number (Transfer from service label)  
 7015 0640 0007 1143 2896

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

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

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

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

5985 0640 0007 1143 3855

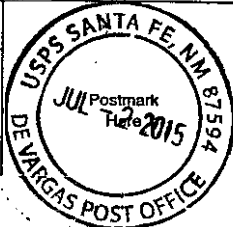
U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 5331

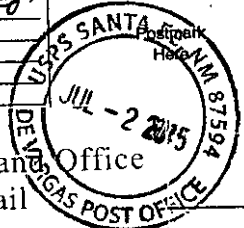
U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



New Mexico State Land Office  
310 Old Santa Fe Trail  
Santa Fe, NM 87504

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3855

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 7/6

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

New Mexico State Land Office  
310 Old Santa Fe Trail  
Santa Fe, NM 87504

2. Article Number (Transfer from service label)

7015 0640 0007 1135 5331

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

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

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1143 3824

U.S. Postal Service  
CERTIFIED MAIL  
Domestic Mail Only

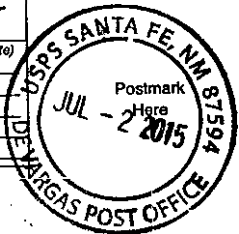
MHF/EOG  
OSPNEY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

\$ 345  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



Postage

ABO Petroleum Corp.  
105 S. 4th Street  
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ABO Petroleum Corp.  
105 S. 4th Street  
Artesia, NM 88210

Article Number (Transfer from service label)

7015 0640 0007 1143 3824

PS Form 3811, April 2015 PSN 7530-02-000-9053

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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®
- Registered Mail™

Domestic Return Receipt

7015 0640 0007 1135 5355

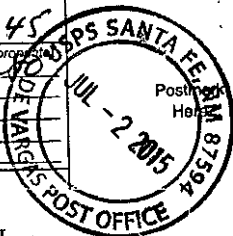
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

\$ 345  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.00  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



Postage

MYCO Industries, Inc.  
105 S. 4th Street  
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MYCO Industries, Inc.  
105 S. 4th Street  
Artesia, NM 88210

Article Number (Transfer from service label)

7015 0640 0007 1135 5355

PS Form 3811, April 2015 PSN 7530-02-000-9053

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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®
- Registered Mail™

Domestic Return Receipt

7015 0640 0007 1143 3848

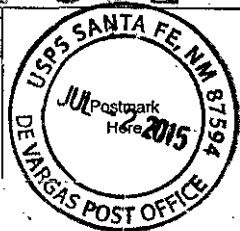
U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



OXY Y-1 Company  
P.O. Box 27570  
Houston, TX 77227

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OXY Y-1 Company  
P.O. Box 27570  
Houston, TX 77227

9590 9401 0033 5071 7859 76

7015 0640 0007 1143 3848

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*Guendora*

C. Date of Delivery

*7-15*

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7015 0640 0007 1135 5386

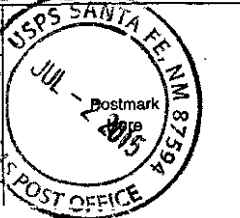
U.S. Postal Service™  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

9590 9401 0033 5071 7857 09

7015 0640 0007 1135 5386

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Signature]*

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7014 1200 0001 1539 2882

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE** MHF/EOG  
**OSPREY 701H**

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

Postmark Here  
 USPS SANTA FE NM 87504  
 DE VARGAS POST OFFICE

MRC Permian Company  
 One Lincoln Centre, 5400 LBJ  
 Freeway, Suite 1500  
 Dallas, TX 75240

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
 MRC Permian Company  
 One Lincoln Centre, 5400 LBJ  
 Freeway, Suite 1500  
 Dallas, TX 75240

9590 9401 0033 5071 7856 48

014 1200 0001 1539 2882

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *Wsa Brown* C. Date of Delivery *7/6/15*

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery (over \$500)

7015 0640 0007 1143 2551

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE** MHF/EOG  
**OSPREY 701H**

Certified Mail Fee	\$	345
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	280
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage

Postmark Here  
 USPS SANTA FE NM 87504  
 DE VARGAS POST OFFICE

Chevron  
 P. O. Box 2100  
 Houston, TX 77252

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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  
 P. O. Box 2100  
 Houston, TX 77252

9590 9401 0033 5071 7858 60

7015 0640 0007 1143 2551

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery *7/6/15*

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery (over \$500)

7015 0640 0007 1143 2568

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.50

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here  
USPS SANTA FE, NM 87504  
JUL - 2 2015  
DEPARTS POST OFFICE

Duer Wagner Interests  
3100 W. 7th St., Ste. 400  
Fort Worth, TX 76107

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 2575

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.50

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here  
USPS SANTA FE, NM 87504  
JUL - 2 2015  
DEPARTS POST OFFICE

Brazos Limited Partnership  
P.O. Box 911  
Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Duer Wagner Interests  
3100 W. 7th St., Ste. 400  
Fort Worth, TX 76107

9590 9401 0033 5071 7858 53

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2568

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Jeffrey Jones*  Agent  
 Addressee

B. Received by (Printed Name)  
T Jones

C. Date of Delivery  
7/8

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

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Brazos Limited Partnership  
P.O. Box 911  
Breckenridge, TX 76424

9590 9401 0033 5071 7858 46

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2575

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Paula Meadows*  Agent  
 Addressee

B. Received by (Printed Name)  
Paula Meadows

C. Date of Delivery  
7-8-15

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

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1143 3909

U.S. Postal Service™  
**CERTIFIED** MHF/EOG  
 Domestic Mail Only OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

USPS SANTA FE NM 87518  
 JUL - 2 2015  
 Postmark Here  
 SERRANO POST OFFICE

Ibex Partnership, Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 2599

U.S. Postal Service™  
**CERTIFIED MAIL** MHF/EOG  
 Domestic Mail Only OSPREY 701H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.70

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

USPS SANTA FE NM 87594  
 JUL - 2 2015  
 Postmark Here  
 SERRANO POST OFFICE

B.B.L., Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Ibex Partnership, Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

9590 9401 0033 5071 7859 14

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3909

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

Paula Meadows

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

Paula Meadows 7-6-15

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

3. Service Type  Priority Mail Express®  Registered Mail™

Adult Signature  Registered Mail Restricted Delivery

Certified Mail®  Return Receipt for Merchandise

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Insured Mail (over \$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

B.B.L., Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

9590 9401 0033 5071 7857 47

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2599

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

Paula Meadows

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

Paula Meadows 7-6-15

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

3. Service Type  Priority Mail Express®  Registered Mail™

Adult Signature  Registered Mail Restricted Delivery

Certified Mail®  Return Receipt for Merchandise

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Insured Mail (over \$500)

Domestic Return Receipt



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

MHF/EOG

For delivery information, visit our website

OSPREY 701H

**OFFICIAL USE**

Certified Mail Fee

\$ 345

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

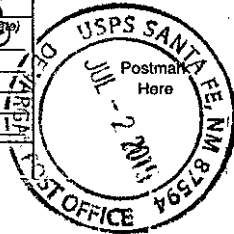
Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage



Rochonne Brenneman  
3844 Beaumont St.  
Plano, TX 75023

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1135 5506  
0055 SET1 2000 990 STD7

Returned

## **Osprey 10 #702H**

### **Parties to be Pooled:**

MRC Permian Company  
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

Rochonne Brenneman  
3844 Beaumont St.  
Plano, TX 75023

Roy C. Allen  
P.O. Box 4054  
Benson, AZ 85602

Ferinez Phelps  
1523 Hilton Ave.  
Columbus, GA 31906

Carl O'Dell Brininstool  
P.O. Box 935  
Jal, NM 88252

Louis Charles Weaver  
P.O. Box 4054  
Benson, AZ 85602

Elva Gustine Horvath  
510 S. Olive  
Carlsbad, NM 88220

Estate of Daniel Galbreath  
155 E. Broad Street  
Columbus, OH 43215

D. Morgan Firestone  
353 Iroquois Shore Rd.  
Oakville, Ontario, Canada  
L6M1M3

Leatrice Waren  
4009 Glenwood Dr.  
Brownwood, TX 76801

John Patrick Allen

P.O. Box 4054  
Benson, AZ 85602

Heirs and Devisees of Alex Waren\*  
1211 Lakeshore Dr.  
Hope, AR 71801

**Affected Parties:**

ABO Petroleum Corp.  
105 S. 4<sup>th</sup> Street  
Artesia, NM 88210

MYCO Industries, Inc.  
105 S. 4<sup>th</sup> Street  
Artesia, NM 88210

OXY Y-1 Company  
P.O. Box 27570  
Houston, TX 77227

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

MRC Permian Company  
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

Chevron  
P. O. Box 2100  
Houston, TX 77252

Duer Wagner Interests  
3100 W. 7<sup>th</sup> St., Ste. 400  
Fort Worth, TX 76107

Brazos Limited Partnership  
P.O. Box 911  
Breckenridge, TX 76424

Ibex Partnership, Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

MRC Permian Company  
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

Chevron  
P. O. Box 2100  
Houston, TX 77252

Duer Wagner Interests  
3100 W. 7<sup>th</sup> St., Ste. 400  
Fort Worth, TX 76107

Brazos Limited Partnership  
P.O. Box 911  
Breckenridge, TX 76424

Ibex Partnership, Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

HOLLAND & HART<sup>LLP</sup>



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

July 2, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of EOG Resources, Inc. for a Non-Standard Spacing and Proration Unit and Compulsory Pooling, Lea County, New Mexico.**  
**Osprey 10 No. 702H**

Ladies & Gentlemen:

This letter is to advise you that EOG Resources, 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 July 23, 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 Matthew Phillips, at (432) 686-3649 or [matthew\\_phillips@eogresources.com](mailto:matthew_phillips@eogresources.com).

Sincerely,

Jordan L. Kessler  
**ATTORNEY FOR EOG RESOURCES, INC.**

**Holland & Hart** LLP

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

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

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

HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988-4421

**Fax** (505) 983-6043

**JLKessler@hollandhart.com**

July 2, 2015

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: Application of EOG Resources, Inc. for a Non-Standard Spacing and Proration Unit and Compulsory Pooling, Lea County, New Mexico.**  
**Osprey 10 No. 702H**

This letter is to advise you that EOG Resources, Inc. 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 July 23, 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.

Questions concerning this application should be directed to Matthew Phillips at (432) 686-3649 or [matthew\\_phillips@eogresources.com](mailto:matthew_phillips@eogresources.com).

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR EOG RESOURCES, INC.**

**Holland & Hart LLP**

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

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

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

7014 1200 0001 1539 5425

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only)

MHF/EOG  
OSPREY 702H

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**



Postage \$	
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	

MRC Permian Company  
One Lincoln Centre, 5400 LBJ  
Freeway, Suite 1500  
Dallas, TX 75240

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MRC Permian Company  
One Lincoln Centre, 5400 LBJ  
Freeway, Suite 1500  
Dallas, TX 75240

**COMPLETE THIS SECTION ON DELIVERY**

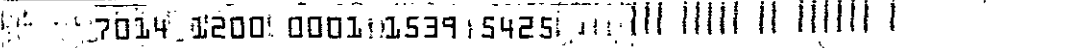
A. Signature  Agent  
*Lisa Brown*  Addressee

B. Received by (Printed Name) *Lisa Brown* C. Date of Delivery *7/6/15*

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

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

4. Restricted Delivery? (Extra Fee)  Yes



PS Form 3811, July 2013 Domestic Return Receipt

7015 0640 0007 1143 4012

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	
\$	345
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 280
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here



Roy C. Allen  
P.O. Box 4054  
Benson, AZ 85602

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Return

7015 0640 0007 1143 4005

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

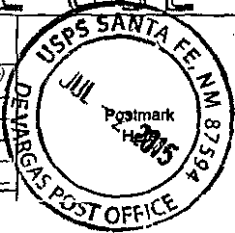
MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	
\$	345
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 280
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here



Ferinez Phelps  
1523 Hilton Ave.  
Columbus, GA 31906

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Returned



7015 0640 0007 1143 3992

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

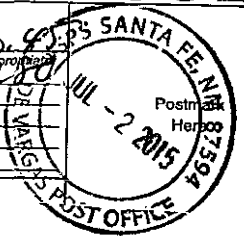
Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Carl O'Dell Brininstool  
P.O. Box 935  
Jal, NM 88252

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 3985

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

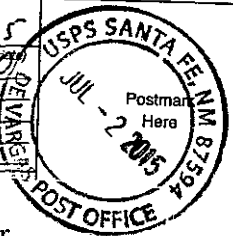
Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Louis Charles Weaver  
P.O. Box 4054  
Benson, AZ 85602

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Carl O'Dell Brininstool  
P.O. Box 935  
Jal, NM 88252

9590 9401 0033 5071 7861 71

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3992

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

7-16-15

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

Return

7025 0640 0007 1143 3978

U.S. Postal Service  
CERTIFIED  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Elva Gustine Horvath  
510 S. Olive  
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7025 0640 0007 1143 3961

U.S. Postal Service  
CERTIFIED  
Domestic Mail Only

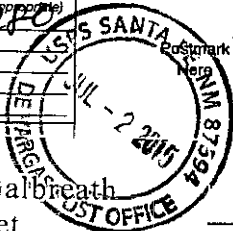
MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Estate of Daniel Galbreath  
155 E. Broad Street  
Columbus, OH 43215

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 3954

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

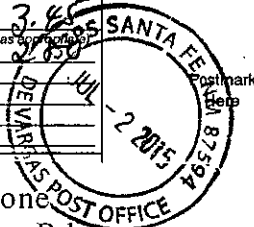
Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



D. Morgan Firestone  
353 Iroquois Shore Rd.  
Oakville, Ontario, Canada  
L6M1M3

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 3947

U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

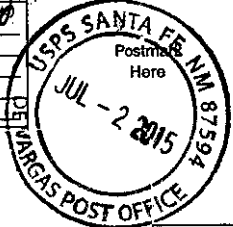
Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$ 2.85

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Leatrice Wren  
4009 Glenwood Dr.  
Brownwood, TX 76801

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Return

7015 0640 0007 1143 3923

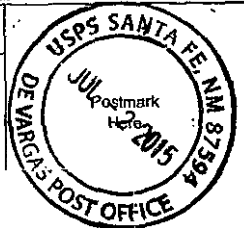
U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ 3.95  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



John Patrick Allen  
P.O. Box 4054  
Benson, AZ 85602

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

# Return

7015 0640 0007 1143 3923

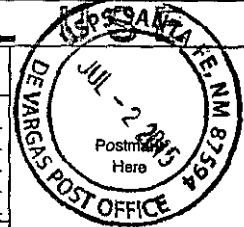
U.S. Postal Service  
**CERTIFIED MAIL**  
Domestic Mail Only

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL**

Certified Mail Fee \$ 3.95  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Heirs and Devises of Alex Wren  
1211 Lakeshore Dr.  
Hope, AR 71801

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7014 1200 0001 1539 5463

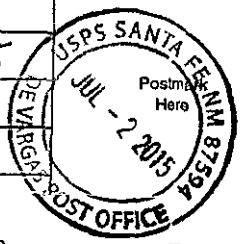
U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No In)

MHF/EOG  
OSPREY 702H

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	200
Restricted Delivery Fee (Endorsement Required)	



ABO Petroleum Corp.  
105 S. 4th Street  
Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 5371

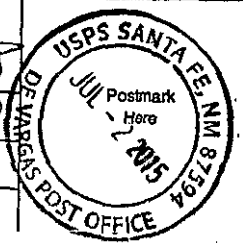
U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No In)

MHF/EOG  
OSPREY 702H

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	200
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



MYCO Industries, Inc.  
105 S. 4th Street  
Artesia, NM 88210

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:

ABO Petroleum Corp.  
105 S. 4th Street  
Artesia, NM 88210

7014 1200 0001 1539 5463

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X

Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
Stewart 7/2/15

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MYCO Industries, Inc.  
105 S. 4th Street  
Artesia, NM 88210

7014 1200 0001 1539 5371

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X

Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
Stewart 7/2/15

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

4955 655T 1000 DC

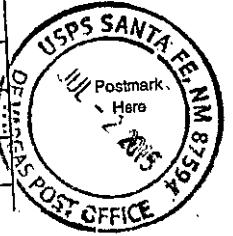
**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage)

MHF/EOG  
OSPREY 702H

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	



OXY Y-1 Company  
P.O. Box 27570  
Houston, TX 77227

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Emeraldora</i> C. Date of Delivery: <i>7-7-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No.</p>
1. Article Addressed to:	
OXY Y-1 Company P.O. Box 27570 Houston, TX 77227	
3. Service Type	<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7014 1200 0001 1539 5364	
PS Form 3811, July 2013 Domestic Return Receipt	

2565 655T 1000 DC

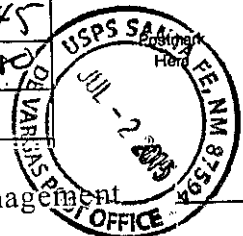
**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage)

MHF/EOG  
OSPREY 702H

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	

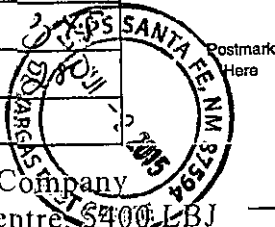


Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

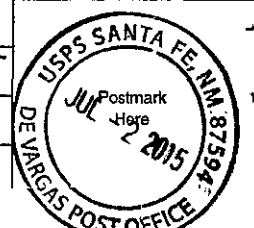
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stouley</i> C. Date of Delivery: <i>7/5</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No.</p>
1. Article Addressed to:	
Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220	
3. Service Type	<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7014 1200 0001 1539 5357	
PS Form 3811, July 2013 Domestic Return Receipt	

7014 1200 0001 1539 5340

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL</b> (Domestic Mail Only; No		<b>MHF/EOG</b> <b>OSPREY 702H</b>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>			
<b>OFFICIAL USE</b>			
Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
MRC Permian Company One Lincoln Centre, 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240			
PS Form 3800, August 2006		See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i>	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px;">           MRC Permian Company            One Lincoln Centre, 5400 LBJ            Freeway, Suite 1500            Dallas, TX 75240         </div>		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 7/6/15
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 1200 0001 1539 5340			
PS Form 3811, July 2013		Domestic Return Receipt	

7014 1200 0001 1539 5326

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL</b> (Domestic Mail Only; No		<b>MHF/EOG</b> <b>OSPREY 702H</b>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>			
<b>OFFICIAL USE</b>			
Postage	\$		Postmark Here
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.00		
Restricted Delivery Fee (Endorsement Required)			
Duer Wagner Interests 3100 W. 7th St., Ste. 400 Fort Worth, TX 76107			
PS Form 3800, August 2006		See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i>	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Duer Wagner Interests            3100 W. 7th St., Ste. 400            Fort Worth, TX 76107         </div>		B. Received by (Printed Name) Lorena Flores	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 1200 0001 1539 5326			
PS Form 3811, July 2013		Domestic Return Receipt	

7014 1200 0001 1539 5395

U.S. Postal Service  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No Signature Required)

MHF/EOG  
**OSPREY 702H**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		200
Restricted Delivery Fee (Endorsement Required)		

USPS SANTA FE, NM 87594  
 JUL 6 2015  
 DE WARGAS POST OFFICE

Brazos Limited Partnership  
 P.O. Box 911  
 Breckenridge, TX 76424

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 5388

U.S. Postal Service  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No Signature Required)

MHF/EOG  
**OSPREY 702H**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		200
Restricted Delivery Fee (Endorsement Required)		

USPS SANTA FE, NM 87594  
 JUL 7 2015  
 DE WARGAS POST OFFICE

Ibex Partnership, Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

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:

Brazos Limited Partnership  
 P.O. Box 911  
 Breckenridge, TX 76424

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Paula Meadows  Agent  Addressee

B. Received by (Printed Name)  
 Paula Meadows

C. Date of Delivery  
 7-6-15

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. 7014 1200 0001 1539 5395

PS Form 3811, July 2013 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ibex Partnership, Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Paula Meadows  Agent  Addressee

B. Received by (Printed Name)  
 Paula Meadows

C. Date of Delivery  
 7-8-15

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7014 1200 0001 1539 5388

PS Form 3811, July 2013 Domestic Return Receipt



7014 1200 0001 1539 5470

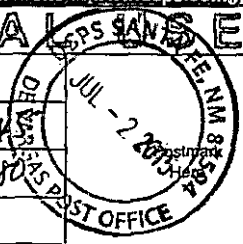
U.S. Postal Service  
**CERTIFIED MAIL**  
*Domestic Mail Only, No In...*

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		



B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

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:

B.B.L., Ltd.  
P.O. Box 911  
Breckenridge, TX 76424

7014 1200 0001 1539 5470

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Paula Meadows*

B. Received by (Printed Name)  Agent  Addressee  
*Paula Meadows*

C. Date of Delivery  
*7-8-13*

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 0640 0007 1143 2544

U.S. Postal Service™  
**CERTIFIED MAIL**  
*Domestic Mail Only*

MHF/EOG  
OSPREY 702H

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fees as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)		
<input type="checkbox"/> Return Receipt (electronic)		
<input type="checkbox"/> Certified Mail Restricted Delivery		
<input type="checkbox"/> Adult Signature Required		
<input type="checkbox"/> Adult Signature Restricted Delivery		



Postmark Here

MRC Permian Company  
One Lincoln Centre, 5400 LBJ  
Freeway, Suite 1500  
Dallas, TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9057

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

MRC Permian Company  
One Lincoln Centre, 5400 LBJ  
Freeway, Suite 1500  
Dallas, TX 75240

9590 9401 0033 5071 7858 77

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2544

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Isabrown*

B. Received by (Printed Name)  Agent  Addressee  
*Isabrown*

C. Date of Delivery  
*7/6/15*

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Registered Mail  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

7014 1200 0001 1539 5418

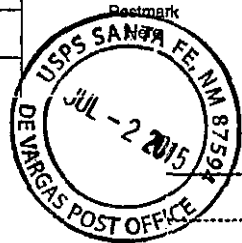
U.S. Postal Service  
CERTIFIED MAIL  
(Domestic Mail Only; No Insurance Coverage Provided)

MHF/EOG  
OSPREY 702H

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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



Chevron  
P. O. Box 2100  
Houston, TX 77252

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:

Chevron  
P. O. Box 2100  
Houston, TX 77252

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

X

B. Received by (Printed Name):

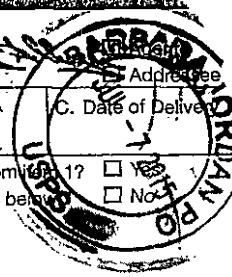
C. Date of Delivery:

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

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



7014 1200 0001 1539 5418

PS Form 3811, July 2013

Domestic Return Receipt

7014 1200 0001 1539 5418

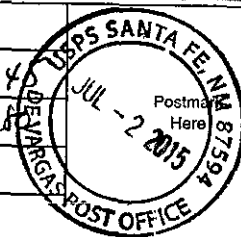
U.S. Postal Service  
CERTIFIED MAIL  
(Domestic Mail Only; No Insurance Coverage Provided)

MHF/EOG  
OSPREY 702H

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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



Duer Wagner Interests  
3100 W. 7th St., Ste. 400  
Fort Worth, TX 76107

PS Form 3800, August 2006

See Reverse for Instructions

7014 1200 0001 1539 5456

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only)

**MHF/EOG**  
**OSPREY 702H**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

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

Brazos Limited Partnership  
 P.O. Box 911  
 Breckenridge, TX 76424

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:

Brazos Limited Partnership  
 P.O. Box 911  
 Breckenridge, TX 76424

2. Article Number (Transfer from PS Form 3811, July 2013)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Paula Meadows*

B. Received by (Printed Name)  Agent  Addressee  
*Paula Meadows*

C. Date of Delivery  
*7-8-15*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7014 1200 0001 1539 5456

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 5449

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only)

**MHF/EOG**  
**OSPREY 702H**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

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

Ibex Partnership, Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

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:

Ibex Partnership, Ltd.  
 P.O. Box 911  
 Breckenridge, TX 76424

2. Article Number (Transfer from PS Form 3811, July 2013)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Paula Meadows*

B. Received by (Printed Name)  Agent  Addressee  
*Paula Meadows*

C. Date of Delivery  
*7-8-15*

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

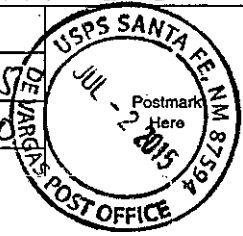
3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7014 1200 0001 1539 5449

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 5432

U.S. Postal Service <b>CERTIFIED</b> (Domestic Mail Only)		MHF/EOG OSPREY 702H	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>			
<b>OFFICIAL USE</b>			
Postage \$			
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.50		
Restricted Delivery Fee			
B.B.L., Ltd. P.O. Box 911 Breckenridge, TX 76424			
PS Form 3800, August 2006		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Paula Meadows</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Paula Meadows</i></p> <p>C. Date of Delivery  <i>7-8-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
B.B.L., Ltd. P.O. Box 911 Breckenridge, TX 76424	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7014 1200 0001 1539 5432 (Transfer from service label)	
Form 3811, July 2013         Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Barbara Jordan</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Barbara Jordan</i></p> <p>C. Date of Delivery  <i>7-8-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
Chevron P. O. Box 2100 Houston, TX 77252	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7014 1200 0001 1539 5333	
PS Form 3811, July 2013         Domestic Return Receipt	