

**APPLICATION OF EOG RESOURCES, INC
FOR A NON-STANDARD SPACING AND PRORATION UNIT,
APPROVAL OF AN UNORTHODOX LOCATION, APPROVAL
TO SURFACE POOL-LEASE COMMINGLE, AND FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NOS 15667 and 15666

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


Jordan L Kessler



Notary Public

My Commission Expires
August 26, 2017

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 8
Submitted by
EOG RESOURCES, INC
Hearing Date March 30, 2017

**POOL LIST -- OSPREY
602H & 701H**

Oklahoma Exploration
Company
5121 McKinney Ave
Dallas, TX 75205

MRC Permian Company
One Lincoln Center
5400 LBJ Freeway, Suite 1500
Dallas TX 75240

Chevron U S A Inc
P O Box 2100
Houston, TX 77252
Attn NOJV Group

Duer Wagner Jr , Trustee
3100 W 7th Street Ste 400
Fort Worth TX 76107

Ferinez Phelps
1523 Hilton Ave
Columbus, GA 31906

Rochonne Brenneman
3844 Beaumont St
Plano, TX 75023

Roy C Allen
c/o Maxie Allen
138 E 6th
Benton, AZ 85602

Henry D Lindsley, III
c/o McGee, Haza & Co
14800 Quorum Dr , Ste 370
Dallas, TX 75254

E B Larue, Jr
10455 N Central Expressway
Dallas, TX 75231

Ricks Exploration II L P
210 Park Ave , Ste 3000
Oklahoma City, OK 73102

Montgomery Petroleum, Inc
4925 Greenville Ave
Dallas TX 75206

Kevin Flynn
216 Lone Mountain
New Braunfels, TX 78132

Kathy Whitworth
P O Box 577
Royse City TX 75189

John Patrick Allen
c/o Maxie Allen
138 E 6th
Benton, AZ 85602

Louis Charles Weaver
c/o Maxie Allen
138 E 6th
Benton, AZ 85602

William E Horvath
510 S Olive
Carlsbad, NM 88220

Sally Ann Cooper
510 S Olive
Carlsbad, NM 88220

D Morgan Firestone
23 Shagbark Rd
Norwalk, CT 06854

Estate of Daniel M Galbreath
c/o Lizanne G Mergrue
23 Shagbark Rd
Norwalk CT 06854

Heirs and Devisees of Alex
Waren
1211 Lakeshore Dr
Hope AR 71801

Heirs and Devisees of Leatrice
Waren
4009 Glenwood Dr
Brownwood, TX 76801

Betty Faye Fisher
613 DeSoto Dr
Desoto, TX 75115

Catherine Ray
5223 Beckington Lane
Dallas, TX 75287

Lucy Anne Ray
5223 Beckington Lane
Dallas, TX 75287

William Harlan Ray
5223 Beckington Lane
Dallas, TX 75287

Anne C Ray
5223 Beckington Lane
Dallas, TX 75287

Robert B Ray
5223 Beckington Lane
Dallas, TX 75287

Jacquelyn R Johnson
7009 Kingsbury Dr
Dallas, TX 75231

Cascade Royalty Fund, LP
P O Box 7849
Dallas, TX 75209

**OFFSET LIST – OSPREY
602H & 701H**

Energen Resources Corporation
3300 North "A" St
Bldg 2 Ste 100
Midland, TX 79705

MRC Permian Company
One Lincoln Center
5400 LBJ Freeway Suite 1500
Dallas TX 75240

BTA Oil Producers
104 S Pecos
Midland, TX 79701

OXY Y-1 Company
P O Box 27570
Houston, TX 77227

MRC Permian Company
One Lincoln Center
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Chevron U S A Inc
P O Box 2100
Houston, TX 77252
Attn NOJV Group

Brazos Limited Partnership
P O Box 911
Breckenridge, TX 76424

Ibex Partnership, Ltd
P O Box 911
Breckenridge, TX 76424

B B L , Ltd
P O Box 911
Breckenridge, TX 76424

Duer Wagner, Jr , Trustee
3100 W 7th Street, Ste 400
Fort Worth, TX 76107

Oklahoma Exploration
Company
5121 McKinney Ave
Dallas, TX 75205

Seegers Drilling Company
4305 N Garfield Ste 238
Midland, TX 79705

Henry D Lindsley III
c/o McGee, Haza & Co
14800 Quorum Dr Ste 370
Dallas TX 75254

E B Larue, Jr
10455 N Central Expressway
Dallas, TX 75231

Ricks Exploration, II L P
210 Park Ave , Ste 3000
Oklahoma City, OK 73102

Montgomery Petroleum, Inc
4925 Greenville Ave
Dallas, TX 75206

Kevin Flynn
216 Lone Mountain
New Braunfels, TX 78132

Kathy Whitworth
P O Box 577
Royse City, TX 75189

Betty Faye Fisher
613 DeSoto Dr
Desoto, TX 75115

Catherine Ray
5223 Beckington Lane
Dallas, TX 75287

Lucy Anne Ray
5223 Beckington Lane
Dallas, TX 75287

William Harlan Ray
5223 Beckington Lane
Dallas, TX 75287

Anne C Ray
5223 Beckington Lane
Dallas, TX 75287

Robert B *Ray
5223 Beckington Lane
Dallas TX 75287

Jacquelyn R Johnson
7009 Kingsbury Dr
Dallas, TX 75231

Cascade Royalty Fund, LP
P O Box 7849
Dallas TX 75209

HOLLAND & HART LLP



Jordan L. Kessler

Associate

Phone (505) 988 4421

Fax (505) 983 6043

JLKessler@hollandhart.com

March 10 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re Application of EOG Resources, Inc for a non-standard spacing and proration unit, compulsory pooling, and approval to surface (pool-lease) commingle, Lea County, New Mexico
Osprey 10 No 701H

Ladies & Gentlemen

This letter is to advise you that EOG Resources Inc , 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 March 30 2017 . 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 Gavin Smith, at (432) 686 3720 or Gavin_Smith@eogresources.com

Sincerely

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, INC

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 PO Box 2208 Santa Fe NM 87504-2208

Aspen Boulder Cars n City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jacksons Holbrook Las Vegas Reno Salt Lake City Santa Fe Washington DC

HOLLAND & HART LLP



Jordan L. Kessler
Associate

Phone (505) 988 4421

Fax (505) 983 6043

JLKessler@hollandhart.com

March 10, 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OFFSETTING LESSEES AND OPERATORS

Re Application of EOG Resources, Inc for a non-standard spacing and proration unit, compulsory pooling, and approval to surface (pool-lease) commingle, Lea County, New Mexico
Osprey 10 No 701H

This letter is to advise you that EOG Resources, Inc 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 March 30, 2017 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 Gavin Smith, at (432) 686-3720 or Gavin_Smith@eogresources.com

Sincerely,

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, INC

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** PO Box 2208 Santa Fe NM 87504 2208

Asp B lde Ca so Cty C I d Sp g D e Den Tech Cente Bll g Bose Cheye e Ja k o Hole L Veg Re o S It L ke C tv S ta Fe Wash cto DC 3



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

March 10, 2017

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

**TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS AND
REQUEST FOR UNORTHODOX LOCATION**

**Re Application of EOG Resources, Inc for a non-standard spacing and proration unit,
approval of an unorthodox well location, compulsory pooling, and approval to
surface (pool-lease) commingle, Lea County, New Mexico
Osprey 10 No 602H**

Ladies & Gentlemen

This letter is to advise you that EOG Resources Inc has filed the enclosed amended 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 March 30, 2017. 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 Gavin Smith at (432) 686 3720 or Gavin_Smith@eogresources.com

Sincerely,

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, INC

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 PO Box 2208 Santa Fe NM 87504-2208

Aspen, Boulder, Casper, City, Colorado, Springs, Denver, Durango, Fort Collins, Golden, Houston, Los Angeles, Miami, Minneapolis, New York, Phoenix, Portland, San Francisco, Seattle, Salt Lake City, Santa Fe, Silverdale, Spokane, Tacoma, Vancouver, Washington, Wichita, Wyoming

HOLLAND & HART



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

March 10, 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OFFSETTING LESSEES AND OPERATORS

Re Application of EOG Resources, Inc for a non-standard spacing and proration unit, approval of an unorthodox well location, compulsory pooling, and approval to surface (pool-lease) commingle, Lea County, New Mexico
Osprey 10 No. 602H

This letter is to advise you that EOG Resources, Inc. has filed the enclosed amended 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 March 30, 2017. 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 Gavin Smith, at (432) 686-3720 or Gavin_Smith@eogresources.com

Sincerely,

Jordan L. Kessler
ATTORNEY FOR EOG RESOURCES, INC

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 PO Box 2208 Santa Fe NM 87504 2208

Aspen Boulder Casper City Colorado Springs Denver Durango Fort Collins Houston Las Vegas Reno Salt Lake City Santa Fe Wichita DC

7016 2070 0000 4815 5291

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

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

OFFICIAL USE

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

Postage \$
 Total \$

Sent to **Lucy Anne Ray**
 Street **5223 Beckington Lane**
 City & State **Dallas, TX 75287**

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

7016 2070 0000 4815 5154

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

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

OFFICIAL USE

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

Postage \$
 Total \$

Sent to **William Harlan Ray**
 Street **5223 Beckington Lane**
 City & State **Dallas, TX 75287**

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
Lucy Anne Ray
5223 Beckington Lane
Dallas, TX 75287

2 Article Number (from front of mailpiece)
7016 2070 0000 4815 5291

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

9590 9403 0670 5183 6851 74

7016 2070 0000 4815 5291

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

COMPLETE THIS SECTION ON DELIVERY

A Signature
 X *Lucy Anne Ray* ☐ Agent ☐ Addressee

B Received by (Printed Name)
Lucy Anne Ray

C Date of Delivery
3-13-17

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

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
William Harlan Ray
5223 Beckington Lane
Dallas, TX 75287

2 Article Number (from front of mailpiece)
7016 2070 0000 4815 5154

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

9590 9403 0670 5183 6851 81

7016 2070 0000 4815 5154

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

COMPLETE THIS SECTION ON DELIVERY

A Signature
 X *William Harlan Ray* ☐ Agent ☐ Addressee

B Received by (Printed Name)
William Harlan Ray

C Date of Delivery
3-13-17

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

7016 2070 0000 4815 5314

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFF

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

Postage \$
 Total \$
 Sent \$
 Street Betty Faye Fisher
 613 DeSoto Dr
 City Desoto, TX 75115

PS Form 3811 April 2015 PSN 7530 02 000 9053

7016 2070 0000 4815 5307

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFF

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

Postage \$
 Total \$
 Sent \$
 Street Catherine Ray
 5223 Beckington Lane
 City Dallas, TX 75287

PS Form 3811 April 2015 PSN 7530 02 000 9053

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

Betty Faye Fisher
 613 DeSoto Dr
 Desoto TX 75115

9590 9403 0670 5183 6851 50

2 Article Number (Transfer from service label)

7016 2070 0000 4815 5314

PS Form 3811 April 2015 PSN 7530 02 000 9053

Domestic Return Receipt

RETURNED TO SENDER

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

A. Signature

☒ Betty Fisher
☐ Agent
☐ Addressee

B. Received by (Printed Name)

BETTY FISHER

C. Date of Delivery

3/13/17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below

☐ No

3. Service Type

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

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

Catherine Ray
 5223 Beckington Lane
 Dallas, TX 75287

9590 9403 0670 5183 6851 67

7016 2070 0000 4815 5307

PS Form 3811 April 2015 PSN 7530 02 000 9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Anne Ray
☐ Agent
☐ Addressee

B. Received by (Printed Name)

ANNE RAY

C. Date of Delivery

3-13-17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below

☐ No

3. Service Type

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

all Restricted Delivery

7016 2070 0000 4815 5321

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

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 \$

Postage \$

Total Price \$

Sent To **Kathy Whitworth**
 Street Address **P O Box 577**
 City/State **Royse City, TX 75189**

Postmark: **USPS SAN ANTONIO NM 87501 MAY 10 2017**

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

7016 2070 0000 4815 5338

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

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 \$

Postage \$

Total Price \$

Sent To **Kevin Flynn**
 Street Address **216 Lone Mountain**
 City/State **New Braunfels, TX 78132**

Postmark: **Postmark Here**

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
Kathy Whitworth
P O Box 577
Royse City, TX 75189

9590 9403 0670 5183 6851 36

2 Article Number (Transfer from service label)
7016 2070 0000 4815 5321

PS Form 3811 April 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

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

B Received by (Printed Name) **Mika Whitworth** C Date of Delivery **3/14/17**

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

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
Kevin Flynn
216 Lone Mountain
New Braunfels, TX 78132

9590 9403 0670 5183 6851 43

2 Article Number (Transfer from service label)
7016 2070 0000 4815 5338

PS Form 3811 April 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

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

B Received by (Printed Name) **Kevin Flynn** C Date of Delivery **3/10/17**

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

Domestic Return Receipt

7016 2070 0000 4815 5048

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hard copy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Ricks Exploration, II L P
 210 Park Ave, Ste 3000
 Oklahoma City OK 73102

USPS SANTA FE NM 87501
 Postmark 11/16/2017

SANTA FE NM POST OFFICE

PS Form 3811 July 2015 PSN 7530 02 000 9053

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

Ricks Exploration II L P
 210 Park Ave Ste 3000
 Oklahoma City, OK 73102

2 Article Number (Transfer from service label)

7016 2070 0000 4815 5048

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Domestic Return Receipt

7016 2070 0000 4815 5345

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hard copy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Montgomery Petroleum, Inc
 4925 Greenville Ave
 Dallas, TX 75206

USPS SANTA FE NM 87501
 Postmark 11/16/2017

SANTA FE NM POST OFFICE

PS Form 3811 April 2015 PSN 7530 02 000 9053

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

Montgomery Petroleum Inc
 4925 Greenville Ave Suite 915
 Dallas, TX 75206

2 Article Number (Transfer from service label)

7016 2070 0000 4815 5345

PS Form 3811 April 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ena Delmin☒ Agent☐ Addressee

B. Received by (Printed Name)

Ena Delmin

C. Date of Delivery

3/15/2017

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

3. Service Type

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

Domestic Return Receipt

7016 2070 0000 4815 5024

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**
OFFICE

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

Postage \$
 Total \$
 Sent To
 Street
 City, State
 Dallas TX 75254

Postmark Here 7/17/17

PS Form 3811, July 2015 PSN 7530 02 000 9053

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

Henry D Lindsley III
 c/o McGee Haza & Co
 14800 Quorum Dr, Ste 370
 Dallas, TX 75254

9590 9401 0132 5225 4701 85

7016 2070 0000 4815 5024

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Denise McCauley

Agent Addressee

B. Received by (Printed Name)

Denise McCauley

C. Date of Delivery

3/14/17

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 |

Domestic Return Receipt

7016 2070 0000 4815 5031

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**
OFFICE

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

Postage \$
 Total \$
 Sent To
 Street
 City, State
 Dallas, TX 75231

Postmark Here 7/17/17

PS Form 3811, July 2015 PSN 7530 02 000 9053

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

Certified Mail Fee \$ 3.50

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 \$ 2.00

Total \$ 5.50

Article Addressed to
 Oklahoma Exploration Company
 5121 McKinney Ave
 Dallas, TX 75205

Postmark Here: 1 JUL 2017

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

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

Certified Mail Fee \$ 3.50

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 \$ 2.00

Total \$ 5.50

Article Addressed to
 Seegers Drilling Company
 4305 N Garfield, Ste 238
 Midland TX 79705

Postmark Here: 1 JUL 2017

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
 Oklahoma Exploration Company
 5121 McKinney Ave
 Dallas, TX 75205

2 Article Number (Transfer from service label)
 7016 2070 0000 4815 5000

COMPLETE THIS SECTION ON DELIVERY

A Signature
 X Vicki Olson ☒ Agent ☐ Addressee

B Received by (Printed Name)
Vicki Olson

C Date of Delivery
03/15/17

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

3 Service Type

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

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
 Seegers Drilling Company
 4305 N Garfield Ste 238
 Midland TX 79705

2 Article Number (Transfer from service label)
 7016 2070 0000 4815 5017

COMPLETE THIS SECTION ON DELIVERY

A Signature
 X Cathy Morris ☒ Agent ☐ Addressee

B Received by (Printed Name)
CATHY MORRIS

C Date of Delivery
3-14-17

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

3 Service Type

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

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

7016 2070 0000 4815 4959

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit

**EOG/Osprey 602H &
701H/JLK**

OFFICE

Certified Mail Fee

 \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$ 0.00
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ 0.00
☐ Adult Signature Restricted Delivery \$ 0.00

Postage

\$

Total

\$

Sent To

Duer Wagner, Jr., Trustee
 3100 W 7th Street, Ste 400
 Fort Worth TX 76107

City, St

PS Form

See Reverse for Instructions

 USPS SANTA
 NM 8 Postmark
 Here

1 JUL 2017

7016 2070 0000 4815 4997

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit

**EOG/Osprey 602H &
701H/JLK**

OFFICE

Certified Mail Fee

 \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$ 0.00
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ 0.00
☐ Adult Signature Restricted Delivery \$ 0.00

Postage

\$

Total Paid

\$

Sent To

Energen Resources Corporation
 3300 North "A" St
 Bldg 2, Ste 100
 Midland, TX 79705

City, St

PS Form 3811, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

 USPS SANTA
 NM 8 Postmark
 Here

1 JUL 2017

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

Energen Resources Corporation
 3300 North 'A' St
 Bldg 2 Ste 100
 Midland TX 79705

2 Article Number (Transfer from service label)

9590 9401 0132 5225 4702 15

3 Service Type

7016 2070 0000 4815 4997

PS Form 3811 July 2015 PSN 7530 02 000-9053

COMPLETE THIS SECTION ON DELIVERY

A Signature

 X DC Gonzalez ☒ Agent ☐ Addressee

B Received by (Printed Name)

DC Gonzalez

C Date of Delivery

3/13/17

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

3310 N A ST
 MIDLAND TX 79705

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

Domestic Return Receipt

7016 2070 0000 4815 5130

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE USE

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

Postage \$
 Total \$
 Sent to \$
 Street \$
 City \$

Ibex Partnership, Ltd
P O Box 911
Breckenridge TX 76424

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
Ibex Partnership, Ltd
P O Box 911
Breckenridge, TX 76424

9590 9403 0670 5183 6852 66

7016 2070 0000 4815 5130

PS Form 3811 April 2015 PSN 7530 02 000 9053

SECTION ON DELIVERY

A. Signature: **Paula M. Osprey** ☐ Agent ☐ Addressee
 B. Received by (Printed Name): **Paula M. Osprey** C. Date of Delivery: **3-13-17**
 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™
☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

7016 2070 0000 4815 5130 (over \$500) Restricted Delivery

Domestic Return Receipt

7016 2070 0000 4815 5147

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE USE

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

Postage \$
 Total \$
 Sent to \$
 Street \$
 City \$

B B L, Ltd
P O Box 911
Breckenridge, TX 76424

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
B B L Ltd
P O Box 911
Breckenridge, TX 76424

9590 9403 0670 5183 6852 73

7016 2070 0000 4815 5147

PS Form 3811 April 2015 PSN 7530 02 000 9053

SECTION ON DELIVERY

A. Signature: **Paula M. Osprey** ☐ Agent ☐ Addressee
 B. Received by (Printed Name): **Paula M. Osprey** C. Date of Delivery: **3-13-17**
 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™
☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

7016 2070 0000 4815 5147 Restricted Delivery

Domestic Return Receipt

7016 2070 0000 4815 5116

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFFI

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street

City

Chevron U S A Inc
 P O Box 2100
 Houston TX 77252
 Attn NOJV Group

PS Form 3811 April 2015 PSN 7530 02 000 9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Chevron U S A Inc
 P O Box 2100
 Houston TX 77252
 Attn NOJV Group

9590 9403 0670 5183 6852 42

2 Article Number (Transfer from service label)

7016 2070 0000 4815 5116

PS Form 3811 April 2015 PSN 7530 02 000 9053

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 ☐ 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

Domestic Return Receipt

7016 2070 0000 4815 5123

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFFI

Certified Mail Fee \$

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

☐ Return Receipt (hard copy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street

City

Brazos Limited Partnership
 P O Box 911
 Breckenridge, TX 76424

PS Form 3811 April 2015 PSN 7530 02 000 9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Brazos Limited Partnership
 P O Box 911
 Breckenridge, TX 76424

9590 9403 0670 5183 6852 59

2 Article Number (Transfer from service label)

7016 2070 0000 4815 5123

PS Form 3811 April 2015 PSN 7530 02 000 9053

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 ☐ 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

Domestic Return Receipt

7016 2070 0000 4815 5093

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

Certified Mail Fee \$ 3.40

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Po \$

Sent To

Street or

City, State

Cascade Royalty Fund LP
 P O Box 7849
 Dallas, TX 75209

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

Cascade Royalty Fund LP
 P O Box 7849
 Dallas, TX 75209

9590 9403 0670 5183 6852 28

2 Article Number (Transfer from service label)

7016 2070 0000 4815 5093

PS Form 3811 April 2015 PSN 7530 02 000 9053

DELIVERY

A Signature [Signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) [Name] C Date of Delivery 3/21

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

Domestic Return Receipt

7016 2070 0000 4815 5109

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

Certified Mail Fee \$ 3.40

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P \$

Sent To

Street

City, State

MRC Permian Company
 One Lincoln Center
 5400 LBJ Freeway, Suite 1500
 Dallas, TX 75240

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

MRC Permian Company
 One Lincoln Center
 5400 LBJ Freeway, Suite 1500
 Dallas, TX 75240

9590 9403 0670 5183 6852 30

2 Article Number (Transfer from service label)

7016 2070 0000 4815 5109

PS Form 3811 April 2015 PSN 7530 02 000 9053

DELIVERY

A Signature [Signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) [Name] C Date of Delivery 3/13/17

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

7016 2070 0000 4815 5178

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

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

Postage \$
 Total \$

Sent **Robert B Ray**
 Street **5223 Beckington Lane**
 City **Dallas, TX 75287**

PS Form 3811 April 2015 PSN 7530 02 000 9053 See Reverse for Instructions

7016 2070 0000 4815 5185

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

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

Postage \$
 Total \$

Sent **Jacquelyn R Johnson**
 Street **7009 Kingsbury Dr**
 City **Dallas TX 75231**

PS Form 3811 April 2015 PSN 7530 02 000 9053 See Reverse for Instructions

U.S. MAIL
CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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
Robert B Ray
5223 Beckington Lane
Dallas, TX 75287

2 Article Number (Transfer from service label)
7016 2070 0000 4815 5178

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

9590 9403 0670 5183 6852 04

Domestic Return Receipt

PS Form 3811 April 2015 PSN 7530 02 000 9053

DELIVERY

A Signature **X [Signature]** ☐ Agent ☐ Addressee
 B Received by (Printed Name) **[Signature]** C Date of Delivery **3-13-15**
 D Is delivery address different from item 1? ☐ Yes ☐ No
 If YES enter delivery address below

U.S. MAIL
CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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
Jacquelyn R Johnson
7009 Kingsbury Dr
Dallas TX 75231

2 Article Number (Transfer from service label)
7016 2070 0000 4815 5185

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

9590 9403 0670 5183 6852 11

Domestic Return Receipt

PS Form 3811 April 2015 PSN 7530 02 000 9053

DELIVERY

A Signature **X [Signature]** ☐ Agent ☐ Addressee
 B Received by (Printed Name) **J R JOHNSON** C Date of Delivery
 D Is delivery address different from item 1? ☐ Yes ☐ No
 If YES enter delivery address below

7016 2070 0000 4815 5086

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

Certified Mail Fee \$ 3.50

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

☐ Return Receipt (hard copy) \$ 2.80

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

Postmark Here: **SANTA FE**

OXY Y-1 Company
 P O Box 27570
 Houston, TX 77227

PS Form 3811 April 2015 PSN 7530 02 000 9053 See Reverse for Instructions

7016 2070 0000 4815 5161

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

Certified Mail Fee \$ 2.80

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

☐ Return Receipt (hard copy) \$ 0.00

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

Postmark Here: **SANTA FE**

Anne C Ray
 5223 Beckington Lane
 Dallas, TX 75287

PS Form 3811 April 2015 PSN 7530 02 000 9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1-2 and 3

■ Print your name and address on the reverse so that we can return the card to you

■ Attach this card to the back of the mailpiece or on the front if space permits

1 Article Addressed to

OXY Y-1 Company
 P O Box 27570
 Houston, TX 77227

9590 9403 0670 5183 6854 19

2 Article (from a firm or a label)

7016 2070 0000 4815 5086

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X [Signature]

B. Received by (Printed Name) [Signature]

C. Date of Delivery 3-13-17

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 April 2015 PSN 7530 02 000 9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1-2 and 3

■ Print your name and address on the reverse so that we can return the card to you

■ Attach this card to the back of the mailpiece or on the front if space permits

1 Article Addressed to

Anne C Ray
 5223 Beckington Lane
 Dallas, TX 75287

9590 9403 0670 5183 6851 98

2 Article (from a firm or a label)

7016 2070 0000 4815 5161

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X [Signature]

B. Received by (Printed Name) [Signature]

C. Date of Delivery 3-13-17

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 April 2015 PSN 7530 02 000 9053 Domestic Return Receipt

7016 2070 0000 4815 5062

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

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

Postage \$
 Total \$

Sent To: **Heirs and Devisees of Leatrice Wren**
 Street: **4009 Glenwood Dr**
 City, State: **Brownwood, TX 76801**

PS Form 3811, April 2015 PSN 7530 02 000 9053

Returned

7016 2070 0000 4815 5079

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

For delivery information: **EOG/Osprey 602H & 701H/JLK**

OFFICIAL

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

Postage \$
 Total Postage and Fee \$

Sent To: **BTA Oil Producers**
 Street: **104 S Pecos**
 City, State: **Midland, TX 79701**

PS Form 3811, April 2015 PSN 7530 02 000 9053

SENDER: COMPLETE

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
BTA Oil Producers
104 S Pecos
Midland TX 79701

2. Article Number, (Transfer from 7016 2070 0000 4815 5079)
9590.9403 0670 5183 6854 02

3. Service Type:
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over \$500)

A. Signature
☒ **Louise Brown**
☐ 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

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

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

7016 2070 0000 4815 5246

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**
OFFICIAL

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

Postage \$
 Total \$
 Sent to
 Street
 City

Estate of Daniel M Galbreath
 c/o Lizanne G Mergrue
 23 Shagbark Rd
 Norwalk CT 06854

PS Form 3811 April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**
OFFICIAL

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

Postage \$
 Total \$
 Sent to
 Street
 City

Estate of Daniel M Galbreath
 c/o Lizanne G Mergrue
 23 Shagbark Rd
 Norwalk, CT 06854

PS Form 3811 April 2015 PSN 7530 02 000 9053

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**
OFFICIAL

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

Postage \$
 Total \$
 Sent to
 Street
 City

Heirs and Devises of Alex
 Waren
 1211 Lakeshore Dr
 Hope, AR 71801

PS Form 3811 April 2015 PSN 7530 02 000-9053

7016 2070 0000 4815 5055

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**
OFFICIAL

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

Postage \$
 Total \$
 Sent to
 Street
 City

Heirs and Devises of Alex
 Waren
 1211 Lakeshore Dr
 Hope, AR 71801

PS Form 3811 April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**
OFFICIAL

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

Postage \$
 Total \$
 Sent to
 Street
 City

Heirs and Devises of Alex
 Waren
 1211 Lakeshore Dr
 Hope, AR 71801

PS Form 3811 April 2015 PSN 7530 02 000-9053

7016 2070 0000 4815 5222

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

EOG/Osprey 602H &

For delivery information, visit

701H/JLK

OFFICIAL USE

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

\$

Postmark
Here

Sally Ann Cooper
 510 S Olive
 Carlsbad, NM 88220

For instructions

7016 2070 0000 4815 5239

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

For delivery information, visit

EOG/Osprey 602H &
701H/JLK

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total

\$

Sent

Street

City

PS Form

D Morgan Firestone
 23 Shagbark Rd
 Norwalk, CT 06854

Postmark
MAY 10 2017

MAIL POST OFF

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

D Morgan Firestone
 23 Shagbark Rd
 Norwalk, CT 06854

9590 9403 0670 5183 6853 65

2 Article Number (Transit form)

7016 2070 0000 4815 5239

PS Form 3811 April 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A Signature

X

J. OSBORNE

☒ Agent☐ Addressee

B Received by (Printed Name)

J. OSBORNE

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

Domestic Return Receipt

7016 2070 0000 4815 5208

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICIAL USE

Certified Mail Fee \$ 3.65

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

Louis Charles Weaver
c/o Maxie Allen
138 E 6th
Benton AZ 85602

Postmark Here

Instructions

7016 2070 0000 4815 5215

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.65

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ 0.00

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00

William E Horvath
510 S Olive
Carlsbad, NM 88220

Postmark Here

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Maxie Allen ☒ Agent ☐ Addressee

B. Received by (Printed Name) Maxie Allen C. Date of Delivery 3/13/11

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

1 Article/Addressed to
Louis Charles Weaver
c/o Maxie Allen
138 E 6th
Benton AZ 85602

2 Article Number (Transfer from service label) 9590 9403 0670 5183 6853 34

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

Domestic Return Receipt

PS Form 3811 April 2015 PSN 7530 02 000 9053

7016 2070 0000 4815 4980

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee to postage)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To

Street

City, St

Roy C Allen
 c/o Maxie Allen
 138 E 6th
 Benton, AZ 85602

PS Form 3811 April 2015 PSN 7530 02 000 9053

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee to postage)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To

Street

City, St

Roy C Allen
 c/o Maxie Allen
 138 E 6th
 Benton, AZ 85602

PS Form 3811 April 2015 PSN 7530 02 000 9053

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee to postage)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To

Street

City, St

John Patrick Allen
 c/o Maxie Allen
 138 E 6th
 Benton, AZ 85602

PS Form 3811 April 2015 PSN 7530 02 000 9053

7016 2070 0000 4815 5192

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

For delivery information, visit **EOG/Osprey 602H & 701H/JLK**

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee to postage)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To

Street

City, St

John Patrick Allen
 c/o Maxie Allen
 138 E 6th
 Benton, AZ 85602

PS Form 3811 April 2015 PSN 7530 02 000 9053

7016 2070 0000 4815 4966

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

For delivery information, visit **OFFIC** **EOG/Osprey 602H & 701H/JLK**

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

Postage \$
 Total P_c \$

Sent To **Ferinez Phelps**
 Street a **1523 Hilton Ave**
 City St_e **Columbus GA 31906**

PS Form 3800, April 2015

7016 2070 0000 4815 4973

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

For delivery information, visit **OFFIC** **EOG/Osprey 602H & 701H/JLK**

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

Postage \$
 Total \$

Sent **Rochonne Brenneman**
 Street **3844 Beaumont St**
 City **Plano, TX 75023**

PS Form 3800, April 2015