

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

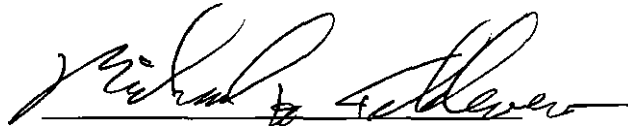
**APPLICATION OF COG OPERATING LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 15496

AFFIDAVIT

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

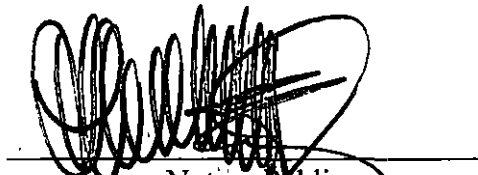
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letters and proof of receipts attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of August 2016 by Michael H. Feldewert.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/17


Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 12
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016**



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: PARTIES SUBJECT TO POOLING PROCEEDINGS

Re: Amended Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.
Halberd 27 State Com No. 1H Well

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on 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 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 Dylan Park, at (432) 685-2539 or dpark@concho.com.

Sincerely,

A handwritten signature in black ink, appearing to read "J. L. Kessler".

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

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

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



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: OFFSET PARTIES

RE: Amended Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Halberd 27 State Com No. 1H Well

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

This application has been set for hearing before a Division Examiner at 8:15 AM on 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 Dylan Park, at (432) 685-2539 or dpark@concho.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordan L. Kessler".

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

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

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

HOLLAND & HART ^{LLP}



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

July 15, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE YESO FORMATION

Re: Amended Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Eddy County, New Mexico.
Halberd 27 State Com No. 1H Well

Dear Sir or Madam:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because you own an interest below 4,000' in the Yeso formation that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Glorieta and Yeso formations (Artesia; Glorieta Yeso Pool (96830)) above 4,000'.

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

If you have any questions about this matter please contact Dylan Park, at (432) 685-2539 or dpark@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart ^{LLP}

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

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

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

**COG OPERATING LLC
HALBERD 27 STATE COM NO. 1H WELL**

POOLED PARTIES

Heirs of Laretta M. Phillips
Mrs. OrLynn Shelden, 3020
Buttonhook Road
Solvang, CA 93463

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046-0526

Chiso Ltd
670 Dona Ana Rd. SW
Deming, NM 88030-6278

Black Shale Mineral, LLC
P.O. Box 2243
Longview, Texas 75606

Clayton Williams Energy, Inc.
6 Desta Drive, Suite 1100
Midland, TX 79705

Mark B. Heinen
1221 S. Main, Suite 206
Boerne, TX 78006

Debra Denise Latham, Trustee of the
Latham Family Trust under the Will of
Lindley Paul Latham
3402 Choate Place
Midland, TX 79707

Mel Riggs
6 Desta Drive, Suite 3000
Midland, TX 79705

Mark Tisdale
6 Desta Drive, Suite 3000
Midland, TX 79705

Greg Benton
P.O. Box 51034
Midland, TX 79710

Matt Swierc
6 Desta Drive, Suite 3000
Midland, TX 79705

John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

Mickey Cunningham
5313 Chesley Court
Midland, TX 79707

Robert Thomas
3808 Roadrunner
Midland, TX 79707

Mike Pollard
6 Desta Drive, Suite 3000
Midland, TX 79705

Petratis Oil and Gas Inc.
1603 Holloway Ave.,
Midland, TX 79701

Manta Oil and Gas Inc.
190 E. Stacy Rd. 306-373
Allen, TX 75002

S.E.S. Oil & Gas Inc.
P.O. Box 371
Midland, TX 79701

Finwing Corporation
508 Wall St.,
Midland, TX 79701

Olwick Corporation
P.O. Box 10886
Midland, TX 79702

Wadi Petroleum Inc.
4355 Sylvanfield Blvd.,
Houston, TX 77014

Mary Ann Curtis, L.L.C.
P.O. Box 58095
Oklahoma City, OK 73157

Carolyn K. Lisle, Trustee of the
Carolyn K. Lisle Revocable Trust
P.O. Box 21357
Oklahoma City, OK 73156

GMSR, Ltd., a Texas LP
P.O. Box 113
Midland, TX 79702-0113

DMM Family, LLC
P.O. Box 101
Midland, TX 79702

David W. Marcum
3115 Stanolind
Midland, TX 79705

**COG OPERATING LLC
HALBERD 27 STATE COM NO. 1H WELL**

C. Kay Marcum, Trustee of the C.
Kay Marcum Revocable Trust
9425 Nix Road
Tolar, TX 76476

Joachim Marc Schmid, as his
separate property
3315 Gentry Drive
West Lake Hills, TX 78746

Stacey Hutcherson, as her
separate property
112 Gainer Drive
Hutto, TX 78634

John Weldon Gilchrist, as his
separate property
102 S. Main
Thorndale, TX 76557

Marla Jo Moats Schmid, as her
separate property
5205 Rain Creek Parkway
Austin, TX 78759

Judy F. Mulroy
2231 Pine River Drive
Kingwood, TX 77330

Beverly Gooden
P.O. Box 173
Childress, TX 79201-0173

Occidental Permian Limited
Partnership
5 Greenway Plaza Suite 110
Houston, TX 77046-0526

ORRI Owners to force pool:

The Wright Company
P.O. Box 752
Stanton, TX 79872

Bud F. Walker
1235 Diamondback Dr. NE
Albuquerque, NM 87113

Ernest Byron Hailey, III
6 Parwood Court
The Woodland, TX 77382

Michael Lee Hailey
22145 County Road 798
Mathis, TX 78368

Marjorie Ann Estevis
1620 Vista Florida
Edinburg, TX 78539

Manix Royalty Ltd.
P.O. Box 2818
Midland, TX 79702

**Halberd 27 State Com #1H -
HORIZONTAL OFFSET:**

Mrs. OrLynn Shelden
3020 Buttonhook Road
Solvang, CA 93463

Apache Corporation
303 Veterans Airpark Lane
Midland, TX 79701

Martin Yates III and Martin
Yates, Jr.
112 North 1st
Artesia, NM 8821

Kerr-McGee O&G Onshore, LP
Land Department
P.O. Box 1330
Houston, TX 77251

Alamo Permian Resources,
LLC
415 Wall Street
Midland, TX 79701

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

**VERTICAL OFFSET IN
S2S2 PRORATION UNIT**

OXY USA WTP Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

Carolyn K. Lisle, Trustee of
the Carolyn K. Lisle Revocable
Trust
P.O. Box 21357
Oklahoma City, OK 73156

**COG OPERATING LLC
HALBERD 27 STATE COM NO. 1H WELL**

GMSR, Ltd., a Texas LP
P.O. Box 113
Midland, TX 79702-0113

David W. Marcum
3115 Stanolind
Midland, TX 79705

C. Kay Marcum, Trustee of the
C. Kay Marcum Revocable
Trust
9425 Nix Road
Tolar, TX 76476

Stacey Hutcherson, as her
separate property
112 Gainer Drive
Hutto, TX 78634

Judy F. Mulroy
2231 Pine River Drive
Kingwood, TX 77330

Beverly Gooden
P.O. Box 173
Childress, TX 79201-0173

7015 3010 0001 8827 1635

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

For delivery information, visit **OFFICIAL**

MHF/COG
HALBERD-1H
 NM 87507

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy)	\$ <u>280</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postmark Here
SANTA FE
 JUL 15 2016

Heirs of Laurretta M. Phillips
 Mrs. OrLynn Shelden, 3020
 Buttonhook Road
 Solvang, CA 93463

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

7015 3010 0001 8827 1628

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

For delivery information, visit **OFFICIAL**

MHF/COG
HALBERD-1H
 NM 87507

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy)	\$ <u>280</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Postmark Here
SANTA FE
 JUL 15 2016

Occidental Permian Limited
 Partnership
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0526

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

7015 3010 0001 8827 1611

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

For delivery information, visit
OFFICE

MHF/COG
HALBERD 1H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$

Chiso Ltd
 670 Dona Ana Rd. SW
 Deming, NM 88030-6278

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

JUL 15 2016

SANTA FE

7015 3010 0001 8827 1604

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

For delivery information, visit
OFFICE

MHF/COG
HALBERD 1H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$

Black Shale Mineral, LLC
 P.O. Box 2243
 Longview, Texas 75606

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

JUL 15 2016

SANTA FE

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:
 Chiso Ltd
 670 Dona Ana Rd. SW
 Deming, NM 88030-6278

9590 9401 0128 5225 9668 38

7015 3010 0001 8827 1611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ 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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

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 Shale Mineral, LLC
 P.O. Box 2243
 Longview, Texas 75606

9590 9401 0128 5225 9668 45

7015 3010 0001 8827 1604

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
 Daisy Sannaha

C. Date of Delivery

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

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

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

7015 3010 0001 8827 1598

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

For delivery information, visit
OFFIC

MHE/COG
 HALBERD 1H

Certified Mail Fee
 \$ 3.45 NM 87507

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
 JUL 15 2016
 SANTA FE

Clayton Williams Energy, Inc.
 6 Desta Drive, Suite 1100
 Midland, TX 79705

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

7015 3010 0001 8827 1581

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

For delivery information, visit
OFFIC

MHE/COG
 HALBERD 1H

Certified Mail Fee
 \$ 3.45 NM 87507

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here
 JUL 15 2016
 SANTA FE

Mark B. Heinen
 1221 S. Main, Suite 206
 Boerne, TX 78006

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:
 Clayton Williams Energy, Inc.
 6 Desta Drive, Suite 1100
 Midland, TX 79705

9590 9401 0128 5225 9668 52

7015 3010 0001 8827 1598

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Kathy Stark Agent
☐ Addressee

B. Received by (Printed Name)
 Kathy Stark

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

(over 3500)

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

7015 3010 0001 8827 1574

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFICIAL

MHF/COG

HALBERD 1H

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

\$

Total

\$

Sent

\$

Street

City

Debra Denise Latham, Trustee of the
Latham Family Trust under the Will of
Lindley Paul Latham
3402 Choate Place
Midland, TX 79707

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

See Reverse for Instructions

7015 3010 0001 8827 1567

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFICIAL

MHF/COG

HALBERD 1H

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

\$

Total

\$

Sent

\$

Street

City

Mel Riggs
6 Desta Drive, Suite 3000
Midland, TX 79705

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:

Mel Riggs
6 Desta Drive, Suite 3000
Midland, TX 79705

2. Article Number (Transfer from service label)

7015 3010 0001 8827 1567

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kathy Stark

☐ Agent☐ Addressee

B. Received by (Printed Name)

Kathy Stark

C. Date of Delivery

7/19/16

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

3. Service Type

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

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

Domestic Return Receipt

7015 3010 0001 8827 4919

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

For delivery information, visit our web site at www.usps.com

OFFICIAL

Certified Mail Fee \$ 3.40

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

☒ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Mark Tisdale
 6 Desta Drive, Suite 3000
 Midland, Texas 79705

PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark Tisdale
 6 Desta Drive, Suite 3000
 Midland, TX 79705

9590 9401 0128 5225 9668 90

7015 3010 0001 8827 4919

COMPLETE THIS SECTION ON DELIVERY

A. Signature Kathy Stark ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Stark 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 ☐ 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 1543

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

For delivery information, visit our web site at www.usps.com

OFFICIAL

Certified Mail Fee \$ 3.40

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

☒ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Greg Benton
 P.O. Box 51034
 Midland, TX 79710

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:

-Greg Benton
 P.O. Box 51034
 Midland, TX 79710

9590 9401 0128 5225 9669 06

7015 3010 0001 8827 1543

COMPLETE THIS SECTION ON DELIVERY

A. Signature Greg Benton ☐ Agent ☐ Addressee

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

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

3. Service Type ☐ 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 1734

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H
 NM 8750

345
280
JUL 15 2015
 Postmark Here
SANTA FE

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 \$

Pos \$
 Tot \$
 Ser \$
 Str \$

City, State, ZIP+4®
Matt Swierc
6 Desta Drive, Suite 3000
Midland, TX 79705

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:
Matt Swierc
6 Desta Drive, Suite 3000
Midland, TX 79705

2. Article Number (Transfer from service label)
7015 3010 0001 8827 1734

COMPLET THIS SECTION ON DELIVERY

A. Signature **Kathy Stark** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Kathy Stark** 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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail

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

7015 3010 0001 8827 1727

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H
 NM 8750

345
280
JUL 15 2015
 Postmark Here
SANTA FE

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 \$

City, State, ZIP+4®
John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

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 Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

2. Article Number (Transfer from service label)
7015 3010 0001 8827 1727

THIS SECTION ON DELIVERY

A. Signature **Kathy Stark** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Kathy Stark** 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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail

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

7015 3010 0001 8827 1710

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG

HALBERD 1H

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

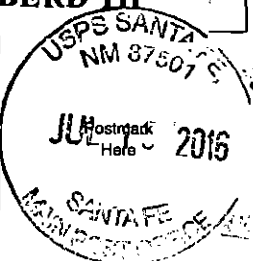
\$

\$

Mickey Cunningham
 5313 Chesley Court
 Midland, TX 79707

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

See Reverse for Instructions



7015 3010 0001 8827 1703

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG

HALBERD 1H

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

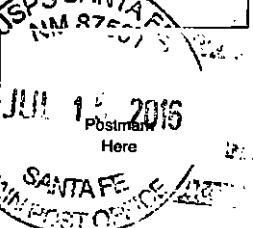
\$

\$

Robert Thomas
 3808 Roadrunner
 Midland, TX 79707

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Thomas
 3808 Roadrunner
 Midland, TX 79707

2. Article Number (Transfer from service label)

7015 3010 0001 8827 1703

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3010 0001 8827 1697

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

For delivery information, visit **OFFICIAL**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark Here **JUL 15 2016**

SANTA FE POST OFFICE

Mike Pollard
 6 Desta Drive, Suite 3000
 Midland, TX 79705

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

7015 3010 0001 8827 1680

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

For delivery information, visit **OFFICIAL**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark Here **JUL 15 2016**

SANTA FE POST OFFICE

Petratits Oil and Gas Inc.
 1603 Holloway Ave.,
 Midland, TX 79701

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mike Pollard
 6 Desta Drive, Suite 3000
 Midland, TX 79705

2. Article Number (Transfer from service label): **7015 3010 0001 8827 1697**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Kathy Stark ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Stark 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

☐ Priority Mail Express®
☐ Registered Mail™
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Restricted Delivery

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

7015 3010 0001 8827 1673

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

For delivery information, visit **MHF/COG**
OFFICE **HALBERD 1H**

USPS SANTA FE NM 87501
 JUL 15 2015
 Postmark Here

Certified Mail Fee \$ 34.5
 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 \$

To: **Manta Oil and Gas Inc.**
190 E. Stacy Rd. 306-373
Allen, TX 75002

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

7015 3010 0001 8827 1666

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

For delivery information, visit **MHF/COG**
OFFICE **HALBERD 1H**

USPS SANTA FE NM 87501
 JUL 15 2015
 Postmark Here

Certified Mail Fee \$ 34.5
 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 \$

To: **S.E.S. Oil & Gas Inc.**
P.O. Box 371
Midland, TX 79701

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Manta Oil and Gas Inc.
190 E. Stacy Rd. 306-373
Allen, TX 75002

2. Article Number (Transfer from service label)
7015 3010 0001 8827 1673

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Tiffany McKerny* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **Tiffany McKerny**
 C. Date of Delivery **7-15-16**

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

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

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

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.E.S. Oil & Gas Inc.
P.O. Box 371
Midland, TX 79701

2. Article Number (Transfer from service label)
7015 3010 0001 8827 1666

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Monica S. Aguirre* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **Monica S. Aguirre**
 C. Date of Delivery **7/21/16**

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

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

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

7015 3010 0001 8827 1659

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark Here

SANTAFE NM 75001

Finwing Corporation
 508 Wall St.,
 Midland, TX 79701

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

RETURNED

7015 3010 0001 8827 1642

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark Here

USPS SANTAFE NM 75001

JUL 15 2016

SANTAFE NM 75001

Olwick Corporation
 P.O. Box 10886
 Midland, TX 79702

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:

Olwick Corporation
 P.O. Box 10886
 Midland, TX 79702

2. Article Number (Transfer from service label)

7015 3010 0001 8827 1642

COMPLETE THIS SECTION ON DELIVERY

A. Signature Manda G. Oyubids ☐ Agent ☒ Addressee

B. Received by (Printed Name) Manda G. Oyubids

C. Date of Delivery 7/20/16

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

3. Service Type

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

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

7015 0640 0003 5400 5624

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

For delivery information, visit **OFFICE**

MHF/COG
HALBERD 1H

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 \$

Wadi Petroleum Inc.
 4355 Sylvanfield Blvd.,
 Houston, TX 77014

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

7015 0640 0003 5400 5631

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

For delivery information, visit **OFFICE**

MHF/COG
HALBERD 1H

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 \$

Mary Ann Curtis, L.L.C.
 P.O. Box 58095
 Oklahoma City, OK 73157

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:
 Wadi Petroleum Inc.
 4355 Sylvanfield Blvd.,
 Houston, TX 77014

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 5624

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *L. Caldwell* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 L. Caldwell

C. Date of Delivery
 7-18-16

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Mary Ann Curtis, L.L.C.
 P.O. Box 58095
 Oklahoma City, OK 73157

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 5631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Joyce E. Silvernail* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Joyce E. Silvernail

C. Date of Delivery
 7-21-16

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

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

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

8495 0045 E000 0490 5T02

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

For delivery information, visit
OFFIC

MHF/COG
 HALBERD 1H

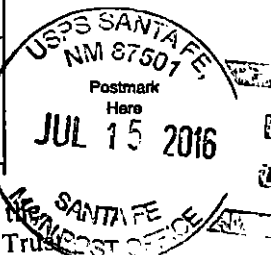
Certified Mail Fee
 \$ 3.45

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

Carolyn K. Lisle, Trustee of
 Carolyn K. Lisle Revocable Trust
 P.O. Box 21357
 Oklahoma City, OK 73156

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



5595 0045 E000 0490 5T02

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

For delivery information, visit
OFFIC

MHF/COG
 HALBERD 1H

Certified Mail Fee
 \$ 3.45

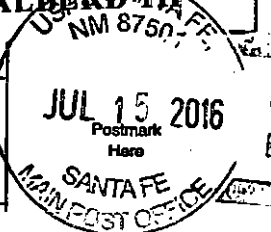
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
 Here

SANTA FE
 MAIN POST OFFICE

GMSR, Ltd., a Texas LP
 P.O. Box 113
 Midland, TX 79702-0113

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 GMSR, Ltd., a Texas LP
 P.O. Box 113
 Midland, TX 79702-0113

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 5655

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 Joan Livolski

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

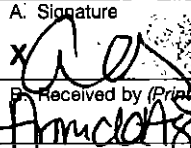
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

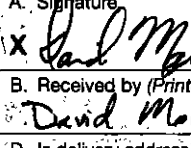
7995 0045 0000 0490 5102

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit 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	
DMM Family, LLC P.O. Box 101 Midland, TX 79702	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

6495 0040 0003 5400 5672

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit 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	
David W. Marcum 3115 Stanolind Midland, TX 79705	
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 
1. Article Addressed to: DMM Family, LLC P.O. Box 101 Midland, TX 79702	B. Received by (Printed Name) Arnold Aguirre C. Date of Delivery 7/20/16 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7015 0640 0003 5400 5662	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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 
1. Article Addressed to: David W. Marcum 3115 Stanolind Midland, TX 79705	B. Received by (Printed Name) David Marcum C. Date of Delivery 7-18-16 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7015 0640 0003 5400 5679	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7015 0640 0003 5400 5695

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

For delivery information, visit **OFFIC** **MHF/COG HALBERD 1H**

Certified Mail Fee \$ **3.45**

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

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

Postmark Here **JUL 15 2016**

SALE
SANTA FE
NM 87501
U.S. POST OFFICE

To: C. Kay Marcum, Trustee of the
Kay Marcum Revocable Trust
9425 Nix Road
Tolar, TX 76476

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

7015 0640 0003 5400 5695

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

For delivery information, visit **OFFIC** **MHF/COG HALBERD 1H**

Certified Mail Fee \$ **3.45**

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

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

Postmark Here **JUL 15 2016**

SALE
SANTA FE
NM 87501
U.S. POST OFFICE

To: Joachim Marc Schmid, as his
separate property
3315 Gentry Drive
West Lake Hills, TX 78746

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

7015 0640 0003 5400 5709

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H

USPS SANTA FE NM 87501

JUL 15 2016

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 \$

Postmark Here

SANTA FE NM POST OFFICE

To: Stacey Hutcherson, as her
 separate property
 112 Gainer Drive
 Hutto, TX 78634

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 5716

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H

USPS SANTA FE NM 87501

JUL 15 2016

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 \$

To: John Weldon Gilchrist, as his
 separate property
 102 S. Main
 Thorndale, TX 76557

PS Form 3800, April 2015 PSN 7530-02-000-9017 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. 1. Article Addressed to: John Weldon Gilchrist, as his separate property 102 S. Main Thorndale, TX 76557 2. Article Number (Transfer from service label) 7015 0640 0003 5400 5716	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) 7/19/16 C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: 3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery (over \$500)

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

7015 0640 0003 5400 5723

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit	OFFIC
Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	0.80
☒ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	
Marla Jo Moats Schmid, as her separate property 5205 Rain Creek Parkway Austin, TX 78759	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 0640 0003 5400 5730

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit	OFFIC
Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	0.80
☒ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	
Judy F. Mulroy 2231 Pine River Drive Kingwood, TX 77330	
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 <i>Marla Jo Moats Schmid</i> Agent B. Received by (Printed Name) <i>Schmid</i> C. Date of Delivery <i>7-18-11</i>	
1. Article Addressed to: Marla Jo Moats Schmid, as her separate property 5205 Rain Creek Parkway Austin, TX 78759		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
9590 9401 0128 5225 9669 13 7015 0640 0003 5400 5723		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 0640 0003 5400 5747

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFICEMHF/COG
HALBERD 1H

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Beverly Gooden
P.O. Box 173
Childress, TX 79201-0173

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:

Beverly Gooden
P.O. Box 173
Childress, TX 79201-0173

9590 9401 0128 5225 9669 37

7015 0640 0003 5400 5747

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Beverly Gooden

☐ Agent☐ Addressee

B. Received by (Printed Name)

Beverly Gooden

C. Date of Delivery

Aug 1 - 16

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

3. Service Type

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

Domestic Return Receipt

7015 0640 0003 5400 5754

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFICEMHF/COG
HALBERD 1H

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Occidental Permian Limited
Partnership
5 Greenway Plaza Suite 110
Houston, TX 77046-0526

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:

Occidental Permian Limited
Partnership
5 Greenway Plaza Suite 110
Houston, TX 77046-0526

9590 9401 0128 5225 9669 44

7015 0640 0003 5400 5754

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Janet Gooden

☐ Agent☐ Addressee

B. Received by (Printed Name)

J. BOGAN

C. Date of Delivery

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

3. Service Type

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

Domestic Return Receipt

7015 0640 0003 5400 5761

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

For delivery information, visit

OFFICEMHF/COG
HALBERD 1H

Certified Mail Fee

\$ 3.45

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

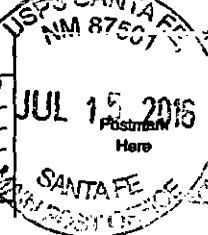
☒ Return Receipt (hardcopy) \$ 2.80☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

The Wright Company
 P.O. Box 752
 Stanton, TX 79872

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

See Reverse for Instructions



7015 0640 0003 5400 5778

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

For delivery information, visit

OFFICEMHF/COG
HALBERD 1H

Certified Mail Fee

\$ 3.45

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

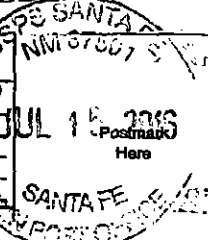
☒ Return Receipt (hardcopy) \$ 2.80☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

Bud F. Walker
 1235 Diamondback Dr. NE
 Albuquerque, NM 87113

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:

The Wright Company
 P.O. Box 752
 Stanton, TX 79872

9590 9401 0128 5225 9669 51

2. Article Number (Transfer from service label)

7015 0640 0003 5400 5761

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dianna Bell* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Dianna Bell

C. Date of Delivery

7-21-16

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Box 10554
 MIDLAND, TX 79702

3. Service Type

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

(over 300)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bud F. Walker
 1235 Diamondback Dr. NE
 Albuquerque, NM 87113

9590 9401 0128 5225 9669 68

2. Article Number (Transfer from service label)

7015 0640 0003 5400 5778

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bud F. Walker* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Bud F. Walker

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

(over 300)

Domestic Return Receipt

7015 0640 0003 5400 5785

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 0.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark **JUL 15 2016**

To: Ernest Byron Hailey, III
 6 Parwood Court
 The Woodland, TX 77382

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

7015 0640 0003 5400 5792

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 0.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark **JUL 15 2016**

To: Michael Lee Hailey
 22145 County Road 798
 Mathis, TX 78368

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. 1. Article Addressed to: Michael Lee Hailey 22145 County Road 798 Mathis, TX 78368 2. Article Number (Transfer from service label) 7015 0640 0003 5400 5792	A. Signature ☒ Agent ☐ Addressee <i>Sue Hailey</i> B. Received by (Printed Name) Sue Hailey C. Date of Delivery 7/18/16 D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below: 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature ☐ Registered Mail Restricted Delivery ☒ Certified Mail® ☐ Return Receipt for Merchandise ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery

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

7015 0640 0003 5400 5808

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

For delivery information, visit **OFFICIAL** **MHF/COG HALBERD 1H**

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

Marjorie Ann Estevis
 1620 Vista Florida
 Edinburg, TX 78539

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:

Marjorie Ann Estevis
 1620 Vista Florida
 Edinburg, TX 78539

9590 9401 0128 5225 9669 99

2. Article Number (Transfer from service label)

7015 0640 0003 5400 5808

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Francisco Estevis

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 ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

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

7015 0640 0003 5400 5815

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

For delivery information, visit **OFFICIAL** **MHF/COG HALBERD 1H**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark

Manix Royalty Ltd.
 P.O. Box 2818
 Midland, TX 79702

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:

Manix Royalty Ltd.
 P.O. Box 2818
 Midland, TX 79702

9590 9401 0128 5225 9670 02

2. Article Number (Transfer from service label)

7015 0640 0003 5400 5815

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Candynopeland

C. Date of Delivery 7-20-16

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

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

7015 3010 0001 8827 2212

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

For delivery information, visit **OFFIC**

MHF/COG
 HALBERD 1H

Certified Mail Fee \$ 3.40

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

☒ Return Receipt (hardcopy) \$ 2.70

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Mrs. OrLynn Shelden
 3020 Buttonhook Road
 Solvang, CA 93463

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

7015 3010 0001 8827 2205

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

For delivery information, visit **OFFIC**

MHF/COG
 HALBERD 1H

Certified Mail Fee \$ 3.40

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

☒ Return Receipt (hardcopy) \$ 2.70

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Apache Corporation
 303 Veterans Airpark Lane
 Midland, TX 79701

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

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

For delivery information, visit **OFFIC**

MHF/COG
 HALBERD 1H

Certified Mail Fee \$ 3.40

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

☒ Return Receipt (hardcopy) \$ 2.70

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Apache Corporation
 303 Veterans Airpark Lane
 Midland, TX 79701

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Apache Corporation
 303 Veterans Airpark Lane
 Midland, TX 79701

2. Article Addressed to:

9590 9401 0128 5225 9666 23

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent ☐ Addressee ☐

B. Received by (Printed Name): S. Shelden

C. Date of Delivery: 7-19-16

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

7015 3010 0001 8827 2205

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

7015 3010 0001 8827 2199

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.50

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 Here

SANTAFE
NM 87501

JUL 15 2016

Martin Yates III and Martin
 Yates, Jr.
 112 North 1st
 Artesia, NM 8821

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

7015 3010 0001 8827 2182

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

For delivery information, visit **OFFIC**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.50

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 Here

SANTAFE
NM 87501

JUL 15 2016

Kerr-McGee O&G Onshore, LP
 Land Department
 P.O. Box 1330
 Houston, TX 77251

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

RETURNED

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kerr-McGee O&G Onshore, LP
 Land Department
 P.O. Box 1330
 Houston, TX 77251

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2182

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. J. Felder 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 ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

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

For delivery information, visit

OFFIC

**MHF/COG
HALBERD 1H**

Certified Mail Fee

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

☐ Return Receipt (hardcopy)	\$ 2.00
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

**Alamo Permian Resources,
LLC**
415 Wall Street
Midland, TX 79701

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

8912 2288 1000 010E 5102

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

For delivery information, visit

OFFICE

MHF/COG
HALBERD 1H

Certified Mail Fee

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

☒ Return Receipt (hardcopy) \$ 2.89

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION 1. Complete items 1, 2, and 3. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Occidental Permian Ltd. P.O. Box 4294 Houston, Texas 77210		SECTION ON DELIVERY A. Signature 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	
2. Article Number (Transfer from service label) 7015 3010 0001 8827 2168		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted 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 2151

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 34.50

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 \$

OXY USA WTP Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2151

COMPLET THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

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

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

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

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

7015 3010 0001 8827 2144

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 34.50

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 \$

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

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:

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2144

COMPLET THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

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

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

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

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

7015 3010 0001 8827 2137

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

For delivery information, visit **OFFICIAL**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.95

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

☒ Return Receipt (hardcopy)	\$ <u>2.70</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark: **SANTA FE NM 87501 JUL 15 2016**

John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

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

7015 3010 0001 8827 2120

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

For delivery information, visit **OFFICIAL**

MHF/COG
HALBERD 1H

Certified Mail Fee \$ 3.95

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

☒ Return Receipt (hardcopy)	\$ <u>2.70</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$ 1.10

Carolyn K. Lisle, Trustee of
the Carolyn K. Lisle Revocable
Trust
P.O. Box 21357
Oklahoma City, OK 73156

Postmark: **SANTA FE NM 87501 JUL 15 2016**

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 Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

2. Article Number (Transfer from service label): **7015 3010 0001 8827 2137**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kathy Stark* ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Kathy Stark** C. Date of Delivery: **7/9/16**

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

3. Service Type

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

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

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:

Carolyn K. Lisle, Trustee of
the Carolyn K. Lisle Revocable
Trust
P.O. Box 21357
Oklahoma City, OK 73156

2. Article Number (Transfer from service label): **7015 3010 0001 8827 2120**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Carolyn K. Lisle* ☐ Agent ☐ Addressee

B. Received by (Printed Name): **CAROLYN K. LISLE** C. Date of Delivery: **7/15/16**

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

3. Service Type

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

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

7015 3010 0001 8827 4711

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

For delivery information, visit
OFFIC

MHF/COG
HALBERD 1H

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 \$
 To \$
 \$
 \$
 \$

GMSR, Ltd., a Texas LP
 P.O. Box 113
 Midland, TX 79702-0113

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

7015 3010 0001 8827 4704

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

For delivery information, visit
OFFIC

MHF/COG
HALBERD 1H

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 \$
 To \$
 \$
 \$
 \$

David W. Marcum
 3115 Stanolind
 Midland, TX 79705

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:
 GMSR, Ltd., a Texas LP
 P.O. Box 113
 Midland, TX 79702-0113

2. Article Number (Transfer from sender label)
 9590 9403 1012 5271 2727 42

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

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? If YES, enter delivery address below:

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

7015 3010 0001 8827 4698

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

For delivery information, visit **OFFIC** **MHF/COG**
HALBERD 1H
 NM 87501

Certified Mail Fee \$ 3.45

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

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

Postage \$

C. Kay Marcum, Trustee of the
C. Kay Marcum Revocable
Trust
9425 Nix Road
Tolar, TX 76476

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

7015 3010 0001 8827 4681

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

For delivery information, visit **OFFIC** **MHF/COG**
HALBERD 1H
 NM 87501

Certified Mail Fee \$ 3.45

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

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

Postage \$

Stacey Hutcherson, as her
separate property
112 Gainer Drive
Hutto, TX 78634

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

RETURNED

7015 3010 0001 8827 4674

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

For delivery information, visit **OFFIC**

MHF/COG
 HALBERD 1H
 NM 87501

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.70</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark Here
JUL 15 2015
SANTA FE
 MAIN POST OFFICE

To: **Judy F. Mulroy**
2231 Pine River Drive
Kingwood, TX 77330

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

7015 3010 0001 8827 4667

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

For delivery information, visit **OFFIC**

MHF/COG
 HALBERD 1H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.70</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark Here
JUL 15 2015
SANTA FE
 MAIN POST OFFICE

To: **Beverly Gooden**
P.O. Box 173
Childress, TX 79201-0173

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