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

APPLICATION OF MATADOR PRODUCTION COMPANY FOR A NON-STANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

CASE NO. 15525

AFFIDAVIT

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

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

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 3rd day of August 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 CONVERSATION DIVISION
Santa Fe, New Mexico
Exhibit No. 5
Submitted by: **MATADOR PRODUCTION**
Hearing Date: August 4, 2016

HOLLAND&HART

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

July 15, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of Matador Production Company for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Eland State 32-18S-33E RN No. 124H Well

Ladies & Gentlemen:

This letter is to advise you that Matador Production Company 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 August 4, 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 business 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 Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

HOLLAND&HART LLP

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

July 15, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of Matador Production Company for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Eland State 32-18S-33E RN No. 124H Well

This letter is to advise you that Matador Production Company 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 August 4, 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 Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

MATADOR ELAND 124H WELL

Eland 124 Compulsory Pooling Contact Info:
Parties to be pooled:

Rohoel, Inc.
1600 Broadway, Suite 1050
Denver, Colorado 80202

Sybil Blackman Carney
1030 W. Bay Avenue
Newport Beach, CA 92661

Sybil Blackman Carney
1322 Borchard
Santa Ana, California 92705

Dr. Robert B. Cahan and
Bernice A. Cahan
4154 Garden Bar Road
Lincoln, California 95648

Offset Notice:

Cimarex Energy Co.
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

State of New Mexico
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

ARD OIL LP
222 W 4TH ST PH 5
FORT WORTH TX 76102

BLACK HILLS GAS
RESOURCES INC
1515 WYNKOOP ST STE 500
DENVER CO 802022062

BURSAKE LLC
PO BOX 51407
MIDLAND TX 797101407

BWB PARTNERS I
PO BOX 51407
MIDLAND TX 79710

CHISOS LTD
670 DONA ANA RD SW
DEMING NM 88030

COLKELAN CORP
906 S SAINT FRANCIS DR
STE C
SANTA FE NM 87505

CROSS BORDER RESOURCES INC
14282 GILLIS RD
FARMERS BRANCH TX 75244

DELMAR HUDSON LEWIS
616 TEXAS ST
FORT WORTH TX 76102

EDWARD R HUDSON
TRUST 4
616 TEXAS ST
FORT WORTH TX 761024612

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

ENFIELD MONA L
PO BOX 50010
MIDLAND TX 79710

ENFIELD ROBERT N
PO BOX 2431
SANTA FE NM 875042431

EXPLORERS PETRO CORP
PO BOX 1933
ROSWELL NM 882021933

HANAGAN HUGH E
PO BOX 329
ROSWELL NM 88202

HANAGAN PROP PTNRSHP
PO BOX 1537
ROSWELL NM 88201

HUDSON EDWARD R JR
616 TEXAS ST
FORT WORTH TX 76102

HUDSON JOSEPHINE T
ESTATE OF
616 TEXAS ST
FORT WORTH TX 761024612

IVERSON CLAIRE ANN
2005 KIDWELL ST
DALLAS TX 75214

IVERSON SIEGFRIED
JAMES III
PO BOX 4095
MIDLAND TX 79704

IVERSON WENDELL W
PO BOX 1343
MIDLAND TX 79702

IVERSON-PAGE PATSY
1155 MUIRLANDS VISTA
WAY
LA JOLLA CA 92037

J H MOORE TRUST
PO BOX 1733
MIDLAND TX 79702

JAMES H YATES INC
906 S ST FRANCIS DR
SANTA FE NM 87501

JAVELINA PARTNERS
616 TEXAS ST
FORT WORTH TX 761024612

LINDY'S LIVING TRUST
616 TEXAS ST
FORT WORTH TX 76102

M W IVERSON TRUST
PO BOX 2546
FORT WORTH TX 76113

MAGNUM HUNTER
PRODUCTION INC
202 S CHEYENNE AVE
STE 1000
TULSA OK 741033001

MANIX ENERGY
PO BOX 2818
MIDLAND TX 797022818

MCANSO LLC
PO BOX 51407
MIDLAND TX 797101407

MOORE B J TRUST
PO BOX 1733
MIDLAND TX 797021733

MOORE MICHAEL
HARRISON TRUSTEE
PO BOX 51570
MIDLAND TX 797101570

MOORE RICHARD LYONS
TRUSTEE
16400 DALLAS PKWY STE 400
DALLAS TX 752482643

NADEL & GUSSMAN
CAPITAN LLC
15 E 5TH ST STE 3200
TULSA OK 741034340

NEARBURG EXPL CO LLC
3300 N A ST #120
MIDLAND TX 79705

NEW NM TEX OIL CO
PO BOX 297
HOBBS NM 88241

OCCIDENTAL PERMIAN LP
5 E GREENWAY PLAZA
#110
HOUSTON TX 770460521

OCCIDENTAL PERMIAN
LTD PTNRSHP
PO BOX 4294
HOUSTON TX 772104294

PENWELL ENERGY INC
600 N MARIENFELD #1100
MIDLAND TX 79701

PETROHAWK ENERGY CORP
1100 LOUISIANA ST # 5600
HOUSTON TX 770025227

PIP 1990 TRUST
PO BOX 10508
MIDLAND TX 79702

R G BARTON JR TRUST
PO BOX 978
HOBBS NM 88240

S J IVERSON TRUST
BOX 2546
FORT WORTH TX 76113

SHAW INTERESTS INC
BOX 9612
MIDLAND TX 79708

SJI JR 1990 TRUST
BOX 10508
MIDLAND TX 79702

THE LEONARD TRUST
PO BOX 400
ROSWELL NM 88202

WWI 1990 TRUST
BOX 10508
MIDLAND TX 79702

ZORRO PARTNERS LTD
616 TEXAS ST
FORT WORTH TX 76102

BOSWELL INTERESTS LTD
1320 LAKE ST
FORT WOTH TX 76102

BURNETT OIL CO
801 CHERRY ST #1500 UNIT #9
FORT WORTH TX 761026881

CEB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

CONOCOPHILLIPS CO
PO BOX 7500
BARTLESVILLE OK 74005

DAHLIN AMY VERNAE TRUST
6300 RIDGLEA PL STE 611
FORT WORTH TX 76116

DAHLIN RUTH G TRUST
8401 LAKE HARBOR CT
FORT WORTH TX 76179

EAB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

HAVEL KATHLEEN A
7607 CHALKSTONE
DALLAS TX 75219

HAVEL MICHAEL J
7607 CHALKSTONE
DALLAS TX 752194516

HENDERSON DAVID L
815 W 10TH ST
FORT WORTH TX 76102

HENDERSON DAWN
815 W 10TH ST
FORT WORTH TX 76102

HILL EMMA TRUST
500 W 7TH ST STE 1802
UNIT 16
FORT WORTH TX 761024740

HILL HOUSTON TRUST
500 W 7TH ST STE 1802
UNIT 16
FORT WORTH TX 76102

JOHN P OIL COMPANY
1320 LAKE STREET
FORT WORTH TX 76102

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

MERLYA H WRIGHT
FAMILY TRUST
6300 RIDGLEA PL STE 611
FORT WORTH TX 76116

OZARK EXPLORATION INC
3838 OAK LAWN AVE #1525
DALLAS TX 75219

PERMIAN RESOURCE INC
PO BOX 590
MIDLAND TX 79702

PVB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

RCJ ENTERPRISES
PO OBX 6055
HOBBS NM 882416055

SEELY CHARLES W JR
815 W 10TH ST
FORT WORTH TX 761023528

SEELY OIL CO
815 W 10TH ST
FORT WORTH TX 76102

SEELY PETROLEUM
PARTNERS LP
815 W 10TH ST
FORT WORTH TX 761023528

SSV&H ASSOCIATES
815 W 10TH ST
FORT WORTH TX 76102

THOMPSON J CLEO & J
CLEO JR LP
325 N SAINT PAUL #4300
DALLAS TX 75201

WES-TEX DRILLING CO LP
PO BOX 3739
ABILENE TX 79604

COG OPERATING LLC
600 W ILLINOIS AVE
MIDLAND TX 797014882

CONOCOPHILLIPS CO
PO BOX 7500
BARTLESVILLE OK
740057500

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

OXY USA WTP LP
PO BOX 4294
HOUSTON TX 77210

SANDEL ENERGY INC
PO BOX 1917
HUNTSVILLE TX 77342

SW ROYALTIES INC
407 N BIG SPRING
MIDLAND TX 79701

THREE RIVERS ACQUISITION LLC
5301 SOUTHWEST PKWY
STE 400
AUSTIN TX 78735

ISRAMCO ENERGY LLC
11767 KATY FWY #711
HOUSTON TX 770791715

LEGACY RESERVES
OPERATING LP
303 W WALL ST STE 1800
MIDLAND TX 797015106

MOURNE OIL & GAS
1500 FOUR MILE LN
CANON CITY CO 81212

SW ROYALTIES INC
407 N BIG SPRING
MIDLAND TX 79701

7015 3010 0001 8827 5213

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MFH/MATADOR
ELAND STATE 124H

For delivery information, vis
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Certified Mail Fee
$ 345

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

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JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Rohoel, Inc.
1600 Broadway, Suite 1050
Denver, Colorado 80202

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

7015 3010 0001 8827 5206

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ELAND STATE 124H

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$ 345

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

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JUL 15 2016
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SANTA FE MAIN POST OFFICE

Sybil Blackman Carney
1030 W. Bay Avenue
Newport Beach, CA 92661

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

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

SENDER: COMPLETE THIS SECTION

- ■ Complete items 1, 2, and 3.
- ■ 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:

Rohoel, Inc.
1600 Broadway, Suite 1050
Denver, Colorado 80202

9590 9402 1203 5246 0672 51

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5213

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
- ☐ all
- ☐ all 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

7015 3010 0001 8827 5190

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ELAND STATE 124H

Certified Mail Fee
$

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

Postmark Here
JUL 15 2016
SANTA FE

Sybil Blackman Carney
1322 Borchard
Santa Ana, California 92705

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7015 3010 0001 8827 5183

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ELAND STATE 124H

Certified Mail Fee
$

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

Postmark
JUL 15 2016
SANTA FE

Dr. Robert B. Cahan and
Bernice A. Cahan
4154 Garden Bar Road
Lincoln, California 95648

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

THIS SECTION

2, and 3.
e and address on the reverse
an return the card to you.
s card to the back of the mailpiece,
the front if space permits.

1. Article Addressed to:

Sybil Blackman Carney
1322 Borchard
Santa Ana, California 92705

9590 9402 1203 5246 0672 75

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5190

PS Form 3811, July 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) 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
- [x] Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION

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

Dr. Robert B. Cahan and
Bernice A. Cahan
4154 Garden Bar Road
Lincoln, California 95648

9590 9402 1203 5246 0672 82

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5183

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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
- [x] Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

7015 3010 0001 8827 5176

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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

MFH/MATADOR ELAND STATE 124H

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JUL 15 2016
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SANTA FE MAIN POST OFFICE

Cimarex Energy Co.
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

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

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

CERTIFIED MAIL

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 Co.
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

9590 9402 1203 5246 0672 99

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5176

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

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

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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 $

MFH/MATADOR ELAND STATE 124H

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JUL 15 2016
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SANTA FE MAIN POST OFFICE

State of New Mexico
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

9590 9402 1203 5246 0673 05

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5169

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
JUL 19 2016

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

7015 3010 0001 8827 5152

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Domestic Mail Only

For delivery information, vi

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

Postage

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

ARD OIL LP
222 W 4TH ST PH 5
FORT WORTH TX 76102

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

7015 3010 0001 8827 5145

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OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

JUL 15 2016

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SANTA FE MAIN POST OFFICE

BLACK HILLS GAS
RESOURCES INC
1515 WYNKOOP ST STE 500
DENVER CO 802022062

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

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

SENDER: COMPLETE THIS SECTION

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

ARD OIL LP
222 W 4TH ST PH 5
FORT WORTH TX 76102

9590 9402 1203 5246 0673 12

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5152

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) Bonnie Stockton
C. Date of Delivery 7/19

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [ ] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] 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

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

SENDER: COMPLETE THIS SECTION

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

BLACK HILLS GAS
RESOURCES INC
1515 WYNKOOP ST STE 500
DENVER CO 802022062

9590 9402 1203 5246 0673 29

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5145

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name)
C. Date of Delivery 7/19/16

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [ ] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] 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 Return Receipt

7015 3010 0001 8827 5138

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

For delivery information, v

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

Postage
$

Tot

Se

Sti

Cit

JUL 15 2016
Postmark Here
SANTA FE

BURSAKE LLC
PO BOX 51407
MIDLAND TX 797101407

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:

BURSAKE LLC
PO BOX 51407
MIDLAND TX 797101407

9590 9402 1203 5246 0673 36

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5138

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) ANDREW BRUSH
C. Date of Delivery 07/19/16

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

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

7015 3010 0001 8827 5121

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

For delivery information, v

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

JUL 15 2016
Postmark Here
SANTA FE

BWB PARTNERS I
PO BOX 51407
MIDLAND TX 79710

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:

BWB PARTNERS I
PO BOX 51407
MIDLAND TX 79710

9590 9402 1203 5246 0673 43

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5121

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) ANDREW BRUSH
C. Date of Delivery 07/19/16

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

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

7015 3010 0001 8827 5428

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

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

OFFICIAL USE

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $ 2.30
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Postage
$ 5.75

Total Postage and Fees
$ 11.50

Sent To
CHISOS LTD
670 DONA ANA RD SW
DEMING NM 88030

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

City, State, ZIP+4

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

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7015 3010 0001 8827 5411

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

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

OFFICIAL USE

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Postage
$ 5.75

Total Postage and Fees
$ 11.50

Sent To
COLKELAN CORP
906 S SAINT FRANCIS DR
STE C
SANTA FE NM 87505

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

City, State, ZIP+4

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

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

SENDER: COMPLETE THIS SECTION

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

CHISOS LTD
670 DONA ANA RD SW
DEMING NM 88030

02 1203 5246 0673 50

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5428

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] RAH ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. Jacobsen C. Date of Delivery 7/18/16

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
- ☐ 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

RETURNED

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

For delivery information, v

MFH/MATADOR
ELAND STATE 124H

OFFIC

Certified Mail Fee
$ 3.45

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

$ 2.80

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE POST OFFICE

Postage
$ Tot

CROSS BORDER RESOURCES INC
14282 GILLIS RD
FARMERS BRANCH TX 75244

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

7015 3010 0001 8827 5404

CERTIFIED MAIL®

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

SENDER

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
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7/18/16

1. Article Addressed to:

CROSS BORDER RESOURCES INC
14282 GILLIS RD
FARMERS BRANCH TX 75244

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

9590 9403 1012 5271 2741 80

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5404

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

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

MFH/MATADOR
ELAND STATE 124H

For delivery information
OFFICIAL

Certified Mail Fee
$ 3.45

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

$ 2.80

USPS SANTA FE NM 87501
JUL 1 8 2016
Postmark Here
SANTA FE DELMAR HUDSON LEWIS OFFICE

Postage
$ Tot

DELMAR HUDSON LEWIS
616 TEXAS ST
FORT WORTH TX 76102

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

7015 3010 0001 8827 5381

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUL 18 2016

1. Article Addressed to:

DELMAR HUDSON LEWIS
616 TEXAS ST
FORT WORTH TX 76102

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

9590 9403 1012 5271 2741 35

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5381

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

7015 3010 0001 8827 5374

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

MFH/MATADOR
ELAND STATE 124H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.30
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

EDWARD R HUDSON
TRUST 4
616 TEXAS ST
FORT WORTH TX 761024612

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:

EDWARD R HUDSON
TRUST 4
616 TEXAS ST
FORT WORTH TX 761024612

9590 9403 1012 5271 2741 28

2 7015 3010 0001 8827 5374

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
JUL 18 2016

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

Restricted Delivery (over $500)

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

7015 3010 0001 8827 5367

U.S. Postal Service™
CERTIFIED M ECEIPT
Domestic Mail Only

MFH/MATADOR
ELAND STATE 124H

For delivery information

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.30
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Postage
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To
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Se
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City

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

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:

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

9590 9403 1012 5271 2741 11

2 7015 3010 0001 8827 5367

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

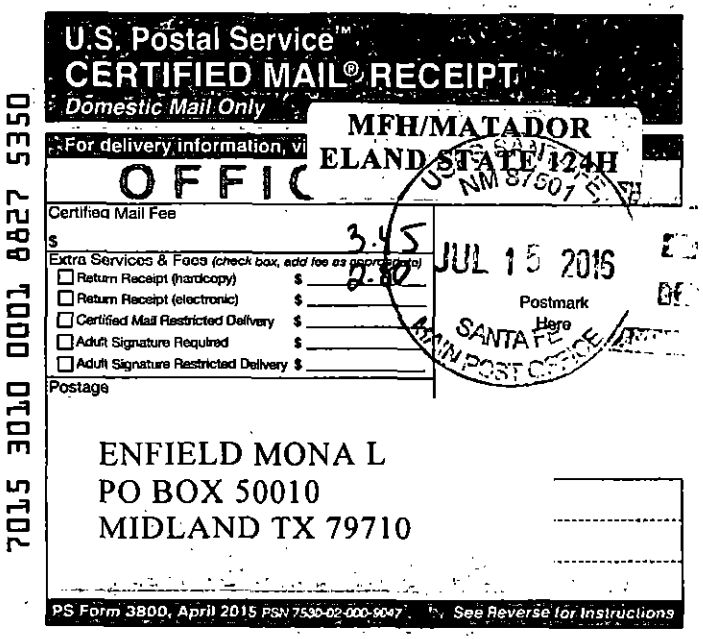
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

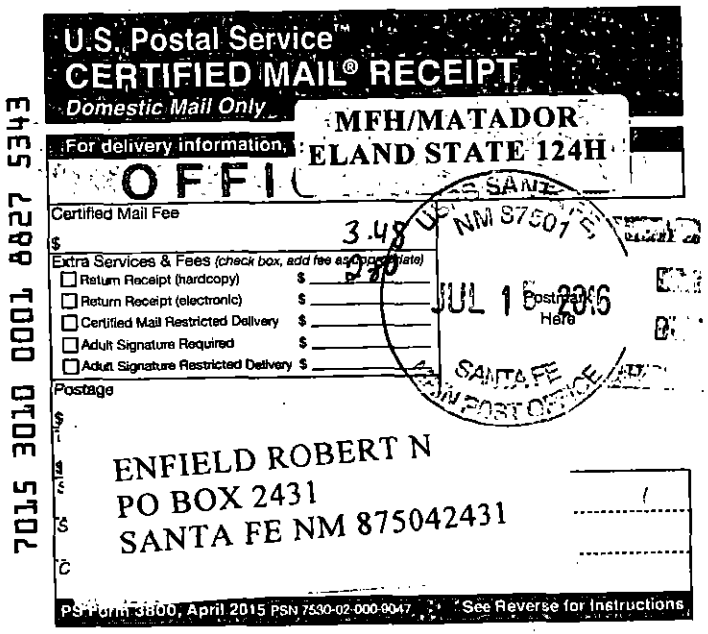
USPS BOWNTOWN STATION JUL 18

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

all Restricted Delivery (over $500)

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


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, vi
OFFIC
MFH/MATADOR
ELAND STATE 124H
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.50
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
JUL 15 2016
Postmark Here
SANTA FE
MAIN POST OFFICE
7015 3010 0001 8827 5350
ENFIELD MONA L
PO BOX 50010
MIDLAND TX 79710
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,
OFFI
MFH/MATADOR
ELAND STATE 124H
Certified Mail Fee
$ 3.48
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
JUL 15 2016
Postmark Here
SANTA FE
MAIN POST OFFICE
7015 3010 0001 8827 5343
ENFIELD ROBERT N
PO BOX 2431
SANTA FE NM 875042431
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions

RETURNED

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

For delivery information, vi

OFFIC

MFH/MATADOR
ELAND STATE 124H

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 $

JUL 15 2016
Postmark Here
SANTA FE

Postage
$
To
EXPLORERS PETRO CORP
PO BOX 1933
ROSWELL NM 882021933

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

7015 3010 0001 8827 5336

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:

EXPLORERS PETRO CORP
PO BOX 1933
ROSWELL NM 882021933

9590 9403 1012 5271 2740 81

7015 3010 0001 8827 5336

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

JUL 18 2016
USPS 88201

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail 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 Return Receipt

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

For delivery information,

OFFI

MFH/MATADOR
ELAND STATE 124H

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 $

JUL 15 2016
Postmark Here
SANTA FE

HANAGAN HUGH E
PO BOX 329
ROSWELL NM 88202

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

7015 3010 0001 8827 5329

RETURNED

7015 3010 0001 8827 5527

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

For delivery information, vis

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

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
Street
City, S

HANAGAN PROP PTNRSHP
PO BOX 1537
ROSWELL NM 88201

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

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

SENDER: COMPLETE THIS SECTION

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

HANAGAN PROP PTNRSHP
PO BOX 1537
ROSWELL NM 88201

9590 9403 1012 5271 2740 43

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5527

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pamela Boyd C. Date of Delivery 7-18-16

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

USPS ROSWELL NM 88201 JUL 18 2016

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

7015 3010 0001 8827 5510

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

For delivery information, visi

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

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 $

Po
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Se
Sti
Ci

HUDSON EDWARD R JR
616 TEXAS ST
FORT WORTH TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

HUDSON EDWARD R JR
616 TEXAS ST
FORT WORTH TX 76102

9590 9403 1012 5271 2741 42

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5510

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery JUL 18 2016

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

7015 3010 0001 8827 5503

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

For delivery information, vi

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

Postage

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

HUDSON JOSEPHINE T
ESTATE OF
616 TEXAS ST
FORT WORTH TX 761024612

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

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

SENDER: COMPLETE THIS SECTION

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

HUDSON JOSEPHINE T
ESTATE OF
616 TEXAS ST
FORT WORTH TX 76102

9590 9403 1012 5271 2740 67

2. Article Number (Transfer from service label) 7015 3010 0001 8827 5503

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery JUL 18 2016

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

7015 3010 0001 8827 5497

U.S. Postal Service™
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Domestic Mail Only

For delivery information, vis

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

Postage

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

IVERSON CLAIRE ANN
2005 KIDWELL ST
DALLAS TX 75214

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

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

SENDER: COMPLETE THIS SECTION

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

IVERSON CLAIRE ANN
2005 KIDWELL ST
DALLAS TX 75214

9590 9403 1012 5271 2741 73

2. Article Number (Transfer from service label) 7015 3010 0001 8827 5497

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Claire Iverson C. Date of Delivery 7-18-16

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

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

7015 3010 0001 8827 5480

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MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.30
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$ 5.30

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

IVERSON SIEGFRIED
JAMES III
PO BOX 4095
MIDLAND TX 79704

City, State, ZIP+4

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

7015 3010 0001 8827 5473

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visi
OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.30
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$ 5.30

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

IVERSON WENDELL W
PO BOX 1343
MIDLAND TX 79702

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

Certified Mail®

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

SENDER: COMPLETE THIS SECTION

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

IVERSON WENDELL W
PO BOX 1343
MIDLAND TX 79702

9590 9403 1012 5271 2740 29

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5473

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Burke
☒ Agent
☐ Addressee

B. Received by (Printed Name)
PAM BURKE

C. Date of Delivery
7-21-16

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

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

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage

MFH/MATADOR ELAND STATE 124H

USPS SANTA FE NM 87501 JUL 13 2016 Postmark Here

SANTA FE NEW MEXICO POST OFFICE

IVERSON-PAGE PATSY
1155 MUIRLANDS VISTA WAY
LA JOLLA CA 92037

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

7015 3010 0001 8827 5466

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage

MFH/MATADOR ELAND STATE 124H

USPS SANTA FE NM 87501 JUL 13 2016 Postmark Here

SANTA FE NEW MEXICO POST OFFICE

J H MOORE TRUST
PO BOX 1733
MIDLAND TX 79702

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

7015 3010 0001 8827 5459

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

SENDER: COMPLETE THIS SECTION

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

IVERSON-PAGE PATSY
1155 MUIRLANDS VISTA WAY
LA JOLLA CA 92037

9590 9403 1012 5271 2739 30

2. Article Number (Transfer from service label) 7015 3010 0001 8827 5466

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patsy Page
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/18/16

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

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

7015 3010 0001 8827 5442

U.S. Postal Service™
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Domestic Mail Only

For delivery information, v

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee $ 3.45

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

USPS SANTA FE NM 87501

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SANTA FE MAIN POST OFFICE

JAMES H YATES INC
906 S ST FRANCIS DR
SANTA FE NM 87501

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

RETURNED

7015 3010 0001 8827 5435

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

For delivery information, visi

OFFIC

MFH/MATADOR
ELAND STATE 124H

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 $

SANTA FE NM 87501

JUL 15 2016
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SANTA FE MAIN POST OFFICE

JAVELINA PARTNERS
616 TEXAS ST
FORT WORTH TX 761024612

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

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

SENDER: *COMPLETE THIS SECTION*

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

JAVELINA PARTNERS
616 TEXAS ST
FORT WORTH TX 761024612

9590 9403 1012 5271 2742 10

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 5435

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mystelma ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
JUL 15 2016

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

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MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
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Postage

LINDY'S LIVING TRUST
616 TEXAS ST
FORT WORTH TX 76102

7015 3010 0001 8827 4810

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

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION

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

LINDY'S LIVING TRUST
616 TEXAS ST
FORT WORTH TX 76102

9590 9403 1012 5271 2742 03

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4810

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Norma M EDS
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
JUL 19 2016

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
- ☐ 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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Domestic Mail Only

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MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
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Postage

M W IVERSON TRUST
PO BOX 2546
FORT WORTH TX 76113

7015 3010 0001 8827 4803

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

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 W IVERSON TRUST
PO BOX 2546
FORT WORTH TX 76113

9590 9403 1012 5271 2740 12

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4803

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Norma M EDS
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
JUL 19 2016

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

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Domestic Mail Only

MFH/MATADOR
ELAND STATE 124H

For delivery information

OFFICIAL

Certified Mail Fee
$ 345

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

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JUL 15 2016
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SANTA FE MAIN POST OFFICE

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C

MAGNUM HUNTER
PRODUCTION INC
202 S CHEYENNE AVE
STE 1000
TULSA OK 741033001

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

7015 3010 0001 8827 4797

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

SENDER: COMPLETE THIS SECTION

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

MAGNUM HUNTER
PRODUCTION INC
202 S CHEYENNE AVE
STE 1000
TULSA OK 741033001

9590 9403 1012 5271 2737 87

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4797

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Justin Wallace
☐ Agent
☐ Addressee

B. Received by (Printed Name) JUSTIN WALLACE
C. Date of Delivery 7/18/16

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

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

U.S. Postal Service™
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MFH/MATADOR
ELAND STATE 124H

For delivery information

OFFI

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 $

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MANIX ENERGY
PO BOX 2818
MIDLAND TX 797022818

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

7015 3010 0001 8827 4780

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

SENDER: COMPLETE THIS SECTION

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

MANIX ENERGY
PO BOX 2818
MIDLAND TX 797022818

9590 9403 1012 5271 2740 50

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4780

COMPLETE THIS SECTION ON DELIVERY

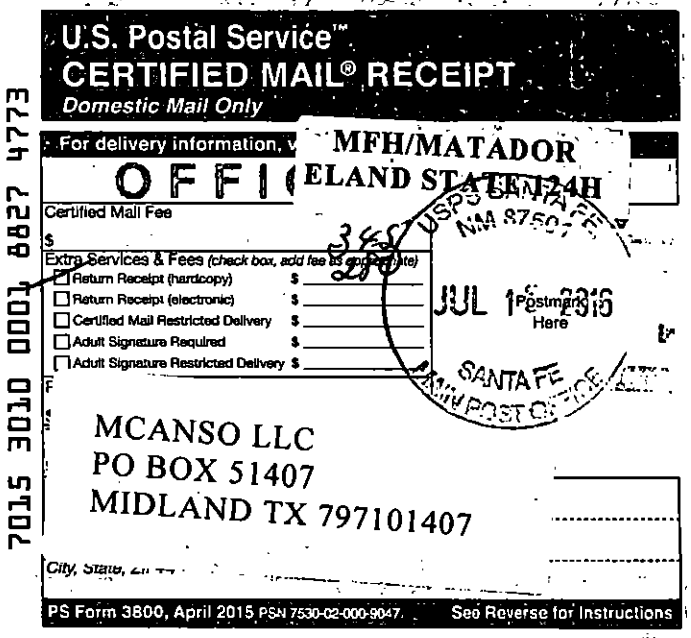
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Cindy Copeland
C. Date of Delivery 7/20/2016

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



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OFFICIAL USE

MFH/MATADOR
ELAND STATE 124H

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 $

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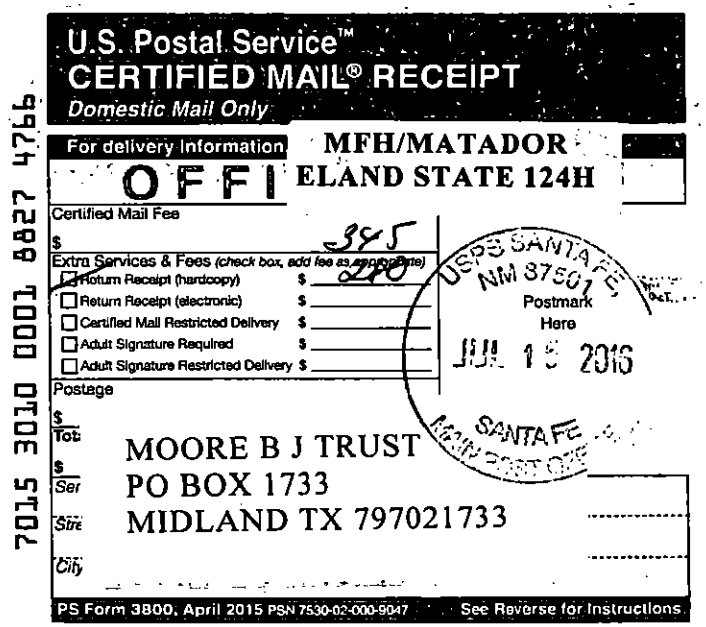
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

MCANSO LLC
PO BOX 51407
MIDLAND TX 797101407

City, State, ZIP+4

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

7015 3010 0001 8827 4773



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OFFICIAL USE

MFH/MATADOR
ELAND STATE 124H

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
$

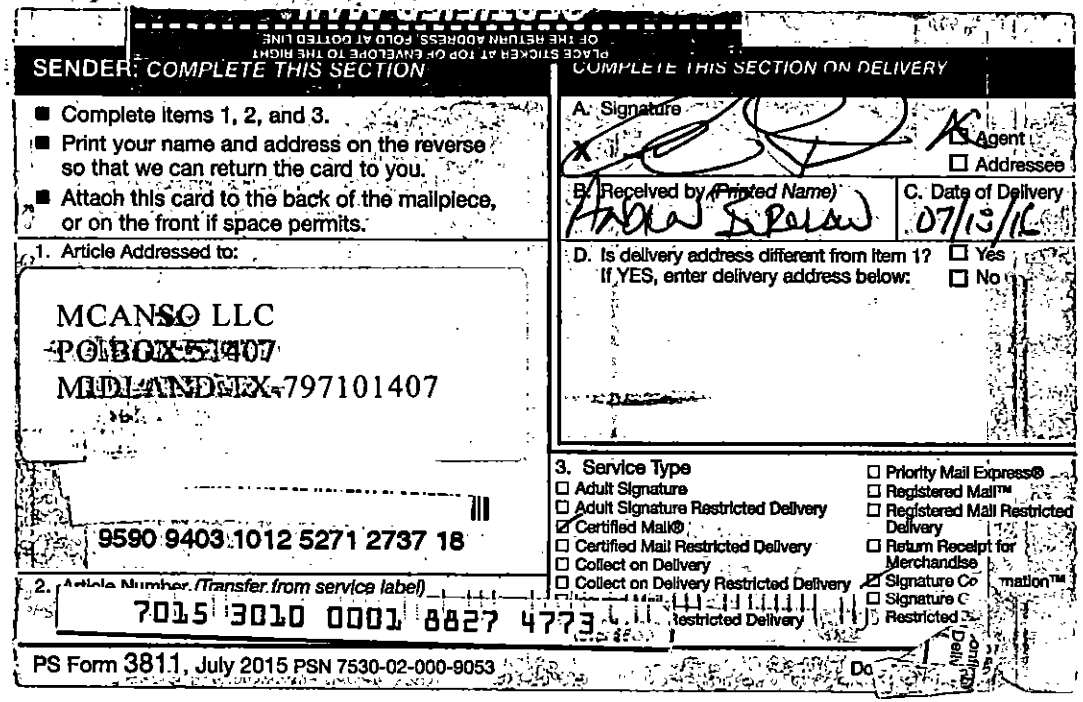
Sent
Street
City

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

MOORE B J TRUST
PO BOX 1733
MIDLAND TX 797021733

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

7015 3010 0001 8827 4766



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

SENDER: COMPLETE THIS SECTION

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

MCANSO LLC
PO BOX 51407
MIDLAND TX 797101407

9590 9403 1012 5271 2737 18

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4773

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
07/13/16

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

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

7015 3010 0001 8827 4759

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

For delivery information, vi

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

345 245 JUL 15 Postmark Here

USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE

MOORE MICHAEL
HARRISON TRUSTEE
PO BOX 51570
MIDLAND TX 797101570

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

PLACE STICKER AT TOP OF THE RETURN ADDRE

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:

MOORE MICHAEL
HARRISON TRUSTEE
PO BOX 51570
MIDLAND TX 797101570

9590 9403 1012 5271 2738 86

2. [illegible] 7015 3010 0001 8827 4759

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Terri Garner C. Date of Delivery 7/18/16

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

Restricted Delivery

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

7015 3010 0001 8827 4742

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

For delivery information,

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

345 JUL 15 20.5 Postmark Here

USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE

MOORE RICHARD LYONS
TRUSTEE
16400 DALLAS PKWY STE 400
DALLAS TX 752482643

City, State, ZIP+4

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

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

SENDER: COMPLETE THIS SECTION

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

MOORE RICHARD LYONS
TRUSTEE
16400 DALLAS PKWY STE 400
DALLAS TX 752482643

9590 9403 1012 5271 2739 09

2. Article Number *(Transfer from service label)* 7015 3010 0001 8827 4742

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Shelton ☐ Agent ☐ Addressee

B. Received by (Printed Name) J. SHELTON 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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

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

7015 3010 0001 8827 4735

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

For delivery information, v

OFFI

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

Postage
$ 3.45

Tot

JUL 15 2016
Postmark Here

USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE

Sen
NADEL & GUSSMAN
CAPITAN LLC
Stre
15 E 5TH ST STE 3200
City
TULSA OK 741034340

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

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

SENDER: COMPLETE THIS SECTION

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

NADEL & GUSSMAN
CAPITAN LLC
15 E 5TH ST STE 3200
TULSA OK 741034340

9590 9403 1012 5271 2734 11

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4735

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
7-18-16

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
- ☐ Mail
- ☐ Mail 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

7015 3010 0001 8827 4728

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

For delivery information, v

OFFI

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$

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

Postage
$ 3.45

To

JUL 15 2016
Postmark Here

USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE

Se
NEARBURG EXPL CO LLC
Str
3300 N A ST #120
Cit
MIDLAND TX 79705

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

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

SENDER: COMPLETE THIS SECTION

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

NEARBURG EXPL CO LLC
3300 N A ST #120
MIDLAND TX 79705

9590 9403 1012 5271 2728 72

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4728

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)
L. Fieseler

C. Date of Delivery
7-19-16

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
- ☐ Mail
- ☐ 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

7015 0640 0003 5400 4863

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, vis

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
Postmark Here
SANTA FE

NEW NM TEX OIL CO
PO BOX 297
HOBBS NM 88241

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

7015 0640 0003 5400 4870

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

For delivery information, vis

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
Postmark Here
SANTA FE

Postage
$
Total
$
Sent
Street
City,

OCCIDENTAL PERMIAN LP
5 E GREENWAY PLAZA
#110
HOUSTON TX 770460521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for 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
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) HAL BRUNSON
C. Date of Delivery 7-18-16

1. Article Addressed to:

NEW NM TEX OIL CO
PO BOX 297
HOBBS NM 88241

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

9590 9403 1012 5271 2728 89

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

2. Article Number (Transfer from service label) 7015 0640 0003 5400 4863

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

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

SENDER: COMPLETE THIS SECTION — **COMPLETE THIS SECTION ON DELIVERY**

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

A. Signature
X
☐ Agent
☐ Addressee

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

1. Article Addressed to:

OCCIDENTAL PERMIAN LP
5 E GREENWAY PLAZA
#110
HOUSTON TX 770460521

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

9590 9403 1012 5271 2728 65

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

2. Article Number (Transfer from service label) 7015 0640 0003 5400 4870

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

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OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
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SANTA FE MAIN POST OFFICE

OCCIDENTAL PERMIAN
LTD PTNRSHP
PO BOX 4294
HOUSTON TX 772104294

City, State, ZIP+4®

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

7015 0640 0003 5400 4887

U.S. Postal Service™
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For delivery information, vi

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
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SANTA FE MAIN POST OFFICE

PENWELL ENERGY INC
600 N MARIENFELD #1100
MIDLAND TX 79701

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

7015 0640 0003 5400 4894

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION

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
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7-18-16

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

1. Article Addressed to:
OCCIDENTAL PERMIAN
LTD PTNRSHP
PO BOX 4294
HOUSTON TX 772104294

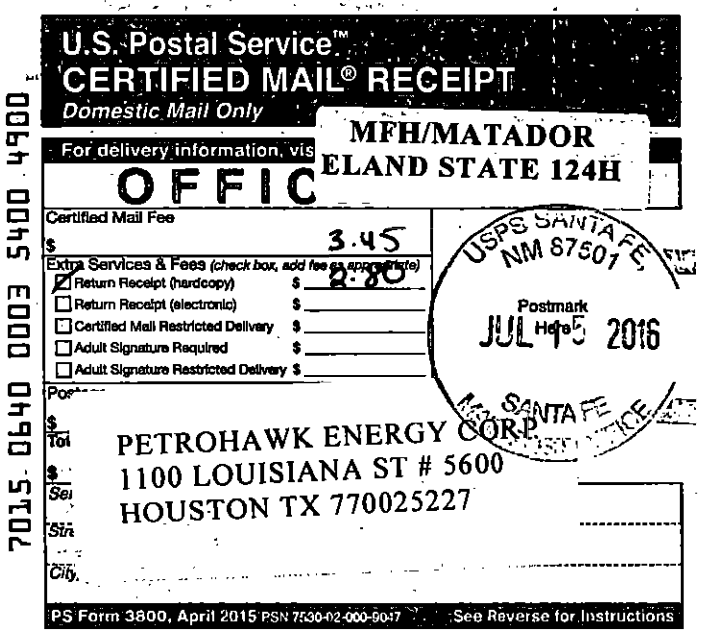
3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery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

9590 9403 1012 5271 2728 58

2. Article Number (Transfer from service label)
7015 0640 0003 5400 4887

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

RETURNED



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

For delivery information, vis

MFH/MATADOR
ELAND STATE 124H

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.30
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

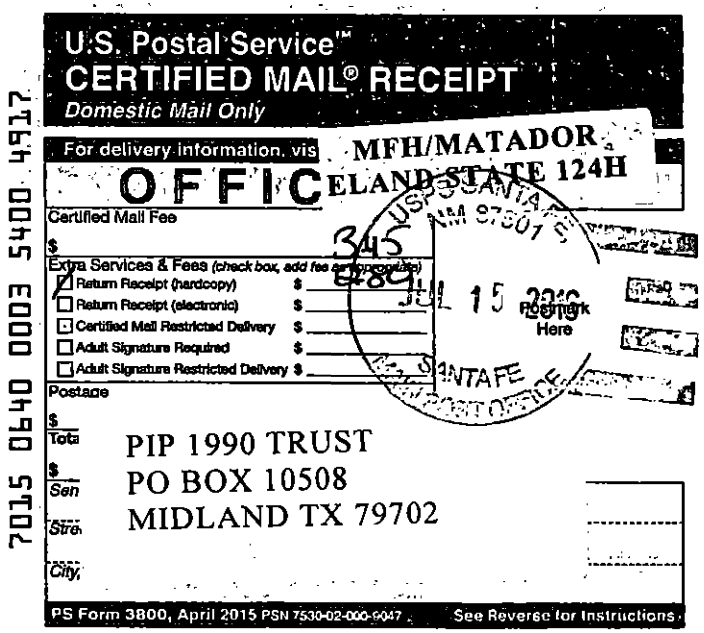
Postage
$
Total
$
Sent
Street
City,

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE

PETROHAWK ENERGY CORP
1100 LOUISIANA ST # 5600
HOUSTON TX 770025227

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

7015 0640 0003 5400 4900



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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

MFH/MATADOR
ELAND STATE 124H

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.30
- [ ] Return Receipt (electronic) $
- [x] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$
Total
$
Sent
Street
City,

USPS SANTA FE NM 87501
JUL 15
Postmark Here
SANTA FE

PIP 1990 TRUST
PO BOX 10508
MIDLAND TX 79702

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

7015 0640 0003 5400 4917

RETURNED

RETURNED

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

For delivery information, visit

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

JUL 15 2016

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SANTA FE MAIN POST OFFICE

To R G BARTON JR TRUST
PO BOX 978
HOBBS NM 88240

7015 0640 0003 5400 4924

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

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Domestic Mail Only

For delivery information, visit

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS NM 87501

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

To S J IVERSON TRUST
BOX 2546
FORT WORTH TX 76113

7015 0640 0003 5400 4931

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

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION

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

S J IVERSON TRUST
BOX 2546
FORT WORTH TX 76113

9590 9403 1012 5271 2728 03

2. Article Number (Transfer from service label)
7015 0640 0003 5400 4931

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Norma EDJ ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
JUL 19 2016

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

all
all Restricted Delivery

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

7015 0640 0003 5400 4948

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit

MFH/MATADOR
OFFIC ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

USPS SANTA FE NM 87501
JUL 15 2016
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SANTA FE MAIN POST OFFICE

SHAW INTERESTS INC
BOX 9612
MIDLAND TX 79708

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

7015 0640 0003 5400 4955

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

For delivery information, visi

MFH/MATADOR
OFFIC ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

SJI JR 1990 TRUST
BOX 10508
MIDLAND TX 79702

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

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

SENDER: COMPLETE THIS SECTION

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

SHAW INTERESTS INC
BOX 9612
MIDLAND TX 79708

9590 9403 1012 5271 2727 97

2. Article Number (Transfer from service label)
7015 0640 0003 5400 4948

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Amy Pruitt
☐ Agent
☐ Addressee

B. Received by (Printed Name) Amy Pruitt
C. Date of Delivery 7/25/16

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

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

7015 3010 0001 8827 5312

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

For delivery information, v

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

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

Post
$
Tota
$
Sent
Stree
City,

THE LEONARD TRUST
PO BOX 400
ROSWELL NM 88202

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

7015 3010 0001 8827 5305

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

For delivery information, vi

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

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

Postage
$

WWI 1990 TRUST
BOX 10508
MIDLAND TX 79702

See Reverse for Instructions

PLACE STICKER AT TOP OF THE RETURN AD

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:

THE LEONARD TRUST
PO BOX 400
ROSWELL NM 88202

9590 9403 1012 5271 2727 73

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5312

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patty McClellan ☐ 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

NM 88202 JUL 18 2016

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

7015 3010 0001 8827 5299

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

MFH/MATADOR
ELAND STATE 124H

For delivery information, v

OFFICIA

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
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USPS SANTA FE NM 87501

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

ZORRO PARTNERS LTD
616 TEXAS ST
FORT WORTH TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

ZORRO PARTNERS LTD
616 TEXAS ST
FORT WORTH TX 76102

9590 9403 1012 5271 2735 10

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5299

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUL 19 20

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

7015 3010 0001 8827 5282

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

MFH/MATADOR
ELAND STATE 124H

For delivery information, vis

OFFIC

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
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USPS SANTA FE NM 87501

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

BOSWELL INTERESTS LTD
1320 LAKE ST
FORT WOTH TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

BOSWELL INTERESTS LTD
1320 LAKE ST
FORT WOTH TX 76102

9590 9403 1012 5271 2735 03

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5282

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUL 18 2016

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

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

For delivery information, vi

MFH/MATADOR
ELAND STATE 124H

OFFIC

Certified Mail Fee
$ 3.45

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

2.80

Postage

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

BURNETT OIL CO
801 CHERRY ST #1500 UNIT #9
FORT WORTH TX 761026881

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

7015 3010 0001 8827 5275

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. BURNETT OIL CO
801 CHERRY ST #1500 UNIT #9
FORT WORTH TX 761026881

9590 9403 1012 5271 2734 97

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5275

PS Form 3811, July 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) C. Date of Delivery
7/16

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

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

For delivery information,

MFH/MATADOR
ELAND STATE 124H

OFFI

Certified Mail Fee
$ 3.45

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

2.80

USPS SANTA FE NM 87501
Postmark Here
SANTA FE MAIN POST OFFICE

CEB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

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

7015 3010 0001 8827 5268

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
CEB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

9590 9403 1012 5271 2738 95

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5268

PS Form 3811, July 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) C. Date of Delivery
JUL 18 2016

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

7015 3010 0001 8827 5251

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

For delivery information, vis

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

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

Postage $

Postmark Here JUL 18 2016 SANTA FE NM

To CONOCOPHILLIPS CO
Se PO BOX 7500
Sb BARTLESVILLE OK 74005
Cit

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

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 CO
PO BOX 7500
BARTLESVILLE OK 74005

9590 9403 1012 5271 2738 00

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5251

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ConocoPhillips ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUL 18 2016

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

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

7015 3010 0001 8827 5244

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

For delivery information, visit

OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

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

Postage $

Postmark Here JUL 19 2016 SANTA FE NM

To DAHLIN AMY VERNAE TRUST
Se 6300 RIDGLEA PL STE 611
Sb FORT WORTH TX 76116
Cit

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

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

SEN... 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:

DAHLIN AMY VERNAE TRUST
6300 RIDGLEA PL STE 611
FORT WORTH TX 76116

9590 9403 1012 5271 2737 25

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5244

A. Signature
X William E. Akredolo ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
William E. Akredolo 7-18-16

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

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

7015 3010 0001 8827 5237

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

For delivery information, v

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 345

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

Postage
$

USPS SANTA FE NM 87501
JUL 2016 Postmark Here
SANTA FE MAIN POST OFFICE

DAHLIN RUTH G TRUST
8401 LAKE HARBOR CT
FORT WORTH TX 76179

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

7015 3010 0001 8827 5220

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

For delivery information, vi

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 345

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

Postage
$

USPS SANTA FE NM 87501
JUL 15 2016 Postmark Here
SANTA FE MAIN POST OFFICE

EAB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

EAB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

9590 9403 1012 5271 2739 16

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 5220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery
JUL 18 2016

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

7015 1730 0000 3819 7019

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

For delivery information, v

OFFI

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 3.45
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$ 2.90

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City

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE
NM 87501

JUL 15 2016
Postmark Here

SANTA FE
MAIN POST OFFICE

HAVEL KATHLEEN A
7607 CHALKSTONE
DALLAS TX 75219

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

7015 1730 0000 3819 7026

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

For delivery information, vis

OFFIC

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

Postage
$ 2.90

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE
NM 87501

JUL 15 2016
Postmark Here

SANTA FE
MAIN POST OFFICE

HAVEL MICHAEL J
7607 CHALKSTONE
DALLAS TX 752194516

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

CERTIFIED MAIL

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

SENDER: 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:

HAVEL MICHAEL J
7607 CHALKSTONE
DALLAS TX 752194516

9590 9403 1012 5271 2737 70

A. Signature
X
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name): Kathleen A Havel
C. Date of Delivery: 7-19-16

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

JUL 19 2016
RICHARDSON STATION

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7026

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

7015 1730 0000 3819 7033

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

For delivery information, v

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MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.35

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 $

JUL 15 2016
Postmark Here
SANTA FE
MAIN POST OFFICE

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City

HENDERSON DAVID L
815 W 10TH ST
FORT WORTH TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

HENDERSON DAVID L
815 W 10TH ST
FORT WORTH TX 76102

9590 9403 1012 5271 2737 63

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7033

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rossmoon
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
7/18

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

Restricted Delivery

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

7015 1730 0000 3819 7040

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

For delivery information,

OFFI

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.35

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 $

JUL 15 2016
Postmark Here
SANTA FE
MAIN POST OFFICE

$
$
$
C

HENDERSON DAWN
815 W 10TH ST
FORT WORTH TX 76102

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

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

SENDER

- 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:

HENDERSON DAWN
815 W 10TH ST
FORT WORTH TX 76102

9590 9403 1012 5271 2737 32

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rossmoon
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
7/18

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)

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

7015 1730 0000 3819 7057

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

For delivery information, vi

MFH/MATADOR
ELAND STATE 124H

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Tota

USPS SANTA FE NM 87501
JUL Postmark Here 2016
SANTA FE MAIN POST OFFICE

$
San
Stre
City,

HILL EMMA TRUST
500 W 7TH ST STE 1802
UNIT 16
FORT WORTH TX 761024740

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

7015 1730 0000 3819 7064

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

For delivery information, visit

MFH/MATADOR
ELAND STATE 124H

OFFIC

Certified Mail Fee
$ 3.45

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

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

HILL HOUSTON TRUST
500 W 7TH ST STE 1802
UNIT 16
FORT WORTH TX 76102

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

7015 1730 0000 3819 7071

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

For delivery information, visit
OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.60
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

JOHN P OIL COMPANY
1320 LAKE STREET
FORT WORTH TX 76102

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:

JOHN P OIL COMPANY
1320 LAKE STREET
FORT WORTH TX 76102

9590 9403 1012 5271 2736 71

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7071

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name)

C. Date of Delivery
JUL 18 2016

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
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Insured Mail
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 7088

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

For delivery information, v
OFFIC

MFH/MATADOR
ELAND STATE 124H

USPS SANTA FE NM 87501

JUL 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [ ] Return Receipt (hardcopy) $
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [x] Adult Signature Restricted Delivery $ 2.60

Post
$
Tot
$
Sei
Sir
Cit

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

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

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

SENDER: C... TION 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:

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

9590 9403 1012 5271 2736 64

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7088

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
- [x] 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

U.S. Postal Service™
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OFFICIAL USE

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.20
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
Postmark Here
SANTA FE, NM 87501

Postage
$

Total Postage and Fees
$

Sent To
MERLYA H WRIGHT
FAMILY TRUST

Street and Apt. No., or PO Box No.
6300 RIDGLEA PL STE 611

City, State, ZIP+4®
FORT WORTH TX 76116

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

7015 1730 0000 3819 7095

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:
MERLYA H WRIGHT
FAMILY TRUST
6300 RIDGLEA PL STE 611
FORT WORTH TX 76116

9590 9403 1012 5271 2736 40

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7095

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x William E Alexander ☐ Agent ☐ Addressee

B. Received by (Printed Name) William E Alexander
C. Date of Delivery 7/14/16

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
- ☐ Insured Mail (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

U.S. Postal Service™
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OFFICIAL USE

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.20
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
Postmark Here
SANTA FE, NM 87501

Postage
$

Total Postage and Fees
$

Sent To
OZARK EXPLORATION INC

Street and Apt. No., or PO Box No.
3838 OAK LAWN AVE #1525

City, State, ZIP+4®
DALLAS TX 75219

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

7015 1730 0000 3819 7101

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:
OZARK EXPLORATION INC
3838 OAK LAWN AVE #1525
DALLAS TX 75219

9590 9403 1012 5271 2736 33

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Rhonda Landress ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rhonda Landress
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
- ☐ 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

7015 1730 0000 3819 6913

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

For delivery information, vi: MFH/MATADOR
OFFIC ELAND STATE 124H

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 15 2016 Postmark Here
SANTA FE MAIN POST OFFICE

PERMIAN RESOURCE INC
PO BOX 590
MIDLAND TX 79702

City, State, ZIP+4

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

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

SENDER: COMPLETE THIS SECTION

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

PERMIAN RESOURCE INC
PO BOX 590
MIDLAND TX 79702

9590 9403 1012 5271 2736 26

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X N McConnell ☐ Agent ☐ Addressee

B. Received by (Printed Name) N MCCONNELL C. Date of Delivery 7-20-16

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

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

7015 1730 0000 3819 6920

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

For delivery information, v MFH/MATADOR
OFFI ELAND STATE 124H

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 18 2016 Postmark Here
SANTA FE MAIN POST OFFICE

PVB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

PVB OIL CO
1320 LAKE ST
FORT WORTH TX 76102

9590 9403 1012 5271 2735 72

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery JUL 18 2016

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)

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

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

For delivery information.

MFH/MATADOR
ELAND STATE 124H

OFFI

Certified Mail Fee
$ 3.45

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

2.30

USPS SANTA FE NM 87501
JUL 15 2016
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SANTA FE MAIN POST OFFICE

RCJ ENTERPRISES
PO OBX 6055
HOBBS NM 882416055

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

7015 1730 0000 3819 6937

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

For delivery information.

MFH/MATADOR
ELAND STATE 124H

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☑ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 15 2016
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Postage

SEELY CHARLES W JR
815 W 10TH ST
FORT WORTH TX 761023528

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

7015 1730 0000 3819 6944

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

SENDER: COMPLETE THIS SECTION

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

SEELY CHARLES W JR
815 W 10TH ST
FORT WORTH TX 761023528

9590 9403 1012 5271 2735 58

7015 1730 0000 3819 6944

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 7/18

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
- ☐ Mail
- ☐ Mail 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

7015 1730 0000 3819 6951

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

For delivery information, vis

OFFIC

MFH/MATADOR
ELAND STATE 124H

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
$ 6.60

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE MAIN POST OFFICE

To SEELY OIL CO
815 W 10TH ST
FORT WORTH TX 76102

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

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

SENDER: COMPLETE THIS SECTION

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

SEELY OIL CO
815 W 10TH ST
FORT WORTH TX 76102

9590 9403 1012 5271 2735 41

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Rosenbaum
☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/18

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
- ☐ Restricted Delivery

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

7015 1730 0000 3819 6968

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

For delivery information

OFFI

MFH/MATADOR
ELAND STATE 124H

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
$ 6.60

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE MAIN POST OFFICE

To SEELY PETROLEUM
PARTNERS LP
815 W 10TH ST
FORT WORTH TX 761023528

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

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

SENDER: COMPLETE THIS SECTION

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

SEELY PETROLEUM
PARTNERS LP
815 W 10TH ST
FORT WORTH TX 761023528

9590 9403 1012 5271 2735 34

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6968

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Rosenbaum
☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/18

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
- ☐ Restricted Delivery

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

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

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

Postage
$

Postmark Here
USPS SANTA FE NM 87501
JUL 15 2016
SANTA FE MAIN POST OFFICE

SSV&H ASSOCIATES
815 W 10TH ST
FORT WORTH TX 76102

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

7015 1730 0000 3819 6975

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:

SSV&H ASSOCIATES
815 W 10TH ST
FORT WORTH TX 76102

9590 9403 1012 5271 2734 04

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6975

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

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

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

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

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

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

Postage
$

Postmark Here
USPS SANTA FE NM 87501
JUL 15 2016
SANTA FE MAIN POST OFFICE

THOMPSON J CLEO & J
CLEO JR LP
325 N SAINT PAUL #4300
DALLAS TX 75201

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

7015 1730 0000 3819 6982

7015 1730 0000 3819 6999

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

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.70
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
WES-TEX DRILLING CO LP

Street and Apt. No., or PO Box No.
PO BOX 3739

City, State, ZIP+4
ABILENE TX 79604

MFH/MATADOR
ELAND STATE/124H
NM 87507
365
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

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

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

SENDER: COMPLETE THIS SECTION

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

WES-TEX DRILLING CO LP
PO BOX 3739
ABILENE TX 79604

9590 9403 1012 5271 2736 19

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6999

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P. Robbins
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) P. Robbins
C. Date of Delivery 7-19-16

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
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery (over $500)
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 7002

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

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.70
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
COG OPERATING LLC

Street and Apt. No., or PO Box No.
600 W ILLINOIS AVE

City, State, ZIP+4
MIDLAND TX 797014882

MFH/MATADOR
ELAND STATE/124H
NM 87507
365
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

COG OPERATING LLC
600 W ILLINOIS AVE
MIDLAND TX 797014882

9590 9403 1012 5271 2736 02

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name)
C. Date of Delivery 7/19

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

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

7015 1730 0000 3819 6111

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

MFH/MATADOR
ELAND STATE 124H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

2.80

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here

CONOCOPHILLIPS CO
PO BOX 7500
BARTLESVILLE OK
740057500

City, State, ZIP+4®

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

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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:

CONOCOPHILLIPS CO
PO BOX 7500
BARTLESVILLE OK
740057500

9590 9403 1012 5271 2734 28

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 6111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

JUL 18 2016
Mail Services
Bartlesville, OK

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

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7015 1730 0000 3819 6128

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

MFH/MATADOR
ELAND STATE 124H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

2.80

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here

Postage

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

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

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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:

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

9590 9403 1012 5271 2734 42

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 6128

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Carrillo ☐ 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

JUL 18 2016

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

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

For delivery information, visit OFFIC

MFH/MATADOR
ELAND STATE 124H
NM 87501
JUL 15 2016
Postmark
SANTA FE
MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To OXY USA WTP LP
PO BOX 4294
HOUSTON TX 77210

Street

City

7015 1730 0000 3819 6135

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

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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:

OXY USA WTP LP
PO BOX 4294
HOUSTON TX 77210

9590 9403 1012 5271 2734 35

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6135

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

For delivery information, vis

MFH/MATADOR
ELAND STATE 124H
NM 87501
JUL 15 2016
Postmark
Here
SANTA FE
MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To SANDEL ENERGY INC
PO BOX 1917
HUNTSVILLE TX 77342

Street

City

7015 1730 0000 3819 6142

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

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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:

SANDEL ENERGY INC
PO BOX 1917
HUNTSVILLE TX 77342

9590 9403 1012 5271 2736 57

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6142

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[illegible] JUL 19 2016

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

DTF-USPS

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

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

For delivery information, visit

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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$
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$
Se
Str
City, State, ZI

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

SW ROYALTIES IN
407 N BIG SPRING
MIDLAND TX 79701

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

7015 1730 0000 3819 6159

RETURNED

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

For delivery information:

OFFI

MFH/MATADOR
ELAND STATE 124H

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

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

THREE RIVERS ACQUISITION LLC
5301 SOUTHWEST PKWY
STE 400
AUSTIN TX 78735

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

7015 1730 0000 3819 6166

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

SENDER: COMPLETE THIS SECTION

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

THREE RIVERS ACQUISITION LLC
5301 SOUTHWEST PKWY
STE 400
AUSTIN TX 78735

9590 9403 1012 5271 2738 51

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6166

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Emily Laird
☑ Agent
☐ Addressee

B. Received by (Printed Name) Emily Laird
C. Date of Delivery 7/18/2016

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

RETURNED

U.S. Postal Service™
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Domestic Mail Only

For delivery information, v

OFFIC

MFH/MATADOR
ELAND STATE 124H

Certified Mail Fee
$ 3.45

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

Postage

JUL 15 2016

USPS SANTA FE, NM 87501
Postmark Here
MAIN POST OFFICE

7015 1730 0000 3819 6173

ISRAMCO ENERGY LLC
11767 KATY FWY #711
HOUSTON TX 770791715

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

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Domestic Mail Only

For delivery information, visi

OFFIC

MFH/MATADOR
ELAND STATE 124H

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 $

JUL 15 2016

USPS SANTA FE, NM 87501
Postmark Here
MAIN POST OFFICE

7015 1730 0000 3819 6180

LEGACY RESERVES
OPERATING LP
303 W WALL ST STE 1800
MIDLAND TX 797015106

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

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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
303 W WALL ST STE 1800
MIDLAND TX 797015106

9590 9403 1012 5271 2738 55

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6180

COMPLETE THIS SECTION ON DELIVERY

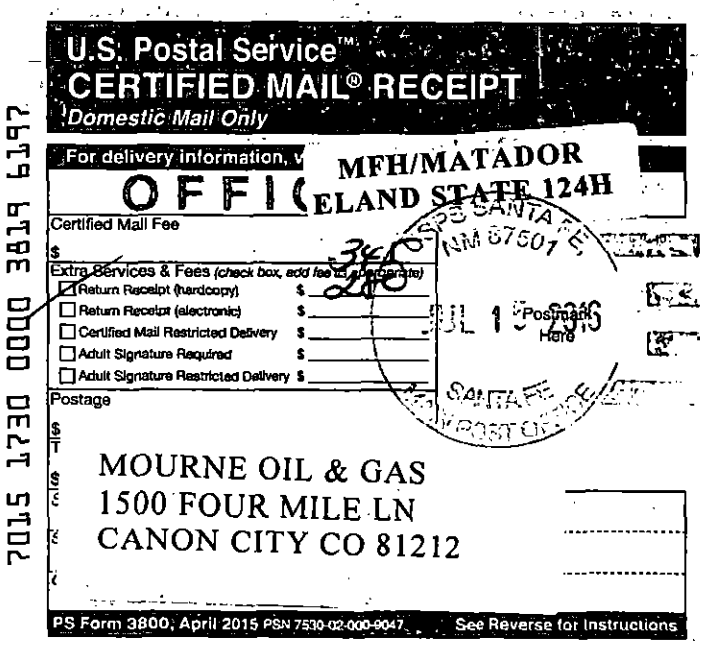
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) J Gueiker
C. Date of Delivery 7-18-16

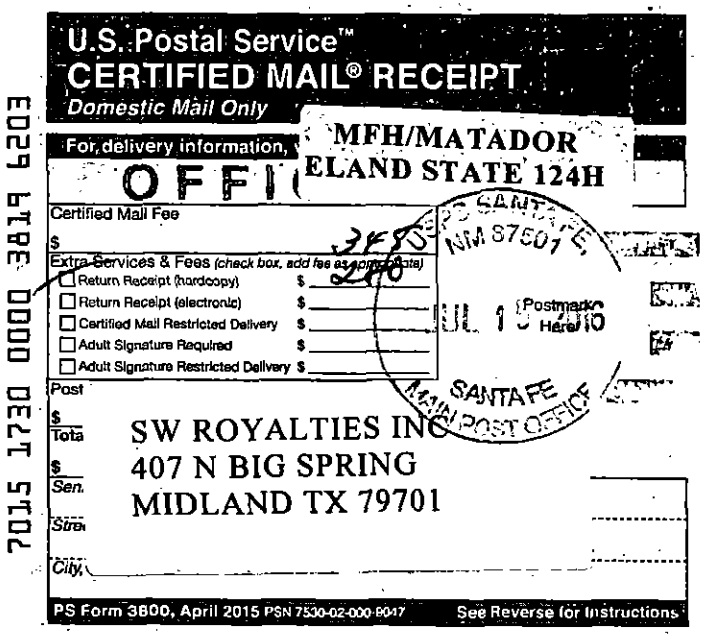
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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



RETURNED



RETURNED