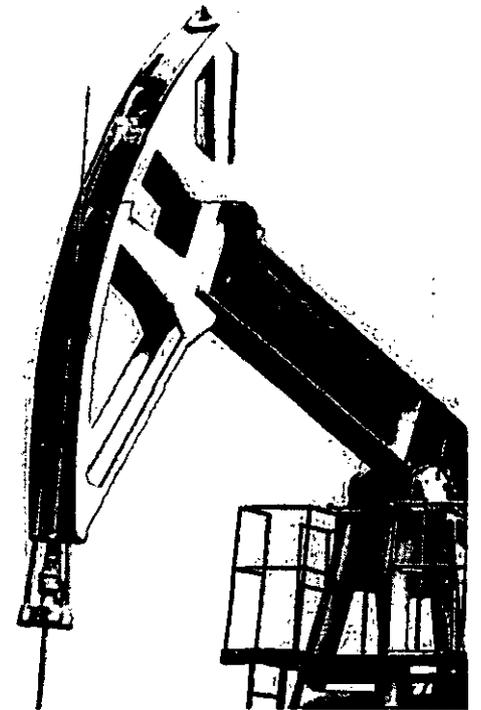


COG Operating LLC

**Sneed 9 Federal Com #11H
(API: 3002543284)**

**Compulsory Pooling Hearing
Maljamar Area – Lea County, New Mexico**



District I
1625 N. French Dr. Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | | | |
|---|--|--|--|--|--|
| ¹ API Number 30-025-43284 | | ² Pool Code 44500 | | ³ Pool Name Maljamar; Yeso, West | |
| ⁴ Property Code 40134 | | ⁵ Property Name SNEED 9 FEDERAL COM | | | ⁶ Well Number 11H |
| ⁷ OGRID NO. 229137 | | ⁸ Operator Name COG OPERATING, LLC | | | ⁹ Elevation 4089' |

¹⁰ Surface Location

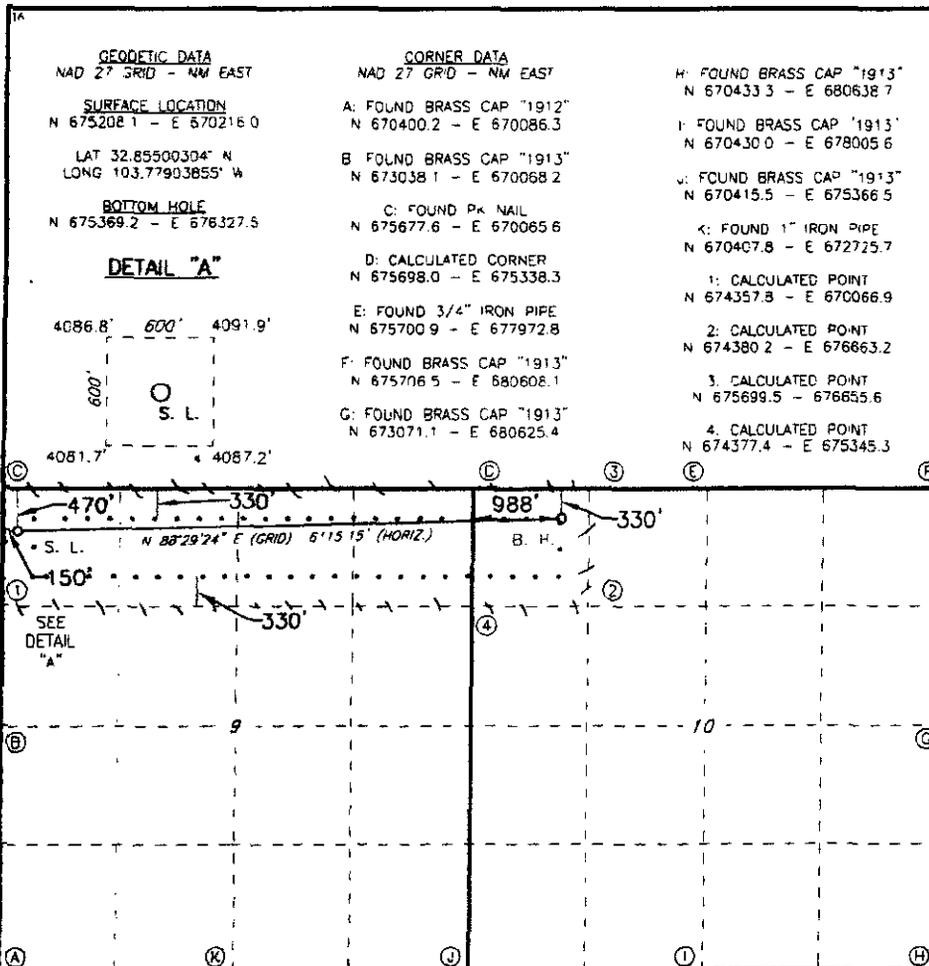
| U/L or lot no | Section | Township | Range | Lo. Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|----------|------------|------------|---------|---------------|------------------|---------------|----------------|------------|
| D | 9 | 17S | 32E | | 470 | NORTH | 150 | WEST | LEA |

¹¹ Bottom Hole Location If Different From Surface

| U/L or lot no. | Section | Township | Range | Lo. Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|----------------|-----------|------------|------------|---------|---------------|------------------|---------------|----------------|------------|
| D | 10 | 17S | 32E | | 330 | NORTH | 988 | WEST | LEA |

| | | | |
|---|-------------------------------|----------------------------------|------------------------|
| ¹² Dedicated Acres 200.01 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No |
|---|-------------------------------|----------------------------------|------------------------|

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

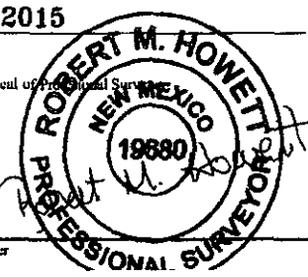


¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: *Robyn M. Russell* Date: 8/2/2016
Printed Name: **ROBYN M. RUSSELL**
E-mail Address: **Russell@concho.com**

¹⁸ SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey: **4-28-2015**
Signature and Seal of Professional Surveyor: *Robert M. Howett*
Certificate Number: **19680**



RRC - Firm No.: TX 10193838 NM 4655451 - Job

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 1
Submitted by: **COG OPERATING LLC**
Hearing Date: August 4, 2016

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

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

**CASE NO. 15327 (De Novo)
ORDER NO. R-14023-A**

ORDER OF THE COMMISSION

THIS MATTER came before the Oil Conservation Commission ("Commission") on the application of COG Operating LLC ("COG" or "Applicant") to approve the compulsory pooling of a limited vertical portion of a pool in a proposed non-standard spacing and proration unit. The Commission, having conducted a public hearing on November 5, 2015, and having considered the testimony, the record, and the arguments of the parties, and being otherwise fully advised, enters into the following findings, conclusions and order.

THE COMMISSION FINDS THAT:

1. Notice has been given of the application and the hearing of this matter, and the Commission has jurisdiction of the parties and of the subject matter herein.
2. COG submitted an application for approval of a 200 acre non-standard oil spacing and proration unit and project area (the "Unit") for oil production from the Yeso formation [Maljamar; Yeso, West Pool (Pool code 44500)] comprising the S/2 N/2 of Section 9 and the SW/4 NW/4 of Section 10, Township 17 South, Range 32 East NMPM, Lea County, New Mexico. Applicant further seeks an order pooling all mineral interests in the Yeso formation underlying this Unit from a vertical depth of approximately 5000 feet to the base of the Blinebry member.
3. The Unit will be dedicated to COG's Sneed 9 Federal Com. Well No. 23H (the "proposed well"; API No. 30-025-41410), a horizontal well to be drilled from a surface location 1650 feet from the North line and 330 feet from the West line (Unit E) of Section 9 to a bottom-hole location 1650 feet from the North line and 990 feet from the West line (Unit E) of Section 10, Township 17 South, Range 32 East NMPM, Lea County, New Mexico. The completed interval of this well will be at a standard location within the Unit.
4. The proposed oil well is within the Maljamar; Yeso, West Pool and is therefore subject to Division Order No. R-13382, as amended. Wells in this pool are also subject to Rule 19.15.15.9(A) NMAC, which provides for 330-foot setbacks from the unit boundaries and standard 40-acre units each comprising a governmental quarter-quarter

**BEFORE THE OIL CONVERSATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 2
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016**

section. The proposed Unit and project area consists of five (5) adjacent quarter-quarter sections oriented west to east. In Order No. R-13382-E, the Division found:

- a. The Yeso formation is stratigraphic, lenticular and highly compartmentalized with very low porosity and low permeability and a high degree of heterogeneity. Finding (72).
- b. Drilling on the equivalent of 10-acre spacing was necessary in the Yeso formation to prevent waste and protect correlative rights. Finding (83).

5. COG seeks approval through hearing of the same Unit to be dedicated to the proposed well before Division as Case No. 15327. Division issued Order No. R-14023 dated July 22, 2015. In this Order, Division denied the application due to a lack of authority, under the Rules, which would allow the Division to compulsory pool a fraction of a pool even if the approved project area or unit contains depth severance clauses.

6. In support of the Application, COG filed a Pre-hearing Memorandum. The Pre-hearing Memorandum stated:

- a. Every interest owner in the proposed Unit supports COG's proposal to limit the pooled intervals to the Paddock and Blinebry members of the Yeso formation, including the interest owner below the base of the Blinebry interval to be excluded by COG's application;
- b. Geologic evidence from the development of the Yeso formation in the subject area demonstrates that the deeper Tubb and Drinkard intervals below the Blinebry are rarely productive and the Tubb specifically contains tight sandstone, is wet and does not contain recoverable hydrocarbons;
- c. COG proposed a horizontal well over 400 feet above the base of the Blinebry and sought an order from the Division pooling only those interest owners above the Blinebry;
- d. The Division denied the application stating "There is no rule that allows the Division to compulsory pool a fraction of a pool even if the approved project area contains depth severance clauses;"
- e. COG's application is consistent with the Commission's statutory pooling authority and definition of a proration unit as the application seeks to pool the uncommitted interests in an area in a pool that will potentially contribute hydrocarbons to the proposed well and exclude the interest owner in the lower interval that will not contribute hydrocarbons to the proposed well;
- f. Granting of COG's application is necessary to protect correlative rights and prevent waste by including only the interests in the productive intervals;
- g. The Commission has the statutory authority to "do whatever may be reasonably necessary to carry out the purposes of [the Oil and Gas Act], whether or not indicated or specified in any section of the act;"
- h. Excluding from pooling the interest owners in the non-productive intervals is consistent with Commission precedent in Order No. R-13228-F.

7. COG presented direct testimony from two expert witnesses: Sean Johnson, landman for COG's New Mexico Shelf Asset Team, and Harvin Broughton, lead geologist for COG's New Mexico Shelf Team.

8. The Oil Conservation Division ("Division") filed an entry of appearance as an intervener and appeared at hearing through its attorney, but presented no testimony. No one else entered an appearance or otherwise opposed this Application

9. Mr. Johnson testified that COG is seeking to compulsory pool only the upper portion of the Yeso formation due to vertical depth severance ownership in two of the three tracts that comprise the Unit. Mr. Johnson identified one party, Este, Ltd, with mineral interest ownership in the tracts who were approached by COG regarding the vertical depth severance of the Yeso formation. Mr. Johnson presented a correspondence by Este, Ltd stating their support of the Unit as proposed by COG and compulsory pooling only the upper portion of the Maljamar; Yeso, West Pool.

10. Ownership in the S/2 NW/4 of Section 9 and the SW/4 NW/4 of Section 10 is severed at the base of the Blinebry interval as the result of assignments issued by Este Ltd. (See Johnson Testimony; Exhibit 4). This entity only owns below the base of the Blinebry interval while the remaining working interest owners in the subject acreage own throughout the entire Yeso formation.

11. Mr. Johnson testified that notice was provided to lessees or operators of surrounding tracts as affected parties of the proposed non-standard spacing unit. Notice was also provided to all interest owners subject to pooling proceedings as affected parties of the proposed compulsory pooling within the Unit.

12. Mr. Johnson testified that the COG seeks charges for supervision (combined fixed rates) of \$7000 per month while drilling and \$700 per month while producing.

13. Mr. Broughton testified, that in the northwest area of the shelf extending from the Delaware Basin, the Yeso formation is approximately 1500 feet thick and contains four distinct members (from shallowest to deepest): the Paddock member, the Blinebry member (the target interval for the proposed well), the Tubb member and the Drinkard member.

14. Mr. Broughton testified that the Blinebry member in this area is suitable for development by horizontal drilling with no indications of faults, pinch-outs or other geological impediments to interfere with a horizontal completion. The proposed orientation of the horizontal well west to east has resulted in good production for other wells in this area and is appropriate for this Unit.

15. Mr. Broughton further stated that all quarter-quarter sections to be included in the Unit are expected to be productive in the Blinebry member, so that the Unit, as requested, will not impair correlative rights.

16. Mr. Broughton testified that the lower portion of the Yeso formation, the Tubb and Drinkard members, have poor reservoir characteristics making these members extremely unfavorable for hydrocarbon potential.

THE COMMISSION CONCLUDES THAT:

1. The Commission has jurisdiction over the parties and the subject matter of this case.
2. Proper public notice has been given.
3. Although there is no rule that specifically allows the Division to compulsory pool a fraction of a pool, the Oil and Gas Act and Rules provide the Commission with the following relevant authority:
 - a. The Oil and Gas Act authorizes the Commission to compulsory pool oil and gas interests in "all *or any part of* such lands or interests or both in *the spacing or proration unit* as a unit." NMSA 1978, §70-2-17.C (emphasis added).
 - b. Division rules define a proration unit as "the area in a pool that can be effectively and efficiently drained by one well..." 19.15.2.7.P(17) NMAC.
 - c. The Commission's primary statutory duty is to prevent waste and protect correlative rights. *See* NMSA 1978, § 70-2-11(A). The Oil and Gas Act empowers the Commission to "make and enforce rules, regulations and orders, and *do whatever may be reasonably necessary* to carry out the purposes of this act, *whether or not indicated or specified in any section of the act.*" NMSA 1978, § 70-2-11(A) (emphasis added). *See also Santa Fe Exploration v. Oil Conservation Comm'n*, 114 N.M. 103, 835 P.2d 819 (1992).
4. COG's application is consistent with the Commission's statutory pooling authority and definition of a proration unit as the application seeks to pool the uncommitted interests in an area in a pool that will potentially contribute hydrocarbons to the proposed well and exclude the interest owner in lower interval that will not contribute hydrocarbons to the proposed well
5. Applicant has shown that:
 - a. The Tubb interval below the base of the Blinebry contains tight sandstone that is wet and does not contain recoverable hydrocarbons. *See* Broughton Testimony; Exhibit 19.
 - b. The deepest Drinkard interval has not been the target of development in the subject area and it is unlikely to be productive of recoverable hydrocarbons. *See* Broughton Testimony; Exhibits 15 and 17.

- c. COG's proposal to pool only the Paddock and Blinebry intervals of the Yeso formation where ownership is common is necessary to prevent owners below the base of the Blinebry who will not contribute oil or gas to the proposed wellbore from receiving a share of production. See Broughton Testimony; Exhibit 18A.

6. The Commission finds that pooling only the Paddock and Blinebry intervals of the Maljamar; Yeso West Pool (Code 44500) underlying the proposed non-standard spacing unit and project area is just and reasonable, and is necessary to protect correlative rights and prevent waste for the following reasons:

- a. There is a depth severance underlying the subject acreage that causes ownership above the base of the Blinebry to differ from the ownership below the base of the Blinebry. See Johnson Testimony; Exhibit 4.
- b. COG presented evidence that the Tubb interval below the base of the Blinebry does not contain recoverable hydrocarbons. See Broughton Testimony; Exhibit 19.
- c. Requiring COG to pool the entire vertical extent of the Maljamar; Yeso West Pool will result in an owner below the base of the Blinebry (Este Ltd.) receiving a share of the production from the wellbore even though the intervals below the base of the Blinebry will not contribute oil or gas to the proposed wellbore. See Broughton Testimony; Exhibit 18A.
- d. Este, Ltd., the only party that does not own throughout the entire Maljamar; Yeso West Pool underlying the proposed non-standard spacing unit, received notice of this pooling application and believes this application is necessary to protect correlative rights. See Exhibits 4 and 5.
- e. Approval of the proposed non-standard spacing and proration unit in the Paddock and Blinebry intervals of the Yeso formation will enable Applicant to drill a horizontal well that will efficiently produce the reserves underlying the Unit and protect correlative rights.

7. In order to protect correlative rights and prevent waste, Applicant's proposal to create the non-standard unit and pool a vertical portion of the Yeso formation should be approved based on the facts of this specific case.

8. A non-standard oil spacing and proration unit should be approved within the Yeso formation from the top (upper contact) of the Paddock member to the base (lower contact) of the Blinebry member covering the 200 acres of the proposed Unit.

9. All uncommitted interests in the oil and gas within the Unit should be pooled.

10. Two or more separately owned tracts are embraced within the Unit, and/or there are royalty interests and/or undivided interests in oil and gas minerals in one or more tracts included in the Unit that are separately owned.

11. Applicant is owner of an oil and gas working interest within the Unit. Applicant has the right to drill and proposes to drill the proposed well to a common source of supply within the Unit at the proposed location.

12. There are interest owners in the Unit that have not agreed to pool their interests.

13. To avoid the drilling of unnecessary wells, protect correlative rights, prevent waste and afford to the owner of each interest in the Unit the opportunity to recover or receive without unnecessary expense a just and fair share of hydrocarbons, this application should be approved by pooling all uncommitted interests, whatever they may be, in the oil and gas within the Unit.

14. COG should be designated the operator of the proposed well and the Unit.

15. Any pooled working interest owner who does not pay its share of estimated well costs should have withheld from production its share of reasonable well costs plus an additional 200% thereof as a reasonable charge for the risk involved in drilling the proposed well.

16. Reasonable charges for supervision (combined fixed rates) should be fixed at \$700 per month while drilling and \$700 per month while producing, provided that these rates should be adjusted annually pursuant to Section III.1.A.3. of the COPAS form titled "Accounting Procedure-Joint Operations."

17. Commission finds that this case has not demonstrated, through evidence and testimony, sufficient cause to institute a precedent for future applications with similar circumstances. Therefore, all similar applications for compulsory pooling that seek vertical segregation of an established pool will be required to come before the Division or Commission on case-by-case basis.

IT IS THEREFORE ORDERED THAT:

1. Pursuant to the application of COG Operating LLC, a 200 acre non-standard oil spacing and proration unit (the "Unit") is hereby established for oil production from the Yeso formation [Maljamar; Yeso, West Pool (Pool code 44500)] comprising the S/2 N/2 of Section 9 and the SW/4 NW/4 of Section 10, both located in Township 17 South, Range 32 East, NMPM, Lea County, New Mexico.

2. The Unit is further defined as being limited to depths from the top of Paddock member to the base of the Blinebry member of the Yeso formation using the stratigraphic equivalent of the top of the Paddock member at a measured depth of 5517 feet and the base of the Blinebry member at a measured depth of 6852 feet as encountered in the log run of the Branex COG Federal Well No. 10 (API No. 30-025-40871) located 1650 feet from the South line and 330 feet from the West line (Unit L), Section 9, Township 17 South, Range 32 East, NMPM and entered as COG Exhibit No. 3

3. All uncommitted interests, whatever they may be, in the oil and gas in the Unit, are hereby pooled.

4. The Unit shall be dedicated to Applicant's Sneed 9 Federal Com. Well No. 23H (the "proposed well"; API No. 30-025-41410), a horizontal well to be drilled from a surface location 1650 feet from the North line and 330 feet from the West line (Unit E) of Section 9 to a bottom-hole location 1650 feet from the North line and 990 feet from the West line (Unit E) of Section 10, Township 17 South, Range 32 East NMPM, Lea County, New Mexico. The well's completed location will be orthodox within the Unit.

5. The operator of the Unit shall commence drilling the proposed well on or before December 31, 2016, and shall thereafter continue drilling the proposed well with due diligence to test the Paddock member of the Yeso formation.

6. In the event the operator does not commence drilling the proposed well on or before December 31, 2016, Ordering Paragraphs (1) and (3) shall be of no effect, unless the operator obtains a time extension from the Division Director for good cause demonstrated by satisfactory evidence.

7. Should the proposed well not be drilled and completed within 120 days after commencement thereof, then Ordering Paragraphs (1) and (3) shall be of no further effect, and the Unit and project area created by this order shall terminate, unless operator appears before the Division Director and obtains an extension of the time for completion of the proposed well for good cause shown by satisfactory evidence. If the proposed well is not completed in all of the standard spacing units included in the proposed project area (or Unit) then the operator shall apply to the Commission for an amendment to this Order to contract the Unit so that it includes only those standard spacing units in which the well is completed.

8. Upon final plugging and abandonment of the proposed well and any other well drilled on the Unit pursuant to Division rule 19.15.13.9 NMAC, the pooled Unit created by this Order shall terminate, unless this Order has been amended to authorize further operations.

9. COG Operating LLC (OGRID 229137) is hereby designated the operator of the well and the Unit.

10. After pooling, uncommitted working interest owners are referred to as pooled working interest owners. ("Pooled working interest owners" are owners of working interests in the Unit, including unleased mineral interests, who are not parties to an operating agreement governing the Unit.) After the effective date of this Order, the operator shall furnish the Commission and each known pooled working interest owner in the Unit an itemized schedule of estimated costs of drilling, completing and equipping the proposed well ("well costs").

11. Within 30 days from the date the schedule of estimated well costs is furnished, any pooled working interest owner shall have the right to pay its share of estimated well costs to the operator in lieu of paying its share of reasonable well costs out of production as hereinafter provided, and any such owner who pays its share of estimated well costs as provided above shall remain liable for operating costs but shall not be liable for risk charges. Pooled working interest owners who elect not to pay their share of estimated well costs as provided in this paragraph shall thereafter be referred to as "non-consenting working interest owners."

12. The operator shall furnish the Commission and each known pooled working interest owner (including non-consenting working interest owners) an itemized schedule of actual well costs within 90 days following completion of the proposed well. If no objection to the actual well costs is received by the Commission, and the Commission has not objected, within 45 days following receipt of the schedule, the actual well costs shall be deemed to be the reasonable well costs. If there is an objection to actual well costs within the 45-day period, the Commission will determine reasonable well costs after public notice and hearing.

13. Within 60 days following determination of reasonable well costs, any pooled working interest owner who has paid its share of estimated costs in advance as provided above shall pay to the operator its share of the amount that reasonable well costs exceed estimated well costs and shall receive from the operator the amount, if any, that the estimated well costs it has paid exceed its share of reasonable well costs.

14. The operator is hereby authorized to withhold the following costs and charges from production from each well:

- a. The proportionate share of reasonable well costs attributable to each non-consenting working interest owner; and
- b. As a charge for the risk involved in drilling the well, 200% of the above costs.

15. The operator shall distribute the costs and charges withheld from production, proportionately, to the parties who advanced the well costs.

16. Reasonable charges for supervision (combined fixed rates) for the well are hereby fixed at \$7000 per month while drilling and \$700 per month while producing, provided that these rates shall be adjusted annually pursuant to Section III.1.A.3 of the COPAS form titled "Accounting Procedure-Joint Operations." The operator is authorized to withhold from production the proportionate share of both the supervision charges and the actual expenditures required for operating the well, not in excess of what are reasonable, attributable to pooled working interest owners.

17. Except as provided in Paragraphs (14) and (16) above, all proceeds from production from the proposed well that are not disbursed for any reason shall be held for the account of the person or persons entitled thereto pursuant to the Oil and Gas Proceeds Payment Act (NMSA 1978 Sections 70-10-1 through 70-10-6, as amended). If not disbursed, such proceeds shall be turned over to the appropriate authority as and when required by the Uniform Unclaimed Property Act (NMSA 1978 Sections 7-8A-1 through 7-8A-31, as amended).

18. Any unleased mineral interests shall be considered a seven-eighths (7/8) working interest and a one-eighth (1/8) royalty interest for the purpose of allocating costs and charges under this Order. Any well costs or charges that are to be paid out of production shall be withheld only from the working interests' share of production, and no costs or charges shall be withheld from production attributable to royalty interests.

19. Should all the parties to this compulsory pooling order reach voluntary agreement subsequent to entry of this Order, this Order shall thereafter be of no further effect.

20. The operator of the well and the Unit shall notify the Commission in writing of the subsequent voluntary agreement of all parties subject to the compulsory pooling provisions of this Order.

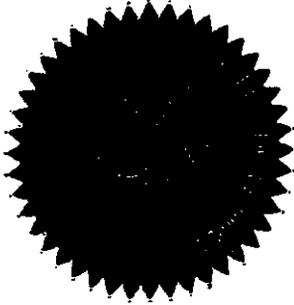
21. The operator shall provide to the Division, within a year of commencing production from the proposed well, evidence that the final fracture configuration of the completion has remained within vertical limits of the Unit as described in Ordering Paragraph 2. If the operator is unable to provide sufficient information for Division to determine the limits of fracturing, then the operator shall appear before Commission to restate the justification for the vertical segregation of the Yeso formation as delineated in the Maljamar, Yeso, West Pool.

22. The Commission recognizes that the formation of this Unit is uniquely based on the specific facts of the case and directs the Applicant to pursue other agreement options, such as a Joint Operating Agreement, to negotiate participation of mineral interest owners in order to avoid unnecessary subdivisions of existing pools.

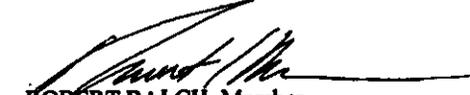
23. Jurisdiction of this case is retained for the entry of such further orders as the Commission may deem necessary.

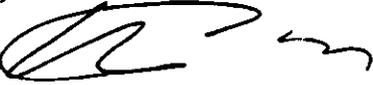
DONE at Santa Fe, New Mexico, on this 10th day of December, 2015.

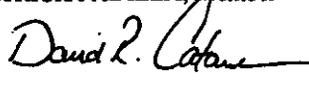
STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION



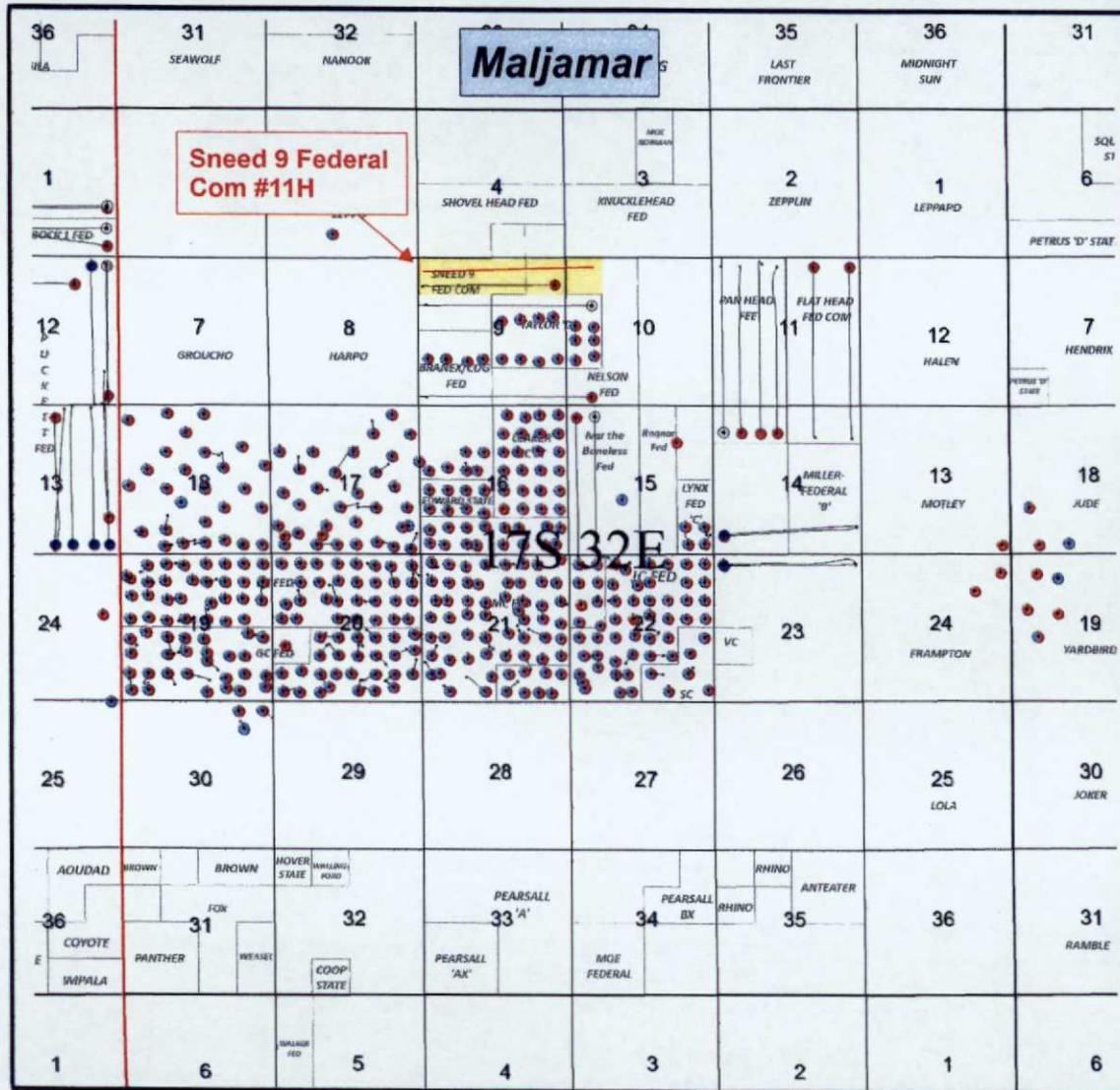
SEAL


ROBERT BALCH, Member


PATRICK PADILLA, Member


DAVID R. CATANACH, Chair

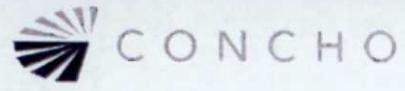
Maljamar Area – Sneed Federal Com #11H Lease Map



-  Paddock Producer
-  Blinebry Producer
-  Upper Blinebry Producer
-  Lower Blinebry Producer

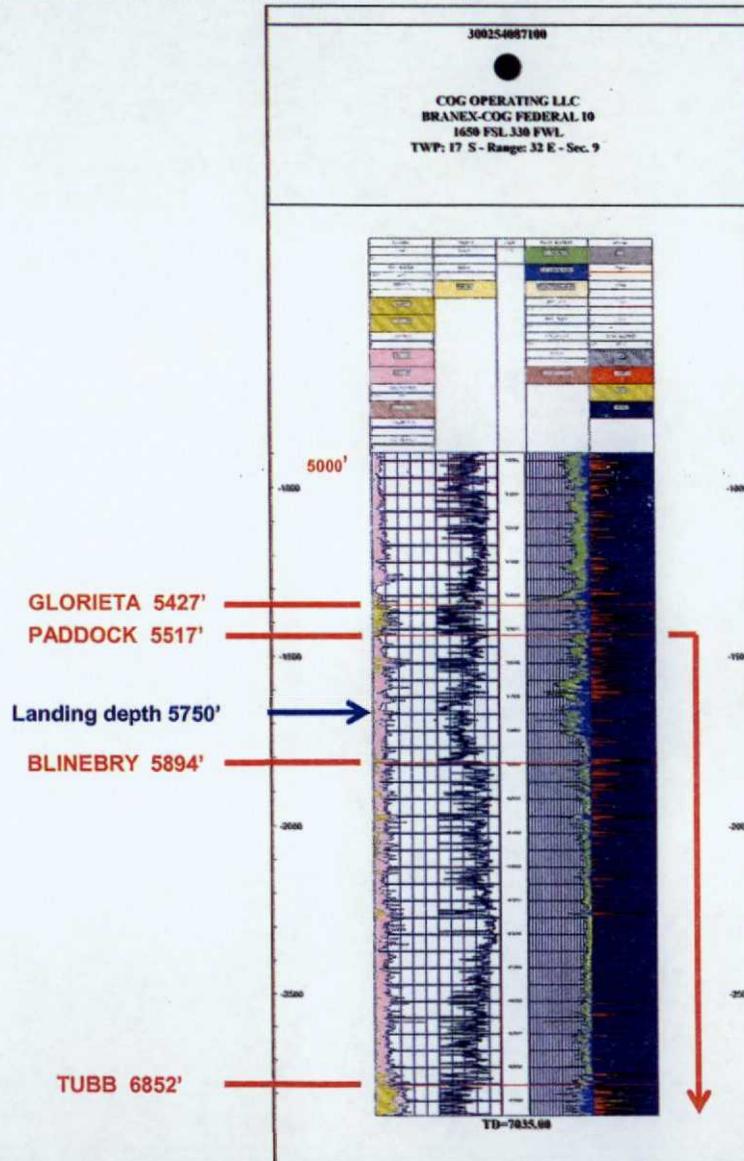
**COG - Horizontal Location
(Sneed Federal Com #11H)**

 **Concho Acreage**



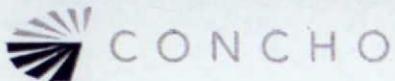
BEFORE THE OIL CONVERSION
DIVISION
Santa Fe, New Mexico
Exhibit No. 3
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016

Yeso Interval Type Log



**MALJAMAR; YESO,
WEST POOL 44500**

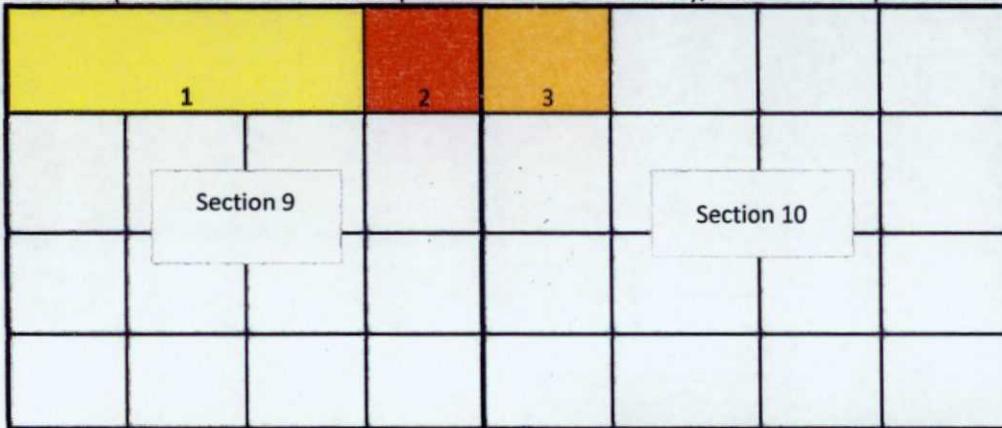
The pool continues to the Top of the Abo



Sneed 9 Fed Com 11H

N2N2 Section 9 & NWNW of Section 10, Township 17 South, Range 32 East

Ownership as to each Tract From Top of Yeso to Base of Blinebry/Base of Blinebry to Base of Yeso



Tract 1: N2SW & NWNE of Section 9

| | |
|--|------------|
| COG Operating LLC | 50.000000% |
| Occidental Permian Limited Partnership | 50.000000% |

Top of Yeso-Base of Blinebry

Base of Blinebry-Base of Yeso

| | |
|--|------------|
| COG Operating LLC | 50.000000% |
| Occidental Permian Limited Partnership | 50.000000% |

Tract 2: NENE of Section 9

| | |
|--|------------|
| COG Operating LLC | 99.217500% |
| The Betty M. Dressen Revocable Trust dated October 17, 1977 | 0.782500% |

| | |
|--|------------|
| COG Operating LLC | 92.967500% |
| The Betty M. Dressen Revocable Trust dated October 17, 1977 | 0.782500% |

Este, Ltd. 6.250000%

Tract 3: NWNW of Section 10

| | |
|-------------------|---------|
| COG Operating LLC | 100.00% |
|-------------------|---------|

Unit Working Interest

| | |
|--|----------------|
| COG Operating LLC | 69.843500% |
| Occidental Permian Limited Partnership | 30.000000% |
| The Betty M. Dressen Revocable Trust dated October 17, 1977 | 0.156500% |
| Total | 100.00% |

| | |
|--|------------|
| COG Operating LLC | 63.593500% |
| Occidental Permian Limited Partnership | 30.000000% |
| The Betty M. Dressen Revocable Trust dated October 17, 1977 | 0.156500% |

Este, Ltd. 6.250000%

Total 100.000000%

P.O. Box 10181
Midland, Texas 79702
(432) 682-4183 Ph.
(432) 682-2232 Fax

ESTE LTD.

OIL & GAS INVESTMENTS

July 20, 2016

COG Operating LLC
Attn: Mr. Joseph Scott
600 W. Illinois Ave.
Midland, TX 79701

Re: Letter of Support
Compulsory Pooling of a Sub-Set of the Yeso Formation
Sneed 9 Federal Com No. 11H Well
T17S-R32E, Section 9, N/2N/2
T17S-R32E, Section 10, NW/4NW/4 including Lots 1 through 6
Lea County, NM

Dear Operator:

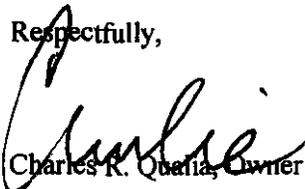
I write this letter in support of COG Operating LLC's ("COG") application for a non-standard spacing unit and proration unit and compulsory pooling for its proposed Sneed 9 Federal Com No. 11H. COG seeks to pool a portion of the West Maljamar Yeso Pool from the top of the Paddock to the base of the Blinebry and to create a 200 acre, more or less, non-standard spacing unit for the N/2N/2 of section 9 and NW/4NW/4 of Section 10, including Lots 1 through 6, Township 17 South, Range 32 East, NMPM, Lea County, New Mexico.

Este Ltd. owns a working interest below the base of the Blinebry. The proposed well is not located within my working interest ownership. COG provided notice to me of its application on July 15, 2016, advising that as a vertical offset working interest owner in the Yeso formation that my interest could be affected. After further review of my records, I determined that my interest would not be affected and I took no further action.

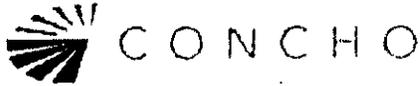
Este Ltd. is also the owner of depth severed interests within particular formations or pools throughout New Mexico and will be affected by the NMOCD's current position with regards to denial of pooling sub-sets of a formation. Allowing pooling of subsets of formations or pools, among other things, will protect correlative rights, prevent waste and inhibit the stranding of reserves.

Este Ltd. is in support of COG's development of the Sneed 9 Federal Com No. 11H well as discussed in Case No.15526. Este Ltd understands this letter of support will be used at an upcoming hearing in front of the NMOCC.

Respectfully,


Charles R. Quafia, Owner

BEFORE THE OIL CONVERSION
DIVISION
Santa Fe, New Mexico
Exhibit No. 6
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016



June 20, 2016

Certified No. 91 7199 9991 7035 3158 0330

Occidental Permian Limited Partnership
Attn: Permian Basin Land Manager
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

RE: **Well Proposal – Sneed 9 Federal Com 11H**
T17S, R32E, Section 9: N2N2 & Section 10: NW4NW4
SHL: 470' FNL & 150' FWL (UL - D)
BHL: 330' FNL & 988' FWL (UL - D)
Lea County, New Mexico

To Whom It May Concern:

COG Operating LLC (COG), as Operator, proposes to drill the Sneed 9 Federal Com 11H well as a horizontal well at the above-captioned location to a TVD of approximately 5,700' to test the Yeso Formation ("Operation"). The total cost of the Operation is estimated to be \$3,248,000 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement modified for horizontal development, enclosed herein. The Operating Agreement covers, T17S-R32E, N/2N/2 of Section 9 and NW/4NW/4 of Section 10, Lea County, New Mexico. It has the following general provisions:

- 100/300 Non-consenting penalty
- \$7,000/\$700 Drilling and Producing rate
- COG named as Operator

If you do not wish to participate in the Operation, COG would like to acquire a Term Assignment of your leasehold for the following general terms:

- 3 year primary term
- Delivering a 81.25% NRI, proportionately reduced
- \$250 per net acre bonus consideration

If you have not leased the above described lands, COG would offer to lease said lands under the following general terms:

- 3 year primary term
- Retain a 3/16th royalty
- \$250 per acre bonus consideration

BEFORE THE OIL CONVERSATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016

Term Assignment and Lease offers are subject to the approval of COG's management and verification of title.

COPY

Occidental Permian Limited Partnership

June 20, 2016

Page 2

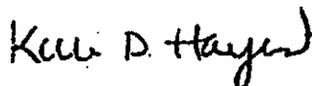
If an agreement can't be negotiated within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well.

If you are an Heir(s) under the property and have leased or term assigned to a party then please disregard this proposal as compulsory pooling will not affect your interest.

If you have any questions, please do not hesitate to contact Joseph Scott at 432-688-6601 or by email at jscott@concho.com.

Respectfully,

COG OPERTING LLC



Kelli D. Hayes
Land Coordinator
khayes@concho.com
Direct: 432-818-2342

Enclosure(s)

**COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING**

| | | |
|---|--|------------|
| WELL NAME: Sneed 9 Fed Com 11H | PROSPECT NAME: Majjamar (Lowe) - 713083 | SWF |
| SHL: 470' FNL & 150' FWL; Sec. 9 (UL-D) | STATE & COUNTY: New Mexico, Lea | |
| BHL: 330' FNL & 988' FWL; Sec. 10 (UI-D) | OBJECTIVE: Drill and Complete | |
| FORMATION: Yeso Formation | DEPTH: 11,591 | |
| LEGAL: N2N2 of Section 9 and NWNW of Section 10, T17S-R32E | TVD: 5,700 | |

| INTANGIBLE COSTS | Drig - Rig Release(D) | Completion(C) | Tank Btty Constrctn(TB) | Prmg Equipment(PEQ) | TOTAL |
|---------------------------------------|------------------------------|----------------------|--------------------------------|----------------------------|------------------|
| Title/Curative/Permit | 201 11,000 | | | | 11,000 |
| Insurance | 202 5,000 | 302 | | | 5,000 |
| Damages/Right of Way | 203 12,000 | 303 | | | 12,000 |
| Survey/Stake Location | 204 3,000 | | 351 | | 3,000 |
| Location/Pit/Road Expense | 205 50,000 | 305 5,000 | 352 | | 55,000 |
| Drilling / Completion Overhead | 206 4,000 | 306 7,000 | 353 | 366 | 11,000 |
| Turnkey Contract | 207 | 307 | | | 0 |
| Footage Contract | 208 | 308 | | | 0 |
| Daywork Contract | 209 189,000 | 309 | | | 189,000 |
| Directional Drilling Services | 210 78,000 | 310 | | | 78,000 |
| Fuel & Power | 211 24,000 | 311 1,000 | 354 | 367 | 25,000 |
| Water | 212 34,000 | 312 160,000 | | 368 | 194,000 |
| Bits | 213 39,000 | 313 3,000 | | 369 | 42,000 |
| Mud & Chemicals | 214 36,000 | 314 | | 370 | 36,000 |
| Drill Stem Test | 215 | 315 | | | 0 |
| Coring & Analysis | 216 | | | | 0 |
| Cement Surface | 217 31,000 | | | | 31,000 |
| Cement Intermediate | 218 18,000 | | | | 18,000 |
| Cement 2nd Intermediate/Production | 219 72,000 | | | | 72,000 |
| Cement Squeeze & Other (Kickoff Plug) | 220 | | | 371 | 0 |
| Float Equipment & Centralizers | 221 9,000 | | | | 9,000 |
| Casing Crews & Equipment | 222 13,000 | | | | 13,000 |
| Fishing Tools & Service | 223 | 323 | | 372 | 0 |
| Geologic/Engineering | 224 | 324 | | 373 | 0 |
| Contract Labor | 225 4,250 | 325 4,000 | 355 12,000 | 374 2,000 | 22,250 |
| Company Supervision | 226 | 326 5,000 | 357 | 375 2,000 | 7,000 |
| Contract Supervision | 227 22,000 | 327 80,000 | 358 | 376 | 102,000 |
| Testing Casing/Tubing | 228 3,500 | 328 6,000 | | 377 | 9,500 |
| Mud Logging Unit | 229 21,000 | 329 | | | 21,000 |
| Logging | 230 16,560 | | | 378 | 16,560 |
| Perforating/Wireline Services | 231 1,500 | 331 158,000 | | 379 | 159,500 |
| Stimulation/Treating | | 332 950,000 | | 380 | 950,000 |
| Completion Unit | | 333 45,000 | | 381 | 45,000 |
| Swabbing Unit | | 334 | | 382 | 0 |
| Rentals-Surface | 235 42,000 | 335 170,000 | 359 | 383 | 212,000 |
| Rentals-Subsurface | 236 36,000 | 336 16,000 | | 384 | 52,000 |
| Trucking/Forklift/Rig Mobilization | 237 41,000 | 337 58,000 | 360 | 385 4,000 | 101,000 |
| Welding Services | 238 4,000 | 338 1,000 | 361 | 386 | 5,000 |
| Water Disposal | 239 | 339 8,000 | 362 | 387 | 8,000 |
| Plug to Abandon | 240 | 340 | | | 0 |
| Seismic Analysis | 241 | 341 | | | 0 |
| Miscellaneous | 242 | 342 | | 389 | 0 |
| Contingency | 243 17,190 | 343 48,000 | 363 | 390 | 63,190 |
| Closed Loop & Environmental | 244 74,000 | 344 | 364 | 388 | 74,000 |
| Coil Tubing | | 346 | | | 0 |
| Flowback Crews & Equip | | 347 | | | 0 |
| Offset Directional/Frac | 248 | 348 50,000 | | | 50,000 |
| TOTAL INTANGIBLES | 911,000 | 1,771,000 | 12,000 | 8,000 | 2,702,000 |
| TANGIBLE COSTS | | | | | |
| Surface Casing | 401 23,000 | | | | 23,000 |
| Intermediate Casing | 402 41,000 | | | | 41,000 |
| Production Casing/Liner | 403 157,000 | | | | 157,000 |
| Tubing | | 504 18,000 | | 530 | 18,000 |
| Wellhead Equipment | 405 8,900 | 505 22,000 | | 531 | 30,900 |
| Pumping Unit | | | | 506 64,000 | 64,000 |
| Prime Mover | | | | 507 | 0 |
| Rods | | | | 508 15,000 | 15,000 |
| Pumps-Sub Surface (BH) | | 509 50,000 | | 532 | 50,000 |
| Tanks | | | 510 15,000 | | 15,000 |
| Flowlines | | | 511 20,000 | | 20,000 |
| Heater Treater/Separator | | | 512 51,000 | | 51,000 |
| Electrical System | | | 513 | 533 28,000 | 28,000 |
| Packers/Anchors/Hangers | 414 | 514 2,000 | | 534 | 2,000 |
| Couplings/Fittings/Valves | 415 500 | | 515 25,000 | | 25,500 |
| Dehydration | | | 517 | | 0 |
| Injection Plant/CO2 Equipment | | | 518 | | 0 |
| Pumps-Surface | | | 521 | | 0 |
| Instrumentation/SCADA/POC | | | 522 | 529 | 0 |
| Miscellaneous | 419 500 | 519 | 523 5,000 | 535 | 5,500 |
| Contingency | 420 100 | 520 | 524 | 536 | 100 |
| Meters/LACT | | | 525 | | 0 |
| Flares/Combusters/Emission | | | 526 | | 0 |
| Gas Lift/Compression | | 527 | 516 | 528 | 0 |
| TOTAL TANGIBLES | 231,000 | 92,000 | 118,000 | 107,000 | 548,000 |
| TOTAL WELL COSTS | 1,142,000 | 1,863,000 | 128,000 | 115,000 | 3,248,000 |
| COG Operating LLC | % of Total Well Cost | 39% | 57% | 4% | 4% |

COG Operating LLC

Carl Bird/Paul Figel

Date Prepared: 8/1/16

COG Operating LLC

We approve: _____
% Working Interest

By: _____

Company: _____

By: _____

Printed Name: _____

Title: _____

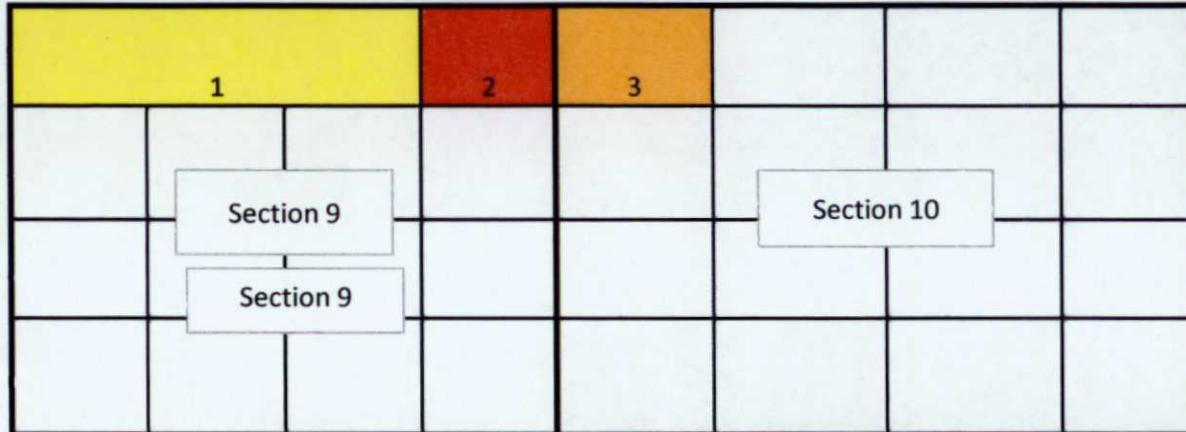
Date: _____

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

Sneed 9 Fed Com 11H

N2N2 Section 9 & NWNW of Section 10, Township 17 South, Range 32 East

Top of Yeso down to Base of Blinebry



Tract 1: N2SW & NWNE of Section 9

COG Operating LLC
Occidental Permian Limited Partnership

Top of Yeso-Base of Blinebry

50.000000%
50.000000%

Tract 2: NENE of Section 9

COG Operating LLC
The Betty M. Dressen Revocable Trust
dated October 17, 1977

99.217500%
0.782500%

Tract 3: NWNW of Section 10

COG Operating LLC

100.00%

Unit Working Interest

COG Operating LLC
Occidental Permian Limited Partnership
The Betty M. Dressen Revocable Trust

69.843500%
30.000000%
0.156500%

dated October 17, 1977

Total

100.00%

Uncommitted Overriding Royalty, Unmarketable Title, and Record Title Owner

ORRI

Section 15 Education Trust
Laura Hover Parks
The Pauline A. Nicholson Revocable Trust dated Septemeber 26, 2000
Cara Lyn Gant
Robert Iles

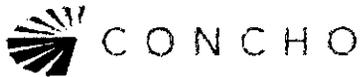
Record Title Owner

Linn Energy Holdings, L.L.C.

Unmarketable Title

Zachary L. Taylor and wife, Willie Taylor
Andrew C. Taylor and wife, Nettie Taylor
Bruce Sullivan and wife Fern Sullivan
F.A. Andrews
Ella Belle Holeman
Kyla Taylor Thompson
Ray DeVoe Taylor
Ruth Taylor Wright
Alice Crouch
Druella Wilbanks
Cecilia Aymond
Bennie Dick Taylor
J.H. Campbell
Max W. Coll and wife, Lillian Hinkle Coll
C.H. Kyte
Max W. Coll, II
James N. Coll
Charles H. Coll
Jon F. Coll
David Bond Kyte
Edward Dressen, Jr.
Cecile Marie Dressen
Cecil Bond Kyte
Betty M. Dreessen Revocable Trust, dated
October 10, 1977
Mariee I. Kyte
Mariee I Kyte Revocable Living Trust, dated
October 6, 1975

Betty Kyte Dreessen Trust A, U/A dated
December 12, 1978
Betty Kyte Dreessen Trust s A, B, C, and D



June 21, 2016

Certified No.:91 7199 9991 7035 3158 0293

Marathon Oil Company
5555 San Felipe
Houston, Texas 77056

RE: Ratification of Communitization Agreement
Sneed 9 Federal Com 11H
N2N2 of Section 9, T17S-R32E
Lots 1-6, N2NWNW and SWNWNW of Section 10, T17S-R32E
Lea County, New Mexico

Ladies and Gentlemen:

In accordance with the drilling of the captioned well, enclosed herewith is a copy of the Communitization Agreement which has been executed by COG Operating LLC as Operator. This agreement communitizes United States Lease NMNM 0315712, NMLC 064150 and numerous Fee leases, insofar as they cover the N2N2 of Section 9 and Lots 1-6, N2NWNW and SWNWNW of Section 10, T17S-R32E, as to the top of the Yeso formation to the base of the Blinebry Formation.

Also enclosed herewith are two (2) Ratification and Joinder of Communitization Agreement(s) which have been prepared for execution by you, as an overriding royalty interest owner.

Please secure execution of both originals of this ratification and return one (1) to our office for further handling. A recorded copy of the ratification will be forwarded to you when available.

Should you have any questions, please feel free to contact me at 432-818-2342. Your prompt attention to this request is greatly appreciated.

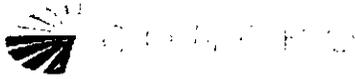
Sincerely,

COG Operating LLC

A handwritten signature in cursive script that reads "Kelli D. Hayes".

Kelli D. Hayes
Land Coordinator

BEFORE THE OIL CONVERSATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 9
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016



June 27, 2016

Certified No.: 91 7199 9991 7035 3158 0101

Linn Energy Holding, L.L.C.
600 Travis Street, Ste. 5100
Houston, TX 77002
Attn: Land Department- Permian Basin

RE: Communitization Agreement
Sneed 9 Federal Com 11H
N 2N 2 of Section 9, T17S-R32E
Lots 1-6, N2NWNW and SWNWNW of Section 10, T17S-R32E
Lea County, New Mexico

To whom it may concern:

Please find enclosed four (4) copies of the Communitization Agreement covering the above described lands. Please execute and return **three (3)** copies of the agreement in the enclosed return envelope.

If you have any questions or concerns about the communitization agreement, please contact Kelli Hayes by phone at 432-818-2342 or by email at khayes@concho.com.

Respectfully,

Kelli D. Hayes
Land Coordinator

Enclosures (4)

COPY

BEFORE THE OIL CONVERSION
DIVISION

Santa Fe, New Mexico

Exhibit No. 10

Submitted by: COG OPERATING LLC

Hearing Date: August 4, 2016



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

July 14, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Sneed 9 Fed Com No. 11H 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 Joseph Scott, at (432) 688-6601 or JScott@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

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

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

HOLLAND & HART^{LLP}



Jordan L. Kessler

Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

July 14, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Sneed 9 Fed Com No. 11H 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 Joseph Scott, at (432) 688-6601 or JScott@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Jordan L. Kessler

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. ☉



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

July 14, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE YESO FORMATION

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Sneed 9 Fed Com No. 11H 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 the base of the Blinebry member of the Yeso formation (Maljamar; Yeso, West Pool (44500)) that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to the top of the Paddock member to the base of the Blinebry member of the Yeso formation.

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 Joseph Scott, at (432) 688-6601 or JScott@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
SNEED 9 FEDERAL COM NO. 11H WELL**

**Uncommitted Working
Interest Owners**

Occidental Permian Limited
Partnership
P.O. Box 4294
Houston, TX 77210-4294

C. and I. Powell Revocable Living
Trust, dated June 16, 1978
P.O. Box 416
Los Altos, California 94023

Edward Dressen, Jr.
P.O. Box 830
Palo Cedro, California 96073

Cecile Marie Dressen
P.O. Box 1696
Poulsbo, Washington 98370

Unmarketable Title Owners

Kyla Taylor Thompson
1122 Green Valley Rd NW
Los Ranchos, NM 87107

Ray DeVoe Taylor
P.O. Box 8189
Roswell, New Mexico 88202

Ruth Taylor Wright
P.O. Box 3259
Wickenburg, Arizona 85358

Alice Crouch
P.O. Box 2614
Taos, New Mexico 87571

Druella Wilbanks
P.O. Box 84
Maljamar, New Mexico 88264

Cecilia Aymond
11094 CR 2464
Terrell, Texas 75160

Max W. Coll, II
83 Barberia Trail
Santa Fe, New Mexico 87505

James N. Coll
P.O. Box 1818
Roswell, New Mexico 88202

Charles H. Coll
P.O. Box 1818
Roswell, New Mexico 88202

Jon F. Coll
P.O. Box 1818
Roswell, New Mexico 88202

David Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

Edward Dressen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

Cecile Marie Dressen
P.O. Box 1696
Poulsbo, Washington 98370

Cecil Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

Betty M. Dreessen Revocable Trust,
dated October 10, 1977
P.O. Box 817
Los Altos, California 94023-0817

Betty Kyte Dreessen Trust s A, B, C,
and D
P.O. Box 30864
Santa Barbara, California 93105

**ORRI Owners need to sign
Com. Agreement**

Compound Properties, LLC
P.O. Box 2990
Ruidoso, NM 88355-2990

Section 15 Education Trust
101 Church Street, Ste 12
Los Gatos, CA 95030

Laura Hover Parks
1344 Rossmoyne Ave
Glendale, CA 91207

Nantker Family Trust dated
September 3, 1998
957 La Senda
Santa Barbara, CA 93105

**COG OPERATING LLC
SNEED 9 FEDERAL COM NO. 11H WELL**

The Pauline A. Nicholson Revocable
Trust dated Septemeber 26, 2000
106 E. 13th Street
Ellis, KS 67637

Cara Lyn Gant
230 W. Morten Ave.
Phoenix, AZ 85021

Robert Iles
2115 E. Dunbar
Tempe, AZ 85282

Walsh & Watts, Inc.
111 Seventh Street
Wichita Falls, TX 76301

Alfred B. Guinn
111 Seventh Street
Wichita Falls, TX 76301

Linn Energy Holdings, L.L.C.
600 Travis, Sute 5100
Houston, TX 77002

Offset Owners

ConocoPhillips Company
600 North Dairy Ashford
Houston, TX 77079

First Roswell Company
P.O. Box 1797
Roswell, NM 88202

Philip L. White
P.O. Box 25968
Albuquerque, NM 87125

Devon Energy Production
Company, L. P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

Charles H. Coll
P.O. Box 1818
Roswell, NM 88202

Jon F. Coll
P.O. Box 1818
Roswell, NM 88202

Testamentary Trust created by
Article IV of the Will of Max W.
Coll, II
83 La Barbaria Trail
Santa Fe, NM 87505

Eric J. Coll
P.O. Box 1818
Roswell, NM 88202

Clarke C. Coll
P.O. Box 1818
Roswell, NM 88202

Sally Rodgers
152B Arroyo Hondo Road
Santa Fe, NM 87508

Max W. Coll III
7625 El Centro Boulevard #1
Las Cruces, NM 88012

Jon F. Coll, II
7335 Walla Walla
San Antonio, TX 78250

Melanie Coll DeTempe
5653 Tobias Avenue
Van Nuys, CA 91411

Bank of America, N.A., Sole Trustee
of the Selma E. Andrews Perpetual
Charitabel Trust
P.O. Box 830308
Dallas, TX 75283

Bank of America, N.A., Sole Trustee
of the Selma E. Andrews Trust,
benefit of Peggy Barrett
P.O. Box 830308
Dallas, TX 75283

Este Ltd.
P.O. Box 10181
Midland, TX 79702

Occidental Permian Limited
Partnership
P.O. Box 4294
Houston, TX 77210

Chevron USA Inc.
1400 Smith Street
Houston, TX 77002

Energy Quest II, LLC
4526 Research Forest Drive,
Suite 200
The Woodlands, TX 77381

**COG OPERATING LLC
SNEED 9 FEDERAL COM NO. 11H WELL**

Este Ltd.
P.O. Box 10181
Midland, TX 79702

Vertical Offset Owners

955T 2289 0000 010E 510L

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

For delivery information, visit

OFFIC

MHF/COG

SNEED/HH

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

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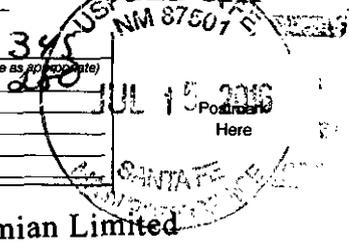
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Occidental Permian Limited
Partnership
P.O. Box 4294
Houston, TX 77210-4294

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

See Reverse for Instructions



455T 2289 0000 010E 510L

U.S. Postal Service™
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Domestic Mail Only™

For delivery information, visit

OFFIC

MHF/COG

SNEED/HH

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

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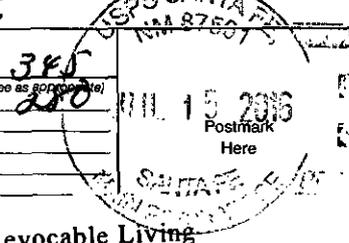
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C. and I. Powell Revocable Living
Trust, dated June 16, 1978
P.O. Box 416
Los Altos, California 94023

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

See Reverse for Instructions



CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

RECIPIENT: 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
P.O. Box 4294
Houston, TX 77210-4294

9590 9401 0128 5225 9660 67

2. Article Number (Transfer from service label)

7015 3010 0001 8827 1536

A. Signature

[Signature]
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

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 1888

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$

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 \$

Postmark Here **JUL 15 2015**

Edward Dressen, Jr.
P.O. Box 830
Palo Cedro, California 96073

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

7015 3010 0001 8827 1871

**U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$ 2.00

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark Here **JUL 15 2015**

Cecile Marie Dressen
P.O. Box 1696
Poulsbo, Washington 98370

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 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:
Edward Dressen, Jr.
P.O. Box 830
Palo Cedro, California 96073

2. Article Number (Transfer from service label):
7015 3010 0001 8827 1888

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

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

A. Signature
X *ED*

B. Received by (Printed Name)
ED DRESSEN

C. Date of Delivery
7/15/15

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

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

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

SENDER: COMPLETE THIS SECTION 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:
Cecile Marie Dressen
P.O. Box 1696
Poulsbo, Washington 98370

2. Article Number (Transfer from service label):
7015 3010 0001 8827 0041

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

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

A. Signature
X *CM*

B. Received by (Printed Name)
CECILE DRESSEN

C. Date of Delivery
7/22/15

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

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

499T 2298 1000 010E 510L

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

For delivery information, visit
OFFIC

MHF/COG
SNEED 11H

USPS SANTA FE NM 87501

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**

Kyla Taylor Thompson
 1122 Green Valley Rd NW
 Los Ranchos, NM 87107

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

459T 2298 1000 010E 510L

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

For delivery information, visit
OFFIC

MHF/COG
SNEED 11H

USPS SANTA FE NM 87501

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 \$ _____

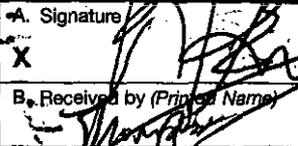
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here **JUL 15 2016**

Ray DeVoe Taylor
 P.O. Box 8189
 Roswell, New Mexico 88202

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7/15/16</u></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Kyla Taylor Thompson 1122 Green Valley Rd NW Los Ranchos, NM 87107</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9401 0128 5225 9661 11</p> <p style="text-align: center;">7015 3010 0001 8827 1864</p> | <p>(over 3000)</p> |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

7015 3010 0001 8827 1840

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

MHF/COG
SNEED 11H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 345
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here
 JUL 15 2015
 SANTA FE NM 87501

Ruth Taylor Wright
 P.O. Box 3259
 Wickenburg, Arizona 85358

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

7015 3010 0001 8827 1833

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

MHF/COG
SNEED 11H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 345
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
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Alice Crouch
 P.O. Box 2614
 Taos, New Mexico 87571

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

SENDER: COMPLETE THIS SECTION PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Alice Crouch
 P.O. Box 2614
 Taos, New Mexico 87571

2. Article Number (Transfer from service label)
 9590 24401-0128 5225 9661 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

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:
 Yes
 No

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

7015 3010 0001 8827 1827

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

For delivery information, visit **OFFIC**

MHF/COG
SPEED MAIL
 NM 87501

JUL 15 2016
 Postmark Here

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 \$

Druella Wilbanks
 P.O. Box 84
 Maljamar, New Mexico 88264

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:

Druella Wilbanks
 P.O. Box 84
 Maljamar, New Mexico 88264

9590 9401 0128 5225 4661 57

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 1826

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Druella Wilbanks

B. Received by (Printed Name) C. Date of Delivery
 Druella Wilbanks 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®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

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

7015 3010 0001 8827 1819

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

For delivery information, visit **OFFIC**

MHF/COG
SPEED MAIL
 NM 87501

JUL 15 2016
 Postmark Here

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 \$

Cecilia Aymond
 11094 CR 2464
 Terrell, Texas 75160

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:

Cecilia Aymond
 11094 CR 2464
 Terrell, Texas 75160

9590 9401 0128 5225 9661 66

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 1819

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Cecilia Aymond

B. Received by (Printed Name) C. Date of Delivery
 Cecilia Aymond 7-19-2016

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

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

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

7015 3010 0001 8827 1802

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF/COG SNEED 11H

Certified Mail Fee \$ 345

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

Return Receipt (hardcopy) \$ 280

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here
 JUL 15 2016
 SANTA FE, NM

Max W. Coll, II
 83 Barberia Trail
 Santa Fe, New Mexico 87505

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:
 Max W. Coll, II
 83 Barberia Trail
 Santa Fe, New Mexico 87505

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 1802

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

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

9590 9401 0128 5225 9682 52

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

7015 3010 0001 8827 1796

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

For delivery information, visit **OFFIC**

MHF/COG SNEED 11H

Certified Mail Fee \$ 345

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

Return Receipt (hardcopy) \$ 280

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here
 JUL 15 2016
 SANTA FE, NM

James N. Coll
 P.O. Box 1818
 Roswell, New Mexico 88202

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:
 James N. Coll
 P.O. Box 1818
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 1796

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

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

9590 9401 0128 5225 9682 69

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

7015 3010 0001 8827 0069

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

For delivery information, visit **OFFIC**

MHF/COG
SNEED YTH
 NM 87507

JUL 15 2016
 Postmark Here
SANTA FE

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 \$

To Charles H. Coll
 P.O. Box 1818
 Roswell, New Mexico 88202

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, HOLD 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:

Charles H. Coll
 P.O. Box 1818
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0069

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery 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 0072

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

For delivery information, visit **OFFIC**

MHF/COG
SNEED YTH
 NM 87507

JUL 15 2016
 Postmark Here
SANTA FE

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 \$

To Jon F. Coll
 P.O. Box 1818
 Roswell, New Mexico 88202

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:

Jon F. Coll
 P.O. Box 1818
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0072

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery 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 0065

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$ 3.85

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 \$ _____

Postmark Here

Postage \$ _____

Total \$ _____

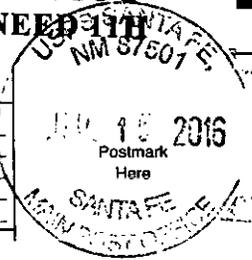
Se. \$ _____

Str. _____

City _____

David Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

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



7015 3010 0001 8827 0058

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

For delivery information, visit **OFFI**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$ 3.85

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 \$ _____

Postmark Here

Postage \$ _____

Total \$ _____

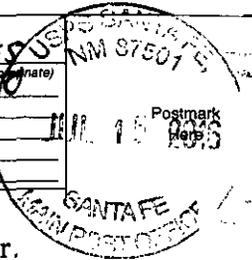
Se. \$ _____

Str. _____

City _____

Edward Dressen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

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 Dressen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

2. Article Number, (Transfer from service label) **7015 3010 0001 8827 0058**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Edward Dressen, Jr.*

B. Received by (Printed Name) **ED DRESSEN, JR.**

C. Date of Delivery **JUL 15 2015**

D. Is delivery address different from item 1? **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 0000 8827 0041

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

For delivery information, visit

OFFIC

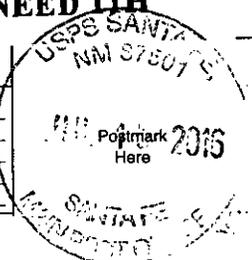
**MHF/COG
SNEED 11H**

Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$ 3.45
- Return Receipt (electronic) \$ 2.70
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____



Postmark

\$

To

Cecile Marie Dressen

\$

P.O. Box 1696

\$

Se

Poulsbo, Washington 98370

\$

St

\$

Ch

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

See Reverse for Instructions

7015 3010 0000 8827 0034

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

For delivery information, visit

OFFIC

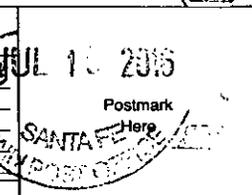
**MHF/COG
SNEED 11H**

Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$ 3.45
- Return Receipt (electronic) \$ 2.70
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____



Postmark

\$

To

Cecil Bond Kyte

\$

P.O. Box 30864

\$

Santa Barbara, CA 93105

\$

St

\$

Ch

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

See Reverse for Instructions

7015 3010 0000 8827 0027

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

For delivery information, visit

OFFIC

MHF/COG

SNEED TTH

US POST OFFICE
NM 87501

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 \$ _____

JUL 15 2016

Postmark
Here

Postage

\$

To:

Betty M. Dreessen Revocable Trust,
dated October 10, 1977

\$

St:

P.O. Box 817

City:

Los Altos, California 94023-0817

Zip:

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

See Reverse for Instructions

7015 3010 0000 8827 1789

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

For delivery information, visit

OFFIC

MHF/COG

SNEED TTH

US POST OFFICE
NM 87501

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 \$ _____

JUL 15 2016

Postmark
Here

Postage

\$

To:

Betty Kyte Dreessen Trust s A, B, C,
and D

\$

St:

P.O. Box 30864

City:

Santa Barbara, California 93105

Zip:

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

See Reverse for Instructions

7015 3010 0001 8827 2311

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$ 3.45

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 \$

Compound Properties, LLC
P.O. Box 2990
Ruidoso, NM 88355-2990

USPS SANTA FE NM 87507
JUL 15 2015
Postmark Here

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

7015 3010 0001 8827 2311

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$ 3.45

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 \$

Section 15 Education Trust
101 Church Street, Ste 12
Los Gatos, CA 95030

USPS SANTA FE NM 87507
JUL 15 2015
Postmark Here

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:

Compound Properties, LLC
P.O. Box 2990
Ruidoso, NM 88355-2990

2. Article Number (Transfer from service label)

9590 9401 0128 5225 9681 53
7015 3010 0001 8827 2311

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
J.A.M.

B. Received by (Printed Name) Date of Delivery
J.A. GROSS **7-15-2016**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: **2016**

3. Service Type Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Certified Mail®
 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:

Section 15 Education Trust
101 Church Street, Ste 12
Los Gatos, CA 95030

2. Article Number (Transfer from service label)

9590 9401 0128 5225 9681 60
7015 3010 0001 8827 2304

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) Date of Delivery
Hoover **7-20-16**

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
 Adult Signature Restricted Delivery Certified Mail®
 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 2281

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEEDMAN**

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 \$ _____

JUL 15 2016
Postmark Here
SANTA FE

To: **Laura Hover Parks**
1344 Rossmoyne Ave
Glendale, CA 91207

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

RETURNED

7015 3010 0001 8827 2281

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEEDMAN**

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 \$ _____

JUL 15 2016
Postmark Here
SANTA FE

To: **Nantker Family Trust dated
September 3, 1998**
957 La Senda
Santa Barbara, CA 93105

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:
**Nantker Family Trust dated
September 3, 1998
957 La Senda
Santa Barbara, CA 93105**

2. Article Number (Transfer from service label)
7015 3010 0001 8827 2281

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Certified Mail Restricted Delivery Registered Mail Restricted Delivery

Collect on Delivery Return Receipt for Merchandise

Collect on Delivery Restricted Delivery Signature Confirmation™

Restricted Delivery Signature Confirmation Restricted Delivery

9590 9401 0128 5225 9681 84

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

7015 3010 0001 8827 2274

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$
 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 \$

Postmark Here
 JUL 15 2015
 SANTA FE, NM 87501

Postage \$
 Total \$
 Ser. \$
 Street \$
 City, State, ZIP+4® \$

The Pauline A. Nicholson Revocable Trust dated September 26, 2000
 106 E. 13th Street
 Ellis, KS 67637

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

7015 3010 0001 8827 2274

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.45
 Return Receipt (electronic) \$ 2.70
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here
 JUL 15 2015
 SANTA FE, NM 87501

Postage \$
 Total \$
 Ser. \$
 Street \$
 City, State, ZIP+4® \$

Cara Lyn Gant
 230 W. Morten Ave.
 Phoenix, AZ 85021

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

RECEIVED

PLACE STICKER AT TOP OF ENVELOPE TO THE LEFT 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:
 The Pauline A. Nicholson Revocable Trust dated September 26, 2000
 106 E. 13th Street
 Ellis, KS 67637

2. Article Number (Transfer from carrier label)
 9590 9401 0128 5225 9681 91
 7015 3010 0001 8827 2274 (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Mark A. Nicholson

C. Date of Delivery
 7-19-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 1779 110th Ave
 Ellis, KS 67637-9511

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

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

RETURNED

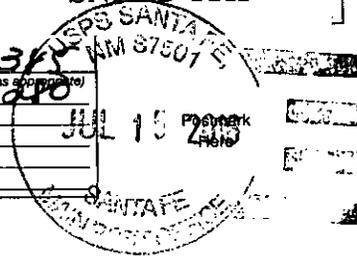
7015 3010 0001 8827 2250

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

For delivery information, visit
OFFIC

**MHF/COG
SNEED 11H**

Certified Mail Fee \$
 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 \$
 Total \$
 \$ 2115 E. Dunbar
 Ser Tempe, AZ 85282
 Six
 City

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

RETURNED

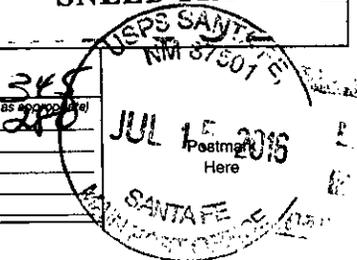
7015 3010 0001 8827 2243

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

For delivery information, visit
OFFIC

**MHF/COG
SNEED 11H**

Certified Mail Fee \$
 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 \$
 Total \$
 \$ 111 Seventh Street
 Ser Wichita Falls, TX 76301
 Six

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:
 Walsh & Watts, Inc.
 111 Seventh Street
 Wichita Falls, TX 76301

9590 9401 0128 5225 9682 21

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 2243

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Mark Walsh Agent Addressee

B. Received by (Printed Name) Mark Walsh
 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
 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 2236

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

For delivery information, visit usps.com

OFFICE

Certified Mail Fee \$ 3.85

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

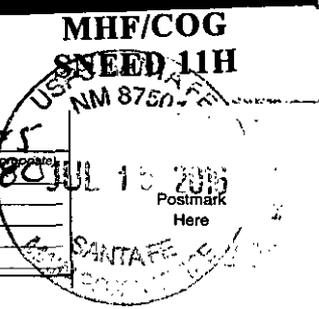
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Alfred B. Guinn
 111 Seventh Street
 Wichita Falls, TX 76301

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:

Alfred B. Guinn
 111 Seventh Street
 Wichita Falls, TX 76301

9590 9401 0128 5225 9682 38

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2236

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

x Mark Welch

B. Received by (Printed Name) **Mark Welch**

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

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

7015 3010 0001 8827 2229

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

For delivery information, visit usps.com

OFFICE

Certified Mail Fee \$ 3.85

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

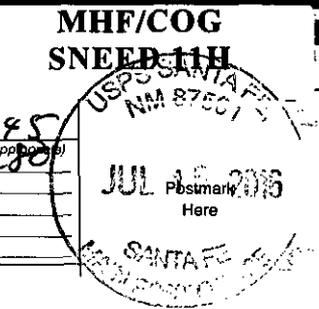
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Linn Energy Holdings, L.L.C.
 600 Travis, Sute 5100
 Houston, TX 77002

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:

Linn Energy Holdings, L.L.C.
 600 Travis, Sute 5100
 Houston, TX 77002

9590 9401 0128 5225 9682 45

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2229

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

x ANTON HALIBURTON

B. Received by (Printed Name) **Anton Haliburton**

C. Date of Delivery **JUL 19 2016**

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

If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 2410

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

For delivery information, visit
OFFICIAL

MHF/COO SANTA FE
SNEED WITH 87507

Certified Mail Fee

\$
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 \$

JUL 15 2016

Postmark
SANTA FE
MAIN POST OFFICE

ConocoPhillips Company
600 North Dairy Ashford
Houston, TX 77079

PS Form 3800, April 2015 PSN 7530-02-000-9017

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ConocoPhillips Company
600 North Dairy Ashford
Houston, TX 77079

4590 9401 0128 5225 9661 73

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2410

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tiffanie Webster

Agent
 Addressee

B. Received by (Printed Name)

Tiffanie Webster

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

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

For delivery information, visit
OFFICIAL

MHF/COO SANTA FE
SNEED WITH 87507

Certified Mail Fee

\$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.40
 Return Receipt (electronic) \$ 2.50
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

JUL 15 2016

Postmark
SANTA FE
MAIN POST OFFICE

First Roswell Company
P.O. Box 1797
Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9017

See Reverse for Instructions

7015 3010 0001 8827 2403

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

First Roswell Company
P.O. Box 1797
Roswell, NM 88202

9590 9401 0128 5225 9661 80

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2403

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ray Shader

Agent
 Addressee

B. Received by (Printed Name)

Ray Shader

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

ROSWELL NM 88202
JUL 15 2016
USPS

Domestic Return Receipt

7292 2299 7000 0700 5702

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**
USPS SANTA FE NM 87501

Certified Mail Fee \$ 3.85

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
MAIN POST OFFICE**

Philip L. White
P.O. Box 25968
Albuquerque, NM 87125

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:
**Philip L. White
P.O. Box 25968
Albuquerque, NM 87125**

9590 9401 0128 5225 9661 97

7015 3010 0001 8827 2397

SENDER: COMPLETE THIS SECTION

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

2. Article Addressed to:
**Devon Energy Production
Company, L. P.
333 West Sheridan Avenue
Oklahoma City, OK 73102**

9590 9401 0128 5225 9662 03

7015 3010 0001 8827 2380

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Philip White* Agent Addressee

B. Received by (Printed Name) *Philip White* 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 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

(over \$500)

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

0982 2298 7000 0700 5702

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**
USPS SANTA FE NM 87501

Certified Mail Fee \$ 3.85

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 16 2016**

**SANTA FE
MAIN POST OFFICE**

Devon Energy Production
Company, L. P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

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:
**Devon Energy Production
Company, L. P.
333 West Sheridan Avenue
Oklahoma City, OK 73102**

9590 9401 0128 5225 9662 03

7015 3010 0001 8827 2380

COMPLETE THIS SECTION ON DELIVERY

A. Signature *David Carrillo* 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 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

7015 3010 8827 2372

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit
OFFIC

MHF/COG
SNEED 11H

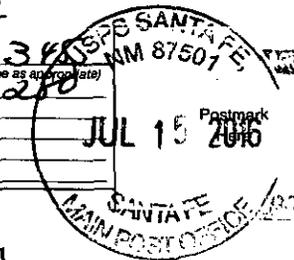
Certified Mail Fee

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

Charles H. Coll
P.O. Box 1818
Roswell, NM 88202



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

See Reverse for Instructions

9922 2288 1000 0106 5107

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit
OFFIC

MHF/COG
SNEED 11H

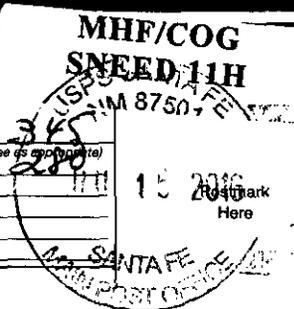
Certified Mail Fee

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

Jon F. Coll
P.O. Box 1818
Roswell, NM 88202



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:

Charles H. Coll
P.O. Box 1818
Roswell, NM 88202

7590 9401 0128 5225 9662 10

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2373

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- 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



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:

Jon F. Coll
P.O. Box 1818
Roswell, NM 88202

9590 9401 0128 5225 9662 27

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2366

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
- Addressee

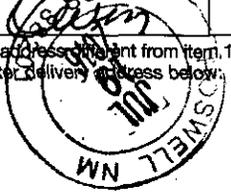
B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- 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



Domestic Return Receipt

7015 3010 0001 8827 2352

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

For delivery information, visit **OFFICIAL**

MHF/COG
USPS SANTA FE
 NM 87501

345
JUL 15 2016
 Postmark Here

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
 \$ Se
 \$ St
 \$ C

Testamentary Trust created by Article IV of the Will of Max W. Coll, II
83 La Barbara Trail
Santa Fe, NM 87505

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

7015 3010 0001 8827 2342

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

For delivery information, visit **OFFICIAL**

MHF/COG
USPS SANTA FE
 NM 87501

345
JUL 15 2016
 Postmark Here

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
 \$ Se
 \$ St
 \$ C

Eric J. Coll
P.O. Box 1818
Roswell, NM 88202

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:
Testamentary Trust created by Article IV of the Will of Max W. Coll, II
83 La Barbara Trail
Santa Fe, NM 87505

2. Article Number (Transfer from service label)
7015 3010 0001 8827 2359

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) **Joyce - Coll** C. Date of Delivery **7-25-16**

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Eric J. Coll
P.O. Box 1818
Roswell, NM 88202

2. Article Number (Transfer from service label)
7015 3010 0001 8827 2342

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) **Eric J. Coll** C. Date of Delivery **7-25-16**

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

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

7015 3010 0001 8827 2335

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

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**

Postage \$

Total \$

City, State, ZIP+4®
Clarke C. Coll
P.O. Box 1818
Roswell, NM 88202

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

7015 3010 0001 8827 2328

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

For delivery information, visit **OFFIC**

**MHF/COG
SNEED 11H**

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**

Postage \$

Total \$

City, State, ZIP+4®
Sally Rodgers
152B Arroyo Hondo Road
Santa Fe, NM 87508

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:
Clarke C. Coll
P.O. Box 1818
Roswell, NM 88202

2. Article Number (Transfer from service label)
4590 9401 0128 5225 9662 58
7015 3010 0001 8827 2335

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Kay Collins 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 Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Sally Rodgers
152B Arroyo Hondo Road
Santa Fe, NM 87508

2. Article Number (Transfer from service label)
4590 9401 0128 5225 9662 65
7015 3010 0001 8827 2328

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Sally Rodgers 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 Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 3010 0001 8827 1772

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

For delivery information, visit **MHF/COG**
OFFIC SNEED FLD NM 87507

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
 JUL 15 2015

Max W. Coll III
 7625 El Centro Boulevard #1
 Las Cruces, NM 88012

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:
 Max W. Coll III
 7625 El Centro Boulevard #1
 Las Cruces, NM 88012

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 1772

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Max Coll III

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

9590 9401 0128 5225 9680 54

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

7015 3010 0001 8827 1765

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

For delivery information, visit **MHF/COG**
OFFIC SNEED FLD NM 87507

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
 JUL 15 2015

Jon F. Coll, II
 7335 Walla Walla
 San Antonio, TX 78250

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:
 Jon F. Coll, II
 7335 Walla Walla
 San Antonio, TX 78250

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 1765

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Michelle Coll

C. Date of Delivery
 7/27/15

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

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

9590 9401 0128 5225 9680 61

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

7015 3010 0001 8827 2496

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

For delivery information, visit our **OFFICIAL** website.

MHF/COG
SNEED/1H
USPS
NM 8750-72

JUL 15 2016
Postmark
Here
SANTA FE
SAN JUAN 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 \$

To: **Melanie Coll DeTempe**
5653 Tobias Avenue
Van Nuys, CA 91411

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:

Melanie Coll DeTempe
5653 Tobias Avenue
Van Nuys, CA 91411

9590 9401 0128 5225 9680 78

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2496

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *MC* Agent Addressee

B. Received by (Printed Name) _____ 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

VAN NUYS CA 91411 USPS 01476

7015 3010 0001 8827 2489

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

For delivery information, visit our **OFFICIAL** website.

MHF/COG
SNEED/1H
USPS
NM 8750-72

JUL 15 2016
Postmark
Here
SANTA FE
SAN JUAN POST OFFICE

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 \$

To: **Bank of America, N.A., Sole Trustee**
of the Selma E. Andrews Perpetual
Charitabel Trust
P.O. Box 830308
Dallas, TX 75283

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:

Bank of America, N.A., Sole Trustee
of the Selma E. Andrews Perpetual
Charitabel Trust
P.O. Box 830308
Dallas, TX 75283

9590 9401 0128 5225 9680 85

2. Article Number (Transfer from service label)

7015 3010 0001 8827 2489

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *NR* Agent Addressee

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

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7015 3010 0001 8827 2472

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

For delivery information, visit **OFFIC**

MHF/COG SNEED 11H

USPS SANTA FE NM 87501
 JUL 16 2016
 SANTA FE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.95
 Return Receipt (electronic) \$ 2.10
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 To \$
 \$
 \$
 \$
 City

Bank of America, N.A., Sole Trustee
 of the Selma E. Andrews Trust,
 benifeit of Peggy Barrett
 P.O. Box 830308
 Dallas, TX 75283

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:
 Bank of America, N.A., Sole Trustee
 of the Selma E. Andrews Trust,
 benifeit of Peggy Barrett
 P.O. Box 830308
 Dallas, TX 75283

4590 9401 0128 5225 9680 92

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 2472

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **NREYNOL** 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 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

7015 3010 0001 8827 2427

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

For delivery information, visit **OFFIC**

MHF/COG SNEED 11H

USPS SANTA FE NM 87501
 JUL 17 2016
 SANTA FE MAIN POST OFFICE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.95
 Return Receipt (electronic) \$ 2.10
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 To \$
 \$
 \$
 \$
 City

Este Ltd.
 P.O. Box 10181
 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:
 Este Ltd.
 P.O. Box 10181
 Midland, TX 79702

9590 9401 0128 5225 9681 46

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 2427

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Sandra Kneet** 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 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

7015 3010 0001 8827 2465

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

For delivery information, visit **OFFIC**

MHF/COG
 SNEED 4TH
 NM 87501

Certified Mail Fee \$ 3.85

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

Este Ltd.
 P.O. Box 10181
 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:
 Este Ltd.
 P.O. Box 10181
 Midland, TX 79702

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 2465

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 x Sandra Kneef

B. Received by (Printed Name)
 Sandra Kneef

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

4590 9401 0128 5225 9681 08

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

7015 3010 0001 8827 2458

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

For delivery information, visit **OFFIC**

MHF/COG
 SNEED 4TH
 NM 87501

Certified Mail Fee \$ 3.85

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

Occidental Permian Limited
 Partnership
 P.O. Box 4294
 Houston, TX 77210

City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Occidental Permian Limited
 Partnership
 P.O. Box 4294
 Houston, TX 77210

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 2458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 x [Signature]

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

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

4590 9401 0128 5225 9681 15

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

7015 3010 0001 8827 2442

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

For delivery information, visit **OFFIC**

MHF/COG
SNEED 1111
NM 87507

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 280
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 JUL 15 2015
 Here
 SANTA FE

\$ Tot
 \$ Ser
 \$ Str
 City

Chevron USA Inc.
 1400 Smith Street
 Houston, TX 77002

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:
Chevron USA Inc.
 1400 Smith Street
 Houston, TX 77002

2. Article Number (Transfer from service label) 7015 3010 0001 8827 2441

COMPLETED 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 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

9590 9401 0128 5225 9681 22

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

7015 3010 0001 8827 2442

**U.S. Postal Service™
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NM 87507

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 280
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 JUL 15 2015
 Here
 SANTA FE

\$ Tot
 \$ Ser
 \$ Str
 City

Energy Quest II, LLC
 4526 Research Forest Drive,
 Suite 200
 The Woodlands, TX 77381

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:
Energy Quest II, LLC
 4526 Research Forest Drive,
 Suite 200
 The Woodlands, TX 77381

2. Article Number (Transfer from service label) 7015 3010 0001 8827 2434

COMPLETED THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) C. Domogalik 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

9590 9401 0128 5225 9681 39

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

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

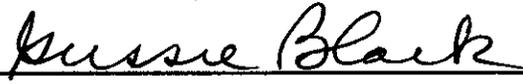
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
July 20, 2016
and ending with the issue dated
July 20, 2016.



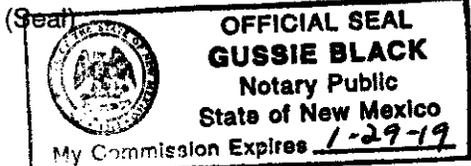
Publisher

Sworn and subscribed to before me this
20th day of July 2016.



Business Manager

My commission expires
January 29, 2019

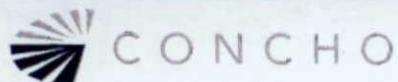
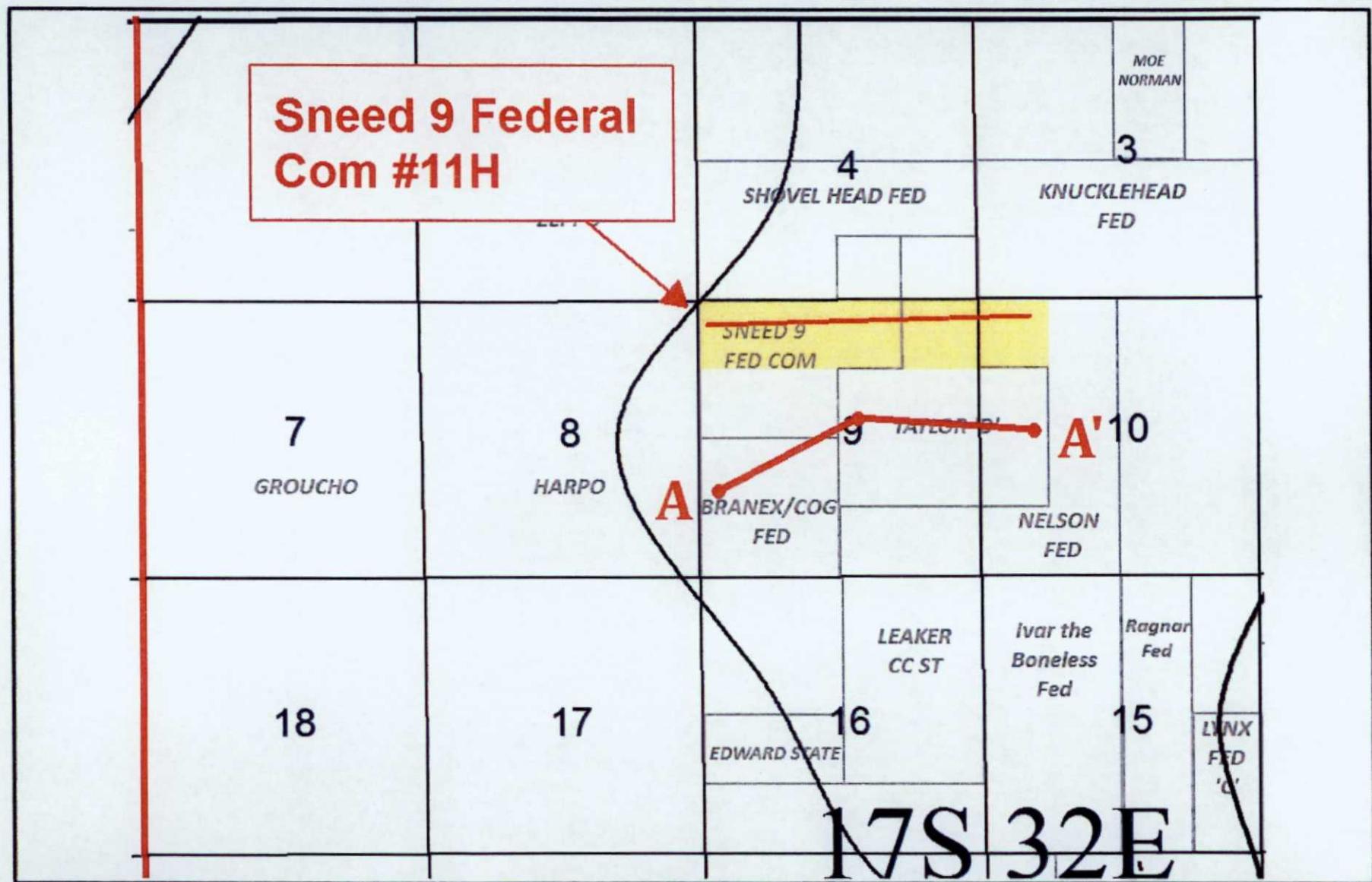


This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

| LEGAL | LEGAL | LEGAL |
|---|-------|-------|
| LEGAL NOTICE July 20, 2016 | | |
| STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO | | |
| <p>The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 4, 2016 in the Oil Conservation Division Hearing Room, at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3456 or through the New Mexico Relay Network, 1-800-859-1779 by July 25, 2016. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.</p> | | |
| STATE OF NEW MEXICO TO: All named parties and persons having any right, title, interest or claim in the following cases and notice to the public. | | |
| <p>(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)</p> <p>To: Occidental Permian Limited Partnership, C. and I. Powell Revocable Living Trust, dated June 16, 1978, Edward Dressen, Jr., his heirs and devisees, Cecile Marie Dressen, her heirs and devisees, Zachary L. Taylor and wife, Willie Taylor, their heirs and devisees, Andrew C. Taylor and wife, Nettie Taylor, their heirs and devisees, Bruce Sullivan and wife Fern Sullivan, their heirs and devisees, F.A. Andrews his heirs and devisees, Ella Belle Holeman, her heirs and devisees, Kyle Taylor Thompson, her heirs and devisees, Ray DeVoe Taylor, his heirs and devisees, Ruth Taylor Wright, her heirs and devisees, Alice Crouch, her heirs and devisees, Druella Wilbanks, her heirs and devisees, Cecilia Aymond, her heirs and devisees, Bonnie Dick Taylor, his heirs and devisees, J.H. Campbell, his heirs and devisees, Max W. Coll and wife, Lillian Hinkle Coll, their heirs and devisees, C.H. Kyte, his heirs and devisees, Max W. Coll, II, his heirs and devisees, James N. Coll, his heirs and devisees, Charles H. Coll, his heirs and devisees, Jon F. Coll, his heirs and devisees, David Bond Kyte Edward Dressen, Jr., his heirs and devisees, Cecile Marie Dressen, her heirs and devisees, Cecil Bond Kyte, his heirs and devisees, Betty M. Dreesen Revocable Trust, dated October 10, 1977, Maribe I. Kyte, her heirs and devisees, Marlee F. Kyte Revocable Living Trust, dated October 6, 1975, Betty Kyte Dreesen Trust A, U/A dated December 12, 1978, Betty Kyte Dreesen Trusts A, B, C, and D, Compound Properties, LLC, Section 15 Education Trust Laura Hoyer Parks, Nantker Family Trust dated September 3, 1998, The Pauline A. Nicholson Revocable Trust dated September 26, 2000, Cara Lyn Gant, her heirs and devisees, Robert Ilea, his heirs and devisees, Walsh & Watts, Inc., Alfred B. Gulnn, his heirs and devisees, Linn Energy Holdings, L.L.C., and Este Ltd.</p> <p>CASE NO. 15526: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant in the above-styled cause seeks an order: (1) creating a non-standard, 200-acre, more or less, spacing and proration unit comprised of the N/2 N/2 of Section 9 and the NW/4 NW/4 (Unit D), including Lots 1-6, of Section 10, Township 17 South, Range 32 East, NMPM, Lea County, New Mexico, and (2) pooling all mineral interests from the top of the Padlock member to the base of the Blinney member of the Yeso formation underlying this unit. Said non-standard unit is to be dedicated to applicant's proposed Sneed 9 Federal Com. No. 11H Well (API No. 30-025-43284), which will be horizontally drilled from a surface location in the NW/4 NW/4 (Unit D) of Section 9 to a bottom hole location in the NW/4 NW/4 (Unit B) of Section 10. The completed interval for this well will remain within the 330-foot standard offset required by the rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located approximately .5 miles south of Maljamar, NM. #31101</p> | | |

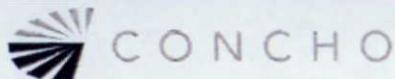
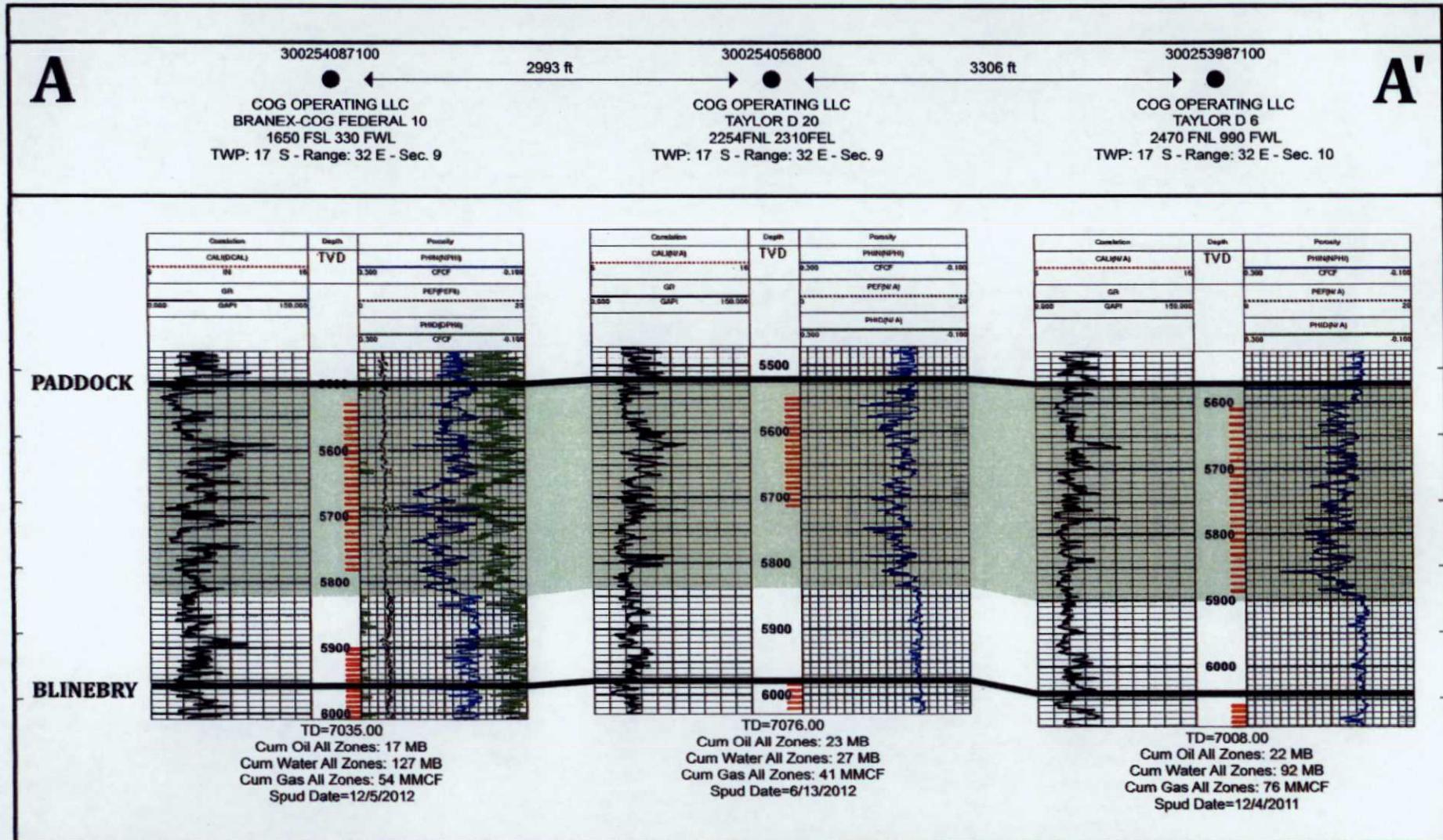
BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 12
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016

Maljamar Area – Sneed Federal Com #11H Cross Section Location Map



BEFORE THE OIL CONVERSION
 DIVISION
 Santa Fe, New Mexico
 Exhibit No. 14
 Submitted by: COG OPERATING LLC
 Hearing Date: August 4, 2016

Maljamar Area – Sneed Federal Com #11H Structural Cross Section



BEFORE THE OIL CONVERSION
 DIVISION
 Santa Fe, New Mexico
 Exhibit No. 15
 Submitted by: COG OPERATING LLC
 Hearing Date: August 4, 2016