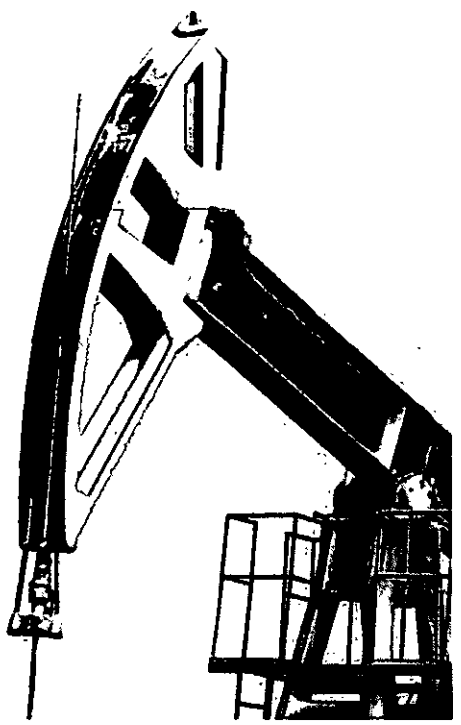
COG OPERATING LLC

Viking Helmet State Com #1H

Section 29-T24S-35E &
Section 32-T24S-35E
Lea County, New Mexico



CASE NO. 15373
(Re-Opened)

CONCHO

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 RD., 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, New Mexico 87505

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025-42782	98098	WC-025 G-09 S243532M; Wolfbone

Property Code	Property Name	Well Number
315251	VIKING HELMET STATE COM	1H

OGRID No.	Operator Name	Elevation
229137	COG OPERATING, LLC	3309.1

Surface Location

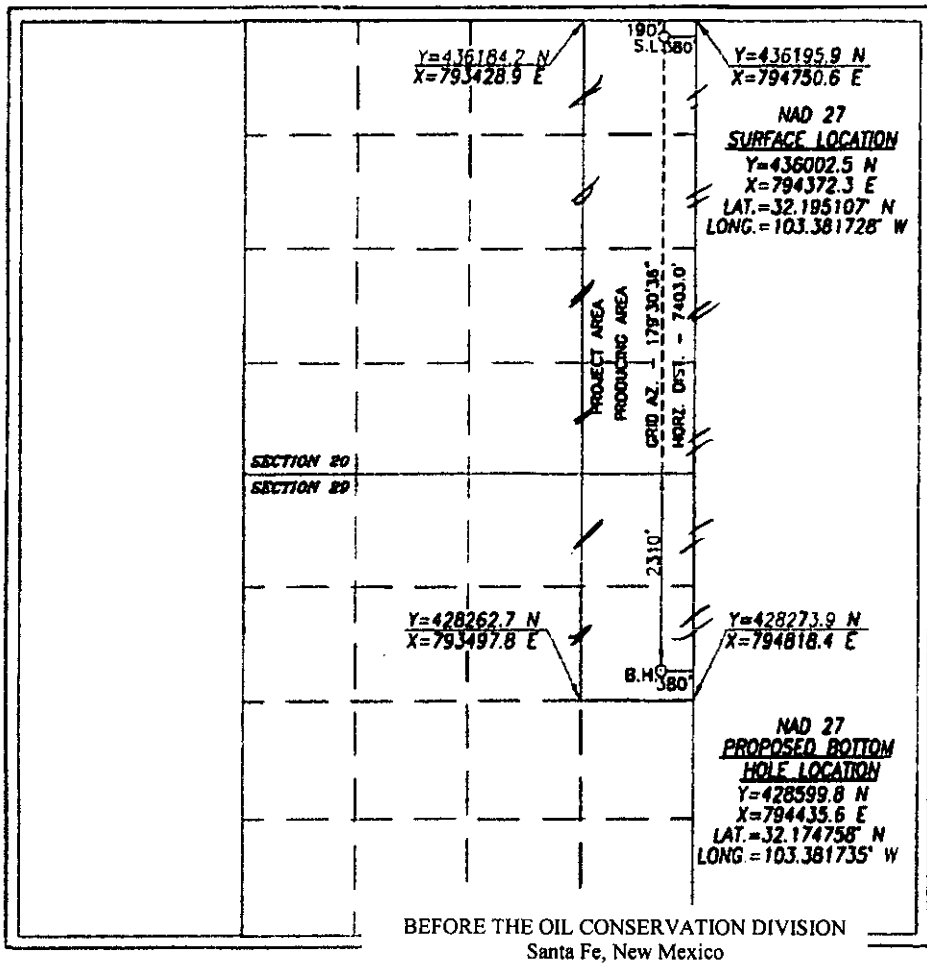
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	29	24-S	35-E		190	NORTH	380	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	32	24-S	35-E		2310	NORTH	380	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
240			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Melanie J Wilson 2/16/16
Signature Date

Melanie J Wilson
Printed Name

mwilson@concho.com
E-mail Address

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.

JUNE 19, 2015
Date of Survey

Signature & Seal of Professional Surveyor

CHAD L. HARCROW
NEW MEXICO
17777
LICENSED PROFESSIONAL SURVEYOR

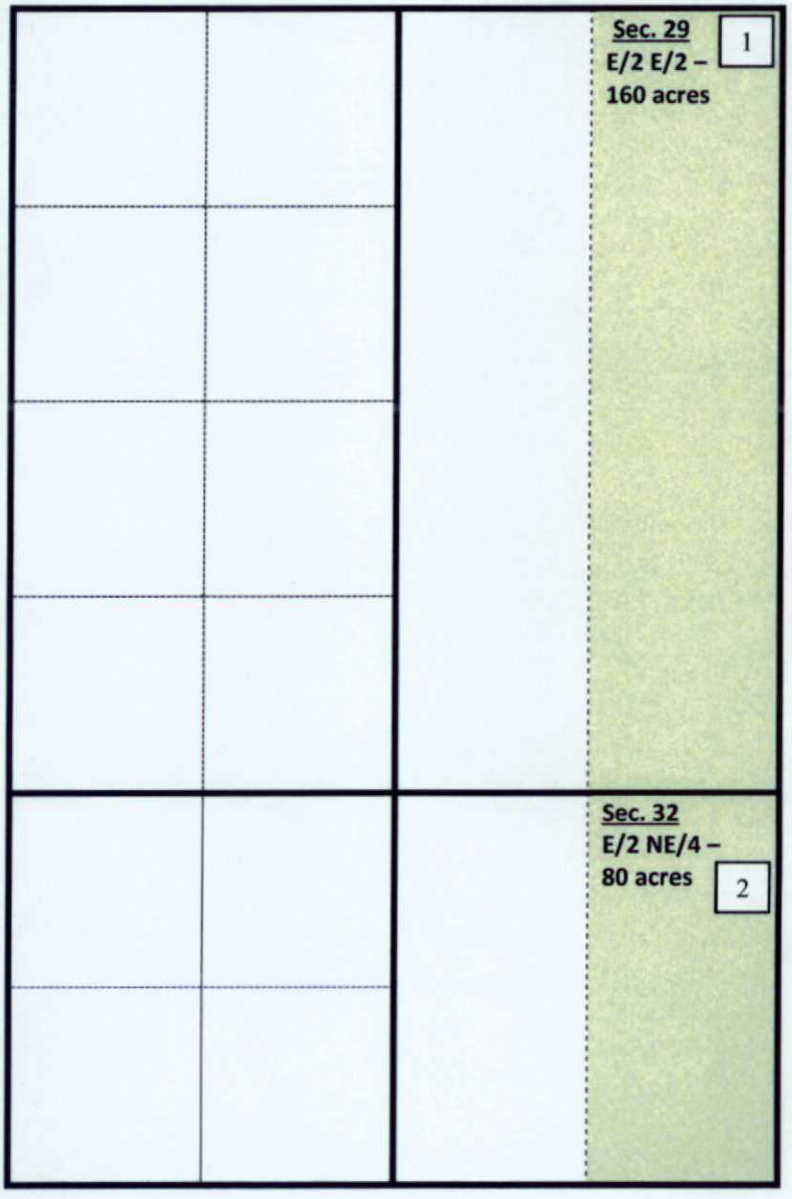
Chad Harcrow 6/23/15

Certificate No. CHAD HARCROW 17777
W.O. 15-749 DRAWN BY: AF

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 1
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

FEB 17 2016

VIKING HELMET STATE COM #1H
T24S-R35E- E/2 E/2 OF SECTION 29, E/2 NE/4 OF SECTION 32
LEA COUNTY, NM



BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 2
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

VIKING HELMET STATE COM #1H
T24S-R35E- E/2 E/2 OF SECTION 29, E/2 NE/4 OF SECTION 32
LEA COUNTY, NM

Tract 1 - E/2 E/2 of Section 29 (160 acres)

COG Operating LLC – 87.5%
Chevron U.S.A., Inc. (UNLEASED) – 12.5%

Tract 5 - E/2 NE/4 of Section 32 (80 acres)

COG Operating LLC – 100%

UNIT RECAPITULATION T24S-R35E-Section 29: E/2 E/2 & Section 32: E/2 NE/4

COG Operating LLC – 91.67%
Chevron U.S.A., Inc. – 8.33%

Uncommitted owners in proposed non-standard spacing units.

CONCHO

September 8, 2016

U.S. Certified Mail - 91 7199 9991 7036 0759 6418

Chevron U.S.A., Inc.
Mid-Continent Business Unit
Chevron North America Exploration and Production
1400 Smith St.
Houston, TX 77002
Attention: Jason Levine

Re: **Well Proposal – Viking Helmet State Com 1H (AFE #007958)**
Sec 29: E/2 E/2 - T24S-R35E
Sec 32: E/2 NE/4 - T24S-R35E
SHL: 190' FNL/380' FEL, or a legal location in Sec 29 (Unit A)
BHL: 2310' FNL/380' FEL, or a legal location in Sec 32 (Unit H)
Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (COG), as Operator, hereby proposes to drill the Viking Helmet State Com 1H well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,565' and a MD of approximately 19,500' to test the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be $10,632,490.00 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 which is enclosed for your review and approval. The Operating Agreement covers Sec 29: E/2 E/2 - T24S-R35E and Sec 32: E/2 NE/4 - T24S-R35E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- $7,000/$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided below, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. A self-addressed, postage paid envelope is enclosed for your convenience. If you do not wish to participate, COG proposes to acquire your interest via Farmout.

If you have any questions, please do not hesitate to contact the undersigned at 432-221-0465.

Respectfully,

Mike Wallace
Senior Landman

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 3
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

_____ I/We hereby elect to participate in the drilling of the Viking Helmet State Com 1H.

_____ I/We hereby elect ***not*** to participate in the drilling of the Viking Helmet State Com 1H.

Company: Chevron U.S.A., Inc.

By: _____

Name: _____

Title: _____

Date: _____

EXHIBIT "A"
Working Interest Owners

COG Operating LLC
COG Production LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Chevron U.S.A., Inc.
Mid-Continent Business Unit
Chevron North America Exploration and Production
1400 Smith St.
Houston, TX 77002
Attention: Jason Levine

COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING

AFE # 007956

WELL NAME:	VIKING HELMET ST COM #1H	PROSPECT NAME:	BULLDOG 2435 (717008) S Lea Co UWC Sand no PH 1.5M
SHL:	SEC 29: 190 FNL & 380 FEL	STATE & COUNTY:	New Mexico, Lea
BHL	SEC 32: 2310 FNL & 380 FEL	OBJECTIVE:	DRILL & COMPLETE
FORMATION:	WOLFBONE	DEPTH:	19,500
LEGAL:	E/2 E/2 of Sec. 29 & E/2 NE/4 of Sec. 32-T24S-R35E	TVD:	12,565

INTANGIBLE COSTS		Drlg - Rig Release(D)		Completion(C)		Tank Bty Constrctn(TB)		Pmpg Equipment(PEQ)	TOTAL
Title/Curative/Permit	201	11,000							11,000
Insurance	202	4,000	302						4,000
Damages/Right of Way	203	5,000	303		351				5,000
Survey/Stake Location	204	6,000			352				6,000
Location/Pits/Road Expense	205	130,000	305	53,648	353	72,352	366		256,000
Drilling / Completion Overhead	206	8,700	306						8,700
Turnkey Contract	207	0	307						0
Footage Contract	208	0	308						0
Daywork Contract	209	504,000	309						504,000
Directional Drilling Services	210	186,000	310						186,000
Fuel & Power	211	67,000	311	5,000	354		367		72,000
Water	212	63,650	312	980,000			368		1,043,650
Bits	213	104,400	313	4,500			369		108,900
Mud & Chemicals	214	120,000	314	50,000			370		170,000
Drill Stem Test	215	0	315						0
Coring & Analysis	216	0							0
Cement Surface	217	28,000							28,000
Cement Intermediate	218	40,000							40,000
Cement 2nd Intermediate/Production	219	135,000							135,000
Cement Squeeze & Other (Kickoff Plug)	220	0					371		0
Float Equipment & Centralizers	221	17,800							17,800
Casing Crews & Equipment	222	50,000							50,000
Fishing Tools & Service	223	0	323				372		0
Geologic/Engineering	224	0	324		355		373		0
Contract Labor	225	5,500	325	8,200	356	95,800	374		109,500
Company Supervision	226	52,200	326	30,000	357		375		82,200
Contract Supervision	227	87,000	327	85,000	358		376	5,000	177,000
Testing Casing/Tubing	228	20,000	328	10,000			377		30,000
Mud Logging Unit	229	33,000	329						33,000
Logging	230	0					378		0
Perforating/Wireline Services	231	4,000	331	310,000			379		314,000
Stimulation/Treating			332	2,300,000			380		2,300,000
Completion Unit			333	130,000			381	7,000	137,000
Swabbing Unit			334				382		0
Rentals-Surface	235	170,000	335	315,000	359		383	6,000	491,000
Rentals-Subsurface	236	125,000	336	75,000			384		200,000
Trucking/Forklift/Rig Mobilization	237	140,000	337	20,000	360		385	5,000	165,000
Welding Services	238	4,000	338	5,000	361		386		9,000
Water Disposal	239	0	339	150,000	362	1,290,000	387		1,440,000
Plug to Abandon	240	0	340						0
Seismic Analysis	241	0	341						0
Miscellaneous	242	0	342				389		0
Contingency	243	150,000	343	125,000	363		390		275,000
Closed Loop & Environmental	244	195,000	344	5,000	364		388		200,000
Coil Tubing			346	175,000					175,000
Flowback Crews & Equip			347	98,000					98,000
Offset Directional/Frac	245	0	345						0
TOTAL INTANGIBLES		2,478,250		4,934,348		1,458,152		23,000	8,891,750

TANGIBLE COSTS									
Surface Casing	401	45,000							45,000
Intermediate Casing	402	418,000							418,000
Production Casing/Liner	403	280,000							280,000
Tubing			504	43,000			530		43,000
Wellhead Equipment	405	65,000	505	20,000			531	3,000	88,000
Pumping Unit				0			506	190,470	190,470
Prime Mover				0			507		0
Rods				0			508	45,000	45,000
Pumps-Sub Surface (BH)			509				532	8,000	8,000
Tanks					510	30,130			30,130
Flowlines					511	124,940			124,940
Heater Treater/Separator					512	118,441			118,441
Electrical System					513	53,926	533		53,926
Packers/Anchors/Hangers	414	0	514	6,000			534		6,000
Couplings/Fittings/Valves	415	0			515	319,469			319,469
Dehydration					517				0
Injection Plant/CO2 Equipment					518				0
Pumps-Surface					521				0
Instrumentation/SCADA/POC					522		529	4,000	4,000
Miscellaneous	419	0	519		523	40,000	535		40,000
Contingency	420	0	520		524		536		0
Meters/LACT					525				0
Flares/Combusters/Emission					526				0
Gas Lift/Compression			527	15,000	516	1,364	528		16,364
TOTAL TANGIBLES		808,000		84,000		688,270		180,470	1,740,740
TOTAL WELL COSTS		3,284,250		5,018,348		2,146,422		183,470	10,632,490
% of Total Well Cost		31%		47%		20%		2%	

COG Operating LLC

Date Prepared 6/30/16

COG Operating LLC

By: DALLAS DALEY/KEN LAFORTUNE KG

We approve:
____ % Working Interest

Company: Chevron U.S.A., Inc
By:

Printed Name:
Title:
Date:

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

Viking Helmet State Com #1H
Offset Notification List

SWSE, SESE (Sec. 20)
COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

SWSW (Sec. 21)
Mobil Prod. TX & NM
12450 Greenspoint Dr.
Houston, TX 77060-1991

Occidental Permian LP
5 East Greenway Plaza #110
Houston, TX 77046-0521
Attn: Joel Johnson

Chevron Midcontinent LP
1400 Smith St.
Houston, TX 77002-7327
Attn: Shalyce Holmes

Chevron U.S.A., Inc.
1400 Smith St.
Houston, TX 77002-7327
Attn: Shalyce Holmes

Robert E. Landreth
110 W. Louisiana #404
Midland, TX 79701

RSE Partners I LP
3141 Hood St. #350
Dallas, TX 75219

NWNW, SWNW, NWSW, SWSW (Sec. 28)
NWNE, SWNE, SWSE, NESE (Sec. 32)
COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Sec. 20 SESW	SWSE	SESE	Sec. 21 SWSW
Sec. 29 NENW	NWNE	NENE	Sec. 28 NWNW
SENW	SWNE	SENE	SWNW
NESW	NWSE	NESE	NWSW
SESW	SWSE	SESE	SWSW
Sec. 32 NENW	NWNE	NENE	Sec. 33 NWNW
SENW	SWNE	SENE	SWNW
NESW	SWSE	NESE	NWSW

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

NWNE, SWNE, NWSE, SWSE (Sec. 29)
COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Chevron U.S.A., Inc.
P.O. Box 285
Houston, TX 77001
Attn: Shalyce Holmes

NWNW, SWNW (Sec. 33)
Texas Ten, LTD., a Texas limited partnership
P.O. Box 305
Cedar Hill, TX 75104

William Bryant Wylie
101 N. C Street
Midland, TX 79701

Sarah Wylie Moor
P.O. Box 145
Cedar Hill, TX 75104

Zula Mabel Wylie
P.O. Box 305
Cedar Hill, TX 75104

Elva Ruth Wylie
P.O. Box 305
Cedar Hill, TX 75104

Georgia Wylie Parvin
4201 Greystone
Austin, TX 78731

Anita Sue Wylie
4222 Lost Ridge
Austin, TX 78731

Amanda Moor Jay
P.O. Box 145
Cedar Hill, TX 75104

Cindy Moor
P.O. Box 145
Cedar Hill, TX 75104

Texas Ten, LTD., a Texas limited partnership
c/o
Stephen D. Ingram
Cavin & Ingram, P.A.
40 First Plaza NW, Suite 610
Albuquerque, New Mexico 87102
Ph: (505) 243-5400
Fax: (505) 243-1700

NWSW (Sec. 33)
United States of America
Bureau of Land Management
P.O. Box 27115
Santa Fe, NM 87502-0115

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

APPLICATION OF COG OPERATING LLC TO RE-OPEN CASE NO. 15373 TO AMEND POOLING ORDER R-14054, LEA COUNTY, NEW MEXICO.

CASE NO. 15373 (Re-Opened)

AFFIDAVIT

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

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

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 16th day of November 2016 by Jordan L. Kessler.

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

Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 5
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

HOLLAND&HART

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

October 28, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC To Re-Open Case No. 15373 To Amend Order R-14054, Lea County, New Mexico.
Viking Helmet State Com No. 1H

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 November 17, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

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

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART LLP

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

October 28, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC To Re-Open Case No. 15373 To Amend Order R-14054, Lea County, New Mexico.
Viking Helmet State Com No. 1H

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 November 17, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

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

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

7016 0340 0000 0202 9363

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- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

USPS SANTA FE, NM 87594
Postmark
OCT 28 2016
DE VARGAS POST OFFICE

Chevron U.S.A., Inc.
P.O. Box 285
Houston, TX 77001
Attn: Shalyce Holmes

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:

Chevron U.S.A., Inc.
P.O. Box 285
Houston, TX 77001
Attn: Shalyce Holmes

9590 9402 1838 6104 7857 20

2. Article Number (Transfer from service label)
7016 0340 0000 0202 9363

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A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☑ Certified Mail Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

MHF/COG
VIKING HELMET 1H

Certified Mail Fee $ 3.45

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

Postage $

Total Postage and Fees $

Sent To

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

City, State, ZIP+4®

United States of America
Bureau of Land Management
P.O. Box 27115
Santa Fe, NM 87502-0115

Postmark Here
USPS SANTA FE, NM 87594 OCT 28 2016 DE VARGAS POST OFFICE

7016 0340 0000 0203 0932

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

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- 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:

United States of America
Bureau of Land Management
P.O. Box 27115
Santa Fe, NM 87502-0115

9590 9401 0129 5225 0116 12

2. Article Number (Transfer from service label)
7016 0340 0000 0203 0932

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

(over $500)

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

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

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MHF/COG
VIKING HELMET 1H

Certified Mail Fee $ 3.45

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

Postage $

Total Postage and Fees $

Sent To

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

City, State, ZIP+4®

Anita Sue Wylie
4222 Lost Ridge
Austin, TX 78731

USPS SANTA FE, NM 87594 OCT 28 2016 DE VARGAS POST OFFICE Postmark Here

7016 0340 0000 0203 0970

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

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Certified Mail Fee $ 3.45

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

Postage

USPS SANTA FE, NM 87594 OCT 28 2016 Postmark Here DE VARGAS POST OFFICE

Texas Ten, LTD., a Texas limited partnership
c/o Stephen D. Ingram
Cavin & Ingram, P.A.
40 First Plaza NW, Suite 610
Albuquerque, New Mexico 87102

7016 0340 0000 0203 0949

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

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Texas Ten, LTD., a Texas limited partnership
c/o Stephen D. Ingram
Cavin & Ingram, P.A.
40 First Plaza NW, Suite 610
Albuquerque, New Mexico 87102

9590 9401 0129 5225 0116 05

2. Article Number (Transfer from service label)
7016 0340 0000 0203 0949

A. Signature
X Jana Widrow ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jana Widrow C. Date of Delivery 10/31/16

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

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

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

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MHF/COG
VIKING HELMET 1H

Certified Mail Fee $ 3.45

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

USPS SANTA FE, NM 87594 OCT 28 2016 Postmark Here DE VARGAS POST OFFICE

Cindy Moor
P.O. Box 145
Cedar Hill, TX 75104

7016 0340 0000 0203 0956

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

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Cindy Moor
P.O. Box 145
Cedar Hill, TX 75104

9590 9401 0129 5225 0115 99

2. Article Number (Transfer from service label)
7016 0340 0000 0203 0956

A. Signature
X Pam Jones ☑ Agent ☐ Addressee

B. Received by (Printed Name) Pam Jones C. Date of Delivery 11-1-16

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

Box 145

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

7016 0340 0000 0203 0963

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VIKING HELMET 1H

OFFIC

Certified Mail Fee $ 3.45

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

Postage $

To
Amanda Moor Jay
P.O. Box 145
Cedar Hill, TX 75104

USPS SANTA FE, NM 87594 OCT 28 2016 Postmark Here DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Amanda Moor Jay
P.O. Box 145
Cedar Hill, TX 75104

9590 9401 0129 5225 0115 82

2. Article Number (Transfer from service label)
7016 0340 0000 0203 0963

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Jones ☑ Agent ☐ Addressee

B. Received by (Printed Name) Pam Jones
C. Date of Delivery 11-1-16

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

Box 145

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

Mail Restricted Delivery
(over $500)

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

7016 0340 0000 0203 0994

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Certified Mail Fee $ 3.45

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

Postage

To
Elva Ruth Wylie
P.O. Box 305
Cedar Hill, TX 75104

USPS SANTA FE, NM 87594 OCT 28 2016 Postmark Here DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elva Ruth Wylie
P.O. Box 305
Cedar Hill, TX 75104

9590 9401 0129 5225 0115 51

2. Article Number (Transfer from service label)
7016 0340 0000 0203 0994

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Jones ☑ Agent ☐ Addressee

B. Received by (Printed Name) Pam Jones
C. Date of Delivery 11-1-16

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

P.O. Box 305

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

Mail Restricted Delivery
(over $500)

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

7016 0340 0000 0202 9271

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Certified Mail Fee $ 345

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

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Zula Mabel Wylie
P.O. Box 305
Cedar Hill, TX 75104

City, State, ZIP+4®

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

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SENDER: COMPLETE THIS SECTION

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

Zula Mabel Wylie
P.O. Box 305
Cedar Hill, TX 75104

9590 9402 1838 6104 7856 38

2. Article Number (Transfer from service label)
7016 0340 0000 0202 9271

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Jones ☒ Agent ☐ Addressee

B. Received by (Printed Name) Pam Jones
C. Date of Delivery 11-1-16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
Box 305

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

Mail Restricted Delivery 00)

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

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7016 0340 0000 0202 9295

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VIKING HELMET 1H

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 $

Postage

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William Bryant Wylie
101 N. C Street
Midland, TX 79701

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Domestic Mail C

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OFI ... E

Certified Mail Fee $ 345
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☑ Return Receipt (electronic) $ 280
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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Sarah Wylie Moor
P.O. Box 145
Cedar Hill, TX 75104

7016 0340 0000 0202 9288

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:

Sarah Wylie Moor
P.O. Box 145
Cedar Hill, TX 75104

9590 9402 1838 6104 7856 45

2. Article Number (Transfer from service label)
7016 0340 0000 0202 9288

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

COMPLETE SECTION ON DELIVERY

A. Signature
X Pam Jones ☑ Agent ☐ Addressee

B. Received by (Printed Name) Pam Jones
C. Date of Delivery 11-1-16

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

P.O. Box 145

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

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

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For delivery information, visit
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Certified Mail Fee $ 345
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☑ Return Receipt (electronic) $ 280
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage

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Georgia Wylie Parvin
4201 Greystone
Austin, TX 78731

7016 0340 0000 0203 0987

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

7016 0340 0000 0203 0925

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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 $

Postage

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USPS OCT 2 DEVARG

Chevron U.S.A., Inc.
P.O. Box 285
Houston, TX 77001
Attn: Shalyce Holmes

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron U.S.A., Inc.
P.O. Box 285
Houston, TX 77001
Attn: Shalyce Holmes

9590 9402 1838 6104 7860 31

2. Article Number (Transfer from service label)
7016 0340 0000 0203 0925

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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

7016 0340 0000 0202 9318

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VIKING HELMET 1H

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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 $

Postage

USPS SANTA FE, NM 87594
OCT 28 2016
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DE VARGAS POST OFFICE

RSE Partners I LP
3141 Hood St. #350
Dallas, TX 75219

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:

RSE Partners I LP
3141 Hood St. #350
Dallas, TX 75219

9590 9402 1838 6104 7856 76

2. Article Number (Transfer from service label)
7016 0340 0000 0202 9318

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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

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Certified Mail Fee $ 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 $

Postage

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Texas Ten, LTD., a Texas limited partnership
P.O. Box 305
Cedar Hill, TX 75104

7016 0340 0000 0202 9301

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:

Texas Ten, LTD., a Texas limited partnership
P.O. Box 305
Cedar Hill, TX 75104

9590 9402 1838 6104 7856 69

2. Article Number (Transfer from service label)

7016 0340 0000 0202 9301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Jones ☑ Agent ☐ Addressee

B. Received by (Printed Name) Pam Jones
C. Date of Delivery 11-1-16

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

Box 305

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

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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 $

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Mobil Prod. TX & NM
12450 Greenspoint Dr.
Houston, TX 77060-1991

7016 0340 0000 0202 9346

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

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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 $

Postage

USPS SANTA FE, NM 87594
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OCT 28 2016
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Occidental Permian LP
5 East Greenway Plaza #110
Houston, TX 77046-0521
Attn: Joel Johnson

7016 0340 0000 0202 9332

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Occidental Permian LP
5 East Greenway Plaza #110
Houston, TX 77046-0521
Attn: Joel Johnson

9590 9402 1838 6104 7856 90

2. Article Number (Transfer from service label)
7016 0340 0000 0202 9332

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

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

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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 $

USPS SANTA FE, NM 87594
Postmark Here
OCT 28 2016
DE VARGAS POST OFFICE

Robert E. Landreth
110 W. Louisiana #404
Midland, TX 79701

7016 0340 0000 0202 9325

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert E. Landreth
110 W. Louisiana #404
Midland, TX 79701

9590 9402 1838 6104 7856 83

2. Article Number (Transfer from service label)
7016 0340 0000 0202 9325

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
LINDA CARTER

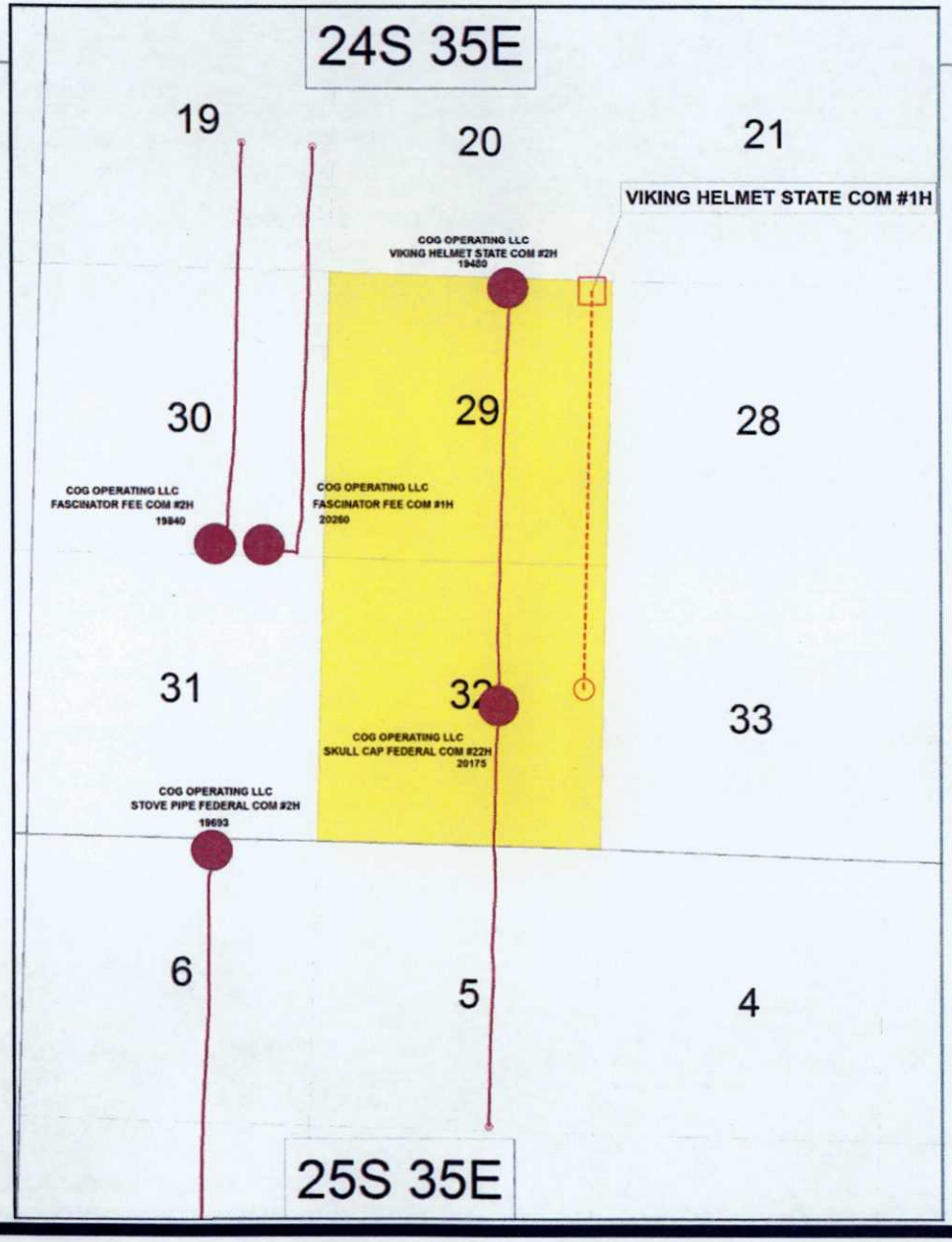
C. Date of Delivery

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

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

Wolfbone Pool
Viking Helmet State Com #1H



Map Legend

SHL

COG - Horizontal Location

BHL

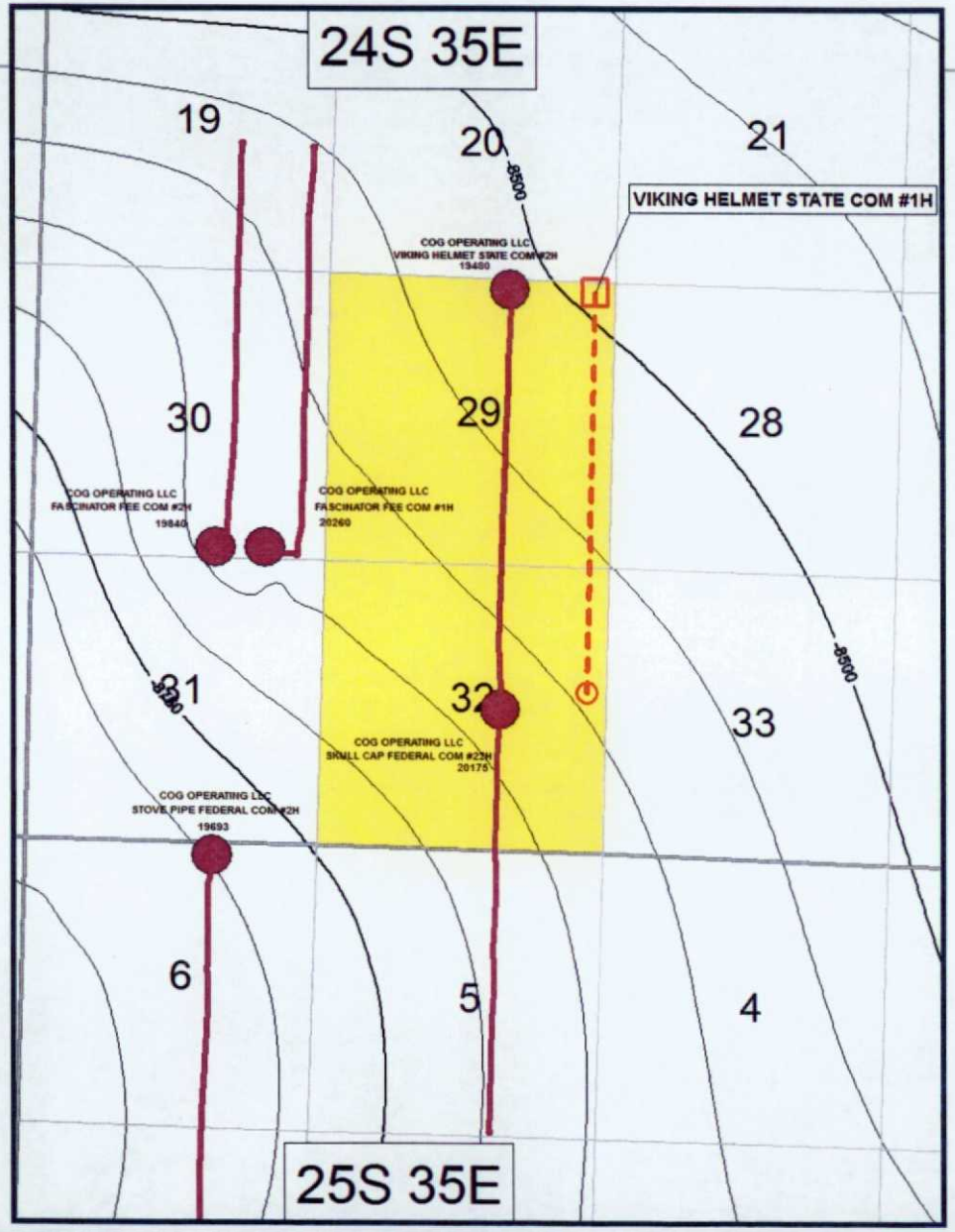
Producing Wolfbone Wells

COG Acreage

CONCHO

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 6
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

Wolfbone Pool
3rd Bone Spring Structure Map



Map Legend

SHL

COG - Horizontal Location

BHL

Producing Wolfbone Wells

3rd Bone Spring Structure
CI: 50'

COG Acreage

CONCHO

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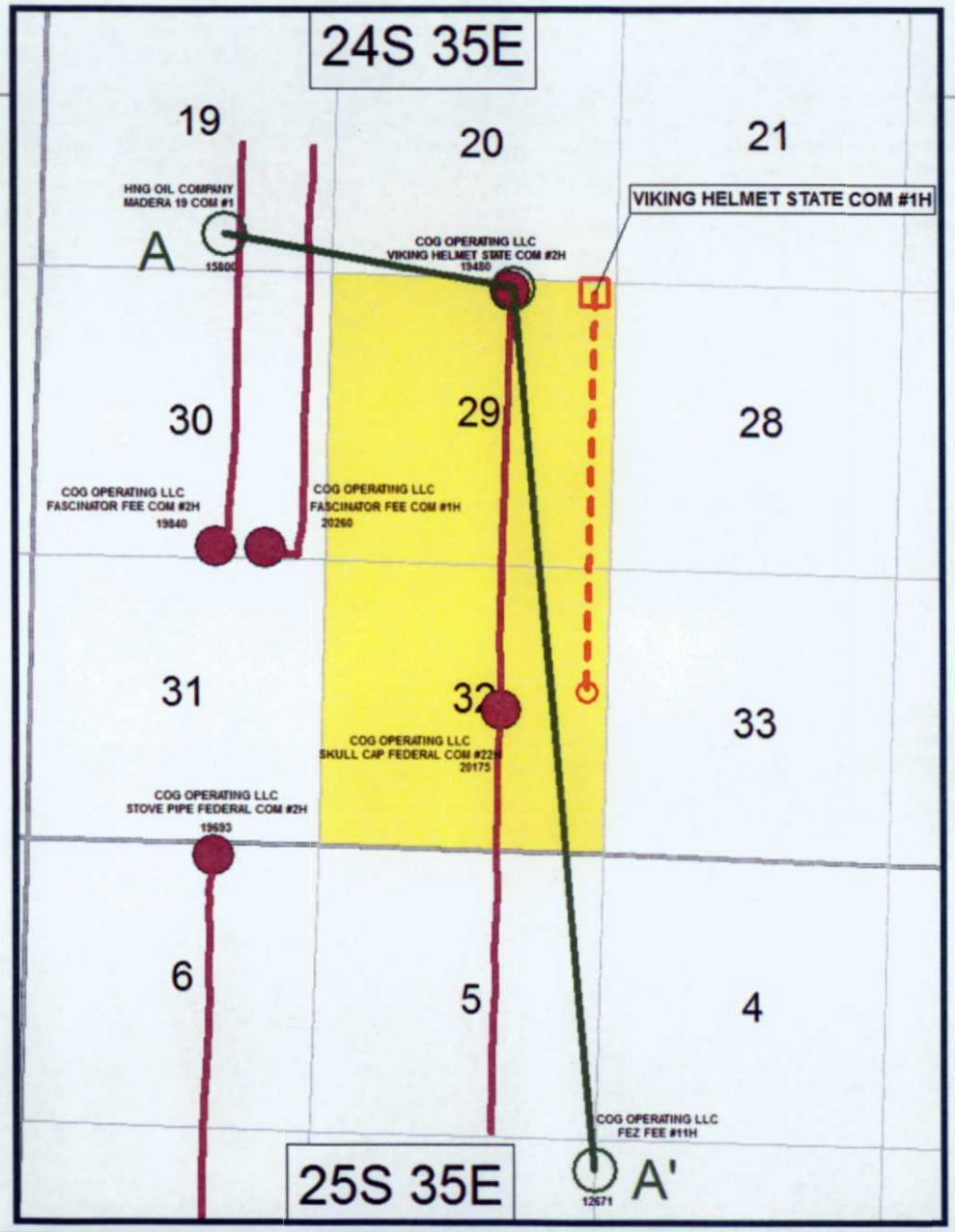
Santa Fe, New Mexico
Exhibit No. 7
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

Wolfbone Pool
Cross Section Map



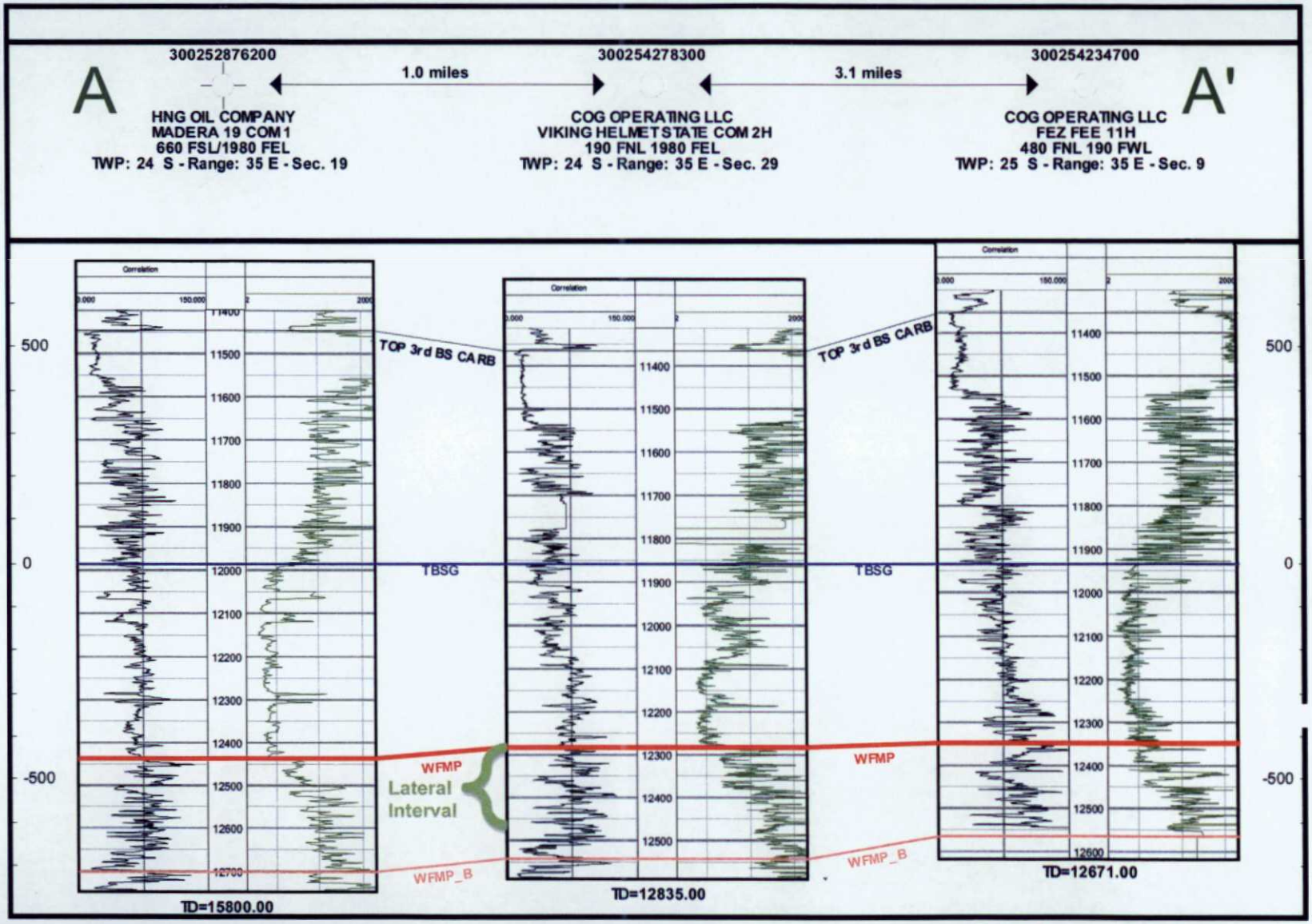
Map Legend

- SHL
- COG - Horizontal Location
- BHL
- Producing Wolfbone Wells
- Cross Section Line
- COG Acreage

CONCHO

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 8
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016

Stratigraphic Cross Section A – A'



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BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 9
Submitted by:
COG OPERATING LLC
Hearing Date: November 17, 2016