DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
2/06/2017			2/15/2017	NSP	PMAM1704653856

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505

ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- NSP 205
- Matador Production Company 228937

[A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☑ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- Wey
- Paul 25 24S 28E
- RB # 225H
- 30-015-43723
- Purple Sage; Wolfcamp (Gas) 98220

[D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

[A] ☐ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that ***no action*** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

James Bruce	See February 6 2017 Letter	Attorney	Feb 6 2017
Print or Type Name	Signature	Title	Date

e-mail Address

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

February 6, 2017

Leonard Lowe
Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Re: Matador Production Company
Application for NSL and NSP
Paul 25-24S-28E RB Well No. 225 (API No. 30-015-43723)

Dear Mr. Lowe:

The attached application requested both an NSL and an NSP. Due to the adoption of the special rules for the Purple Sage-Wolfcamp Gas Pool, the NSL is no longer required. However, Matador still requests an NSP because of the requested 160 acre unit. Therefore, Matador still requests the Division to approve an NSP for the N/2N/2 Section 25 well unit.

Nothing has changed on the application since it was filed.

Thank you.

Very truly yours,

James Bruce

Attorney for Matador Production Company

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

NO. 213
369 MONTEZUMA AVENUE
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

e-mail: *jamesbruc@aol.com*

May 25, 2016

Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Ladies and gentlemen:

Matador Production Company ("Matador") applies for approval of a non-standard spacing and proration unit and an unorthodox gas well location for the following well:

Well: Paul 25-24S-28E-RB Well No. 225H (API No. 30-15-43723)
Surface location: 359 feet FNL & 247 feet FWL
First perforation: 990 feet FNL & 330 feet FWL
Last perforation: 990 feet FNL & 330 feet FEL
Terminus: 990 feet FNL & 240 feet FEL
Well unit: N½N½ §25-24 South-28East, NMPM, Eddy County

The well has been permitted as an oil well in the Pierce Crossing-Wolfcamp Pool (pool code: 10999), an oil pool developed on statewide spacing, which requires 40 acre (vertical) units and wells to be located no closer than 330 feet to the exterior of the well unit. An APD with a Form C-102 is attached hereto as Exhibit A.

This well is planned in an interval within the Wolfcamp formation that upon completion could result in a gas well. Since Matador cannot be sure in advance of the well's classification, and because current statewide spacing for gas wells is 320 acres, with required setbacks of 660 feet from the exterior of the well unit, it is requesting pre-emptive approval of a non-standard unit and unorthodox well location.

Attached hereto as Exhibit B is a list of all interest owners (royalty interest, overriding royalty interest, and working interest) in the S½N½ §25. They also own interests offsetting the N½N½

§25 for purposes of the unorthodox well location portion of the application. They have been notified of this application as shown on Exhibit C.

As to the unorthodox location, attached hereto as Exhibit D is a list of operators or working interest owners who offset the N½N½ §25, but own no interest in the S½N½ §25. They have been notified of this application as shown on Exhibit E.

Please contact me if you have any questions regarding the application.

Very truly yours,

James Bruce

James Bruce

Attorney for Matador Production Company

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) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011

Permit 218739

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address	2. OGRID Number
MATADOR PRODUCTION COMPANY One Lincoln Centre Dallas, TX 75240	228937
	3. API Number: 30-015-43723
4. Property Code: 314392	5. Property Name: PAUL 25 24S 28E RB
	6. Well No.: 225H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
D	25	24S	28E	D	359	N	247	W	Eddy

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
A	25	24S	28E	A	360	N	240	E	Eddy

9. Pool Information

PIERCE CROSSING;WOLFCAMP	50373

Additional Well Information

11. Work Type	12. Well Type	13. Cable/Rotary	14. Lease Type	15. Ground Level Elevation
New Well	OIL		Private	2919
16. Multiple	**17. Proposed Depth**	**18. Formation**	**19. Contractor**	**20. Spud Date**
N	15450	Wolfcamp		5/1/2016
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	605	579	0
Int1	12.25	9.625	40	2750	812	0
Int2	8.75	7	29	10800	1039	1700
Prod	6.125	4.5	13.5	15450	523	10000

Casing/Cement Program: Additional Comments

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	3000	CAMERON
Double Ram	10000	5000	CAMERON
Pipe	10000	5000	CAMERON

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify I have complied with 19.15.14.9 (A) NMAC ☒ and/or 19.15.14.9 (B) NMAC ☒, if applicable.

Signature:

Printed Name:	Electronically filed by Ava Monroe	Approved By:	Karen Sharp
Title:	Engineering Tech	Title:	OCD Reviewer
Email Address:	amonroe@matadorresources.com	Approved Date:	5/11/2016
Date:	4/20/2016	Phone: 972-371-5218	Conditions of Approval Attached

OIL CONSERVATION DIVISION

Expiration Date: 5/11/2018

EXHIBIT A

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

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

☐ **AMENDED REPORT**

WELL LOCATION AND ACREAGE DEDICATION PLAT

[1]API Number	[2]Pool Code	[3]Pool Name
	50373	PIERCE CROSSING WOLFCAMP

[4]Property Code	[5]Property Name	[6]Well Number
314392	PAUL 25-24S-28E RB	#225H

[7]OGRID No.	[8]Operator Name	[9]Elevation
228937	MATADOR PRODUCTION COMPANY	2919'

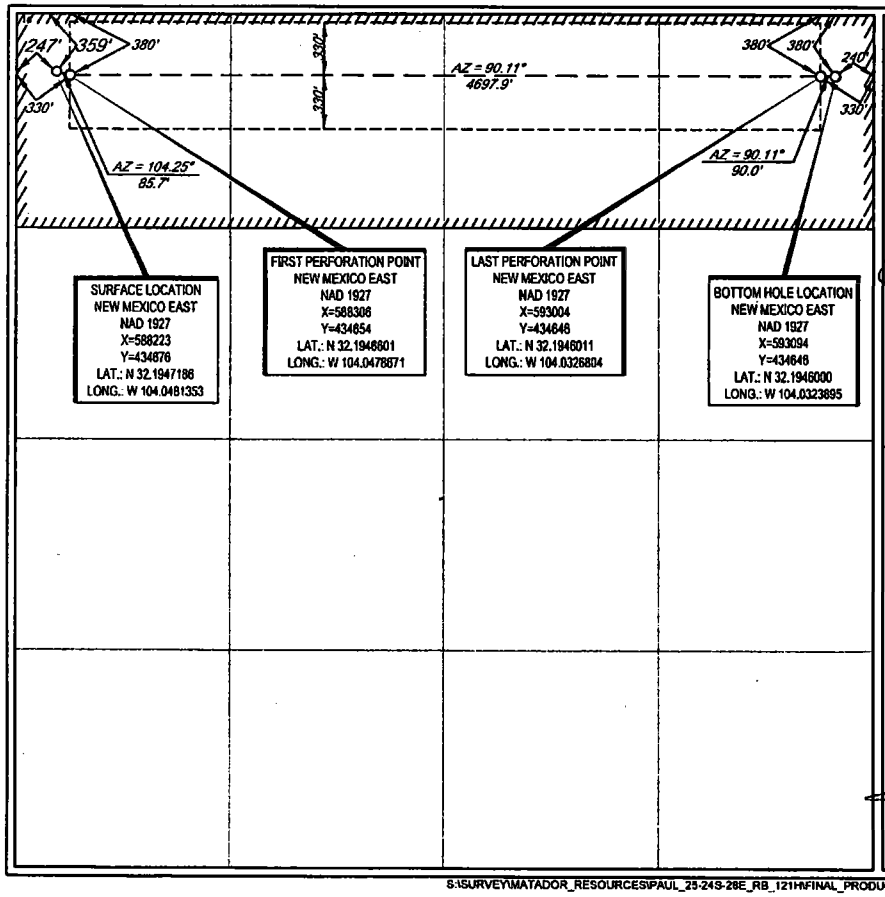
[10]Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	25	24-S	28-E	-	359'	NORTH	247'	WEST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	25	24-S	28-E	-	380'	NORTH	240'	EAST	EDDY

[12]Dedicated Acres	[13]Joint or Infill	[14]Consolidation Code	[15]Order No.
160.00			

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.



[17]OPERATOR CERTIFICATION

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

Signature — Date: 3/8/16

Chris Carleton
Printed Name

ccarleton@matadorresources.com
E-mail Address

[18]SURVEYOR CERTIFICATION

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

02/26/2015
Date of Survey
Signature and Seal of Professional Surveyor

MICHAEL B. BROWN
NEW MEXICO
18329
PROFESSIONAL SURVEYOR

Certificate Number

S:\SURVEY\MATADOR_RESOURCES\PAUL_25-24S-28E_RB_121H\FINAL_PRODUCTS\LO_PAUL_25-24S-28E_RB_121H.DWG 3/5/2015 12:15:27 PM jstovall

Long, LLC
275 E. South Temple, Suite 250
Salt Lake City, UT 84111

The Allar Company
P.O. Box 1567
Graham, TX 76450

Chevron Midcontinent, LP
1400 Smith Street
Houston, TX 77002

John Lawrence Thoma
1011 Mesquite Ridge
Graford, TX 76449

Chevron USA Inc.
1400 Smith Street
Houston, TX 77002

Sabine Royalty Trust
P.O. Box 962020
Fort Worth, TX 76162

Chesapeake Exploration, LLC
P.O. Box 18496
Oklahoma City, OK 73154

The Leonard Trust
P.O. Box 400
Roswell, NM 88202

The Morse Family Security Trust
410 17th Street, Suite 1150
Denver, CO 80202

Twin Montana, Inc.
P.O. Box 1210
Graham, TX 76450

Sandra Mary Thoma
8530 Mill Run Road
Athens, TX 75751

RKC, Inc.
7029 E. Briarwood Circle
Englewood, CO 80112

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

Triple T. Resources, LP
4809 Cole Ave., Suite 108
Dallas, TX 75205

Judah Oil, LLC
P.O. Box 568
Artesia, NM 88211

Limpinbear Family Partnership, Ltd.
600 17th Street, Suite 1700N
Denver, CO 80202

Talus, Inc.
P.O. Box 1210
Graham, TX 76450

COG Production, LLC
600 W. Illinois Avenue
Midland, TX 79701

Sanford Starman and Shirley Starman, Co-Trustees of the Sanford & Shirley Starman 1991 Revocable Trust dated May 23, 1991
P.O. Box 3606
Westlake Village, CA 91359

Quientesa Royalty, LP
508 W. Wall Ave., Suite 500
Midland, TX 79701

EXHIBIT B

United States of America
620 E Greene St.
Carlsbad, NM 88220

Murchison Oil and Gas, Inc.
414 W. Texas, Suite 405
Midland, TX 79701

Charles D. Ray and wife, Lynn W. Ray
P.O. Box 51608
Midland, TX 79710

Brett K. Bracken and wife Terry G. Bracken
4505 Mockingbird Lane
Midland, TX 79707

Hanley Petroleum, Inc.
415 W. Wall, Suite 1500
Midland, TX 79701

Jarvis J. Slade and wife, Pamela Ferrari Slade
535 Madison Ave., 4th Fl.
New York, NY 10022

Crump Energy Partners, LLC
303 Veterans Airpark Lane, Suite 600
Midland, TX 79705

The Gross Limited Partnership
P.O. Box 358
Roswell, NM 88202

Brenda Waltrip
308 Oakwood Dr.
Roswell, NM 88201

Southwest Petroleum Land Services
100 N. Pennsylvania
Roswell, NM 88202

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

COG Production, LLC
600 W. Illinois Avenue
Midland, TX 79701

Stillwater Investments
6403 Sequoia
Midland, TX 79707

Crown Oil Partners III, LP
P.O. Box 50820
Midland, TX 79710

LHAH Properties, LLC
415 W. Wall, Suite 1500
Midland, TX 79701

Paleozoic Petroleum
P.O. Box 50820
Midland, TX 79710

PPC Operating Company, LLC
10355 Centrepark Dr., Suite 100
Houston, TX 77043

Deseret Holdings, LLC
225 West 100 South
Salt Lake City, UT 84101

Dr. Donald Wenner, M.D.
1606 SE Main
Roswell, NM 88203

Levi Oil & Gas, LLC
P.O. Box 568
Artesia, NM 88210

OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046

COG Acreage LP
600 W. Illinois Avenue
Midland, TX 79701

David W. Cromwell
P.O. Box 50820
Midland, TX 79710

Crown Oil Partners, LP
P.O. Box 50820
Midland, TX 79710

H6 Holding, LLC
P.O. Box 1212
Midland, TX 79702

Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710

Centennial General Partnersip
P.O. Box 1837
Roswell, NM 88202

James Schulz
100 N. Pennsylvania
Roswell, NM 88202

Innoventions, Inc.
100 N. Pennsylvania
Roswell, NM 88202

Schulz Properties, LLC
100 N. Pennsylvania
Roswell, NM 88202

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 25, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit B attached to the enclosed application

Ladies and gentlemen:

Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a non-standard spacing and proration unit comprised of the N½N½ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico, and for and an unorthodox gas well location. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 20 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

James Bruce

Attorney for Matador Production Company

EXHIBIT C

Yates Petroleum Corporation
105 South Fourth Street
Artesia, NM 88210

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, TX 79701

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

EXHIBIT D

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 25, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit D attached to the enclosed application

Ladies and gentlemen:

Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a non-standard spacing and proration unit comprised of the N½N½ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico, and for and an unorthodox gas well location. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 20 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

James Bruce

Attorney for Matador Production Company

EXHIBIT E

Lowe, Leonard, EMNRD

From: jamesbruc@aol.com
Sent: Monday, February 6, 2017 11:01 AM
To: Lowe, Leonard, EMNRD
Subject: Re: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H
Attachments: matador-letter-ocd-ll.pdf

See attached letter.

Thanks.

Jim

-----Original Message-----
From: Lowe, Leonard, EMNRD, EMNRD <Leonard.Lowe@state.nm.us>
To: jamesbruc <jamesbruc@aol.com>
Sent: Fri, Jan 13, 2017 12:01 pm
Subject: RE: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

Mr. Bruce,

If you wish for the OCD to process this application as a NSP application, please provide a written statement indicating that nothing has changed on the application and to process it as an NSP.

Thank you,

Leonard Lowe
Engineering Bureau
Oil **C**onservation **D**ivision
Energy **M**inerals and **N**atural **R**esources **D**epartment
1220 South St. Frances
Santa Fe, New Mexico 87004
Office: 505-476-3492
Cell: 505-930-6717
Fax: 505-476-3462
E-mail: leonard.lowe@state.nm.us
Website: http://www.emnrd.state.nm.us/ocd/

From: jamesbruc@aol.com [mailto:jamesbruc@aol.com]
Sent: Wednesday, January 11, 2017 9:01 AM
To: Lowe, Leonard, EMNRD <Leonard.Lowe@state.nm.us>
Subject: Re: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

Leonard: I think the NSP is still needed, because it is a 160 acre unit rather than a 320 acre unit.

Jim

-----Original Message-----
From: Lowe, Leonard, EMNRD, EMNRD <Leonard.Lowe@state.nm.us>
To: jamesbruc <jamesbruc@aol.com>

Sent: Tue, Jan 10, 2017 11:07 am
Subject: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

Mr. Jim Bruce,

You above referenced NSP/NSL application appears to be back in the processing stage.

According to recently signed Hearing Order, you will not need an approved NSL or NSP in this area.

OCD will discard your application.

Leonard Lowe
Engineering Bureau
Oil **C**onservation **D**ivision
Energy **M**inerals and **N**atural **R**esources **D**epartment
1220 South St. Frances
Santa Fe, New Mexico 87004
Office: 505-476-3492
Cell: 505-930-6717
Fax: 505-476-3462
E-mail: leonard.lowe@state.nm.us
Website: http://www.emnrd.state.nm.us/ocd/

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 25, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit B attached to the enclosed application

Ladies and gentlemen:

Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a non-standard spacing and proration unit comprised of the N½N½ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico, and for and an unorthodox gas well location. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 20 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

James Bruce

Attorney for Matador Production Company

Long, LLC
275 E. South Temple, Suite 250
Salt Lake City, UT 84111

The Allar Company
P.O. Box 1567
Graham, TX 76450

Chevron Midcontinent, LP
1400 Smith Street
Houston, TX 77002

John Lawrence Thoma
1011 Mesquite Ridge
Graford, TX 76449

Chevron USA Inc.
1400 Smith Street
Houston, TX 77002

Sabine Royalty Trust
P.O. Box 962020
Fort Worth, TX 76162

Chesapeake Exploration, LLC
P.O. Box 18496
Oklahoma City, OK 73154

The Leonard Trust
P.O. Box 400
Roswell, NM 88202

The Morse Family Security Trust
410 17th Street, Suite 1150
Denver, CO 80202

Twin Montana, Inc.
P.O. Box 1210
Graham, TX 76450

Sandra Mary Thoma
8530 Mill Run Road
Athens, TX 75751

RKC, Inc.
7029 E. Briarwood Circle
Englewood, CO 80112

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

Triple T. Resources, LP
4809 Cole Ave., Suite 108
Dallas, TX 75205

Judah Oil, LLC
P.O. Box 568
Artesia, NM 88211

Limpinbear Family Partnership, Ltd.
600 17th Street, Suite 1700N
Denver, CO 80202

Talus, Inc.
P.O. Box 1210
Graham, TX 76450

COG Production, LLC
600 W. Illinois Avenue
Midland, TX 79701

Sanford Starman and Shirley Starman, Co-Trustees of the Sanford & Shirley Starman 1991 Revocable Trust dated May 23, 1991
P.O. Box 3606
Westlake Village, CA 91359

Quientesa Royalty, LP
508 W. Wall Ave., Suite 500
Midland, TX 79701

EXHIBIT B

United States of America
620 E Greene St.
Carlsbad, NM 88220

Murchison Oil and Gas, Inc.
414 W. Texas, Suite 405
Midland, TX 79701

Charles D. Ray and wife, Lynn W. Ray
P.O. Box 51608
Midland, TX 79710

Brett K. Bracken and wife Terry G. Bracken
4505 Mockingbird Lane
Midland, TX 79707

Hanley Petroleum, Inc.
415 W. Wall, Suite 1500
Midland, TX 79701

Jarvis J. Slade and wife, Pamela Ferrari Slade
535 Madison Ave., 4th Fl.
New York, NY 10022

Crump Energy Partners, LLC
303 Veterans Airpark Lane, Suite 600
Midland, TX 79705

The Gross Limited Partnership
P.O. Box 358
Roswell, NM 88202

Brenda Waltrip
08 Oakwood Dr.
oswell, NM 88201

outhwest Petroleum Land Services
00 N. Pennsylvania
oswell, NM 88202

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

COG Production, LLC
600 W. Illinois Avenue
Midland, TX 79701

Stillwater Investments
6403 Sequoia
Midland, TX 79707

Crown Oil Partners III, LP
P.O. Box 50820
Midland, TX 79710

LHAH Properties, LLC
415 W. Wall, Suite 1500
Midland, TX 79701

Paleozoic Petroleum
P.O. Box 50820
Midland, TX 79710

PPC Operating Company, LLC
10355 Centrepark Dr., Suite 100
Houston, TX 77043

Deseret Holdings, LLC
225 West 100 South
Salt Lake City, UT 84101

Dr. Donald Wenner, M.D.
1606 SE Main
Roswell, NM 88203

Levi Oil & Gas, LLC
P.O. Box 568
Artesia, NM 88210

OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046

COG Acreage LP
600 W. Illinois Avenue
Midland, TX 79701

David W. Cromwell
P.O. Box 50820
Midland, TX 79710

Crown Oil Partners, LP
P.O. Box 50820
Midland, TX 79710

H6 Holding, LLC
P.O. Box 1212
Midland, TX 79702

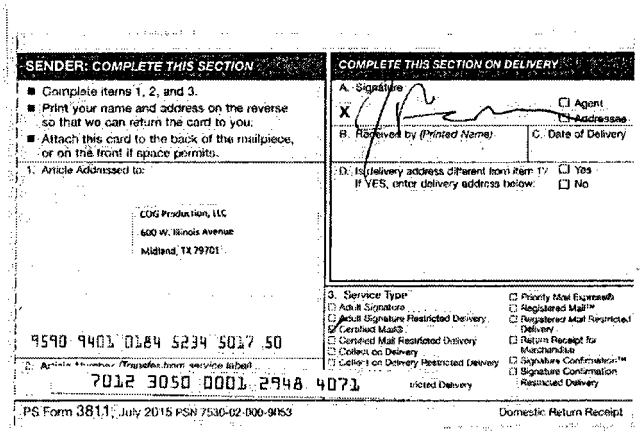
Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710

Centennial General Partnersip
P.O. Box 1837
Roswell, NM 88202

James Schulz
100 N. Pennsylvania
Roswell, NM 88202

Innoventions, Inc.
100 N. Pennsylvania
Roswell, NM 88202

Schulz Properties, LLC
100 N. Pennsylvania
Roswell, NM 88202



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

COG Production, LLC
600 W. Illinois Avenue
Midland, TX 79701

9590 9401 0184 5234 5017 50

2. Article Number (Transfer from service label)

7012 3050 0001 2948 4071

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

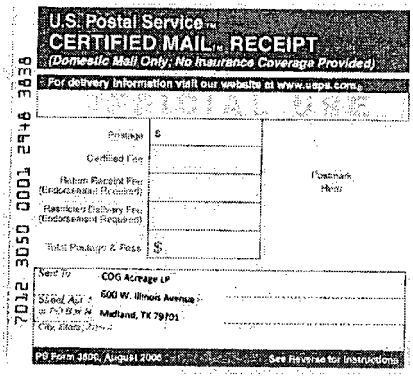
B. Received by (Printed Name) C. Date of Delivery

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

Restricted Delivery

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

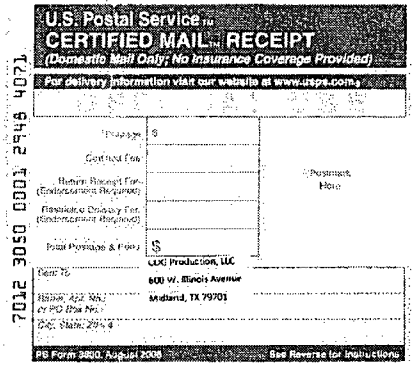
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To COG Acreage LP
Street, Apt. No.; or PO Box No. 600 W. Illinois Avenue
City, State, ZIP+4® Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 3838



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

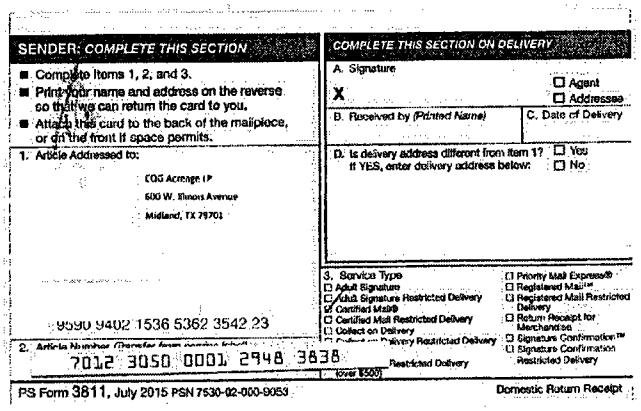
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To COG Production, LLC
Street, Apt. No.; or PO Box No. 600 W. Illinois Avenue
City, State, ZIP+4® Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 4071



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

COG Acreage LP
600 W. Illinois Avenue
Midland, TX 79701

9590 9402 1536 5362 3542 23

2. Article Number (Transfer from service label)

7012 3050 0001 2948 3838

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

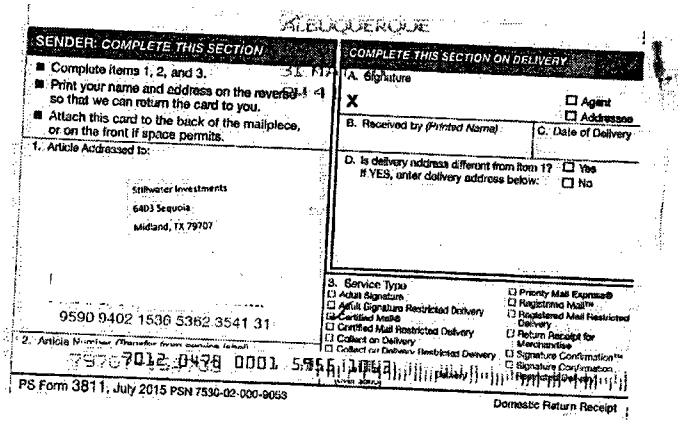
B. Received by (Printed Name) C. Date of Delivery

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

Restricted Delivery (over $500)

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



ALBUQUERQUE

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:

Stillwater Investments
6403 Sequoia
Midland, TX 79707

9590 9402 1536 5362 3541 31

2. Article Number (Transfer from service label)

7012 0470 0001 5955 1054

COMPLETE THIS SECTION ON DELIVERY

A. Signature

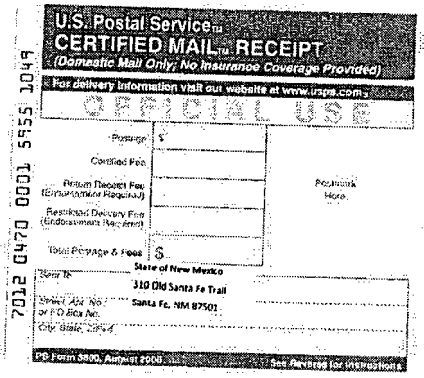
X ☐ Agent ☐ Addressee

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

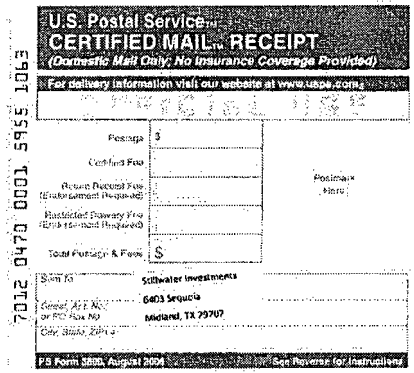
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To State of New Mexico
Street, Apt. No.; or PO Box No. 310 Old Santa Fe Trail
City, State, ZIP+4® Santa Fe, NM 87501

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 1049



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

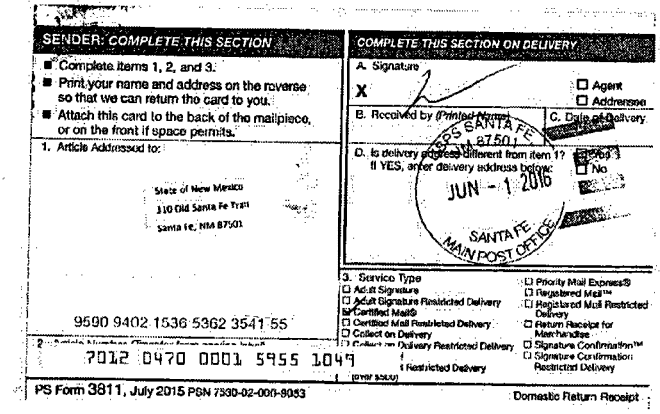
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Stillwater Investments
Street, Apt. No.; or PO Box No. 6403 Sequoia
City, State, ZIP+4® Midland, TX 79707

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 1063



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9402 1536 5362 3541 55

2. Article Number (Transfer from service label)

7012 0470 0001 5955 1049

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

SANTA FE NM 87501
JUN - 1 2016
SANTA FE MAIN POST OFFICE

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

Restricted Delivery (over $500)

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:

The Morse Family Security Trust
410 17th Street, Suite 1150
Denver, CO 80202

9590 9402 1536 5362 3543 46

2. Article Number (Transfer from service label)

7012 3050 0001 2948 3982

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

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: James J. Slade and wife, Pamela Ferrari Slade
Street, Apt. No., or PO Box No.: 535 Madison Ave., 4th Fl.
City, State, ZIP+4: New York, NY 10022

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0996

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: The Morse Family Security Trust
Street, Apt. No., or PO Box No.: 410 17th Street, Suite 1150
City, State, ZIP+4: Denver, CO 80202

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 3982

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James J. Slade and wife, Pamela Ferrari Slade
535 Madison Ave., 4th Fl.
New York, NY 10022

9590 9402 1536 5362 3540 01

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0998

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X P. Valme

☐ Agent
☐ Addressee

B. Received by (Printed Name) P. Valme 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

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:

Brett K. Bracken and wife Terry G. Bracken
4505 Mockingbird Lane
Midland, TX 79707

9590 9402 1536 5362 3540 25

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0974

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
BRETT BRACKEN 6/7/16

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

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

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Sandra Mary Thoms
Street, Apt. No., or PO Box No.: 8530 Mill Run Road
City, State, ZIP+4: Athens, TX 75751

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 4002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Brett K. Bracken and wife Terry G. Bracken
Street, Apt. No., or PO Box No.: 4505 Mockingbird Lane
City, State, ZIP+4: Midland, TX 79707

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0974

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:

Sandra Mary Thoms
8530 Mill Run Road
Athens, TX 75751

9590 9402 0184 3034 3040 62

2. Article Number (Transfer from service label)

7012 3050 0001 2948 4002

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sandra Thoms

☐ Agent
☐ Addressee

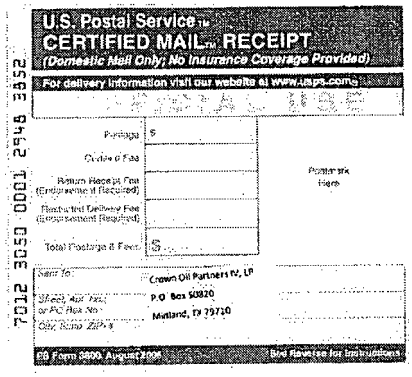
B. Received by (Printed Name) C. Date of Delivery
Sandra Thoms 6/7/16

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

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

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

Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

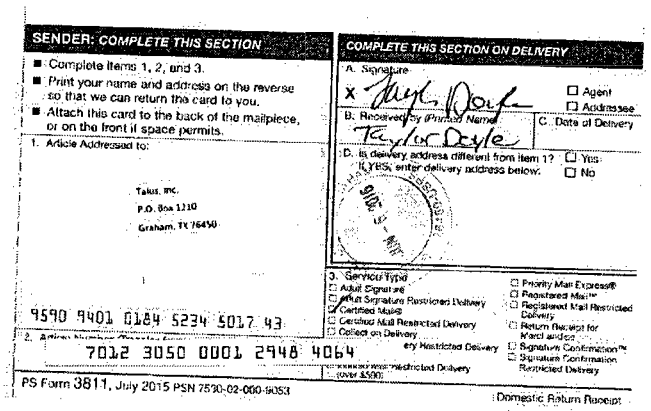
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Crown Oil Partners IV, LP
Street, Apt. No.; or PO Box No.: P.O. Box 50820
City, State, ZIP+4: Midland, TX 79710

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0001 2948 3852



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:

Talus, Inc.
P.O. Box 1210
Graham, TX 76450

9590 9401 0184 5234 5017 43

2. Article Number (Transfer from service label)
7012 3050 0001 2948 4064

COMPLETE THIS SECTION ON DELIVERY

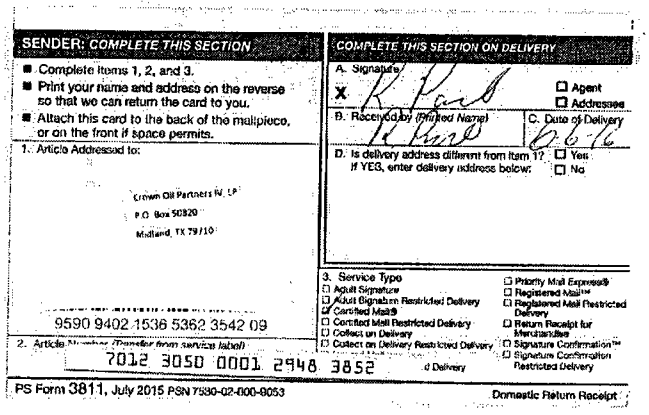
A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

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



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:

Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710

9590 9402 1536 5362 3542 09

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3852

COMPLETE THIS SECTION ON DELIVERY

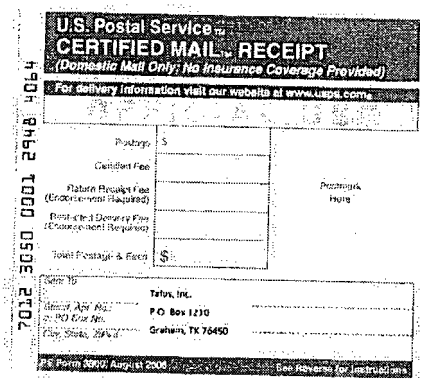
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-6-16

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

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

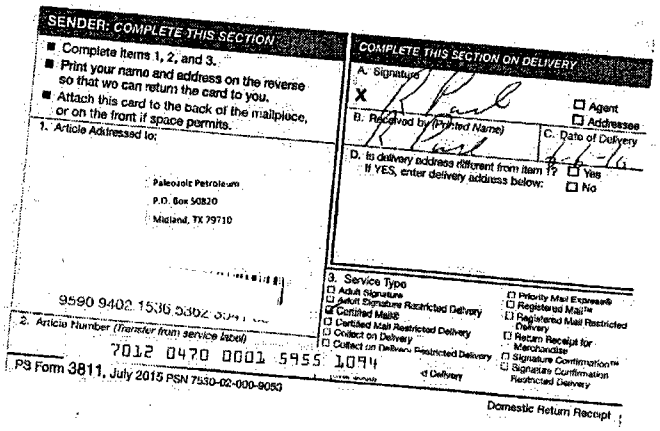
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Talus, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 1210
City, State, ZIP+4: Graham, TX 76450

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0001 2948 4064



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:

Paleozoic Petroleum
P.O. Box 50820
Midland, TX 79710

9590 9402 1536 5362 3541 [illegible]

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1094

COMPLETE THIS SECTION ON DELIVERY

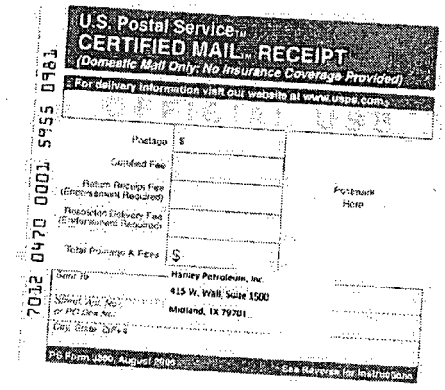
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-6-16

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

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

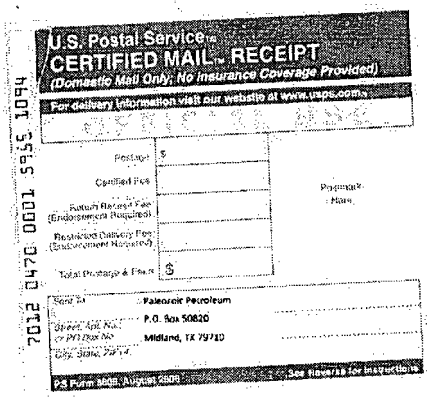
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Hanley Petroleum, Inc.
Street, Apt. No.; or PO Box No.: 415 W. Wall, Suite 1500
City, State, ZIP+4: Midland, TX 79701

PS Form 3800, August 2006 — See Reverse for Instructions

7012 0470 0001 5955 0981



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

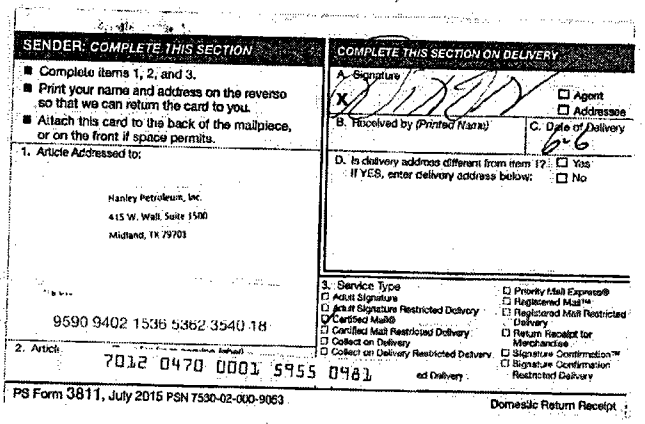
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Paleozoic Petroleum
Street, Apt. No.; or PO Box No.: P.O. Box 50820
City, State, ZIP+4: Midland, TX 79710

PS Form 3800, August 2006 — See Reverse for Instructions

7012 0470 0001 5955 1094



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:

Hanley Petroleum, Inc.
415 W. Wall, Suite 1500
Midland, TX 79701

9590 9402 1536 5362 3540 18

2. Article [illegible]
7012 0470 0001 5955 0981

COMPLETE THIS SECTION ON DELIVERY

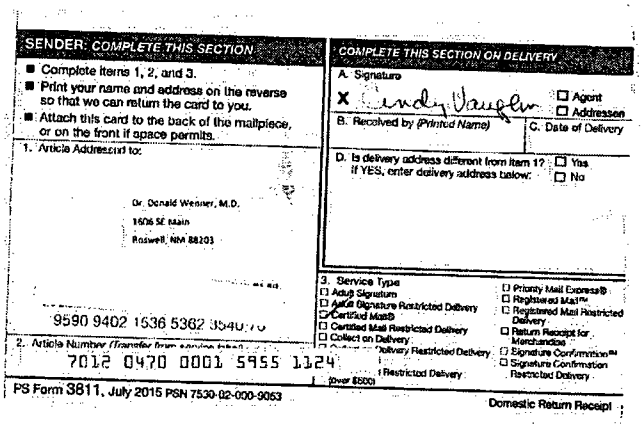
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-6

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

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

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dr. Donald Wenner, M.D.
1606 SE Main
Roswell, NM 88203

9590 9402 1536 5362 3540 70

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1124

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cindy Vaughn ☐ Agent ☐ Addressee

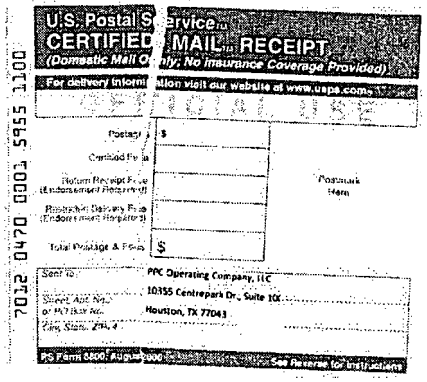
B. Received by (Printed Name) C. Date of Delivery

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

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

(over $500)

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



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

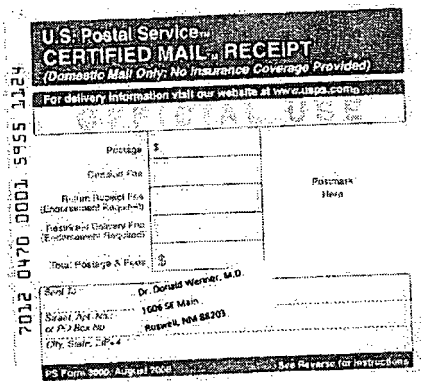
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To PPC Operating Company, LLC
Street, Apt. No., or PO Box No. 10355 Centrepark Dr., Suite 101
City, State, ZIP+4 Houston, TX 77043

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 1100



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

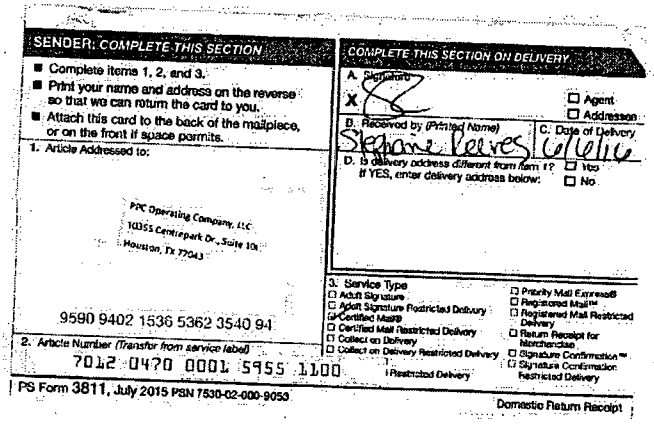
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Dr. Donald Wenner, M.D.
Street, Apt. No., or PO Box No. 1606 SE Main
City, State, ZIP+4 Roswell, NM 88203

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 1124



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:

PPC Operating Company, LLC
10355 Centrepark Dr., Suite 101
Houston, TX 77043

9590 9402 1536 5362 3540 94

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1100

COMPLETE THIS SECTION ON DELIVERY

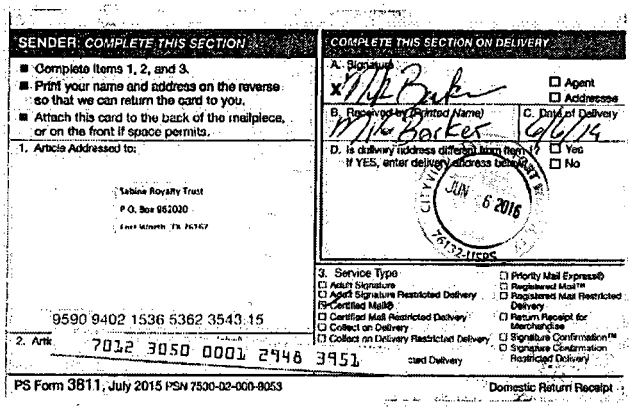
A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Stephanie Reeves 6/6/16

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

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

Sabine Royalty Trust
P.O. Box 952020
Fort Worth, TX 76157

9590 9402 1536 5362 3543 15

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Baker ☐ Agent ☐ Addressee

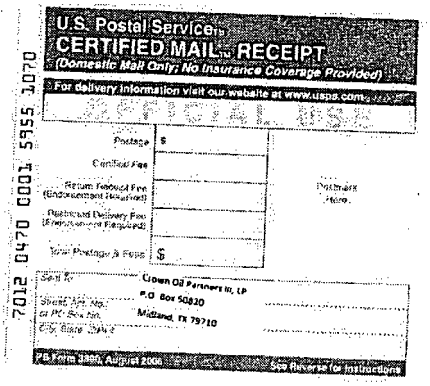
B. Received by (Printed Name) C. Date of Delivery
M Baker 6/6/16

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

JUN 6 2016
76132-USPS

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



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

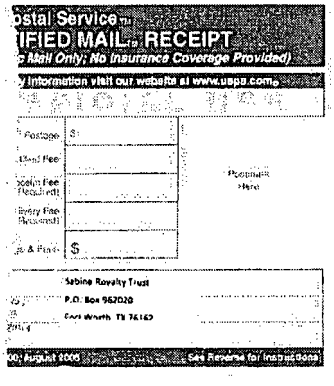
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Crown Oil Partners III, LP
Street, Apt. No., or PO Box No. P.O. Box 50820
City, State, ZIP+4 Midland, TX 79710

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 1070



Postal Service™
IFIED MAIL® RECEIPT
Mail Only; No Insurance Coverage Provided)

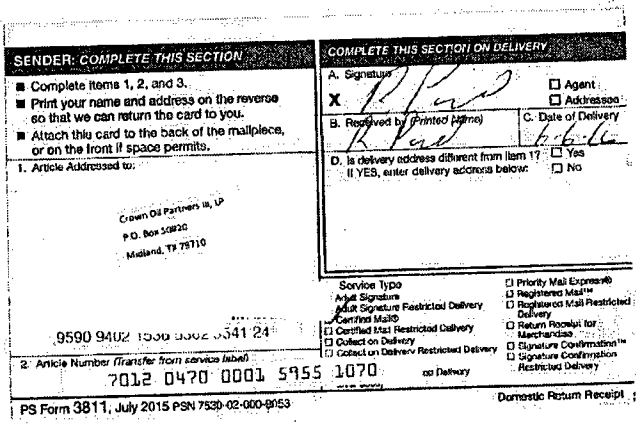
information visit our website at www.usps.com®

Postage $
Fee
Fee (Endorsement Required)
Fee (Endorsement Required)
& Fees $

Postmark Here

Sabine Royalty Trust
P.O. Box 952020
Fort Worth, TX 76157

August 2006 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:

Crown Oil Partners III, LP
P.O. Box 50820
Midland, TX 79710

9590 9402 1536 5362 3541 24

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1070

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

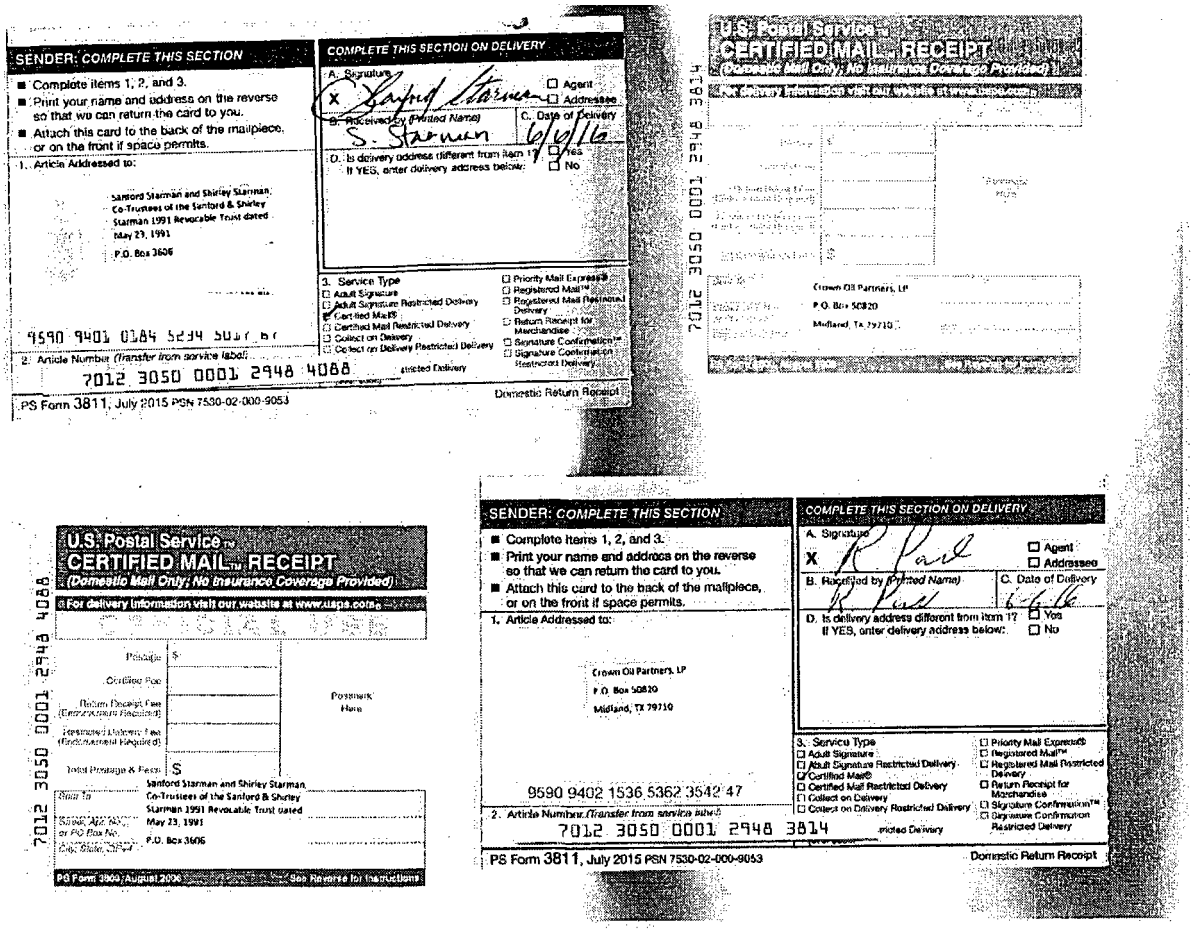
B. Received by (Printed Name) C. Date of Delivery
6/6/16

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

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

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:

Sanford Starman and Shirley Starman, Co-Trustees of the Sanford & Shirley Starman 1991 Revocable Trust dated May 23, 1991
P.O. Box 3606

9590 9401 0184 5294 5017 67

2. Article Number (Transfer from service label)
7012 3050 0001 2948 4088

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sanford Starman — Agent / Addressee

B. Received by (Printed Name): S. Starman — C. Date of Delivery: 6/6/16

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Crown Oil Partners, LP
Street, Apt. No., or PO Box No.: P.O. Box 50820
City, State, ZIP+4: Midland, TX 79710

7012 3050 0001 2948 3814

PS Form 3800, August 2006 — 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:

Crown Oil Partners, LP
P.O. Box 50820
Midland, TX 79710

9590 9402 1536 5362 3542 47

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3814

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X — Agent / Addressee

B. Received by (Printed Name) — C. Date of Delivery: 6-6-16

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

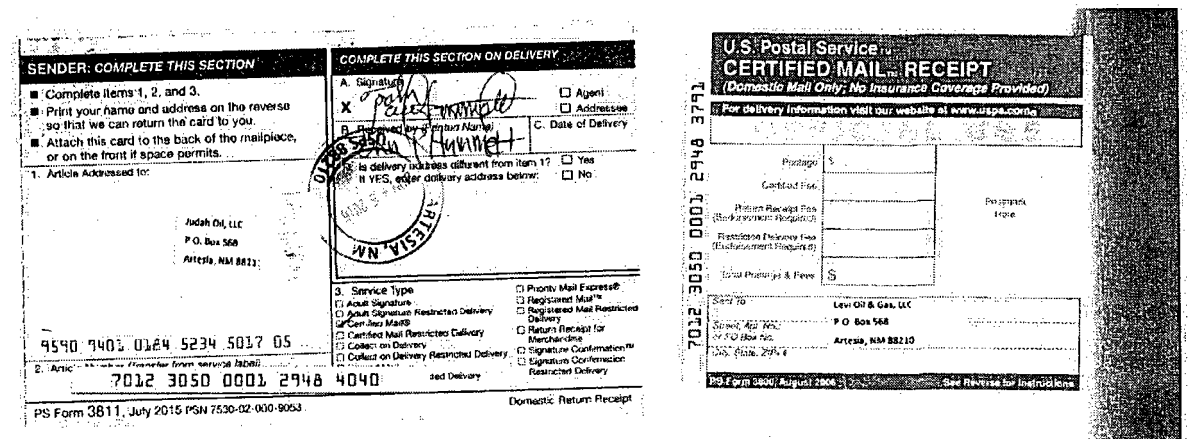
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Sanford Starman and Shirley Starman, Co-Trustees of the Sanford & Shirley Starman 1991 Revocable Trust dated May 23, 1991
Street, Apt. No., or PO Box No.: P.O. Box 3606
City, State, ZIP+4:

7012 3050 0001 2948 4088

PS Form 3800, August 2006 — 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:

Judah Oil, LLC
P.O. Box 568
Artesia, NM 8821[illegible]

9590 9401 0184 5234 5017 05

2. Article Number (Transfer from service label)
7012 3050 0001 2948 4040

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

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 / 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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

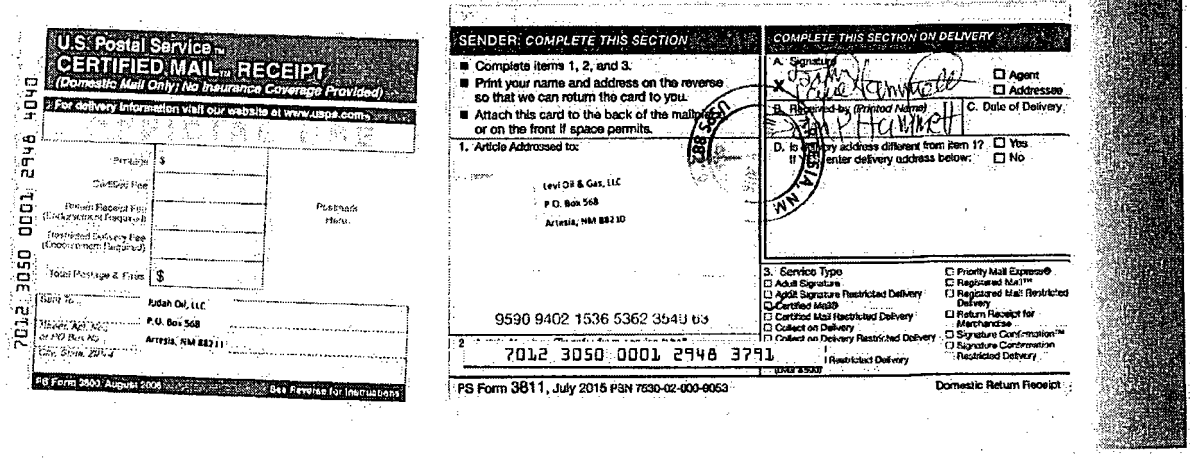
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Levi Oil & Gas, LLC
Street, Apt. No., or PO Box No.: P.O. Box 568
City, State, ZIP+4: Artesia, NM 88210

7012 3050 0001 2948 3791

PS Form 3800, August 2006 — 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:

Levi Oil & Gas, LLC
P.O. Box 568
Artesia, NM 88210

9590 9402 1536 5362 3540 03

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3791

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

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 / 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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

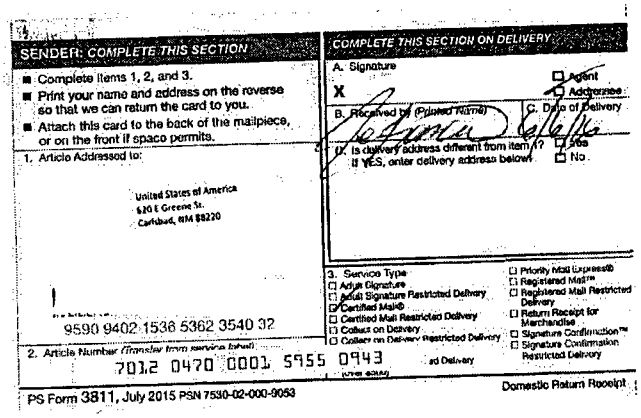
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Judah Oil, LLC
Street, Apt. No., or PO Box No.: P.O. Box 568
City, State, ZIP+4: Artesia, NM 88211

7012 3050 0001 2948 4040

PS Form 3800, August 2006 — 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:

United States of America
620 E Greene St.
Carlsbad, NM 88220

9590 9402 1536 5362 3540 32

2. Article Number (Transfer from service label)
7012 0470 0001 5955 0943

COMPLETE THIS SECTION ON DELIVERY

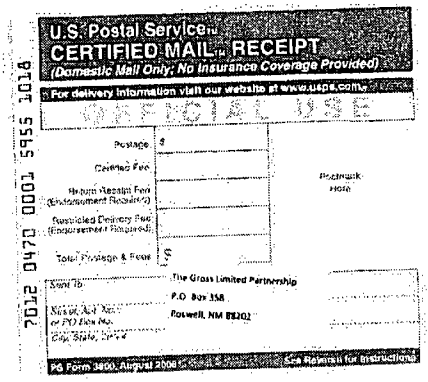
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
6/6/16

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

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

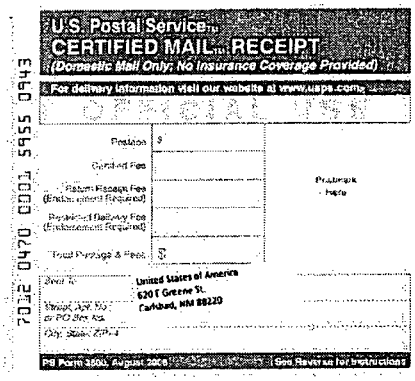
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: The Gross Limited Partnership
Street, Apt. No.; or PO Box No.: P.O. Box 358
City, State, ZIP+4: Roswell, NM 88202

7012 0470 0001 5955 1018

PS Form 3800, August 2006 — See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

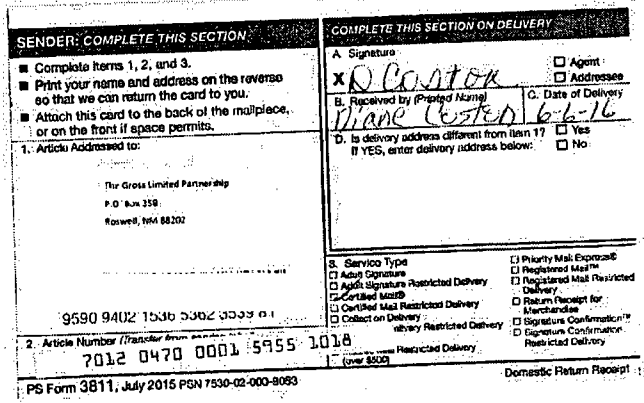
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: United States of America
Street, Apt. No.; or PO Box No.: 620 E Greene St.
City, State, ZIP+4: Carlsbad, NM 88220

7012 0470 0001 5955 0943

PS Form 3800, August 2006 — See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Gross Limited Partnership
P.O. Box 358
Roswell, NM 88202

9590 9402 1536 5362 3539 61

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1018

COMPLETE THIS SECTION ON DELIVERY

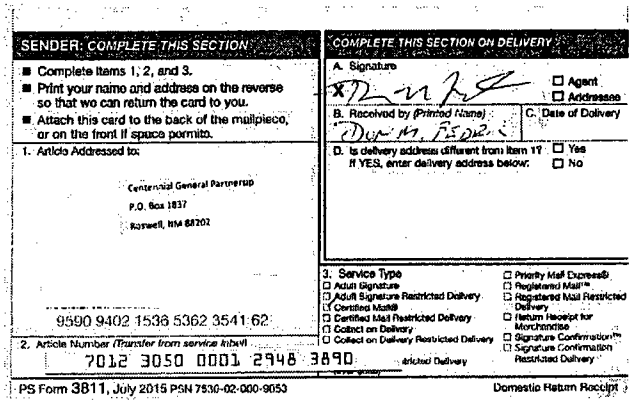
A. Signature
X D Coston
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Diane Coston
C. Date of Delivery
6-6-16

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



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:

Centennial General Partnership
P.O. Box 1837
Roswell, NM 88202

9590 9402 1536 5362 3541 62

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3890

COMPLETE THIS SECTION ON DELIVERY

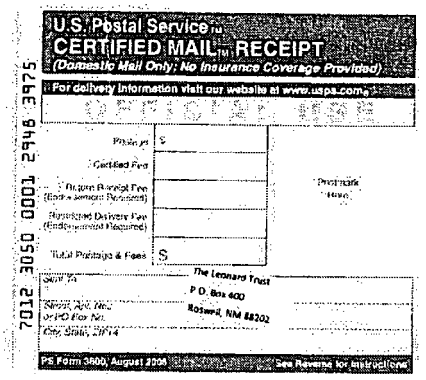
A. Signature
X
☐ Agent
☐ Addressee

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

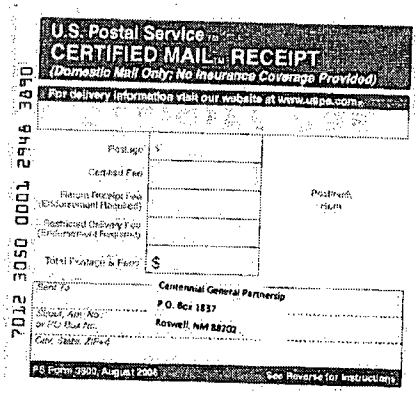
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: The Leonard Trust
Street, Apt. No.; or PO Box No.: P.O. Box 400
City, State, ZIP+4: Roswell, NM 88202

7012 3050 0001 2948 3975

PS Form 3800, August 2006 — See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

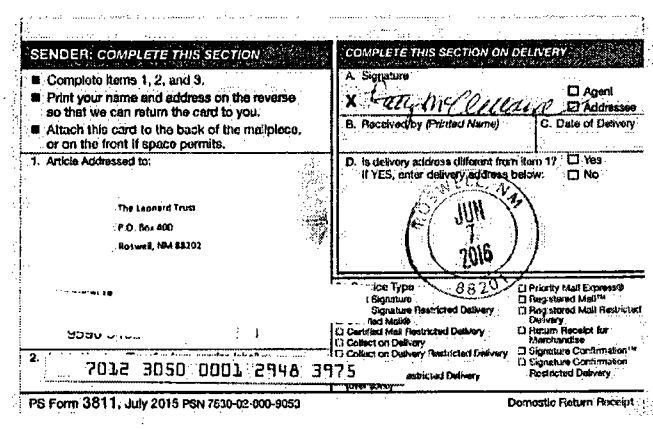
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Centennial General Partnership
Street, Apt. No.; or PO Box No.: P.O. Box 1837
City, State, ZIP+4: Roswell, NM 88202

7012 3050 0001 2948 3890

PS Form 3800, August 2006 — See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Leonard Trust
P.O. Box 400
Roswell, NM 88202

2. 7012 3050 0001 2948 3975

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

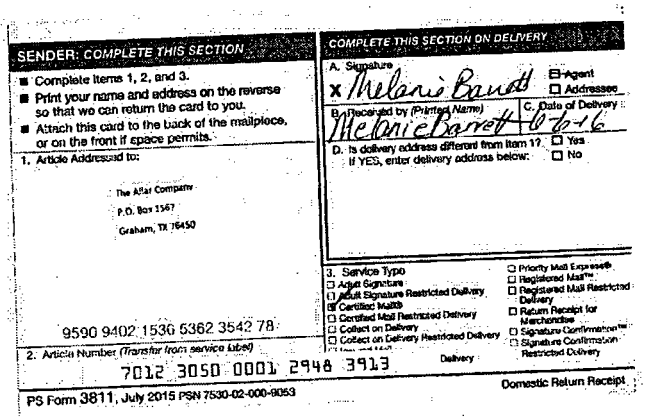
B. Received by (Printed Name)
C. Date of Delivery

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

RECEIVED NM JUN 7 2016 88201

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Allar Company
P.O. Box 1567
Graham, TX 76450

9590 9402 1536 5362 3542 78

2. Article Number (Transfer from service label)

7012 3050 0001 2948 3913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melanie Barrett ☐ Agent ☐ Addressee

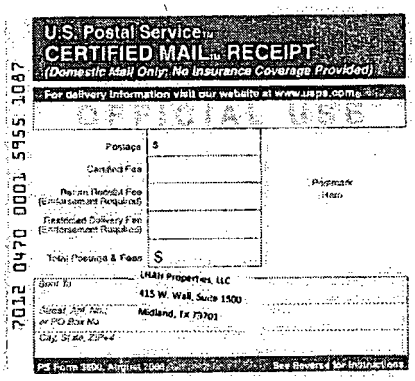
B. Received by (Printed Name) Melanie Barrett C. Date of Delivery 6-6-16

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

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

Delivery

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

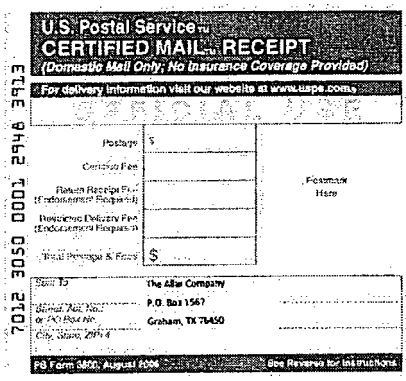
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To LHAH Properties, LLC
Street, Apt. No., or PO Box No. 415 W. Wall, Suite 1500
City, State, ZIP+4 Midland, Tx 79701

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 1087



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

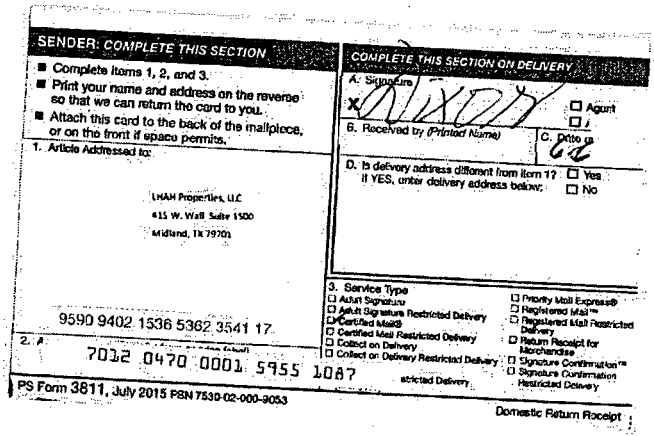
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To The Allar Company
Street, Apt. No., or PO Box No. P.O. Box 1567
City, State, ZIP+4 Graham, TX 76450

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 3913



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:

LHAH Properties, LLC
415 W. Wall Suite 1500
Midland, Tx 79701

9590 9402 1536 5362 3541 17

2. Article Number (Transfer from service label)

7012 0470 0001 5955 1087

COMPLETE THIS SECTION ON DELIVERY

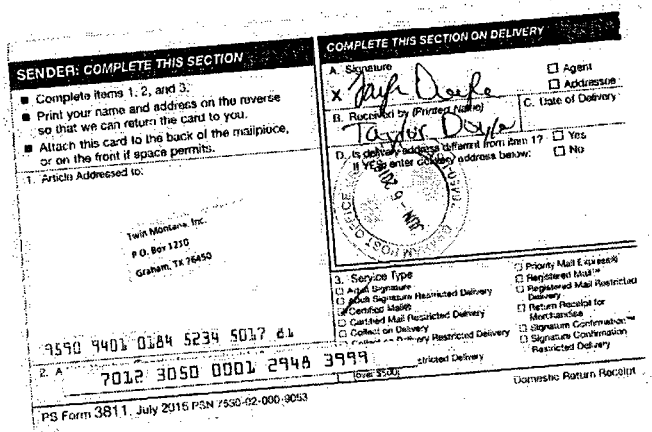
A. Signature
X ☐ Agent

B. Received by (Printed Name) C. Date of Delivery 6-2

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

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

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Twin Montana, Inc.
P.O. Box 1210
Graham, TX 76450

9590 9401 0184 5234 5017 61

2. Article Number (Transfer from service label)

7012 3050 0001 2948 3999

COMPLETE THIS SECTION ON DELIVERY

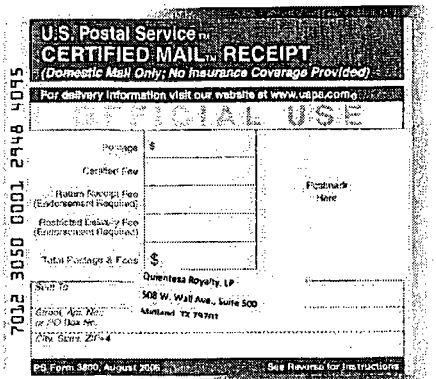
A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

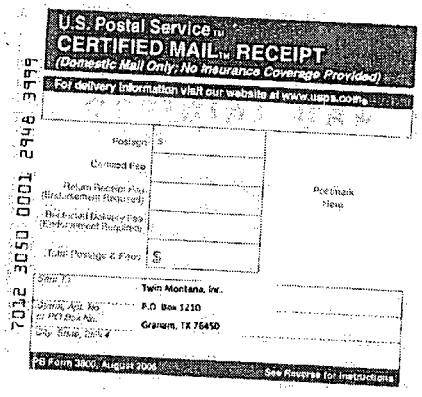
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Quentesa Royalty, LP
Street, Apt. No., or PO Box No. 508 W. Wall Ave., Suite 500
City, State, ZIP+4 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 4095



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

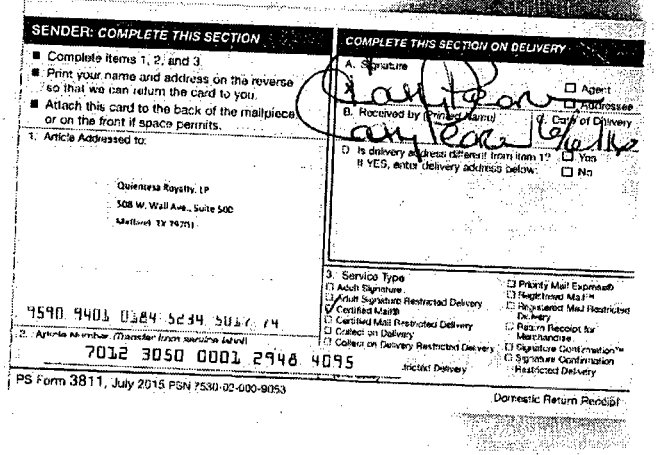
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Twin Montana, Inc.
Street, Apt. No., or PO Box No. P.O. Box 1210
City, State, ZIP+4 Graham, TX 76450

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 3999



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:

Quentesa Royalty, LP
508 W. Wall Ave., Suite 500
Midland, TX 79701

9590 9401 0184 5234 5017 61

2. Article Number (Transfer from service label)

7012 3050 0001 2948 4095

COMPLETE THIS SECTION ON DELIVERY

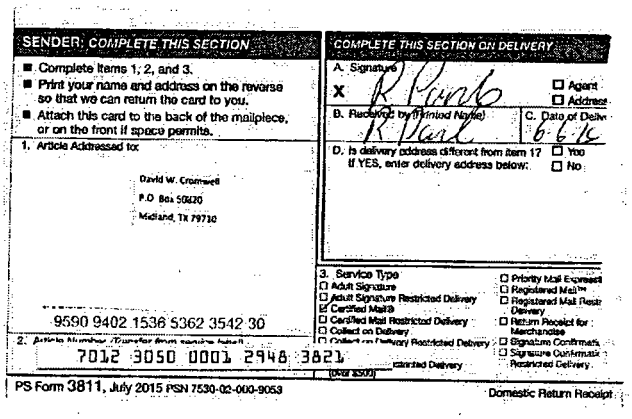
A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6/6/16

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

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

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David W. Cromwell
P.O. Box 50820
Midland, TX 79710

9590 9402 1536 5362 3542 30

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3821

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

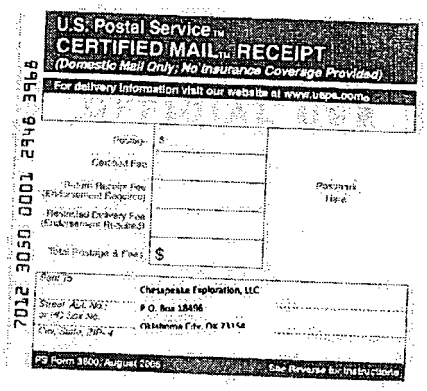
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R Pond ☐ Agent ☐ Addressee

B. Received by (Printed Name) R Pond C. Date of Delivery 6-6-16

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

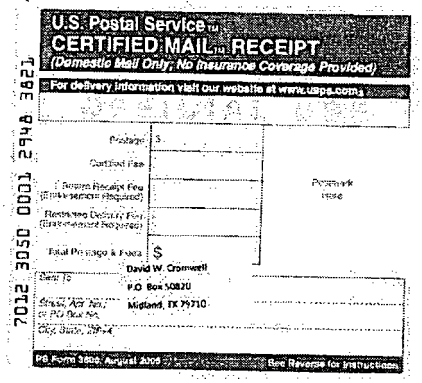
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Chesapeake Exploration, LLC
Street, Apt. No., or PO Box No. P.O. Box 18496
City, State, ZIP+4 Oklahoma City, OK 73154

7012 3050 0001 2948 3968

PS Form 3800, August 2006 See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

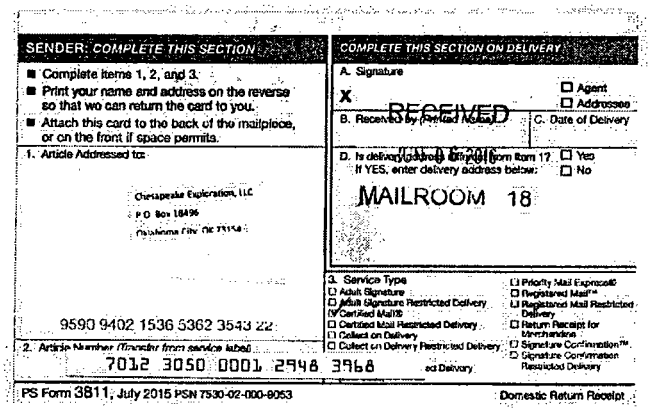
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To David W. Cromwell
Street, Apt. No., or PO Box No. P.O. Box 50820
City, State, ZIP+4 Midland, TX 79710

7012 3050 0001 2948 3821

PS Form 3800, August 2006 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:

Chesapeake Exploration, LLC
P.O. Box 18496
Oklahoma City, OK 73154

9590 9402 1536 5362 3543 22

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3968

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

COMPLETE THIS SECTION ON DELIVERY

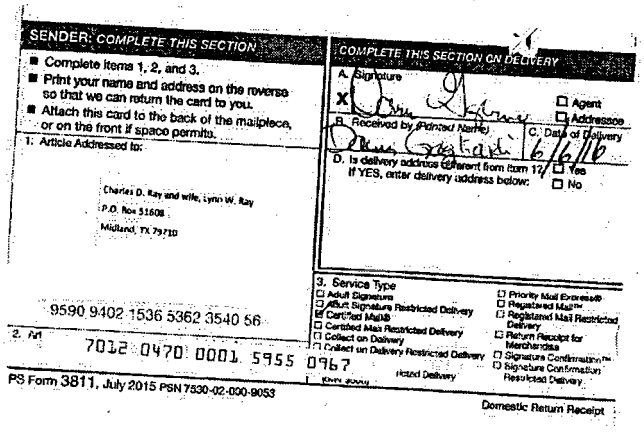
A. Signature
X RECEIVED ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUN 06 2016

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

MAILROOM 18

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles D. Ray and wife, Lynn W. Ray
P.O. Box 51608
Midland, TX 79710

9590 9402 1536 5362 3540 56

2. Article Number (Transfer from service label)
7012 0470 0001 5955 0967

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

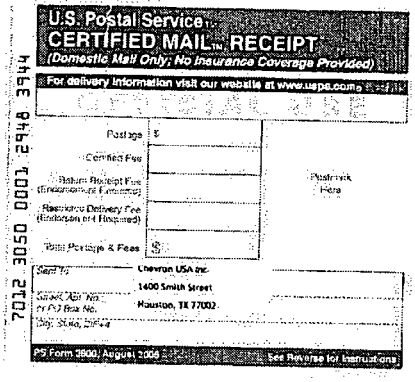
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6/6/16

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

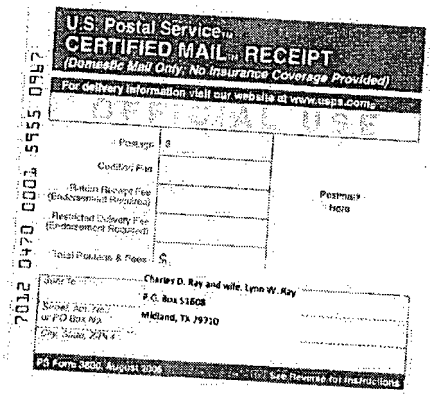
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Chevron USA Inc.
Street, Apt. No., or PO Box No. 1400 Smith Street
City, State, ZIP+4 Houston, TX 77002

7012 3050 0001 2948 3944

PS Form 3800, August 2006 See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

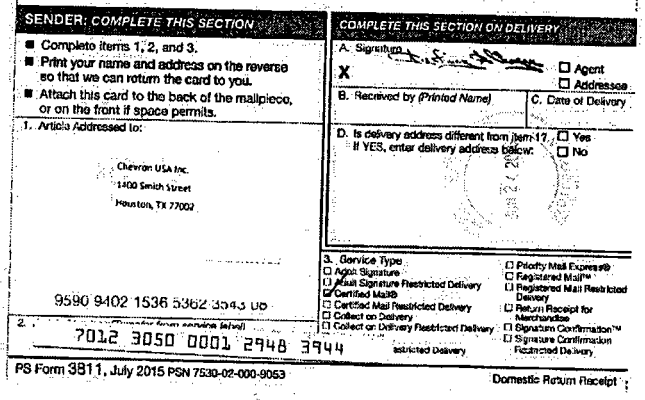
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Charles D. Ray and wife, Lynn W. Ray
Street, Apt. No., or PO Box No. P.O. Box 51608
City, State, ZIP+4 Midland, TX 79710

7012 0470 0001 5955 0967

PS Form 3800, August 2006 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 USA Inc.
1400 Smith Street
Houston, TX 77002

9590 9402 1536 5362 3543 08

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3944

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

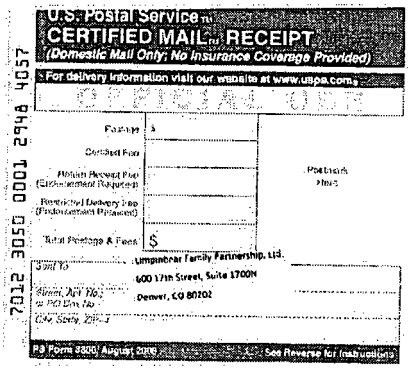
COMPLETE THIS SECTION ON DELIVERY

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

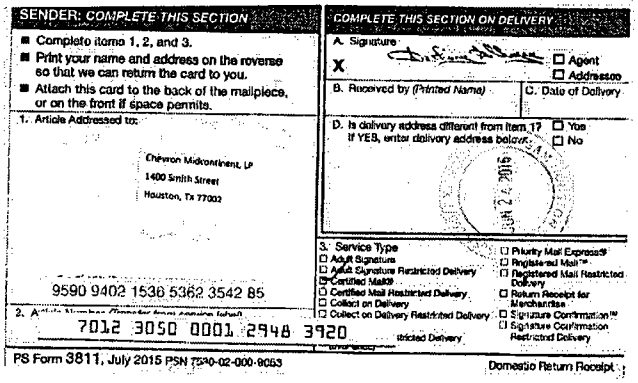
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Limpenbear Family Partnership, Ltd.
Street, Apt. No., or PO Box No.: 600 17th Street, Suite 1700N
City, State, ZIP+4: Denver, CO 80202

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 4057



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 Midcontinent, LP
1400 Smith Street
Houston, Tx 77002

9590 9402 1536 5362 3542 85

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3920

COMPLETE THIS SECTION ON DELIVERY

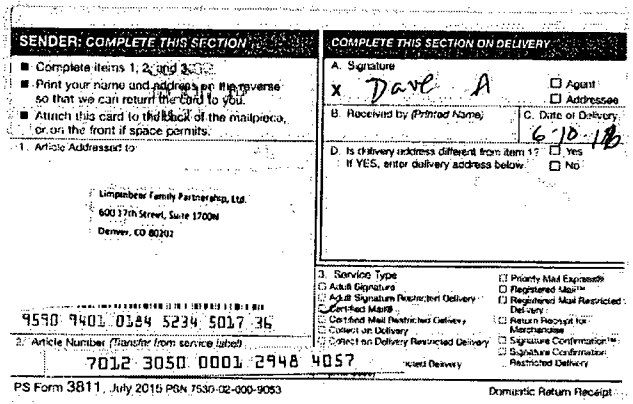
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JAN 24 2016

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

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

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:

Limpenbear Family Partnership, Ltd.
600 17th Street, Suite 1700N
Denver, CO 80202

9590 9401 0184 5234 5017 36

2. Article Number (Transfer from service label)
7012 3050 0001 2948 4057

COMPLETE THIS SECTION ON DELIVERY

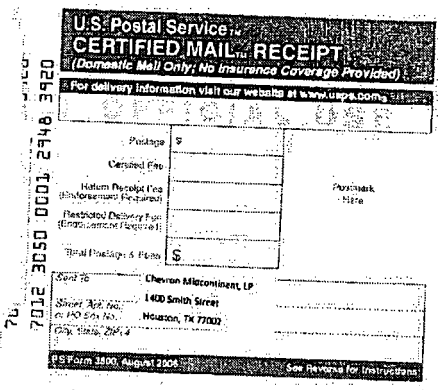
A. Signature
X Dave A ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
6-10-16

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

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

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

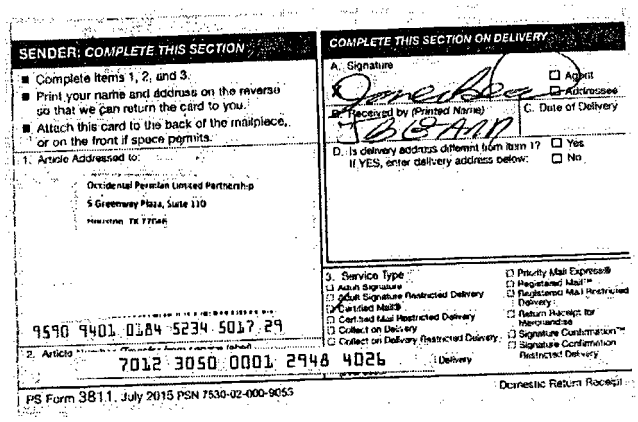
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Chevron Midcontinent, LP
Street, Apt. No., or PO Box No.: 1400 Smith Street
City, State, ZIP+4: Houston, TX 77002

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 3920



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9401 0184 5234 5017 29

2. Article Number (Transfer from service label)
7012 3050 0001 2948 4026

COMPLETE THIS SECTION ON DELIVERY

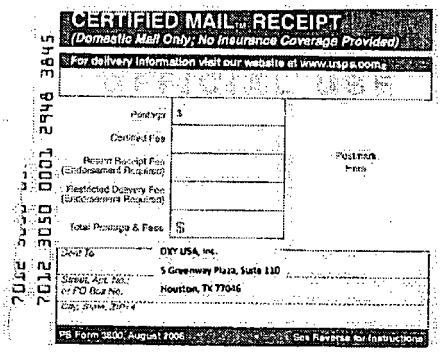
A. Signature
[signature] ☐ Agent ☐ Addressee

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

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

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

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



CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

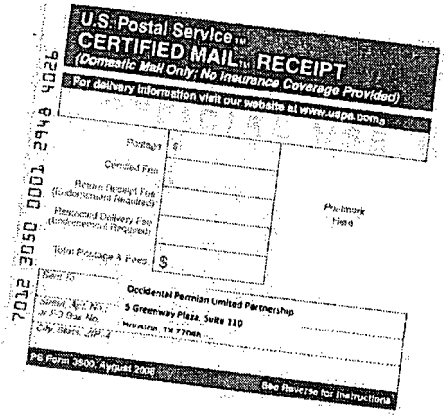
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: OXY USA, Inc.
Street, Apt. No., or PO Box No.: 5 Greenway Plaza, Suite 110
City, State, ZIP+4: Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2948 3845



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

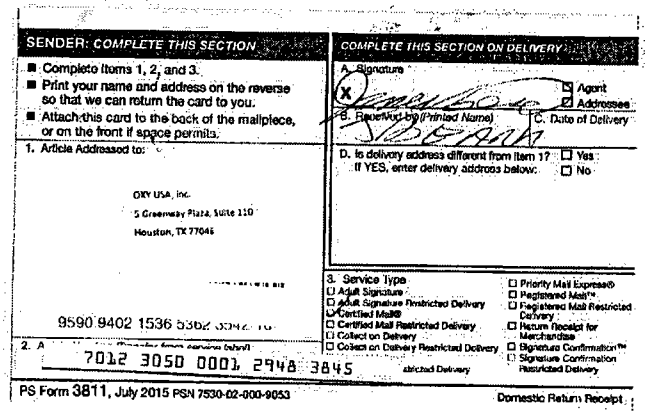
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Occidental Permian Limited Partnership
Street, Apt. No., or PO Box No.: 5 Greenway Plaza, Suite 110
City, State, ZIP+4: Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions

7012 2948 4026



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046

9590 9402 1536 5362 [illegible]

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3845

COMPLETE THIS SECTION ON DELIVERY

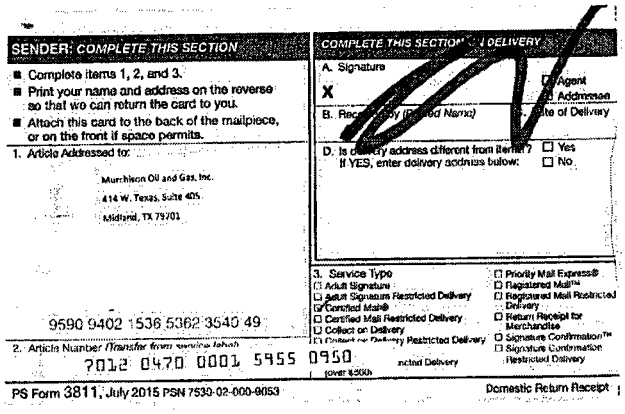
A. Signature
X [signature] ☐ Agent ☑ Addressee

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

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

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

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Murchison Oil and Gas, Inc.
414 W. Texas, Suite 405
Midland, TX 79701

9590 9402 1536 5362 3540 49

2. Article Number (Transfer from service label)
7012 0470 0001 5955 0950

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

COMPLETE THIS SECTION ON DELIVERY

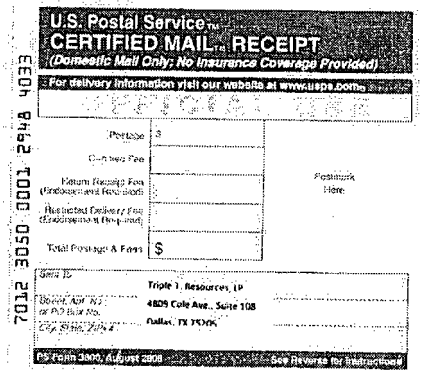
A. Signature
X
☐ Agent
☐ Addressee

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

Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

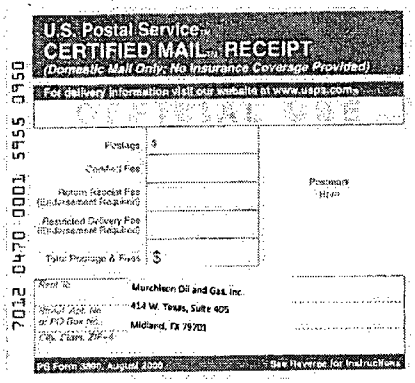
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Triple T. Resources, LP
Street, Apt. No.; or PO Box No.: 4809 Cole Ave., Suite 108
City, State, ZIP+4: Dallas, TX 75205

7012 3050 0001 2948 4033

PS Form 3800, August 2006 — See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

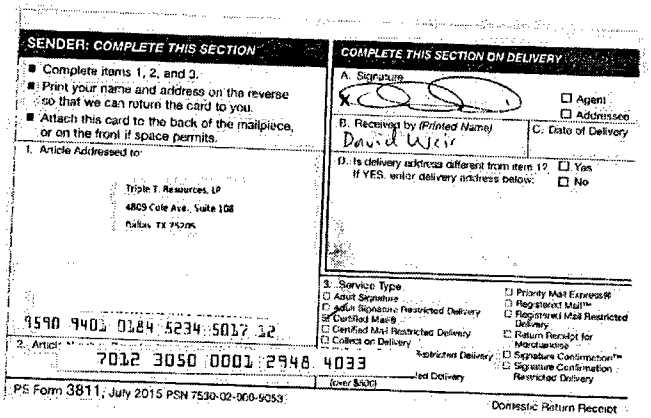
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Murchison Oil and Gas, Inc.
Street, Apt. No.; or PO Box No.: 414 W. Texas, Suite 405
City, State, ZIP+4: Midland, TX 79701

7012 0470 0001 5955 0950

PS Form 3800, August 2006 — 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:

Triple T. Resources, LP
4809 Cole Ave., Suite 108
Dallas, TX 75205

9590 9402 0184 5234 5017 12

2. Article Number
7012 3050 0001 2948 4033

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

COMPLETE THIS SECTION ON DELIVERY

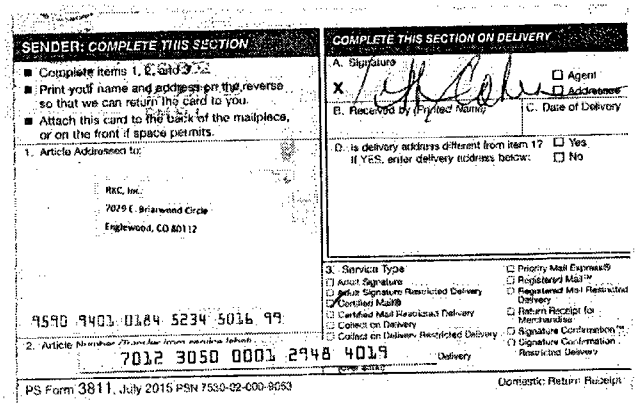
A. Signature
X
☐ Agent
☐ Addressee

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

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

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

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:

RKC, Inc.
7029 E. Briarwood Circle
Englewood, CO 80112

9590 9402 0184 5234 5016 99

2. Article Number
7012 3050 0001 2948 4019

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

COMPLETE THIS SECTION ON DELIVERY

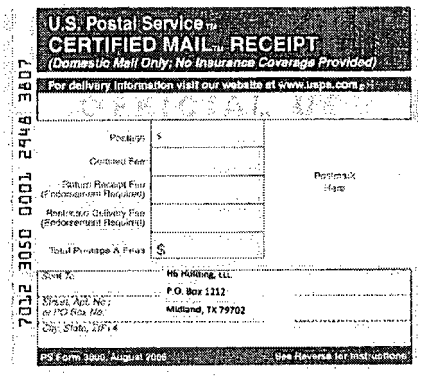
A. Signature
X
☐ Agent
☐ Addressee

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

Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

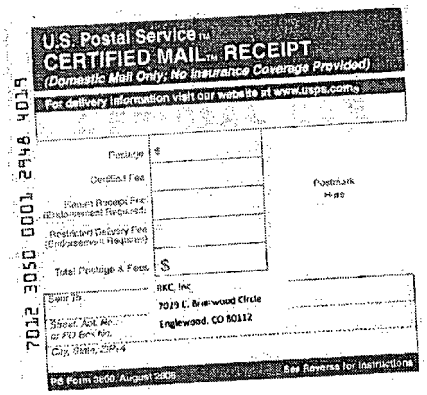
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: HG Holding, LLC
Street, Apt. No.; or PO Box No.: P.O. Box 1212
City, State, ZIP+4: Midland, TX 79702

7012 3050 0001 2948 3807

PS Form 3800, August 2006 — See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

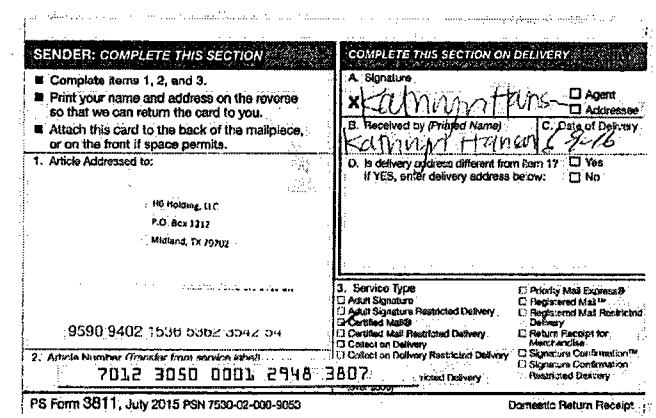
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: RKC, Inc.
Street, Apt. No.; or PO Box No.: 7029 E. Briarwood Circle
City, State, ZIP+4: Englewood, CO 80112

7012 3050 0001 2948 4019

PS Form 3800, August 2006 — 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:

HG Holding, LLC
P.O. Box 1212
Midland, TX 79702

9590 9402 1536 5362 3540 94

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3807

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kammy Hanna
☐ Agent
☐ Addressee

B. Received by (Printed Name): Kammy Hanna | C. Date of Delivery: 6-9-16

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

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:

Schutt Properties, LLC
100 N. Pennsylvania
Roswell, NM 88202

9590 9402 153o 5362 3941 93

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3869

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
☐ 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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Schutt Properties, LLC
Street, Apt. No., or PO Box No.: 100 N. Pennsylvania
City, State, ZIP+4: Roswell, NM 88202

7012 3050 0001 2948 3869

PS Form 3800, August 2006 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:

Southwest Petroleum Land Services
100 N. Pennsylvania
Roswell, NM 88202

9590 9402 1536 5362 3539 67

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1032

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Southwest Petroleum Land Services
Street, Apt. No., or PO Box No.: 100 N. Pennsylvania
City, State, ZIP+4: Roswell, NM 88202

7012 0470 0001 5955 1032

PS Form 3800, August 2006 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:

Brenda Waltrip
308 Oakwood Dr.
Roswell, NM 88201

9590 9402 1536 5362 3539 74

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1025

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

7012 0470 0001 5955 1025

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Brenda Waltrip
Street Apt. No. or PO Box No.: 308 Oakwood Dr.
City, State, ZIP+4: Roswell, NM 88201

PS Form 3800, August 2006 — 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:

Long, LLC
275 E. South Temple, Suite 250
Salt Lake City, UT 84111

9590 9402 1536 5362 3542 61

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3906

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
☐ 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

7012 3050 0001 2948 3906

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

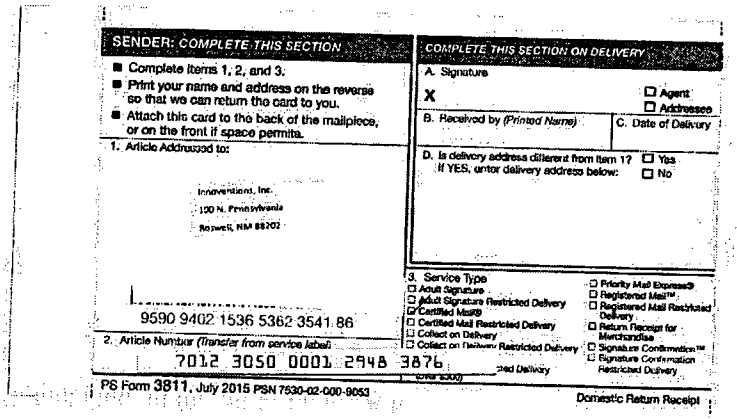
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Long, LLC
Street Apt. No. or PO Box No.: 275 E. South Temple, Suite 250
City, State, ZIP+4: Salt Lake City, UT 84111

PS Form 3800, August 2006 — 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:

Innoventions, Inc.
100 N. Pennsylvania
Roswell, NM 88202

9590 9402 1536 5362 3541 86

2. Article Number (Transfer from service label)
7012 3050 0001 2948 3876

COMPLETE THIS SECTION ON DELIVERY

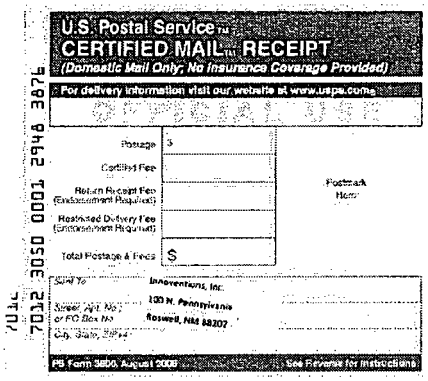
A. Signature
X
☐ Agent
☐ Addressee

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



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

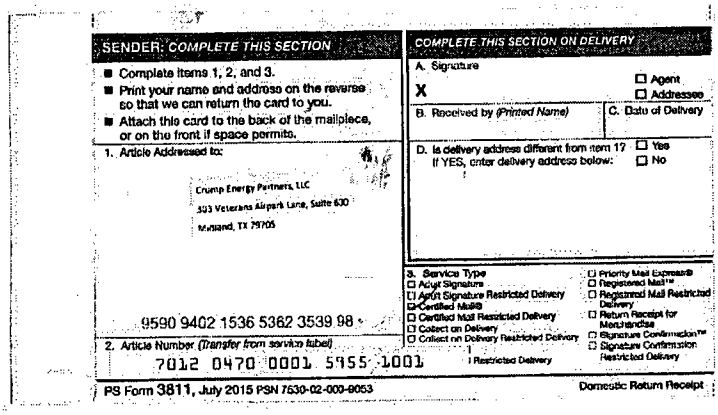
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Innoventions, Inc.
Street, Apt. No.; or PO Box No.: 100 N. Pennsylvania
City, State, ZIP+4: Roswell, NM 88202

7012 3050 0001 2948 3876

PS Form 3800, August 2006 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:

Crump Energy Partners, LLC
303 Veterans Airpark Lane, Suite 630
Midland, TX 79705

9590 9402 1536 5362 3539 98

2. Article Number (Transfer from service label)
7012 0470 0001 5955 1001

COMPLETE THIS SECTION ON DELIVERY

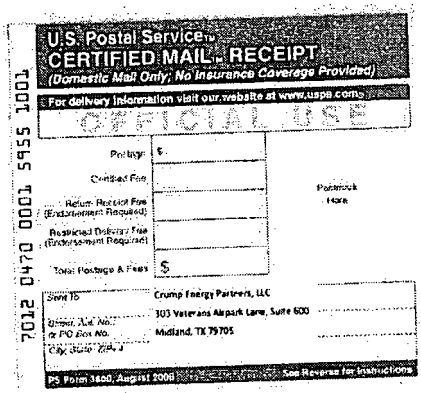
A. Signature
X
☐ Agent
☐ Addressee

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



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Crump Energy Partners, LLC
Street, Apt. No.; or PO Box No.: 303 Veterans Airpark Lane, Suite 600
City, State, ZIP+4: Midland, TX 79705

7012 0470 0001 5955 1001

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Lawrence Thoma
1011 Mesquite Ridge
Graford, TX 76449

9590 9402 1536 5362 3542 92

2. Article Number (Transfer from service label)

7012 3050 0001 2948 3937

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

Restricted Delivery

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

7012 3050 0001 2948 3937

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: John Lawrence Thoma
Street, Apt. No., or PO Box No.: 1011 Mesquite Ridge
City, State, ZIP+4: Graford, TX 76449

PS Form 3800, August 2006 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:

Deseret Holdings, LLC
225 West 100 South
Salt Lake City, UT 84101

9590 9402 1536 5362 3540 87

2. Article Number (Transfer from service label)

7012 0470 0001 5955 1117

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

Restricted Delivery

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

7012 0470 0001 5955 1117

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

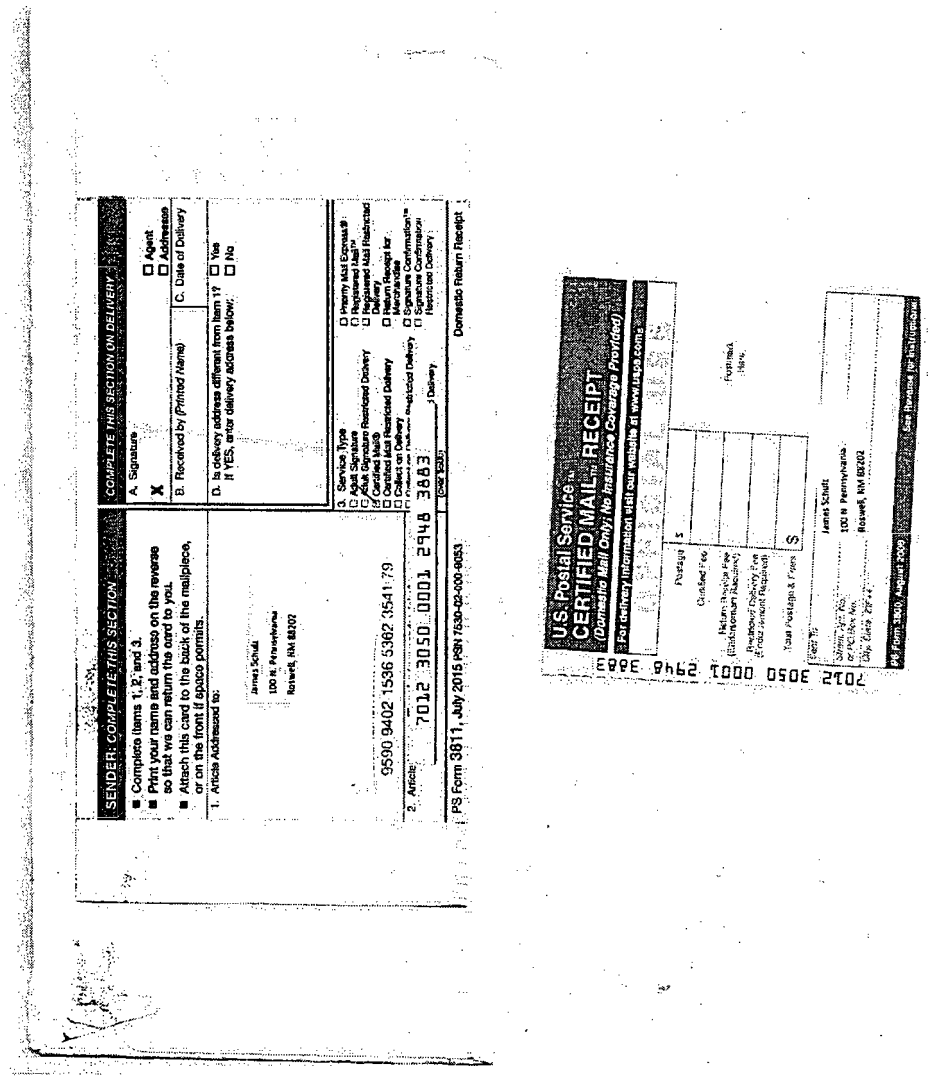
OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To: Deseret Holdings, LLC
Street, Apt. No., or PO Box No.: 225 West 100 South
City, State, ZIP+4: Salt Lake City, UT 84101

PS Form 3800, August 2006 See Reverse for Instructions



JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 25, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit D attached to the enclosed application

Ladies and gentlemen:

Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a non-standard spacing and proration unit comprised of the N½N½ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico, and for and an unorthodox gas well location. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 20 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Matador Production Company

Yates Petroleum Corporation
105 South Fourth Street
Artesia, NM 88210

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, TX 79701

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

EXHIBIT D

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:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, NM 88210

9590 9402 1536 5362 3539 36

2. A 7013 1710 0001 1211 1687 stricted Delivery

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Mewbourne Oil Company
Street, Apt. No., or PO Box No. Suite 1020
City, State, ZIP+4 500 West Texas
Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7013 1710 0001 1211 1687

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

Sent To Yates Petroleum Corporation
Street, Apt. No., or PO Box No. 105 South Fourth Street
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7013 1710 0001 1211 1670

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:

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, TX 79701

9590 9402 1536 5362 3539 43

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alejandra Kirksey ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Alejandra Kirksey 8-6

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

7013 1710 0001 1211 1670 stricted 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:

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

9590 9402 1536 5362 3539 50

2. Article Number (Transfer from service label)
7013 1710 0001 1211 1663

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name)
C. Date of Delivery
6-16-16

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

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

Restricted Delivery

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: EOG Resources, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 2267
City, State, ZIP+4: Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7013 1710 0001 1211 1663

McMillan, Michael, EMNRD

From: jamesbruc@aol.com
Sent: Friday, February 24, 2017 3:26 PM
To: McMillan, Michael, EMNRD
Subject: Re: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

Mike: There is an old working interest unit surrounding Matador's proposed 160 acre well unit, and no one in the proposed well is in that WI unit. So, it was done for land reasons. Of course, Matador will not object to a S/2N/2 well unit for a well proposed under the WI unit.

Jim.

-----Original Message-----
From: McMillan, Michael, EMNRD, EMNRD <Michael.McMillan@state.nm.us>
To: jamesbruc <jamesbruc@aol.com>
Sent: Wed, Feb 22, 2017 2:26 pm
Subject: RE: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

I need a reason or the NSP. I would like to submit it today
Mike

From: jamesbruc@aol.com [mailto:jamesbruc@aol.com]
Sent: Wednesday, February 22, 2017 11:25 AM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: Re: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

Here. I couldn't find them for awhile.

-----Original Message-----
From: McMillan, Michael, EMNRD, EMNRD <Michael.McMillan@state.nm.us>
To: jamesbruc <jamesbruc@aol.com>
Sent: Wed, Feb 15, 2017 3:15 pm
Subject: RE: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

Thanks
Mike

From: jamesbruc@aol.com [mailto:jamesbruc@aol.com]
Sent: Wednesday, February 15, 2017 3:06 PM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: Re: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H

Will dig them up.

-----Original Message-----
From: McMillan, Michael, EMNRD, EMNRD <Michael.McMillan@state.nm.us>
To: Lowe, Leonard, EMNRD, EMNRD <Leonard.Lowe@state.nm.us>
Cc: Jim Bruce <jamesbruc@aol.com>
Sent: Wed, Feb 15, 2017 2:56 pm
Subject: RE: NSL_NSP for Matador Paul 25-24S-28E RB No. 225H