

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

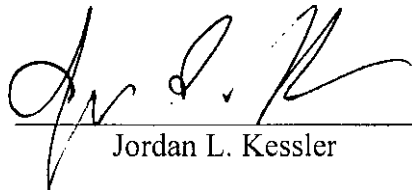
**APPLICATION OF COG OPERATING LLC TO RE-OPEN CASE NO. 15333 TO
AMEND ORDER R-14010, LEA COUNTY, NEW MEXICO.**

CASE NO. 15333 (re-opened)

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of COG Operating LLC
the Applicant herein, being first duly sworn, upon oath, states that the above-referenced
Application was provided under the notice letters attached hereto.

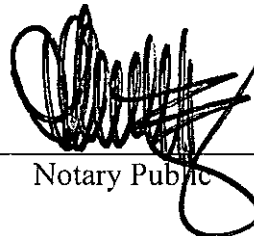


Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 30th day of March 2016 by Jordan L.
Kessler.



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 01/14/19



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 6
Submitted by: COG OPERATING LLC
Hearing Date: March 31, 2016**

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

March 11, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**Re: Application of COG Operating LLC to Re-Open Case No. 15333 to
Amend Order R-14010, Lea County, New Mexico.
Stove Pipe Federal Com Well No. 2H**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on March 31, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

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 LLP



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

March 11, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC to Re-Open Case No. 15333 to
Amend Order R-14010, Lea County, New Mexico.
Stove Pipe Federal Com Well No. 2H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on March 31, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465 or mwallace@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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. ☐

Stove Pipe Pooled Party Notice List -

BC Operating, Inc. (Pooled Party & Offset)

P.O. Box 50820

Midland, TX 79710

Oak Valley Mineral and Land LP (Pooled Party & Offset)

P.O. Box 50820

Midland, TX 79710

Jewell Hosford (Pooled Party & Offset)

P.O. Box 624

Ganado, TX 77962

Jewell Hosford (Pooled Party & Offset)

1523 Neal Road

Tomball, TX 77375

Elizabeth Hogan (Pooled Party & Offset)

P.O. Box 624

Ganado, TX 77962

Elizabeth Hogan (Pooled Party & Offset)

1523 Neal Road

Tomball, TX 77375

Shirley Sue Mosley (Pooled Party & Offset)

P.O. Box 624

Ganado, TX 77962

Shirley Sue Mosley (Pooled Party & Offset)

1523 Neal Road

Tomball, TX 77375

Joe Bill Mosley (Pooled Party & Offset)

P.O. Box 624

Ganado, TX 77962

Joe Bill Mosley (Pooled Party & Offset)

1523 Neal Road

Tomball, TX 77375

Energex Resources Corp. (Pooled Party & Offset)

Attn: Susan Tanis

3300 North A St., STE 100

Midland, TX 79705

7015 0640 0003 5400 4962

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit

OFFICMHF/COG
STOVEPIPE 2H

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 \$

Postage

\$

Total P

\$

Sent To

Street and

City, State

Devon Energy Production Co.
 Devon Energy Corporation
 Devon Energy Center
 333 West Sheridan Avenue
 Oklahoma City, OK 73102
 Attn: Kathy Blick



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

See Reverse for Instructions

7015 0640 0003 5400 4993

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit

OFFICMHF/COG
STOVEPIPE 2H

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 \$

Postage

\$

Total Post

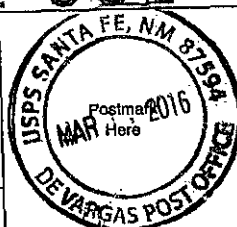
\$

Sent To

Street and

City, State

BC Operating, Inc.
 P.O. Box 50820
 Midland, TX 79710



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

Actions

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:

BC Operating, Inc.
 P.O. Box 50820
 Midland, TX 79710

9590 9403 0643 5183 8212 02

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4993

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

David Carrille

☐ 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

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:

BC Operating, Inc.
 P.O. Box 50820
 Midland, TX 79710

9590 9403 0643 5183 8212 02

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4993

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

R. Paul

☐ 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

3/15/16

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 0003 5400 5006

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

Total P \$

Sent To **Oak Valley Mineral and Land LP**

Street & **P.O. Box 50820**

City, State, Zip **Midland, TX 79710**

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



7015 0640 0003 5400 5013

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

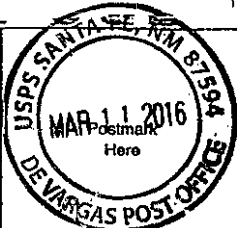
Total Postage \$

Sent To **Jewell Hosford**

Street and Apt **P.O. Box 624**

City, State, Zip **Ganado, TX 77962**

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



COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
Oak Valley Mineral and Land LP
P.O. Box 50820
Midland, TX 79710

2. Article Number (Transfer from front of mailpiece)
7015 0640 0003 5400 5006

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

A. Signature **X** *R. Karl* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *P. R. S.*

C. Date of Delivery *3-11-16*

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

9590 9403 0643 5183 8211 96

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

RETURNED

7015 0640 0000 5400 5454

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

For delivery information, visit
OFFIC

MHF/COG
STOVEPIPE 2H

Certified Mail Fee
 \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

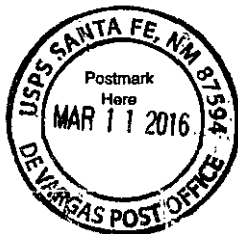
Postage
 \$ _____

Total
 \$ _____

Sent To
Street
City, State

Jewell Hosford
 1523 Neal Road
 Tomball, TX 77375

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



7015 0640 0000 5400 5461

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

For delivery information, visit
OFFIC

MHF/COG
STOVEPIPE 2H

Certified Mail Fee
 \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

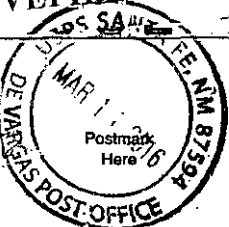
Postage
 \$ _____

Total Postage
 \$ _____

Sent To
Street and P.O. Box
City, State

Elizabeth Hogan
 P.O. Box 624
 Ganado, TX 77962

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



RETURNED

7015 0640 0003 5400 7505

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

For delivery information. MHF/COG
OFFICE STOVEPIPE 2H

Certified Mail Fee \$ 3.45

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

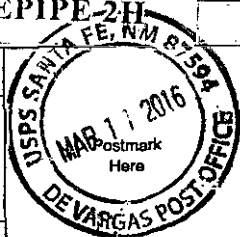
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage \$ _____

Sent To Elizabeth Hogan
 1523 Neal Road
Street and A Tomball, TX 77375
City, State, ZIP+4®

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



7015 0640 0003 5400 7505

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

For delivery information. MHF/COG
OFFICE STOVEPIPE 2H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage \$ _____

Sent To Shirley Sue Mosley
 P.O. Box 624
Street and A Ganado, TX 77962
City, State, ZIP+4®

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



RETURNED

7015 0640 0003 5400 4672

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

For delivery information, visit **MHF/COG**
OFFIC **STOVEPIPE 2H**

Certified Mail Fee \$ 3.45

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

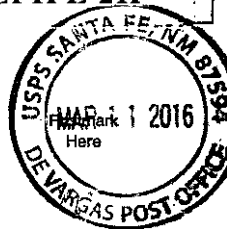
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total P. \$ _____

Sent To **Shirley Sue Mosley**
1523 Neal Road
Tomball, TX 77375

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



7015 0640 0003 5400 4665

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

For delivery information, visit **MHF/COG**
OFFIC **STOVEPIPE 2H**

Certified Mail Fee \$ 3.45

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

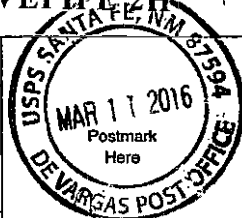
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Joe Bill Mosley**
P.O. Box 624
Ganado, TX 77962

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



RETURNED

7015 0640 0003 5400 4658

U.S. Postal Service™		
CERTIFIED MAIL® RECEIPT		
Domestic Mail Only		
For delivery information, visit usps.com		
OFFICIAL		
Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)	\$ 8.80	
☒ Return Receipt (hardcopy)	\$	
☐ Return Receipt (electronic)	\$	
☐ Certified Mail Restricted Delivery	\$	
☐ Adult Signature Required	\$	
☐ Adult Signature Restricted Delivery	\$	
Postage	\$	
Total	\$	
Sent To	Joe Bill Mosley	
Street and	1523 Neal Road	
City, State	Tomball, TX 77375	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Instructions	

7015 0640 0003 5400 4641

U.S. Postal Service™		
CERTIFIED MAIL® RECEIPT		
Domestic Mail Only		
For delivery information, visit usps.com		
OFFICIAL		
Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)	\$ 8.80	
☒ Return Receipt (hardcopy)	\$	
☐ Return Receipt (electronic)	\$	
☐ Certified Mail Restricted Delivery	\$	
☐ Adult Signature Required	\$	
☐ Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Post	\$	
Sent To	Energen Resources Corp.	
Street and	Attn: Susan Tanis	
City, State	3300 North A St., STE 100	
	Mildand, TX 79705	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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.		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
Energen Resources Corp. Attn: Susan Tanis 3300 North A St., STE 100 Mildand, TX 79705		C. Date of Delivery 3/1/16	
2.		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	
9590 9403 1012 5271 2739 61		☐ Return Receipt for Merchandise ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7015 0640 0003 5400 5102

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

For delivery information, visit **OFFICIAL**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

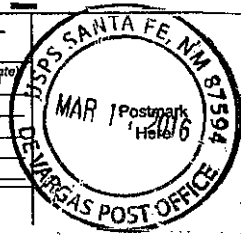
Total Postage \$

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

Street and Apt. **Houston, TX 77227**

City, State, Z

PS Form 3800, April 2015 PSN 7530-02-000-9053



7015 0640 0003 5400 4627

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

For delivery information, visit **OFFICIAL**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

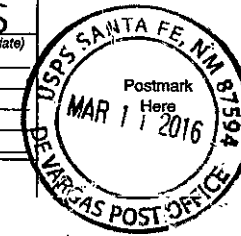
Total P \$

Sent To **Endurance Properties Inc.**
15455 Dallas Parkway STE 1050
Addison, TX 75001

Street and Apt. **Addison, TX 75001**

City, St

PS Form 3800, April 2015 PSN 7530-02-000-9053



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
PO Box 27570
Houston, TX 77227

9590 9403 1012 5271 2739 54

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4634

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X *[Signature]*

B. Received by (Printed Name) **J. B. Smith**

C. Date of Delivery **3-14-16**

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

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:

Endurance Properties Inc.
15455 Dallas Parkway STE 1050
Addison, TX 75001

9590 9403 1012 5271 2740 05

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4627

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X *[Signature]*

B. Received by (Printed Name) **C. P. P.**

C. Date of Delivery **3-14-16**

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

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

Domestic Return Receipt

7015 0640 0003 5400 4610

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit **OFFICIAL**
**MHF/COG
STOVEPIPE 2H**

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 \$

Postage

\$

Total Postage

\$

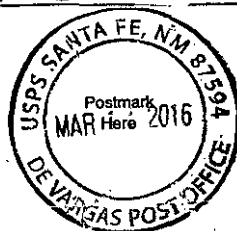
Sent To

Burlington Resources Oil & Gas Co, LP
 717 Texas Ave, Suite 2100
 Houston, TX 77002

City, State, Zi

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

See Reverse for Instructions



7015 0640 0003 5400 4604

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit **OFFICIAL**
**MHF/COG
STOVEPIPE 2H**

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 \$

Postage

\$

Total Postage

\$

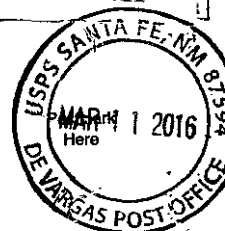
Sent To

ConocoPhillips Company
 Attn: Tom Scarbrough
 600 N. Dairy Ashford
 2WL-15058
 Houston, TX 77079

City, State, Zi

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.

Article Addressed to:

ConocoPhillips Company
 Attn: Tom Scarbrough
 600 N. Dairy Ashford
 2WL-15058
 Houston, TX 77079

9590 9403 1012 5271 2739 47

2. Article Number (Transfer from)

7015 0640 0003 5400 4603

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

(over \$500)

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

Domestic Receipt

7015 0640 0003 5400 4597

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

Total Post \$

Sent To ConocoPhillips Company

Street at Attn: New Mexico Land

City, State Department

Houston, TX 77079

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



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:

ConocoPhillips Company
 Attn: New Mexico Land Department
 600 N. Dairy Ashford
 Houston, TX 77079.

9590 9403 1012 5271 2741 66

2.

7015 0640 0003 5400 4597

PS Form 3811, July 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 ☐ 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

Domestic Return Receipt

7015 0640 0003 5400 4580

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

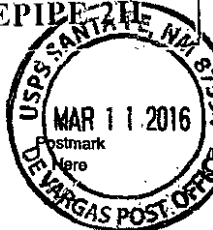
Total Post \$

Sent To Hugh R Hawes IV

Street at P.O. Box 528

City, State Pierce, TX 77467

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



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:

Hugh R Hawes IV
 P.O. Box 528
 Pierce, TX 77467

9590 9403 1012 5271 2741 59

7015 0640 0003 5400 4580

PS Form 3811, July 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 ☐ 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

Domestic Return Receipt

7015 0640 0003 5400 6485

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

For delivery information, visit **OFFIC** **MHF/COG**
STOVEPIPE 2H

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 \$ _____

Postage \$ _____
 Total Postage \$ _____

Sent To J.D. Ferrel
 Street and Apt. 502 Dakota St.
 City, State, ZIP Temple, TX 76504

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



7015 0640 0003 5400 4752

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

For delivery information, visit **OFFIC** **MHF/COG**
STOVEPIPE 2H

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 \$ _____

Postage \$ _____
 Total Postage \$ _____

Sent To Est. Barney L Alsobrook, decd.
 Street 4600 Erath St.
 City, State, ZIP Waco, TX 76710

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:

J.D. Ferrel
 502 Dakota St.
 Temple, TX 76504

9590 9403 1012 5271 2627 05

2. Article Number (Transfer from service label)

7015-0640-0003-5400-6485

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/4/16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☒
- 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 |

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

Domestic Return Receipt

7015 0640 0003 5400 4740

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

For delivery information:
OFFICIAL

MHF/COG
STOVEPIPE 2H

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 \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Est. W.H. Kirby, decd
 1201 S. Broadway
 Plainview, TX 79072

Street and Ap
 City, State, Zi

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



RETURNED

7015 0640 0003 5400 4733

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

For delivery information:
OFFICIAL

MHF/COG
STOVEPIPE 2H

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 \$ _____

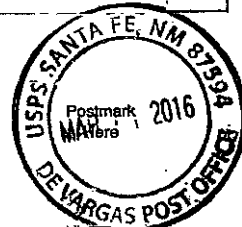
Postage
 \$ _____

Total
 \$ _____

Sent To
 Katherine Woltz Aven
 204 Ash
 Plainview, TX 79072

Street
 City, State, Zi

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:
 Katherine Woltz Aven
 204 Ash
 Plainview, TX 79072

2. Article Number (Transfer from service label)
 9590 9403 1012 5271 2626 75

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee
Cheryl Wilson

B. Received by (Printed Name)
Cheryl Wilson

C. Date of Delivery
3-16-16

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

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

7015 0640 0003 5400 4726

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

For delivery information, visit **OFFICIAL USE**

MHF/COG
STOVEPIPE 2H

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 \$ _____

Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Barry B Thompson
 1856 Bugtussle Lane
 West, TX 76691

City, St.

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



7015 0640 0003 5400 4719

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

For delivery information, visit **OFFICIAL USE**

MHF/COG
STOVEPIPE 2H

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 \$ _____

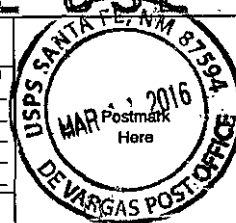
Postage
 \$ _____

Total Post
 \$ _____

Sent To
 G Dan Thompson
 12107 Lueders Lane
 Dallas, TX 75230

City, State,

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:
 Barry B Thompson
 1856 Bugtussle Lane
 West, TX 76691

2. Article Number (Transfer from serial number)
 7015 0640 0003 5400 4726

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Barry B Thompson* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
 3/14/16

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

(over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 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:
 G Dan Thompson
 12107 Lueders Lane
 Dallas, TX 75230

2. Article Number (Transfer from serial number)
 7015 0640 0003 5400 4719

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *G Dan Thompson* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
 3-14-16

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

(over \$500)

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

7015 0640 0003 5400 4702

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

MHF/COG
STOVEPIPE 2H
OFFICE

For delivery information, visit usps.com

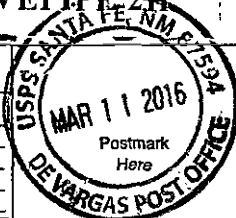
Certified Mail Fee
 \$ 3.45

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 \$

Postage
 \$
 Total Postage \$

Sent To
 Hayes Land & Production
 P.O. Box 51407
 Street and Apt
 Midland, TX 79710
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9053



7015 0640 0003 5400 4696

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

MHF/COG
STOVEPIPE 2H
OFFICE

For delivery information, visit usps.com

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 \$

Postage
 \$
 Total Postage \$

Sent To
 Hayes Land, L.P.
 P.O. Box 51510
 Street and Apt
 Midland, TX 79710
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9053 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:
 Hayes Land & Production
 P.O. Box 51407
 Midland, TX 79710

9590 9403 1012 5271 2626 44

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 4702

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Andrew B. Bess

C. Date of Delivery
 3/22/16

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
☐ Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ 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:
 Hayes Land, L.P.
 P.O. Box 51510
 Midland, TX 79710

9590 9403 1012 5271 2626 37

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 4696

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Peggy A. Hensworth

C. Date of Delivery
 3-14-16

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
☐ Restricted Delivery

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

(over \$500)

Domestic Return Receipt

7015 0640 0003 5400 4689

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

For delivery information, visit **OFFICIAL**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

Total Postage \$

Sent To **RBP Land Company Trust**
P.O. Box 10392
Midland, TX 79702

City, State, ZIP+4®

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



7015 0640 0003 5400 7123

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

For delivery information, visit **OFFICIAL**

MHF/COG
STOVEPIPE 2H

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 \$

Postage \$

Total Postage \$

Sent To **Chevron USA Inc.**
Delaware Basin - New Mexico
Chevron North America Exploration and
Production Company
1400 Smith St.
Houston, TX 77002

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:
RBP Land Company Trust
P.O. Box 10392
Midland, TX 79702

9590 9403 1012 5271 2626 20

2. Article Number (Transfer from service label)
7015 0640 0003 5400 4689

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No
3-16-16

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 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:
Chevron USA Inc.
Delaware Basin - New Mexico
Chevron North America Exploration and
Production Company
1400 Smith St.
Houston, TX 77002

9590 9403 1012 5271 2626 13

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7123

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 ☐ 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

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

7015 0640 0003 5400 7062

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

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 \$

Postage \$

Total Post \$

Sent To Devon Energy Production Co.
 Devon Energy Corporation
 Devon Energy Center
 333 West Sheridan Avenue
 Oklahoma City, OK 73102
 Attn: Kathy Blick

Street and

City, State

USPS SANTA FE, NM 87504
 MAR 15 2016
 DEVARGAS POST OFFICE

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

7015 0640 0003 5400 7079

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

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 \$

Postage \$

Total Po \$

Sent To BC Operating, Inc.
 P.O. Box 50820
 Midland, TX 79710

Street an

City, Stat

USPS SANTA FE, NM 87504
 MAR 15 2016
 DEVARGAS POST OFFICE

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:

Devon Energy Production Co.
 Devon Energy Corporation
 Devon Energy Center
 333 West Sheridan Avenue
 Oklahoma City, OK 73102
 Attn: Kathy Blick

9590 9403 1012 5271 2628 04

2. Article Number (Transfer from service label)

7015 0640 0003 5400 7062

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☒ Addressee
- B. Received by (Printed Name) [Name] C. Date of Delivery 15 MAR 2016
- 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

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:

BC Operating, Inc.
 P.O. Box 50820
 Midland, TX 79710

9590 9403 1012 5271 2627 98

2. Article Number (Transfer from service label)

7015 0640 0003 5400 7079

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☒ Addressee
- B. Received by (Printed Name) [Name] C. Date of Delivery 3-17-16
- 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 0003 5400 7086

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Po \$

Sent To Oak Valley Mineral and Land LP

Street P.O. Box 50820

City, St Midland, TX 79710

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



7015 0640 0003 5400 7086

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total \$

Sent To Jewell Hosford

Street P.O. Box 624

City, St Ganado, TX 77962

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



COMPLETE THIS SECTION ON DELIVERY

■ 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:

Oak Valley Mineral and Land LP
P.O. Box 50820
Midland, TX 79710

2. Article Number (Transfer from service label)

9590 9403 1012 5271 2627 81

7015 0640 0003 5400 7086

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

A. Signature X R. Paul ☐ Agent ☐ Addressee

B. Received by (Printed Name) R. Paul

C. Date of Delivery 3/15/16

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

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

RETURNED

7015 0640 0003 5400 7109

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

Certified Mail Fee
 \$ 3.45

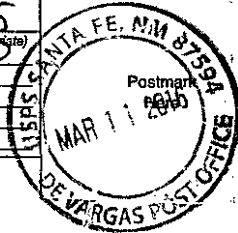
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____
Total Postage
 \$ _____

Sent To
Street and A
City, State, & ZIP+4®

Jewell Hosford
 1523 Neal Road
 Tomball, TX 77375

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



7015 0640 0003 5400 7116

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

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 \$ _____

Postage
 \$ _____
Total Po
 \$ _____

Sent To
Street a
City, Sta

Elizabeth Hogan
 P.O. Box 624
 Ganado, TX 77962

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



RETURNED

7015 0640 0003 5400 4986

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG

STOVEPIPE 2H

Certified Mail Fee

\$

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

☒ Return Receipt (hardcopy) \$ 3.45☐ Return Receipt (electronic) \$ 2.60☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

\$

Sent To

Street and

City, State

Elizabeth Hogan

1523 Neal Road

Tomball, TX 77375

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

See Reverse for Instructions



7015 0640 0003 5400 4979

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFI

MHF/COG

STOVEPIPE 2H

Certified Mail Fee

\$

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

☒ Return Receipt (hardcopy) \$ 3.45☐ Return Receipt (electronic) \$ 2.60☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

\$

Sent To

Street and

City, State

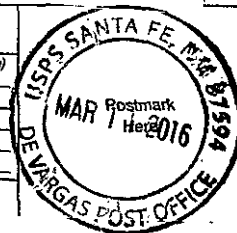
Shirley Sue Mosley

P.O. Box 624

Ganado, TX 77962

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

See Reverse for Instructions



RETURNED

7015 0640 0003 5400 7017

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

Certified Mail Fee \$ 3.45

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

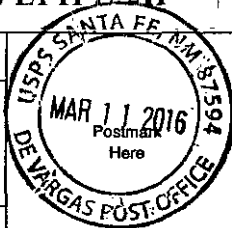
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage \$

Sent To **Shirley Sue Mosley**
Street and **1523 Neal Road**
City, State **Tomball, TX 77375**

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



7015 0640 0003 5400 7000

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

Certified Mail Fee \$ 3.45

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

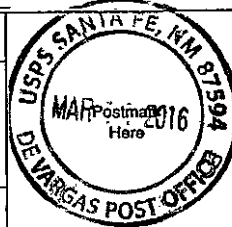
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage \$

Sent To **Joe Bill Mosley**
Street and **P.O. Box 624**
City, State **Ganado, TX 77962**

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



RETURNED

7015 0640 0003 5400 6997

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

Certified Mail Fee
\$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage
\$

Total Post
\$

Sent To
Joe Bill Mosley
1523 Neal Road
Tomball, TX 77375

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



7015 0640 0003 5400 6980

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

For delivery information, visit **OFFIC**

MHF/COG
STOVEPIPE 2H

Certified Mail Fee
\$ 3.45

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

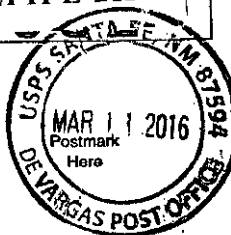
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage
\$

Sent To
Energen Resources Corp.
Attn: Susan Tanis
3300 North A St., STE 100
Mildand, TX 79705

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



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:
 Energen Resources Corp.
 Attn: Susan Tanis
 3300 North A St., STE 100
 Mildand, TX 79705

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 6980

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 3/14/16

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

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

9590 9403 1012 5271 2644 40

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

Domestic Return Receipt

7015 0640 0003 5400 6973

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

For delivery information:
OFFICIAL

MHF/COG
STOVEPIPE 2H

Certified Mail Fee
 \$ 3.45

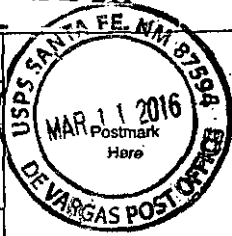
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
Total Postage
 \$

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

Street and Apt
 City, State, ZIP

PS Form 38



7015 0640 0003 5400 6966

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

For delivery information:
OFFICIAL

MHF/COG
STOVEPIPE 2H

Certified Mail Fee
 \$ 3.45

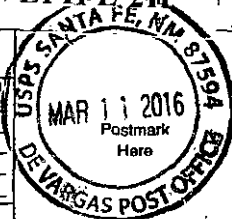
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
Total Postage
 \$

Sent To
 Endurance Properties Inc.
 15455 Dallas Parkway STE 1050
 Addison, TX 75001

Street and Apt
 City, State, ZIP

PS Form 38



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
 PO Box 27570
 Houston, TX 77227

9590 9403 1012 5271 2644 33

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 6973

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 [Signature]
 C. Date of Delivery
 [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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 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:
 Endurance Properties Inc.
 15455 Dallas Parkway STE 1050
 Addison, TX 75001

9590 9403 1012 5271 2644 26

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 6966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 [Signature]
 C. Date of Delivery
 [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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

5459 0045 0000 5400 6959

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE

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	\$

Postage \$

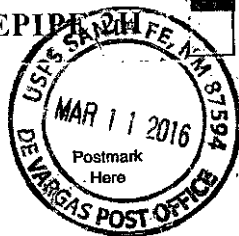
Total Post \$

Sent To **Burlington Resources Oil & Gas Co, LP**

Street and **717 Texas Ave, Suite 2100**

City, State **Houston, TX 77002**

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



RETURNED

2015 0640 0003 5400 6942

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

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	\$

Postage \$

Total Po \$

Sent To **ConocoPhillips Company**

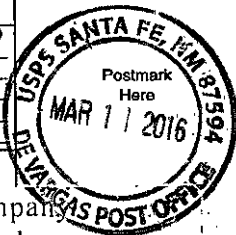
Street and **Attn: Tom Scarbrough**

City, State **600 N. Dairy Ashford**

2WL-15058

Houston, TX 77079

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



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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

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	\$

Postage \$

Total Po \$

Sent To **ConocoPhillips Company**

Street and **Attn: Tom Scarbrough**

City, State **600 N. Dairy Ashford**

2WL-15058

Houston, TX 77079

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

- 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:

ConocoPhillips Company
Attn: Tom Scarbrough
600 N. Dairy Ashford
2WL-15058
Houston, TX 77079

9590 9403 1012 5271 2644 02

2. **7015 0640 0003 5400 6942**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** ☒ Agent ☐ Addressee

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

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™
☐ Certified Mail Restricted Delivery	☐ Signature Confirmation Restricted Delivery

(over \$500)

7015 0640 0003 5400 6935

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

MHF/COG
STOVEPIPE 2H

For delivery information: **OFFICIAL**

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 \$

Postage \$

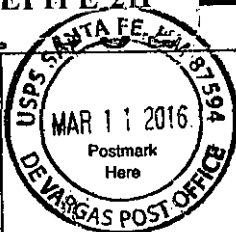
Total P. **ConocoPhillips Company**

Sent To **Attn: New Mexico Land Department**

Street **600 N. Dairy Ashford**

City, St **Houston, TX 77079**

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



7015 0640 0003 5400 6935

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

MHF/COG
STOVEPIPE 2H

For delivery information: **OFFICIAL**

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 \$

Postage \$

Total \$

Sent To **Hugh R Hawes IV**

Street **P.O. Box 528**

City, St **Pierce, TX 77467**

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:
ConocoPhillips Company
Attn: New Mexico Land Department
600 N. Dairy Ashford
Houston, TX 77079

2. Article Number: **9590 9403 1012 5271 2643 96**

7015 0640 0003 5400 6935

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 3/10

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

☐ Collect on Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery Restricted Delivery ☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 0640 0003 5400 6911

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

For delivery information, visit our **OFFICIAL** **STOVEPIPE 2H**

MHF/COG

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 \$

Postage \$

Total Postage \$

Sent To **J.D. Ferrel**

Street and Apt **502 Dakota St.**

City, State, Zip **Temple, TX 76504**

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

USPS SANTA FE, NM 87594
 MAR 11 2016
 Postmark Here
 DE VARGAS POST OFFICE

7015 0640 0003 5400 6904

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

For delivery information, visit our **OFFICIAL** **STOVEPIPE 2H**

MHF/COG

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 \$

Postage \$

Total \$

Sent To **Est. Barney L Alsobrook, decd.**

Street **4600 Erath St.**

City **Waco, TX 76710**

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

USPS SANTA FE, NM 87594
 MAR 11 2016
 Postmark Here
 DE VARGAS POST OFFICE

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **J.D. Ferrel** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **J.D. Ferrel** C. Date of Delivery **3-14-16**

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

1. Article Addressed to:
J.D. Ferrel
502 Dakota St.
Temple, TX 76504

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6911

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

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 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:
Est. Barney L Alsobrook, decd.
4600 Erath St.
Waco, TX 76710

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6904

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **Michael M. Alsobrook** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Michael M. Alsobrook** C. Date of Delivery **3/14/16**

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

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

7015 0640 0003 5400 6881

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

For delivery information, visit our **OFFICIAL** **STOVEPIPE 2H**

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 \$

Postage \$

Total Post \$

Sent To **Est. W.H. Kirby, decd**

Street and **1201 S. Broadway**

City, State, **Plainview, TX 79072**

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



7015 0640 0003 5400 6881

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

For delivery information, visit our **OFFICIAL** **STOVEPIPE 2H**

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 \$

Postage \$

Total Post \$

Sent To **Katherine Woltz Aven**

Street and **204 Ash**

City, State, **Plainview, TX 79072**

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



RETURNED

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:

Katherine Woltz Aven
204 Ash
Plainview, TX 79072

9590 9403 1012 5271 2629 41

2. Article Number (Transfer from mailpiece)

7015 0640 0003 5400 6881

PS Form 3811, July 2015 PSN 7530-02-000-9033

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

x Cheryl Wilson

B. Received by (Printed Name) **Cheryl Wilson**

C. Date of Delivery **3-16-16**

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™

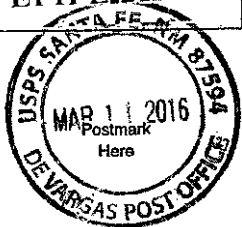
☐ Delivery Restricted Delivery ☐ Signature Confirmation - Restricted Delivery

☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

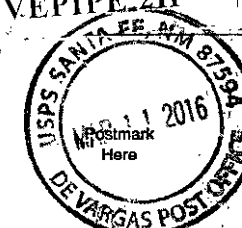
7015 0640 0003 5400 6874

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit	MHF/COG OFFIC STOVEPIPE 2H
Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	\$ 2.80
☒ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Total P.	\$
Sent To	Barry B Thompson
Street &	1856 Bugtussle Lane
City, St.	West, TX 76691
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



7015 0640 0003 5400 6867

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit	MHF/COG OFFIC STOVEPIPE 2H
Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	\$ 2.80
☒ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage	\$
Sent To	G Dan Thompson
Street and A	12107 Lueders Lane
City, State, Z	Dallas, TX 75230
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:

Barry B Thompson
1856 Bugtussle Lane
West, TX 76691

9590 9403 1012 5271 2629 34

2. Article Number (Transfer from service label)

7015 0640 0003 5400 6874

COMPLETE THIS SECTION ON DELIVERY

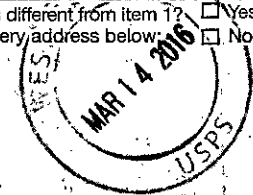
A. Signature

X *Barry B Thompson* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

76691 3/14/16

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 | |

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

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:

G Dan Thompson
12107 Lueders Lane
Dallas, TX 75230

9590 9403 1012 5271 2629 27

2. Article Number (Transfer from service label)

7015 0640 0003 5400 6867

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *G Dan Thompson* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-14-16

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 | |

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

Domestic Return Receipt

7015 0640 0003 5400 6850

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

For delivery information, visit **OFFICIAL** MHF/COG STOVEPIPE 2H

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 \$

Postage \$
 Total Postage \$

Sent To Hayes Land & Production
 P.O. Box 51407
 Street and Apt. Midland, TX 79710
 City, State, Zi.

PS Form 3800, April 2015, PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA FE, NM 87594
 MAR 11 2016
 DE VARGAS POST OFFICE

7015 0640 0003 5400 6843

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

For delivery information, visit **OFFICIAL** MHF/COG STOVEPIPE 2H

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 \$

Postage \$
 Total Postage \$

Sent To Hayes Land, L.P.
 P.O. Box 51510
 Street and Apt. Midland, TX 79710
 City, State, Zi.

PS Form 3800, April 2015, PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA FE, NM 87594
 MAR 11 2016
 DE VARGAS POST OFFICE

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:

Hayes Land & Production
 P.O. Box 51407
 Midland, TX 79710

9590 9403 0670 5183 6848 25

2. Article Number (Transfer from service label)

7015 0640 0003 5400 6850

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)

Andrew Birus

C. Date of Delivery

3/22/16

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

Domestic Return Receipt

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

For delivery information, visit **OFFICIAL** MHF/COG STOVEPIPE 2H

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 \$

Postage \$
 Total Postage \$

Sent To Hayes Land, L.P.
 P.O. Box 51510
 Street and Apt. Midland, TX 79710
 City, State, Zi.

PS Form 3800, April 2015, PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA FE, NM 87594
 MAR 11 2016
 DE VARGAS POST OFFICE

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:

Hayes Land, L.P.
 P.O. Box 51510
 Midland, TX 79710

9590 9403 0670 5183 6848 18

2. Article Number (Transfer from service label)

7015 0640 0003 5400 6843

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)

Peggy Andrews

C. Date of Delivery

3-14-16

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

Domestic Return Receipt

7015 0640 0003 5400 6836

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

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 \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To **RBP Land Company Trust**
 Street and Apt. **P.O. Box 10392**
 City, State, Zip **Midland, TX 79702**

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



7015 0640 0003 5400 6829

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

For delivery information, visit **OFFICIAL** **MHF/COG**
STOVEPIPE 2H

Certified Mail Fee
 \$ 3.45

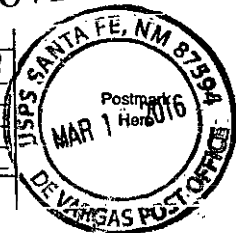
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To **Chevron USA Inc.**
 Street and Apt. **Delaware Basin - New Mexico**
 City, State, Zip **Chevron North America Exploration and Production Company**
1400 Smith St.
Houston, TX 77002

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION **ADDRESSEE'S SECTION ON DELIVERY**

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

1. Article Addressed to:
RBP Land Company Trust
P.O. Box 10392
Midland, TX 79702

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6836

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

A. Signature
X *Robert Porter* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Robert Porter

C. Date of Delivery
3-16-16

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

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

SENDER: COMPLETE THIS SECTION **ADDRESSEE'S SECTION ON DELIVERY**

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

1. Article Addressed to:
Chevron USA Inc.
Delaware Basin - New Mexico
Chevron North America Exploration and Production Company
1400 Smith St.
Houston, TX 77002

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6829

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

A. Signature
X *Robert Porter* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Robert Porter

C. Date of Delivery
3-16-16

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

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