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

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P. FOR POOL CONTRACTION, POOL CREATION AND SPECIAL POOL RULES, EDDY COUNTY, NEW MEXICO. **Case No. 15,412**

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Devon Energy Production Company, L.P.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners and operators entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners and operators, at their last known addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rule NMAC 19.15.4.

James Bruce

SUBSCRIBED AND SWORN TO before me this 2nd day of December, 2015 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-18

My Commission Expires: _____

Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 7

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruc@aol.com

November 5, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for pool contraction, pool creation, and special pool rules, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding a proposed Bone Spring pool covering Sections 20-22 and 27-29, Township 19 South, Range 29 East, N.M.P.M., in Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 3, 2015, at the Division's offices at 1220 South St. 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 contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, November 25, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce
Attorney for Devon Energy Production Company, L.P.

Attachment A

Ryan Perdue
850 Amorosa Place
Venice, CA 90291

Travis Nida
1919 Limbeck Lane
Midlothian, VA 23112

Kathryn Oliviero
302 Lamp Post Lane
Camp Hill, PA 17011

Whitney Van Der Hyde
3213 Queens Grant Drive
Midlothian, VA 23113

Steven Spedden
220 Spring Crest Circle
Salisbury, MD 21804

Allison Hildebrand
30 Sandy Hill Road
Middlebury, CT 06762

Susan Eliason
3049 Mansfield Lane
Virginia Beach, VA 23457

Taryn Loyd
3300 Pond Chase Court
Midlothian, VA 23113

Jason Oliviero
10 Buckingham Way
Bedford, NH 03110

Hal Dean
c/o Ms. Ann Creamer
P.O. Box 51307
Midland, TX 79710

Idzig
20445 SH 249, Suite 150
Houston, TX 77070

EXHIBIT A

Cimarex Energy Company
202 South Cheyenne Avenue, STE 1000
Tulsa, OK 74103

CHI Operating Inc.
P.O. Box 1799
Midland, TX 79702

Read and Stevens Inc.
P.O. Box 1518
Roswell, NM 88202

Myco Industries Inc.
P.O. Box 840
Artesia, NM 88211

Legacy Reserves Operating, LP
P.O. Box 10848
Midland, TX 79702

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, TX 77210

COG Operating, LLC
600 W. Illinois Avenue
Midland, TX 79701

Stroube Energy
18208 Preston Road, Suite D9249
Dallas, TX 75252

SM Energy Company
3300 North A Street, Bldg. #7
Suite 200
Midland, TX 79705

Headington Oil Company, LP
1700 N. Redbud Drive, Ste. 400
McKinney, TX 75069

Marcia Fuller French
P. O. Box 11327
Midland, TX 79702

STRATA Production Co.
P.O. Box 1030
Roswell, NM 88202-1030

Olive Dilworth
1909 West 22nd Place
Chicago, IL 60608-4205

Merit Energy Company
13727 Noel Road, Suite 500
Dallas, TX 75240-7312

Southwest Royalties Inc.
6 Desta Drive, Suite 2100
Midland, TX 79705

Magnum Hunter
600 N. Marienfeld, Suite 600
Midland, TX 79701

North American Energy
500 Crescent Court, Suite 270
Dallas, TX 75201

VF Petroleum Inc.
P.O. Box 1889
Midland, TX 79702

Warden Dilworth
3 Drake Lane
Scarborough, ME 04074-0325

Harvey M. Krueger
745 Seventh Avenue
New York, NY 10019

Mewbourne Oil Co.
P.O. Box 5270
Hobbs, NM 88241

Nicholas Lamont
244 Ridgewood Avenue
Hamden, CT 06517

Stanley O Jester
3470 Wrangler Way
Park City, UT 84098-4810

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

Bivins Energy Corporation
4925 Greenville Avenue, Suite 814
Dallas, TX 75206

Thomas A. Kenny
12850 Marsh Landing
Palm Beach Garden, FL 34418

OXY USA Inc.
P.O. Box 4294
Houston, TX 77210

Christopher Perdue
7522 Stephen Decatur Hwy
Berlin, MD 21811

Christopher Oliviero
458 Rolling Road
Salisbury, MD 21801

Michael Oliviero
102 Robinson Street
Los Angeles, CA 90026

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.

Steven Spedden
220 Spring Crest Circle
Salisbury, MD 21804

9590 9403 0764 5196 3281 10

Article Number (Transfer from service label)
7013 3020 0000 4609 1794

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Steven Spedden ☐ Agent ☐ Addressee

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

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

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

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

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Restricted Delivery Fee (Endorsement Required)
Total Postage
Sent To
Street, Apt. or PO Box
City, State, ZIP+4

Postmark Here

STRATA Production Co.
P.O. Box 1030
Roswell, NM 88202-1030

7013 3020 0000 4609 1671

PS Form 3800, August 2006 See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage
Sent To
Street, Apt. or PO Box
City, State, ZIP+4

Postmark Here

Steven Spedden
220 Spring Crest Circle
Salisbury, MD 21804

7013 3020 0000 4609 1794

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1.

STRATA Production Co.
P.O. Box 1030
Roswell, NM 88202-1030

9590 9403 0764 5196 3282 33

Article Number (Transfer from service label)
7013 3020 0000 4609 1671

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Erica Delehan
C. Date of Delivery 6 NOV 2015

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

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

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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.

Magnum Hunter
600 N. Marienfeld, Suite 600
Midland, TX 79701

9590 9403 0764 5196 3284 17

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1497

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-9-15

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

3. Service Type

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

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total P

Postmark Here

Sent To Christopher Oliviero
Street, or PO E 458 Rolling Road
City, Sta Salisbury, MD 21801

7013 3020 0000 4609 1633

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

Postmark Here

Sent T Magnum Hunter
Street or PO 600 N. Marienfeld, Suite 600
City, State, ZIP+4 Midland, TX 79701

7013 3020 0000 4609 1497

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1.

Christopher Oliviero
458 Rolling Road
Salisbury, MD 21801

9590 9403 0764 5196 3282 71

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1633

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type

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

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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. Ar

Hal Dean
c/o Ms. Ann Creamer
P.O. Box 51307
Midland, TX 79710

9590 9403 0764 5196 3281 34

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1770

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Ann Creamer ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/9/15

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

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

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage

Postmark Here

Sent To
Travis Nida
Street, Apt. No. or PO Box No.
1919 Limbeck Lane
City, State, ZIP+4
Midlothian, VA 23112

7013 3020 0000 4609 1787

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage

Postmark Here

Sent To
Hal Dean
Street, Apt. No. or PO Box No.
c/o Ms. Ann Creamer
P.O. Box 51307
City, State, ZIP+4
Midland, TX 79710

7013 3020 0000 4609 1770

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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.

Travis Nida
1919 Limbeck Lane
Midlothian, VA 23112

9590 9403 0764 5196 3281 27

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1787

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Travis Nida C. Date of Delivery 11/9/15

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

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

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- 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. Jason Oliviero
10 Buckingham Way
Bedford, NH 03110

9590 9403 0764 5196 3280 66

7013 3020 0000 4609 1848

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jason Oliviero C. Date of Delivery 11/18/17

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
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sured Mail Restricted Delivery
ver $500)

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Restricted Delivery Fee (Endorsement Required)
Total
Postmark Here

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

SM Energy Company
3300 North A Street, Bldg. #7
Suite 200
Midland, TX 79705

7013 3020 0000 4609 1664

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Restricted Delivery Fee (Endorsement Required)
Total
Postmark Here

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

Jason Oliviero
10 Buckingham Way
Bedford, NH 03110

7013 3020 0000 4609 1848

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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. SM Energy Company
3300 North A Street, Bldg. #7
Suite 200
Midland, TX 79705

9590 9403 0764 5196 3282 40

7013 3020 0000 4609 1664

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No
6301 Holiday Hill Rd
Build 1
Midland TX 79707

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
nsured Mail
nsured Mail Restricted Delivery
over $500)

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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:

Southwest Royalties Inc.
6 Desta Drive, Suite 2100
Midland, TX 79705

9590 9403 0764 5196 3282 26

7013 3020 0000 4609 1688

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) T. Parnell C. Date of Delivery 1/10

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

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

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7013 3020 0000 4609 1701

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City, State, ZIP+4

Postmark Here

Mewbourne Oil Co.
P.O. Box 5270
Hobbs, NM 88241

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1688

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Restricted Delivery Fee (Endorsement Required)
Total Postage
Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Postmark Here

Southwest Royalties Inc.
6 Desta Drive, Suite 2100
Midland, TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mewbourne Oil Co.
P.O. Box 5270
Hobbs, NM 88241

9590 9403 0764 5196 3282 02

7013 3020 0000 4609 1701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

HOBBS NM 88 NOV 9 2015 USPS

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

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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. Myco Industries Inc.
P.O. Box 840
Artesia, NM 88211

9590 9403 0764 5196 3284 55

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1459

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Colby Hamilton] C. Date of Delivery 11-9-15

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

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

Domestic Return Receipt

7013 3020 0000 4609 1466

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Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total P

Postmark Here

Sent To
Street, A
or PO Bc
City, Stat

COG Operating, LLC
600 W. Illinois Avenue
Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1459

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

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

OFFICIAL USE

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

Postmark Here

Sent To
Street, A
or PO Bc
City, State,

Myco Industries Inc.
P.O. Box 840
Artesia, NM 88211

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. A
COG Operating, LLC
600 W. Illinois Avenue
Midland, TX 79701

9590 9403 0764 5196 3284 48

2. Ar
7013 3020 0000 4609 1466

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Andrea Arispe ☐ Agent ☐ Addressee

B. Received by (Printed Name) Andrea Arispe C. Date of Delivery 11/9/15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ 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. Nicholas Lamont
244 Ridgewood Avenue
Hamden, CT 06517

9590 9403 0764 5196 3283 94

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1510

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

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

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OFFICIAL USE

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

Postmark Here

Sent To: Olive Dilworth
Street, Apt. or PO Box: 1909 West 22nd Place
City, State: Chicago, IL 60608-4205

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1480

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. Olive Dilworth
1909 West 22nd Place
Chicago, IL 60608-4205

9590 9403 0764 5196 3284 24

2. 7013 3020 0000 4609 1480

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

NOV 10 2015 USPS

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

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

---

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OFFICIAL USE

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

Postmark Here

Sent To: Nicholas Lamont
Street, Apt. or PO Box: 244 Ridgewood Avenue
City, State: Hamden, CT 06517

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1510

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. A

Bivins Energy Corporation
4925 Greenville Avenue, Suite 814
Dallas, TX 75206

9590 9403 0764 5196 3283 87

7013 3020 0000 4609 1527

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Louise D. Bivins ☐ 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
(over $500)

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

7013 3020 0000 4609 1589

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OFFICIAL USE

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

Postmark Here

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

Merit Energy Company
13727 Noel Road, Suite 500
Dallas, TX 75240-7312

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1527

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OFFICIAL USE

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

Postmark Here

Sent To
Street, Ap or PO Box
City, State, ZIP+4

Bivins Energy Corporation
4925 Greenville Avenue, Suite 814
Dallas, TX 75206

Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1.

Merit Energy Company
13727 Noel Road, Suite 500
Dallas, TX 75240-7312

9590 9403 0764 5196 3283 25

7013 3020 0000 4609 1589

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

Mail
Mail Restricted Delivery
300)

PS Form 3811, April 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:

Legacy Reserves Operating, LP
P.O. Box 10848
Midland, TX 79702

9590 9403 0764 5196 3283 56

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1558

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J Cuellar C. Date of Delivery 11-12-15

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

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

ed Mail
ed Mail Restricted Delivery $500)

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

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OFFICIAL USE

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

Postmark Here

Sent To
Street, A
or PO Bo
City, Sta

CHI Operating Inc.
P.O. Box 1799
Midland, TX 79702

7013 3020 0000 4609 1541

PS Form 3800, August 2006 See Reverse for Instructions

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OFFICIAL USE

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

Postmark Here

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

Legacy Reserves Operating, LP
P.O. Box 10848
Midland, TX 79702

7013 3020 0000 4609 1558

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHI Operating Inc.
P.O. Box 1799
Midland, TX 79702

9590 9403 0764 5196 3283 63

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dianna Bell C. Date of Delivery 11-12-15

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

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

ed Mail
ed Mail Restricted Delivery $500)

PS Form 3811, April 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:

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, TX 77210

9590 9403 0764 5196 3282 57

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1657

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) BARBARA JORDAN POSTAL CLERK

C. Date of Delivery

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

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

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

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OFFICIAL USE

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

Postmark Here

Sent To
Taryn Loyd
Street, Apt. No., or PO Box No. 3300 Pond Chase Court
City, State, ZIP+4 Midlothian, VA 23113

7013 3020 0000 4609 1800

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

Sent To
OXY USA WTP Limited Partnership
Street, Apt. No., or PO Box No. P.O. Box 4294
City, State, ZIP+4 Houston, TX 77210

7013 3020 0000 4609 1657

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Taryn Loyd
3300 Pond Chase Court
Midlothian, VA 23113

9590 9403 0764 5196 3281 03

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1800

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name)

C. Date of Delivery 11/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
13341 Olde Stonegate Rd.

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

PS Form 3811, April 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. Kathryn Oliviero
302 Lamp Post Lane
Camp Hill, PA 17011

9590 9403 0764 5196 3280 80

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1824

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 11/9/15

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

Jesse Boell

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

Domestic Return Receipt

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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.
City, State, ZIP+4

Allison Hildebrand
30 Sandy Hill Road
Middlebury, CT 06762

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1831

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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.
City, State, ZIP+4

Kathryn Oliviero
302 Lamp Post Lane
Camp Hill, PA 17011

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1824

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. Allison Hildebrand
30 Sandy Hill Road
Middlebury, CT 06762

9590 9403 0764 5196 3280 73

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1831

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) H. Hildebrand | C. Date of Delivery 11-16

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VF Petroleum Inc.
P.O. Box 1889
Midland, TX 79702

9590 9403 0764 5196 3282 19

7013 3020 0000 4609 1695

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Andrea Andrade ☐ Agent ☑ Addres

B. Received by (Printed Name) Andrea Andrade C. Date of Deli 10-12-15

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

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

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

7013 3020 0000 4609 1725

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement R
Total Postage
Postmark Here

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

OXY USA Inc.
P.O. Box 4294
Houston, TX 77210

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1695

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorso
Total P
Postmark Here

Sent To
Street, A
or PO B
City, State, ZIP+4

VF Petroleum Inc.
P.O. Box 1889
Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. A

OXY USA Inc.
P.O. Box 4294
Houston, TX 77210

9590 9403 0764 5196 3281 89

7013 3020 0000 4609 1725

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

PS Form 3811, April 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:

Cimarex Energy Company
202 South Cheyenne Avenue, STE 1000
Tulsa, OK 74103

9590 9403 0764 5196 3284 62

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Justin Wallace ☐ Agent ☐ Addressee

B. Received by (Printed Name): JUSTIN WALLACE 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7013 3020 0000 4609 1442

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

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OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorser
Total P
Sent To
Street, A or PO Bo
City, State,

Postmark Here

Headington Oil Company, LP
1700 N. Redbud Drive, Ste. 400
McKinney, TX 75069

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1473

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Po
Sent To
Street, Apt. or PO Box N
City, State, Z

Postmark Here

Cimarex Energy Company
02 South Cheyenne Avenue, STE 1000
Tulsa, OK 74103

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1442

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

1. Article Addressed to:

Headington Oil Company, LP
1700 N Redbud Drive, Ste. 400
McKinney, TX 75069

9590 9403 0764 5196 3284 31

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1473

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Gina Holin ☐ Agent ☐ Addressee

B. Received by (Printed Name): Gina Holin C. Date of Delivery: 11-10-15

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

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

stricted Delivery

PS Form 3811, April 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.

Marcia Fuller French
P. O. Box 11327
Midland, TX 79702

9590 9403 0764 5196 3283 32

7013 3020 0000 4609 1572

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Royce Fort ☐ Agent ☐ Addressee

B. Received by (Printed Name) Royce Fort | C. Date of Delivery 11/12/15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ured Mail
☐ ured Mail 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, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

OFFICIAL USE

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

Postmark Here

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

North American Energy
500 Crescent Court, Suite 270
Dallas, TX 75201

7013 3020 0000 4609 1596

PS Form 3800, August 2006 See Reverse for Instructions

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

OFFICIAL USE

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

Postmark Here

Sent To
Street, A... or PO B...
City, State, ZIP+4

Marcia Fuller French
P. O. Box 11327
Midland, TX 79702

7013 3020 0000 4609 1572

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1.

North American Energy
500 Crescent Court, Suite 270
Dallas, TX 75201

9590 9403 0764 5196 3283 18

7013 3020 0000 4609 1596

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) WRGOFF | C. Date of Delivery 11-13-15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ ...ct on Delivery Restricted Delivery
☐ ...d Mail
☐ ...d Mail 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, April 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. Stroube Energy
18208 Preston Road, Suite D9249
Dallas, TX 75252

9590 9403 0764 5196 3283 49

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1565

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Spencer Hill C. Date of Delivery 4/7/2

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

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

7013 3020 0000 4609 1602

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

OFFICIAL USE

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

Sent To Harvey M. Krueger
Street, Apt. No. or PO Box No. 745 Seventh Avenue
City, State, ZIP+4 New York, NY 10019

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1565

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OFFICIAL USE

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

Sent To Stroube Energy
Street, Apt. No. or PO Box No. 18208 Preston Road, Suite D9249
City, State, ZIP+4 Dallas, TX 75252

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1565

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. Harvey M. Krueger
745 Seventh Avenue
New York, NY 10019

9590 9403 0764 5196 3283 01

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1602

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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. Thomas A. Kenny
12850 Marsh Landing
Palm Beach Garden, FL 34418

9590 9403 0764 5196 3282 88

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Thomas Kenny ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARS KENNY C. Date of Delivery 11/4/15

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

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

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

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OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery (Endorsement Required)
Total Postage and Fees
Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Postmark Here

Idzig
20445 SH 249, Suite 150
Houston, TX 77070

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1817

U.S. Postal Service™
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Return Receipt Fee (Endorsement Required)
Restricted Delivery (Endorsement Required)
Total Postage and Fees
Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Postmark Here

Thomas A. Kenny
12850 Marsh Landing
Palm Beach Garden, FL 34418

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1626

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. Idzig
20445 SH 249, Suite 150
Houston, TX 77070

9590 9403 0764 5196 3280 97

2. Article Number (Transfer from service label)
7013 3020 0000 4609 1817

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C.

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

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

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

7013 3020 0000 4609 1503

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OFFICIAL USE

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

Postmark Here

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

Warden Dilworth
3 Drake Lane
Scarborough, ME 04074-0325

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Warden Dilworth
3 Drake Lane
Scarborough, ME 04074-0325

9590 9403 0764 5196 3284 00

2. 7013 3020 0000 4609 1503

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Warden Dilworth ☐ Agent ☑ Addressee

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

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

SCARBOROUGH, ME 04074 NOV 23 2015 USPS

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
stricted Delivery

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

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USPS Tracking®

Customer Service ›
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Tracking Number: 70133020000046091732

Updated Delivery Day: Thursday, November 12, 2015

Product & Tracking Information

Postal Product: **Features:** Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
November 12, 2015 , 1:09 pm	Delivered	LOS ANGELES, CA 90026
Your item was delivered at 1:09 pm on November 12, 2015 in LOS ANGELES, CA 90026.		
November 12, 2015 , 9:13 am	Out for Delivery	LOS ANGELES, CA 90026
November 12, 2015 , 9:03 am	Sorting Complete	LOS ANGELES, CA 90026
November 12, 2015 , 4:38 am	Arrived at Unit	LOS ANGELES, CA 90026
November 11, 2015 , 2:39 am	Departed USPS Facility	LOS ANGELES, CA 90052
November 10, 2015 , 5:40 [illegible]	Arrived at USPS Facility	LOS ANGELES, CA 90052

Available Actions

Text Updates

Email Updates

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Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Michael Oliviero
102 Robinson Street
Los Angeles, CA 90026

PS Form 3800, August 2006 See Reverse for Instructions

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Tracking Number: 70133020000046091763

Updated Delivery Day: Tuesday, November 17, 2015

Product & Tracking Information

Postal Product: | **Features:** Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
November 16, 2015 , 2:19 pm	Delivered	VIRGINIA BEACH, VA 23457

Your item was delivered at 2:19 pm on November 16, 2015 in VIRGINIA BEACH, VA 23457.

Available Actions

Text Updates

Email Updates

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.
City, State, ZIP+4

Susan Eliason
3049 Mansfield Lane
Virginia Beach, VA 23457

PS Form 3800, August 2006 See Reverse for Instructions

7014 6094 0000 0200 4701

VIRGINIA BEACH, VA 23457

NORFOLK, VA 23501

NORFOLK, VA 23501

ALBUQUERQUE, NM 87101

ALBUQUERQUE, NM 87101

Track It

Manage Incoming Packages

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Tracking Number: **70133020000046091640**

Updated Delivery Day: **Monday, November 9, 2015**

Product & Tracking Information

Postal Product: **Features:** Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
November 10, 2015 , 8:58 am	Delivered	ROSWELL, NM 88201
Your item was delivered at 8:58 am on November 10, 2015 in ROSWELL, NM 88201.		
November 9, 2015 , 9:07 am	Available for Pickup	ROSWELL, NM 88202
November 9, 2015 , 8:59 am	Arrived at Unit	ROSWELL, NM 88201
November 9, 2015 , 8:06 am	Out for Delivery	ROSWELL, NM 88203
November 9, 2015 , 7:56 am	Sorting Complete	ROSWELL, NM 88203

Available Actions

Text Updates

Email Updates

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

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Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
Tot
Sent
Stree
or PC
City,

Read and Stevens Inc.
P.O. Box 1518
Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 0640

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
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Customer Service ›
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Tracking Number: 70133020000046091749

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
November 8, 2015 , 8:22 pm	Departed USPS Facility	LOS ANGELES, CA 90052

Your item departed our USPS facility in LOS ANGELES, CA 90052 on November 8, 2015 at 8:22 pm.
The item is currently in transit to the destination.

November 7, 2015 , 1:40 pm	Arrived at USPS Facility	LOS ANGELES, CA 90052
November 5, 2015 , 9:38 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
November 5, 2015 , 8:52 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Available Actions

Text Updates

Email Updates

Track Another Package

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	

Postmark Here

Sent To

Ryan Perdue
850 Amorosa Place
Venice, CA 90291

Street, Apt. or PO Box

City, State,

PS Form 3800, August 2006 See Reverse for Instructions

OTHER USPS SITES	LEGAL INFORMATION
Business Customer Gateway	Privacy Policy
Postal Inspectors	Terms of Use
Inspector General	FOIA
Postal Explorer	No FEAR Act EEO Data
National Postal Museum	
Resources for Developers	

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USPS Tracking®

Customer Service ›
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Tracking Number: 70133020000046091718

Product & Tracking Information

Postal Product: **Features:** Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
November 7, 2015 , 8:31 pm	Departed USPS Facility	MIDLAND, TX 79711

Your item departed our USPS facility in MIDLAND, TX 79711 on November 7, 2015 at 8:31 pm. The item is currently in transit to the destination.

November 7, 2015 , 1:16 pm	Arrived at USPS Facility	MIDLAND, TX 79711
November 5, 2015 , 9:38 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
November 5, 2015 , 8:57 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Available Actions

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
Total
Sent T
Stree or PC
City,

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1718

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS ›

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Deli (Endorsement F
Total Postag

Postmark Here

Whitney Van Der Hyde
3213 Queens Grant Drive
Midlothian, VA 23113

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1756

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

12/16/2015

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

CERTIFIED MAIL™

7013 3020 0000 4609 1756

LW
11/16

Whitney Van Der Hyde
3213 Queens Grant Drive
Midlothian, VA 23113

$6.70⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000081120

USA
FOREVER

UNC

NIXIE 231 DE 1009 6..
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0968-

23113333779 RO
87504-01056

7013 3020 0000 4609 1619

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To
Stanley O Jester
Street, Apt. No., or PO Box No.
3470 Wrangler Way
City, State, ZIP+4
Park City, UT 84098-4810

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

7013 3020 0000 4609 1619

$6.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000081112

Stanley O Jester
3470 Wrangler Way
Park City, UT 84098-4810

11 | 10 ON HOLD
11 | 17

NIXIE 841 DE 1 0012/04/15
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

87504@1056

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CERTIFIED MAIL™ RECEIPT
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here

Sent To
Christopher Perdue
Street, Apt. No., or PO Box No.
7522 Stephen Decatur Hwy
City, State, ZIP+4
Berlin, MD 21811

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1534

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
000081100

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

7013 3020 0000 4609 1534

Christopher Perdue
7522 Stephen Decatur Hwy
Berlin, MD 21811

USA
FOREVER

87504$1056 B008

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruc@aol.com

November 12, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for pool contraction, pool creation, and special pool rules, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding a proposed Bone Spring pool covering Sections 20-22 and 27-29, Township 19 South, Range 29 East, N.M.P.M., in Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 3, 2015, at the Division's offices at 1220 South St. 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 contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, November 25, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Devon Energy Production Company, L.P.

Bean Family Limited Partnership
P.O. Box 1738
Roswell, NM 88202

Tracy Clark
P.O. Box 52067
Midland, Texas 79710

Wallace H. Scott Unified Credit Trust
Attn: Dorothy Cecile Scott
111 Congress Avenue, Street 600
Austin, Texas 78701

State of New Mexico
P.O. Box 1148
Santa Fe, New Mexico 87504

White Wing Trust
Attn: Paul White
P.O. Box 294466
Kerrville, Texas 78029

First Century Oil, Inc.
P.O. Box 1518
Roswell, NM 88202

M Boling Development LLC
P.O. Box 1514
Roswell, New Mexico 88202

FISCO, Inc.
Attn: Bobby Carroll
P.O. Box 3087
Roswell, New Mexico 88202

Boling Enterprises Ltd
P.O. Box 2563
Roswell, New Mexico 88202

EXHIBIT A

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:

First Century Oil, Inc.
P.O. Box 1518
Roswell, NM 88202

9590 9402 1240 5246 2007 65

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1978

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

ROSWELL, NM NOV 16 2015

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

7013 3020 0000 4609 1954

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OFFICIAL USE

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

Postmark Here

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

FISCO, Inc.
Attn: Bobby Carroll
P.O. Box 3087
Roswell, New Mexico 88202

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1978

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

Postmark Here

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

First Century Oil, Inc.
P.O. Box 1518
Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FISCO, Inc.
Attn: Bobby Carroll
P.O. Box 3087
Roswell, New Mexico 88202

9590 9402 1240 5246 2007 41

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1954

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobby Carroll ☑ Agent ☐ Addressee

B. Received by (Printed Name) Bobby Carroll C. Date of Delivery 11-16-15

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

NOV 16 2015 NM 88201

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
Mail 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:

M Boling Development LLC
P.O. Box 1514
Roswell, New Mexico 88202

9590 9402 1240 5246 2007 10

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1923

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

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

ROSWELL, N.M. NOV 16 2015 88201

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

7013 3020 0000 4609 1909

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

Postmark Here

Sent To

Street, Ap or PO Bo

City, State

Bean Family Limited Partnership
P.O. Box 1738
Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1923

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OFFICIAL USE

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

Postmark Here

Sent To

Street, or PO B

City, St

M Boling Development LLC
P.O. Box 1514
Roswell, New Mexico 88202

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1909

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:

Bean Family Limited Partnership
P.O. Box 1738
Roswell, NM 88202

9590 9402 1240 5246 2006 97

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1909

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

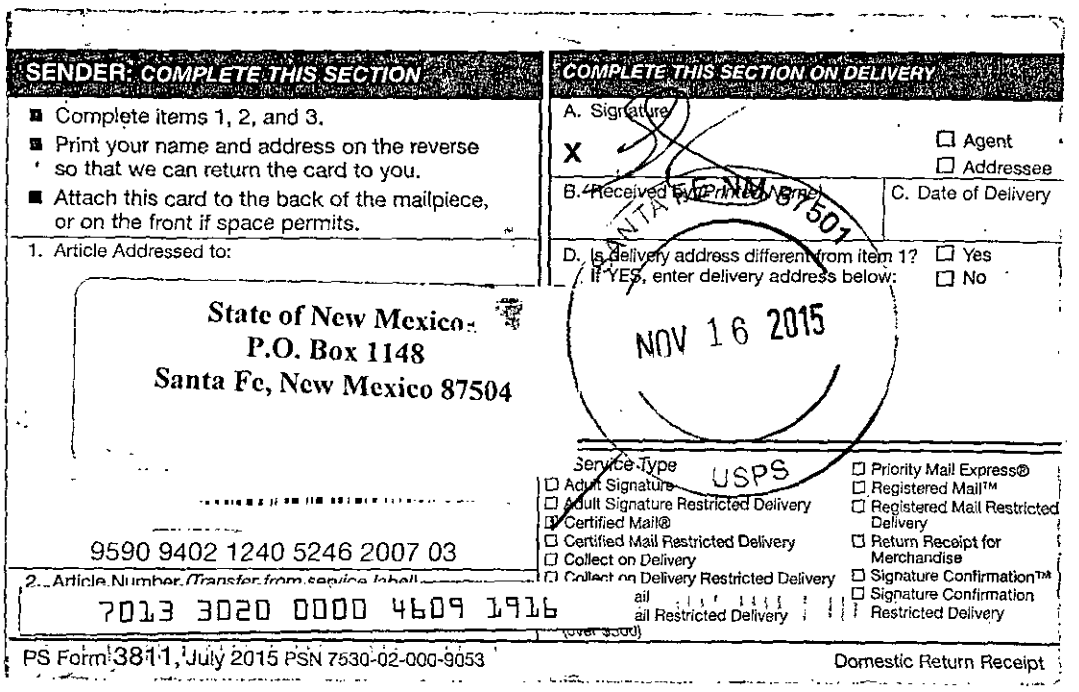
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

ROSWELL, NM NOV 17 2015 88201

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



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:

State of New Mexico
P.O. Box 1148
Santa Fe, New Mexico 87504

9590 9402 1240 5246 2007 03

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

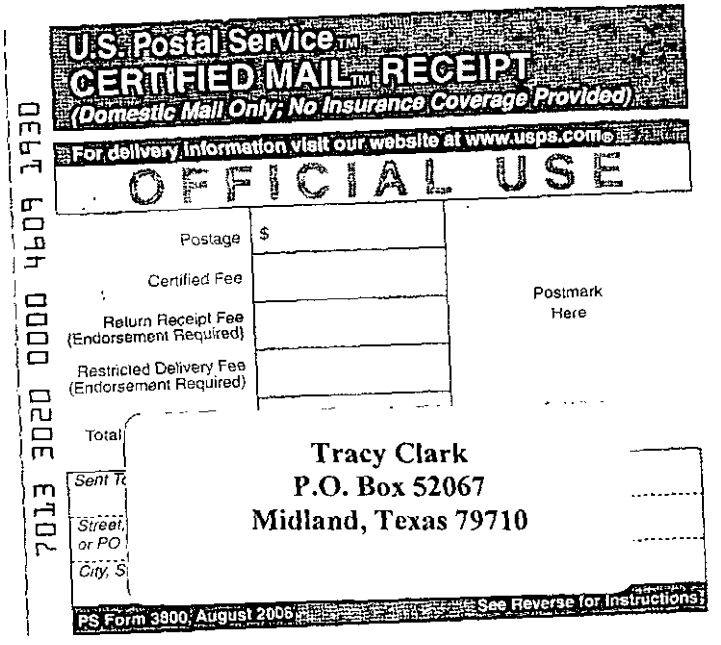
C. Date of Delivery

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

SANTA FE NM 87501
NOV 16 2015
USPS

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



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Restricted Delivery Fee (Endorsement Required)
Total

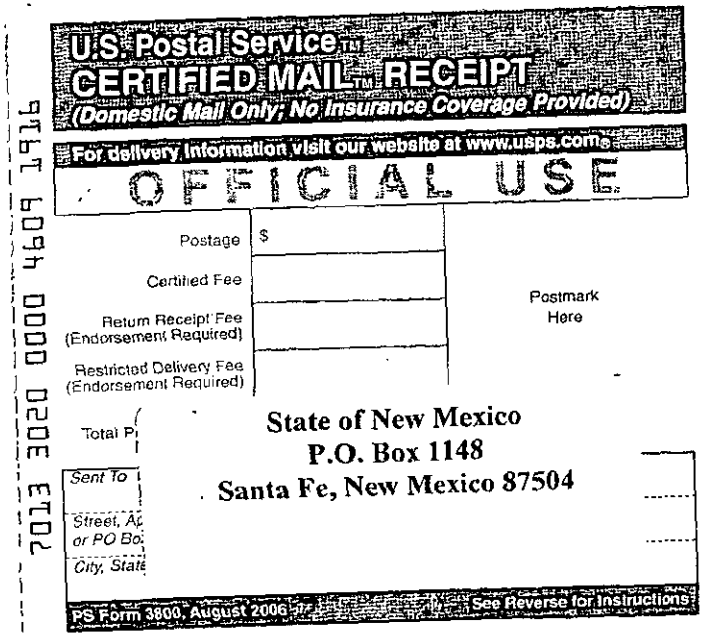
Postmark Here

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

Tracy Clark
P.O. Box 52067
Midland, Texas 79710

7013 3020 0000 4609 1930

PS Form 3800, August 2006 See Reverse for Instructions



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Restricted Delivery Fee (Endorsement Required)
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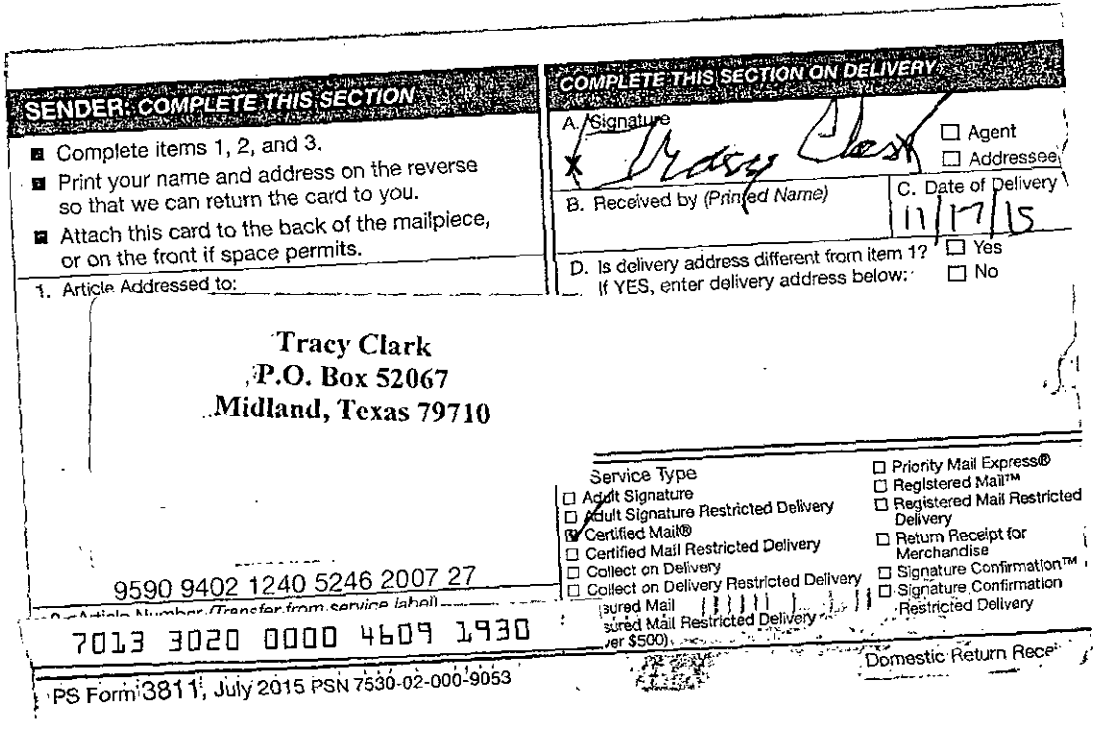
or PO Box
City, State

State of New Mexico
P.O. Box 1148
Santa Fe, New Mexico 87504

7013 3020 0000 4609 1916

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tracy Clark
P.O. Box 52067
Midland, Texas 79710

9590 9402 1240 5246 2007 27

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1930

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tracy Clark
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
11/17/15

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

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

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:

White Wing Trust
Attn: Paul White
P.O. Box 294466
Kerrville, Texas 78029

9590 9402 1240 5246 2007 34

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1947

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Susan Dial ☐ Agent ☒ Addressee

B. Received by (Printed Name) Susan Dial C. Date of Delivery 11-17-15

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

3. Service Type

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

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

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

Boling Enterprises Ltd
P.O. Box 2563
Roswell, New Mexico 88202

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1985

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Restricted Delivery Fee (Endorsement Required)
Total Postage

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

White Wing Trust
Attn: Paul White
P.O. Box 294466
Kerrville, Texas 78029

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1947

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:

Boling Enterprises Ltd
P.O. Box 2563
Roswell, New Mexico 88202

9590 9402 1240 5246 2007 72

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1985

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert M. Boling ☐ Agent ☐ Addressee

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

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

NOV 17 2015 88201 NM

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)

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

 ORRI

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Tracking Number: 70133020000046091961

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
November 18, 2015 , 11:38 am	Delivered, Individual Picked Up at Postal Facility	AUSTIN, TX 78701

Your item was picked up at a postal facility at 11:38 am on November 18, 2015 in AUSTIN, TX 78701.

Available Actions

Text Updates

Email Updates

Track Another Package

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Pos

Sent To
Wallace H. Scott Unified Credit Trust
Attn: Dorothy Cecile Scott
Street, Apt. or PO Box I
111 Congress Avenue, Street 600
City, State,
Austin, Texas 78701

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1961

✓

Search or Enter a Tracking Number