

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

**IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:**

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

CASE NO. 14867

AFFIDAVIT

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

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

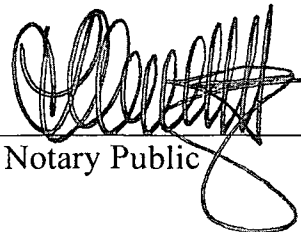


Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 22nd day of June 2012 by Adam G. Rankin.



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 01/14/15


Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 3
Submitted by:
COG OPERATING LLC
Hearing Date: June 25, 2012

HOLLAND & HART^{LLP}



Adam G. Rankin
Associate
Phone 505-954-7294
Fax 505-983-6043
AGRankin@hollandhart.com

June 5, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
Bradley 8 Fee 2H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on June 25, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Sean Johnson at (432) 818-2230.

Sincerely,

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻️

EXHIBIT A
COG OPERATING LLC
BRADLEY 8 FEEL 2H WELL

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

Sharbro Holdings LLC
Post Office Box 840
Artesia, New Mexico 88211

Legacy Royalty LLC
Post Office Box 1091
Artesia, New Mexico 88211

Carol Sue Sanford Garrett
1712 South Jackson
Amarillo, Texas 79102

Dominick Letizio
7535 Buckingham
Allen Park MI 48101

DMD LLC
Post Office Box 300
Artesia, New Mexico 88211

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

Devon SFS Operating, Inc.
LP 20 N. Broadway
Suite 1500
Oklahoma City, OK 73102
Attn: Ken Gray

DHA, L.L.C.
500 West Wall Street
Suite 300
Midland, Texas 79701

Myco Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

Cimarex Energy Co.
600 North Marienfeld
Suite 600
Midland, Texas 79701
Attn: Hayden Tresner

Oxy Y-1
Post Office Box 4294
Houston, Texas 77210-4294
Attn: Katie Almeida

Abo Petroleum
105 S. 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

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

For delivery information visit **AGR/COG**
OFFICIAL **BRADLEY 8 FEB 2H**

Postage	\$ <u>2.65</u>	Postmark Here JUN - 5 2012 DE VARGAS POST OFFICE
Certified Fee	<u>2.95</u>	
Return Receipt Fee (Endorsement Required)	<u>2.35</u>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>5.95</u>	

Yates Petroleum Corporation
 105 South 4th Street
 Artesia, New Mexico 88210

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corporation
 105 South 4th Street
 Artesia, New Mexico 88210

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6735

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Clunderwood

B. Received by (Printed Name) Clunderwood C. Date of Delivery 6-6-12

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

For delivery information visit **AGR/COG**
OFFICIAL **BRADLEY 8 FEB 2H**

Postage	\$ <u>2.65</u>	Postmark Here JUN - 5 2012 DE VARGAS POST OFFICE
Certified Fee	<u>2.95</u>	
Return Receipt Fee (Endorsement Required)	<u>2.35</u>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>5.95</u>	

Sharbro Holdings LLC
 Post Office Box 840
 Artesia, New Mexico 88211

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sharbro Holdings LLC
 Post Office Box 840
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label) 8229 9290 5000 0010 9002

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Calley Hunter

B. Received by (Printed Name) Calley Hunter C. Date of Delivery JUN - 6 2012

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0626 6711

U.S. Postal Service™
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AGR/COG
BRADLEY 8 FEE 2H

OFFICE

Postage \$.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Postmark Here
 JUN - 5 2012
 DE VARGAS POST OFFICE

Legacy Royalty LLC
 Post Office Box 1091
 Artesia, New Mexico 88211

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Legacy Royalty LLC
 Post Office Box 1091
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6711

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Christen Lilly*

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

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 6704

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AGR/COG
BRADLEY 8 FEE 2H

OFFICE

Postage \$.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Postmark Here
 JUN - 5 2012
 DE VARGAS POST OFFICE

Carol Sue Sanford Garrett
 1712 South Jackson
 Amarillo, Texas 79102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Carol Sue Sanford Garrett
 1712 South Jackson
 Amarillo, Texas 79102

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6704

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X *Rick Darnett*

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

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 6698

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OFFICE **BRADLEY 8 FEE 2H**

Postage	\$ 45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
 JUN 5 2012
 DE WARGAS POST OFFICE

Dominick Letizio
 7535 Buckingham
 Allen Park, MI 48101

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: 7006 0100 0005 0626 6698

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Ericka Nunez*

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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
 Dominick Letizio
 7535 Buckingham
 Allen Park, MI 48101

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6698

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 6681

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 For delivery information visit **AGR/COG**
OFFICE **BRADLEY 8 FEE 2H**

Postage	\$ 45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
 JUN 5 2012
 DE WARGAS POST OFFICE

DMD LLC
 Post Office Box 300
 Artesia, New Mexico 88211

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: 7006 0100 0005 0626 6681

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

SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X *Ross Duncan*

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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
 DMD LLC
 Post Office Box 300
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6681

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 6674

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 BRADLEY 8 FEE 2H

Postage	\$ 6.55
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: JUN - 5 2012
 SANTA FE, NM
 EL PASO, TX

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

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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
 500 West Texas, Suite 1020
 Midland, Texas 79701

2. Article Number (Transfer from service label): 7006 0100 0005 0626 6674

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Barnett ☐ Agent ☐ Addressee

B. Received by (Printed Name): G Barnett

C. Date of Delivery: 6-7

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

3. Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 9133

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OFFICIAL

AGR/COG
 BRADLEY 8 FEE 2H

Postage	\$ 6.55
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: JUN - 5 2012
 SANTA FE, NM
 EL PASO, TX

Devon SFS Operating, Inc.
 LP 20 N. Broadway
 Suite 1500
 Oklahoma City, OK 73102
 Attn: Ken Gray

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:

Devon SFS Operating, Inc.
 LP 20 N. Broadway
 Suite 1500
 Oklahoma City, OK 73102
 Attn: Ken Gray

2. Article Number (Transfer from service label): 7006 0100 0005 0625 9133

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X R Welch ☐ Agent ☐ Addressee

B. Received by (Printed Name):

C. Date of Delivery: 6-8

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

3. Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 9140

U.S. Postal Service™
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 AGR/COG
 BRADLEY 8 FEE 2H

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
Here

DHA, L.L.C.
 500 West Wall Street
 Suite 300
 Midland, Texas 79701

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

DHA, L.L.C.
 500 West Wall Street
 Suite 300
 Midland, Texas 79701

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 9140

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Hyundai Shack

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Ad 5/12

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Myco Industries, Inc.
 105 South 4th Street
 Artesia, New Mexico 88210
 Attn: Chuck Moran

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 9157

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **OFFICIAL**
 AGR/COG
 BRADLEY 8 FEE 2H

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
Here

Myco Industries, Inc.
 105 South 4th Street
 Artesia, New Mexico 88210
 Attn: Chuck Moran

for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Chuck Moran

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Ad 6-7-12

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0625 9164

**U.S. Postal Service™
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(Domestic Mail Only, No

For delivery information visit

AGR/COG

BRADLEY 8 FEE 2H

OFFIC

Postage	\$ 4.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
Here

Cimarex Energy Co.
600 North Marienfeld, Suite 600
Midland, Texas 79701
Attn: Hayden Tresner

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Cimarex Energy Co.
600 North Marienfeld, Suite 600
Midland, Texas 79701
Attn: Hayden Tresner

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 9164

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Janet Garnett

☐ Agent
☐ Addressee

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

JANET GARNETT 6-1-10

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oxy Y-1
Post Office Box 4294
Houston, Texas 77210-4294
Attn: Katie Almeida

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 9171

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X Katie Almeida

☐ Agent
☐ Addressee

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

KATIE ALMEIDA JUN 1 2010

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
**U.S. Postal Service™
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(Domestic Mail Only, No

For delivery information visit

AGR/COG

BRADLEY 8 FEE 2H

OFFIC

Postage	\$ 4.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
Here

Oxy Y-1
Post Office Box 4294
Houston, Texas 77210-4294
Attn: Katie Almeida

for instructions

7006 0100 0005 0625 9171

7006 0100 0005 0625 9188

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Return Receipt)	
For delivery information visit OFFICIAL	
AGR/COG BRADLEY 8 FEE 2H	
Postage \$	<u>.45</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<u>\$ 5.95</u>
Abo Petroleum 105 S. 4th Street Artesia, New Mexico 88210 Attn: Chuck Moran	

Postmark Here

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION ON DELIVERY	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature x <u>Chinderwood</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Abo Petroleum 105 S. 4th Street Artesia, New Mexico 88210 Attn: Chuck Moran		B. Received by (Printed Name) <u>Chinderwood</u> C. Date of Delivery <u>6-6-12</u>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number: (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 0100 0005 0625 9188

102595-02-M-1540