

MRC Delaware Resources, LLC

500 North Main Street, Suite One, Roswell, New Mexico 88201
Mailing Address: P.O. Box 1936, Roswell, New Mexico 88202-1936
Voice 575-623-6601 • Fax 575-627-2427
Sender's e-mail: mrandle@matadorresources.com

Melissa Randle
Land Manager

March 24, 2015

VIA CERTIFIED MAIL 7012 2920 0002 3253 7452

Billie Kirby
#9 Woodland Creek Circle
Wichita Falls, TX 76302

Re: Well Proposal
Matador: Airstrip State Com 31-18S-35E #201H (formerly Airstrip 31 State #2H)
Section 31-18S-35E
Lea County, New Mexico

Dear Billie Kirby:

Reference is made to that certain well proposal letter dated September 14, 2014, sent by Harvey E. Yates Company ("HEYCO") proposing to drill the Airstrip 31 State #2H well referenced above to test the Third Bone Springs formation at a horizontal location in the W/2 W/2 of the subject section. On Friday, February 27, 2015, HEYCO closed on and merged its assets in New Mexico with Matador Resources Company and MRC Delaware Resources, LLC ("MRC Delaware") is the new successor entity with Matador Production Company being the operating company entity for MRC Delaware.

MRC Delaware desires to drill the subject well above to a depth that is approximately 200' deeper than originally proposed in order to test the Wolfcamp formation at a surface location approximately 150' FSL and 330' FWL of Section 31, Township 18 South, Range 35 East, and a bottom hole location of approximately 330' FNL and 710' FWL of Section 31, Township 18 South, Range 35 East, Lea County, New Mexico. We intend to drill horizontally (~10,840' TVD) to a Total Measured Depth of approximately 15,500' resulting in a lateral wellbore of approximately 4,400' that is planned to be completed with 15 frac stages. Estimated costs to drill the test well are \$5,376,594 for a dry hole with a completed well costing approximately \$9,099,800 as shown on the enclosed AFE.

Please indicate your election for this proposed operation by executing this letter below, as well as the enclosed AFE, if participating, and return both to the attention of the undersigned. Please be aware that the enclosed AFE is only an estimate of costs to be incurred and in electing to participate in the proposed well, you will be responsible for your proportionate share of all actual costs incurred. If your election is to participate, please accept this letter as an invoice notice and request for payment and to please remit payment for your proportionate share of costs pursuant to Article VII.C of the above referenced operating agreement as detailed in the enclosed AFE to Matador Production

Company on or before fifteen (15) days after receipt of this estimate and invoice is received.

I have enclosed a revised Operating Agreement to the previous agreement sent under the September 14, 2014 proposal letter for your review and execution. We have corrected the operator name, well depth, contract depth, Exhibit "A", header names, etc. to reflect the proposed well herein. Please return one (1) executed copy of the signature page to the Operating Agreement along with your election letter and AFE.

As an alternative to participation, MRC Delaware hereby proposes the following options covering your 5.0005% Working Interest in this proposed unit:

- 1) Assign all your interest to MRC Delaware for \$1800.00 per net acre for delivering of your existing Net Revenue Interest, less and except your interest in any existing producing wellbore(s) located in the SE Airstrip Com #1 Unit.
- 2) Assign all of your interest to MRC Delaware delivering a 75.0% Net Revenue Interest, reserving an Overriding Royalty Interest equal to the positive difference between existing burdens and 25.0%, proportionately reduced. Any assignment would cover all rights less and except any rights in and to any existing producing wellbore(s) located in the SE Airstrip Com #1 Unit.

As an alternative to the above options, MRC Delaware would be interested in purchasing your interest in this unit/section including any producing well bores, subject to the negotiation of mutually agreeable price and terms. If you are interested in pursuing this alternative, please so indicate at the space provided below and/or contact the undersigned. We will immediately forward this information to our Acquisitions and Divestitures Department for follow-up. However, you are advised that entering into negotiations to sell your interest does not excuse or allow you to delay your required election under this well proposal.

Your earliest attention and response to this proposal will be greatly appreciated. With this recent merger, there is an opportunity to move this well onto our rig schedule and spud this proposed well around April 25, 2015, provided we can gather the elections and signatures needed ahead of spudding the well. Should you have any questions regarding this proposal, please contact me at any time using the contact information above.

Sincerely,

MRC DELAWARE RESOURCES, LLC



Melissa Randle
Land Manager

Enclosures

Please elect one (1) of the following and return to sender:

_____ Billie Kirby hereby elects to participate for its proportionate share of the costs detailed in the enclosed AFE for the Airstrip State Com 31-18S-35E #201H Well, located in Lea County, New Mexico.

_____ Please find enclosed our proportionate share of well costs pursuant to the cash call provision under the governing operating agreement referenced hereinabove.

_____ Billie Kirby hereby elects not to participate for its proportionate share of the costs detailed in the enclosed AFE for the Airstrip State Com 31-18S-35E #201H Well, located in Lea County, New Mexico.

_____ Billie Kirby hereby elects to assign my interest for \$1,800/acre for delivery of my existing Net Revenue Interest, less and except your interest in any existing producing wellbore(s) located in the SE Airstrip Com #1 Unit. Please provide assignment form for review and acceptance.

_____ Billie Kirby hereby elects to assign all of my interest to MRC Delaware delivering a 75.0% Net Revenue Interest, reserving an Overriding Royalty Interest equal to the positive difference between existing burdens and 25.0%, proportionately reduced. Any assignment would cover all rights less and except any rights in and to any existing producing wellbore(s) located in the SE Airstrip Com #1 Unit. Please provide assignment form for review and acceptance.

Billie Kirby

By: _____

Title: _____

Date: _____

_____ I / We are interested in selling our interest in this unit, please contact us to discuss.

7012 2920 0002 3253 7407

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to	
Sender's Apt No or PO Box No	Mary D. Hughes
City, State, ZIP	5503 Mercedes Avenue
PS Form 3800	Dallas, TX 75206

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:

Emily A. Kadane
4201 Picasso Drive
Wichita Falls, TX 76302

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Emily A. Kadane* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Emily A. Kadane* C. Date of Delivery *3/27/15*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7012 2920 0002 3253 7438

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary D. Hughes
5503 Mercedes Avenue
Dallas, TX 75206

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mary D. Hughes* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *3/24/15*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7012 2920 0002 3253 7407

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

7012 2920 0002 3253 7438

U.S. Postal Service™	
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For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to	
Sender's Apt No or PO Box No	Emily A. Kadane
City, State, ZIP	4201 Picasso Drive
PS Form 3800	Wichita Falls, TX 76302

7012 2920 0002 3253 7445

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

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

Sent To
 Street Apt No Robert A. Kadane
 or PO Box No
 City State ZIP+4 518 17th Street, Suite 745
 PS Form 3800 Denver, CO 80202

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:
 Johanna K. Little
 815 Glenchester
 Houston, TX 77079

2. Article Number
 (Transfer from service) 7012 2920 0002 3253 7469

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery 3/20/15
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

Article Addressed to:
 Robert A. Kadane
 17th Street, Suite 745
 Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery 3/30/15
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Number 7012 2920 0002 3253 7445
 or from service
 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7012 2920 0002 3253 7469

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

Sent To
 Street Apt No Johanna K. Little
 or PO Box No
 City State ZIP+4 815 Glenchester
 PS Form 3800 Houston, TX 77079

7452 3253 0002 2920 2912

U.S. Postal ServiceTM

CERTIFIED MAIL[®] RECEIPT

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

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

Postmark
here

Send to
 Street Apt. No.
 or PO Box No
 City, State ZIP+4[®]
 Billie Kirby
 #9 Woodland Creek Circle
 Wichita Falls, TX 76302

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Judith K. Nix
 103 Catron Street, Unit #4
 Santa Fe, NM 87501

2. Article Number

(Transfer from service label)

7012 2920 0002 3253 7483

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Bugan Martinez
 B. Received by (Printed Name) ☒ C. Date of Delivery 3/26/15
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Billie Kirby
 #9 Woodland Creek Circle
 Wichita Falls, TX 76302

2. Article Number

(Transfer from service label)

7012 2920 0002 3253 7452

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
Billie Kirby
 B. Received by (Printed Name) ☒ C. Date of Delivery 3/26/15
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

Postmark
here

Send to
 Street Apt. No.
 or PO Box No
 City, State ZIP+4[®]
 Judith K. Nix
 103 Catron Street, Unit #4
 Santa Fe, NM 87501

PS Form 3800, February 2004

7483 7483 0002 2920 2912

7476 3253 0002 2920 1271

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

Postmark
Here

Sent To:
 Street, Apt. No. or PO Box No. Harlena K. Lowenstein
 City, State, ZIP+4 201 Main Street, Suite 400
 Ft. Worth, TX 76102

PS Form 3800, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jill D. Robertson
 #9 Copper Kettle
 Wichita Falls, TX 76308

2. Article Number
(Transfer from)

7012 2920 0002 3253 7513

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Jill Robertson ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Jill Robertson C. Date of Delivery 3/2/04
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Harlena K. Lowenstein
 201 Main Street, Suite 400
 Ft. Worth, TX 76102

2. Article Number

(Transfer from service tag)

7012 2920 0002 3253 7476

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery MAR 3 11 2004
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes
U.S. Postal Service™
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To:
 Street, Apt. No. or PO Box No. Jill D. Robertson
 City, State, ZIP+4 #9 Copper Kettle
 Wichita Falls, TX 76308

PS Form 3800, February 2004

7476 3253 0002 2920 1271

7012 2920 0002 3253 7490

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

Sent To

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

 Prime Energy Corporation
 9821 Katy Freeway, Suite 1050
 Houston, TX 77024-6009

PS Form 3800

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:

 Brent Ray Robertson
 8 Sleepy Hollow
 Wichita Falls, TX 76308

 2. Article Number
 (Transfer from service)

7012 2920 0002 3253 7506

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brent Ray Robertson*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Brent Ray Robertson
☐ Date of Delivery

D. Is delivery address different from item 1?

☐ Yes
☒ No

If YES, enter delivery address below:

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

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:

 Prime Energy Corporation
 9821 Katy Freeway, Suite 1050
 Houston, TX 77024-6009

2. Article Number

(Transfer from service)

7012 2920 0002 3253 7490

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Frank C. [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name)

L. C. [Signature]
☐ Date of Delivery

D. Is delivery address different from item 1?

☐ Yes
☒ No

If YES, enter delivery address below:

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

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

Postmark

Sent To

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

 Brent Ray Robertson
 8 Sleepy Hollow
 Wichita Falls, TX 76308

PS Form 3800

7012 2920 0002 3253 7506

7012 2920 0002 3253 7599

U.S. Postal Service TM	
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For delivery information visit our website at www.usps.com	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Send To Street, Apt. No. or PO Box No. City, State, ZIP	
Matthew B. Kadane 4809 Cole Avenue, Suite 100, LB 114 Dallas, TX 75205	
PS Form 3800	

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:

Roden Associates, Ltd.
 2603 Augusta, Suite 740
 Houston, TX 77057

2. Article Number
(Transfer from set)

7012 2920 0002 3253 7520

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Tindy Russell</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Tindy Russell</i>	C. Date of Delivery <i>3/30/15</i>	
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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Matthew B. Kadane
 4809 Cole Avenue, Suite 100, LB 114
 Dallas, TX 75205

2. Article Number

(Transfer from service label) 7012 2920 0002 3253 7599

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Kim Hallis</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Kim Hallis</i>	C. Date of Delivery <i>03/30/15</i>	
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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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U.S. Postal Service TM	
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For delivery information visit our website at www.usps.com	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Send To Street, Apt. No. or PO Box No. City, State, ZIP	
Roden Associates, Ltd. 2603 Augusta, Suite 740 Houston, TX 77057	
PS Form 3800	

7012 2920 0002 3253 7414

U.S. Postal ServiceTM
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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to
 Street Apt. No. or PO Box No. **Jalapeno Corporation**
 City, State, ZIP **P.O. Box 1608**
Albuquerque, NM 87103-1608

PS Form 3800, **Albuquerque, NM 87103-1608**

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:

Mary B. Attaya

1211 Popular Street

Bedford, TX 76021

2. Article Number
 (Transfer from service)

7012 2920 0002 3253 7391

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mary B. Attaya* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Mary B. Attaya** C. Date of Delivery **4-1-15**

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

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Jalapeno Corporation

P.O. Box 1608

Albuquerque, NM 87103-1608

2. Article Number
 (Transfer from service label)

7012 2920 0002 3253 7414

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *John Barrack* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **John Barrack** C. Date of Delivery **3/30/15**

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

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

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

Sent to
 Street Apt. No. or PO Box No. **Mary B. Attaya**
 City, State, ZIP **1211 Popular Street**
Bedford, TX 76021

PS Form 3800, August 2008

See Reverse for Instructions

7012 2920 0002 3253 7391

7012 2920 0002 3253 7582

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
To: Yates Energy Corporation	
or PO Box No.	
City, State, ZIP: P.O. Box 2323	
PS Form 3800, Roswell, NM 88202-2323	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Edward G. Kadane
4809 Cole Avenue, Suite 100, LB114
Dallas, TX 75205

2. Article Number
(Transfer from service label)

7012 2920 0002 3253 7421

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
X <i>Ram Hollis</i>	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
	03/30/15
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"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> 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:

Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202-2323

2. Article Number
(Transfer from service label)

7012 2920 0002 3253 7582

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
<i>Ted Hamilton</i>	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
Ted Hamilton	3/25/15
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"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
To: Edward G. Kadane	
or PO Box No.	
City, State, ZIP: 4809 Cole Avenue, Suite 100, LB114	
Dallas, TX 75205	
PS Form 3800, A	

7012 2920 0002 3253 7421

7012 2920 0002 3253 7537

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

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

Sender's Information

Street, Apt. No.,
or PO Box No. Roden Exploration Company Ltd.
City, State, ZIP+4[®] 2603 Augusta, Suite 740
Houston, TX 77057

PS Form 3800, 11-01

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:

Roden Participants, Ltd.
 2603 Augusta, Suite 740
 Houston, TX 77057

2. Article Number

(Transfer from serv.)

7012 2920 0002 3253 7544

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Lindy Russell Agent
☒ Agent ☐ Addressee

B. Received by (Printed Name)

Lindy Russell

C. Date of Delivery

3/26/15

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**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:

Roden Exploration Company Ltd.
 2603 Augusta, Suite 740
 Houston, TX 77057

2. Article Number

(Transfer from serv.)

7012 2920 0002 3253 7537

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Lindy Russell Agent
☒ Agent ☐ Addressee

B. Received by (Printed Name)

Lindy Russell

C. Date of Delivery

3/26/15

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

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

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

Sender's Information

Street, Apt. No.,
or PO Box No. Roden Participants, Ltd.
City, State, ZIP+4[®] 2603 Augusta, Suite 740
Houston, TX 77057

PS Form 3800, 11-01

7012 2920 0002 3253 7544

7012 2920 0002 3253 7568

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

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

Postmark Here

Sent to
 Sherrfive, LP
 or PO Box No
 City, State, ZIP+4
 812 Eagle Pointe
 Montgomery, TX 77316

PS Form 3800, A

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:

Sherrfive, LP
 812 Eagle Pointe
 Montgomery, TX 77316

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Vicki Sherrif* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
Vicki Sherrif

C. Date of Delivery
 3/20/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Per USPS website, Letter/
Proposal was delivered →
on May 4, 2015

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

Send To

Sender's Name: Chris Ann Wills

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

City, State, ZIP+4: 15955 Freemanville Road

PS Form 3800, A Alpharetta, GA 30004

7012 2920 0002 3253 7575

Per USPS website, on
July 31, 2015, it is still
showing "in transit"
with last update on
March 26, 2015 in
Missoula, MT.

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

Send To

Sender's Name: S & C Construction Company

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

City, State, ZIP+4: P.O. Box 1509

PS Form 3800, A Whitefish, MT 59937

7012 2920 0002 3253 7575