

**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. 14919

AFFIDAVIT

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

Michael H. Feldewert, 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.

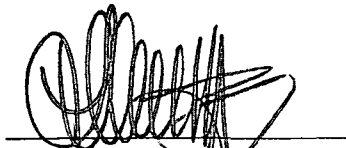


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 28th day of November 2012 by Michael
H. Feldewert.



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 9/14/15



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 6
Submitted by:
COG OPERATING LLC
Hearing Date: November 28, 2012

**EXHIBIT A
COG OPERATING LLC
BRADLEY 8 FEE #4H WELL**

POOLED PARTIES:

ABO Petroleum Corporation
105 South 4th Street
Artesia , NM 88210

Constance Chipman Truly
177 Tranquil Place
Waxahachie ,TX 75167

James R Lochhead JR
301 W Coolidge St
Phoenix, AZ 85018

Louis H. Chipman
P.O. Box 1789
Stephenville, TX 76401

Myco Industries Inc
105 South 4th Street
Artesia, NM 88210

Oxy Y-1
5 Greenway Plaza, Suite 110
Houston, TX 77046

Sharbro Oil LTD
P.O. Box 840
Artesia, NM 88210

Yates Petroleum Corp
105 South 4th Street
Artesia, NM 88210

Judson Properties LTD
P.O. Box 3340
Midland, TX 79702

Gary W. Chipman
15918 Crooked Lake Way S
Cypress, TX 77433

Lillian D. Worthington
1505 S. 21 Street
Artesia, NM 88210

Michael Sankey
2003 Gwenda Drive
Carlsbad, NM 88220

Eight Energy, Inc.
3405 Stanolind Ave
Midland, TX 79707

Luann Corbin-Miskhiladze
9404 Candelaria NE, Apt. D
Albuquerque, NM 87112

Riley Anderson Vann
33 Vom Eigen
Morristown, NJ 07960

Melanie Ruth Wasserman
4536 Dearborn Hills Drive NE
Rio Rancho, NM 87114

Jacob Corbin Vann
325 N. Fair Street
Champaign, IL 61821

Matthew Randall Vann
5673 West "A" Street
Linn, OR 97068

Roy Vann
508 Church Street
Ladonia, TX 75449

Robert E. Chipman
3828 Private Rd 1253
Stephenville, TX 76401

**EXBHIBIT A
COG OPERATING LLC
BRADLEY 8 FEE #4H WELL**

OFFSETS:

David H Arrington Oil & Gas, Inc
500 W Wall Street # 300
Midland, TX 79701-5093

B&G Royalties
Attn: William J McCaw
P.O. Box 376
Artesia, NM 88210

Ross A. Bartlett, Dorothy E. Bartlett,
Ross E. Bartlett and James O.
Bartlett, Trustees under Declaration
of Trust dated 11/05/1984 executed
by Ross A. Bartlett and Dorothy E.

Bartlett, and known as the Ross A.
Bartlett Family Trust
Post Office Box 126
Roswell, New Mexico

Sharbro Oil Ltd. Co.
P.O. box 940
Artesia, NM 88210

Yates Petroleum Corporation, Oxy Y-1,
Abo Corporation, Myco Industries, Inc.,
Mewbourne Oil Company
500 W. Texas, Suite 1020
Midland, TX 79701

Devon SFS Operating, Inc.
333 W. Sheridan
Oklahoma City, OK 73102

Joe Cox and Janet Cox
Cougar Rd.
Carlsbad, NM 88220



October 12, 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 #4H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the E/2 E/2 of Section 8, Township 19 South, Range 26 East, NMPM, Eddy County, New Mexico. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on November 1, 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 Katayoun "Katie" Mohebkhosravi at (432) 683-7443.

Sincerely,

Adam G. Rankin

ATTORNEY FOR COG OPERATING LLC



October 12, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**TO OFFSETS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.
Bradley 8 Fee #4H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the E/2 E/2 of Section 8, Township 19 South, Range 26 East, NMPM, Eddy County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on November 1, 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 with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

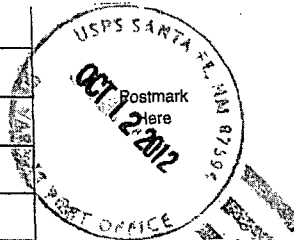
Questions concerning this application should be directed to Katayoun "Katie" Mohebkhosravi at (432) 683-7443.

Sincerely,

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

7006 0100 0005 0626 9521

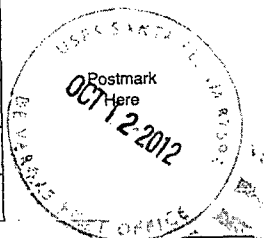
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	AGR/COG
OFFICE	BRADLEY 8 FEE 4H
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To Street, Apt. or PO Box City, State,	
ABO Petroleum Corporation 105 South 4th Street Artesia, NM 88210	
PS Form 3800, June 2002 See Reverse for Instructions	



SENDE		SECTION ON DELIVERY	
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.		A. Signature X J. Delgado <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) J. Delgado	
ABO Petroleum Corporation 105 South 4th Street Artesia, NM 88210		C. Date of Delivery 10-15-12	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
(Transfer from service)		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.	
7006 0100 0005 0626 9521		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0626 9514

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	AGR/COG
OFFICE	BRADLEY 8 FEE 4H
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To Street, Apt. or PO Box City, State,	
Constance Chipman Truly 177 Tranquil Place Waxahachie, TX 75167	
PS Form 3800, June 2002 See Reverse for Instructions	



SEN		THIS SECTION ON DELIVERY	
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.		A. Signature X John Truly <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) John Truly	
Constance Chipman Truly 177 Tranquil Place Waxahachie, TX 75167		C. Date of Delivery 10/15/12	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
(Transfer from service)		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.	
7006 0100 0005 0626 9514		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0626 9507

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

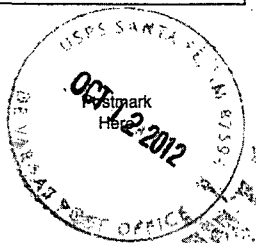
For delivery information visit **OFFICE** **AGR/COG**
BRADLEY 8 FEE 4H

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

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

James R Lochhead JR
 301 W Coolidge St
 Phoenix, AZ 85018

PS Form 3800, June 2002 See Reverse for Instructions



SEN **CERTIFIED MAIL** **THIS SECTION ON DELIVERY**

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

1. Article Addressed to:

James R Lochhead JR
 301 W Coolidge St
 Phoenix, AZ 85018

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 9507

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

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

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

7006 0100 0005 0626 9491

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

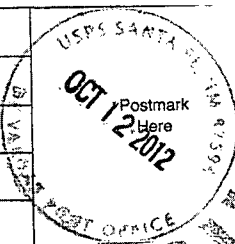
For delivery information visit **OFFICE** **AGR/COG**
BRADLEY 8 FEE 4H

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

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Louis H. Chipman
 P.O. Box 1789
 Stephenville, TX 76401

PS Form 3800, June 2002 See Reverse for Instructions



SEN **CERTIFIED MAIL** **THIS SECTION ON DELIVERY**

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

1. Article Addressed to:

Louis H. Chipman
 P.O. Box 1789
 Stephenville, TX 76401

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 9491

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

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

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

7006 0100 0005 0626 9484

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFICIAL	
AGR/COG BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To
Street, Apt. or PO Box
City, State, ZIP+4®
Myco Industries Inc
105 South 4th Street
Artesia, NM 88210

Postmark Here
OCT 12 2012
USPS SANTA FE, NM 87502
POST OFFICE

PS Form 3800, June 2002 See Reverse for Instructions

SEND PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.		THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>J. Delgado</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>J. Delgado</i> C. Date of Delivery <i>10-15-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Myco Industries Inc 105 South 4th Street Artesia, NM 88210		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.	
2. Article Number (Transfer from service) 7006 0100 0005 0626 9484		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 0100 0005 0626 9477

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit OFFICIAL	
AGR/COG BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

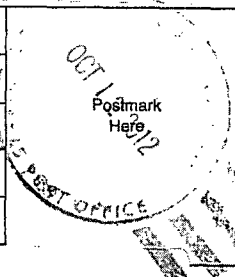
Sent To
Street, Apt. or PO Box
City, State, ZIP+4®
Oxy Y-1
5 Greenway Plaza, Suite 110
Houston, TX 77046

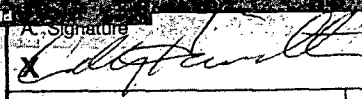
Postmark Here
OCT 12 2012
USPS SANTA FE, NM 87502
POST OFFICE

PS Form 3800, June 2002 See Reverse for Instructions

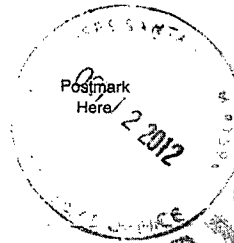
SEND PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.		THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>J. Delgado</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Oxy Y-1 5 Greenway Plaza, Suite 110 Houston, TX 77046		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.	
2. Article Number (Transfer from service) 7006 0100 0005 0626 9477		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

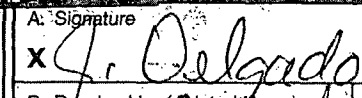
7006 0100 0005 0626 9460

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		AGR/COG BRADLEY 8 FEE 4H	
OFFICIAL			
Postage	\$	65	
Certified Fee		2.95	
Return Receipt Fee (Endorsement Required)		2.35	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	5.65	
Sent To Street, or PO Box City, State Sharbro Oil LTD P.O. Box 840 Artesia, NM 88210			
PS Form 3800, June 2002		See Reverse for Instructions	

SEN- PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		THIS SECTION ON DELIVERY	
1. Article Addressed to: Sharbro Oil LTD P.O. Box 840 Artesia, NM 88210		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 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) 7006 0100 0005 0626 9460		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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9450

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		AGR/COG BRADLEY 8 FEE 4H	
OFFICIAL			
Postage	\$	65	
Certified Fee		2.95	
Return Receipt Fee (Endorsement Required)		2.35	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	5.95	
Sent To Street, or PO Box City, State Yates Petroleum Corp 105 South 4th Street Artesia, NM 88210			
PS Form 3800, June 2002		See Reverse for Instructions	

SEN- PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		THIS SECTION ON DELIVERY	
1. Article Addressed to: Yates Petroleum Corp 105 South 4th Street Artesia, NM 88210		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 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) 7006 0100 0005 0626 9453		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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9446

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
AGR/COG BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To Judson Properties LTD P.O. Box 3340 Midland, TX 79702	
PS Form 3800, June 2002 See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>Annette Linker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Annette Linker</i> C. Date of Delivery <i>10-22-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Judson Properties LTD P.O. Box 3340 Midland, TX 79702		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 0626 9446		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0626 9436

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
AGR/COG BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To Gary W. Chipman 15918 Crooked Lake Way S Cypress, TX 77433	
PS Form 3800, June 2002 See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>Gary W. Chipman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Gary W. Chipman</i> C. Date of Delivery <i>10-17-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Gary W. Chipman 15918 Crooked Lake Way S Cypress, TX 77433		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 0626 9436		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0626 9422

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
BRADLEY 8 FEE 4H

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
 OCT 12 2012
 ARTESIA POST OFFICE

Sent To
 Lillian D. Worthington
 1505 S. 21 Street
 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 9415

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
BRADLEY 8 FEE 4H

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
 OCT 12 2012
 CARLSBAD POST OFFICE

Sent To
 Michael Sankey
 2003 Gwenda Drive
 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
BRADLEY 8 FEE 4H

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
 OCT 12 2012
 CARLSBAD POST OFFICE

Sent To
 Michael Sankey
 2003 Gwenda Drive
 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

SENDE **SECTION ON DELIVERY**

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:
 Michael Sankey
 2003 Gwenda Drive
 Carlsbad, NM 88220

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 9415

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X *Michael Sankey* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Michael Sankey

C. Date of Delivery

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

7006 0100 0005 0626 9408

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
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 OCT 12 2012 POST OFFICE	
Sent To:	Eight Energy, Inc.
Street, or PO	3405 Stanolind Ave
City, S	Midland, TX 79707
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 0626 9392

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
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 OCT 12 2012 POST OFFICE	
Sent To:	Luann Corbin-Miskhiladze
Street, or PO	9404 Candelaria NE, Apt. D
City, S	Albuquerque, NM 87112
PS Form 3800, June 2002 See Reverse for Instructions	

SEN		THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Luann Corbin-Miskhiladze 9404 Candelaria NE, Apt. D Albuquerque, NM 87112		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 10-13-12	
2. Article Number 7006 0100 0005 0626 9392 (Transfer from service)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0626 9385

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 AGR/COG
 For delivery information visit **BRADLEY 8 FEE 4H**
OFFIC

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
 OCT 1 2 2012
 POST OFFICE

Sent To
 Riley Anderson Vann
 33 Vom Eigen
 Morristown, NJ 07960

PS Form 3800, June 2002 See Reverse for Instructions

SEND **SECTION ON DELIVERY**

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

■ 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:
 Riley Anderson Vann
 33 Vom Eigen
 Morristown, NJ 07960

2. Article Number
 (Transfer from serv) 7006 0100 0005 0626 9385

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 (X) Riley AV

B. Received by (Printed Name)
 Riley AVann

C. Date of Delivery

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

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

7006 0100 0005 0626 9378

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 AGR/COG
 For delivery information visit **BRADLEY 8 FEE 4H**
OFFIC

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
 OCT 1 2 2012
 POST OFFICE

Sent To
 Melanie Ruth Wasserman
 4536 Dearborn Hills Drive NE
 Rio Rancho, NM 87114

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 9361

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

For delivery information visit **AGR/COG**
OFFIC BRADLEY 8 FEE 4H

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

Sent To: Jacob Corbin Vann
 Street, or PO: 325 N. Fair Street
 City, State: Champaign, IL 61821

PS Form 3800, June 2002 See Reverse for Instructions

Postmark Here: OCT 12 2012

Returned

7006 0100 0005 0626 9354

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

For delivery information visit **AGR/COG**
OFFIC BRADLEY 8 FEE 4H

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

Sent To: Matthew Randall Vann
 Street, Apt. or PO Box: 5673 West "A" Street
 City, State: Linn, OR 97068

PS Form 3800, June 2002 See Reverse for Instructions

Postmark Here: OCT 12 2012

Returned

7006 0100 0005 0626 9347

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	
Roy Vann	
508 Church Street	
Ladonia, TX 75449	
PS Form 3800, June 2002 See Reverse for Instructions	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	
Roy Vann	
508 Church Street	
Ladonia, TX 75449	
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 0626 9330

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	
Robert E. Chipman	
3828 Private Rd 1253	
Stephenville, TX 76401	
PS Form 3800, June 2002 See Reverse for Instructions	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	
Robert E. Chipman	
3828 Private Rd 1253	
Stephenville, TX 76401	
PS Form 3800, June 2002 See Reverse for Instructions	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	
Robert E. Chipman	
3828 Private Rd 1253	
Stephenville, TX 76401	
PS Form 3800, June 2002 See Reverse for Instructions	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information visit AGR/COG	
OFFICE BRADLEY 8 FEE 4H	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	
Robert E. Chipman	
3828 Private Rd 1253	
Stephenville, TX 76401	
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 0626 9326

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

For delivery information visit **OFFICIAL** **AGR/COG** **BRADLEY 8 FEE 4H**

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

Sent **10/12/2012**

Street, or PO
 City, State, ZIP+4®
 David H Arrington Oil & Gas, Inc
 500 W Wall Street # 300
 Midland, TX 79701-5093

PS Form 3800, June 2002 See Reverse for Instructions

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

1. Article Addressed to:
 David H Arrington Oil & Gas, Inc
 500 W Wall Street # 300
 Midland, TX 79701-5093

2. Article Number: **7006 0100 0005 0626 9323**
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **X Linda Shack** ☐ Agent ☒ Addressee
 B. Received by (Printed Name): **Linda Shack**
 C. Date of Delivery: **10/12/2012**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 0100 0005 0626 9316

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

For delivery information visit **OFFICIAL** **AGR/COG** **BRADLEY 8 FEE 4H**

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

Sent **09/15/2012**

Street, or PO
 City, State, ZIP+4®
 B&G Royalties
 Attn: William J McCaw
 P.O. Box 376
 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

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

1. Article Addressed to:
 B&G Royalties
 Attn: William J McCaw
 P.O. Box 376
 Artesia, NM 88210

2. Article Number: **7006 0100 0005 0626 9316**
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **X Andrea Watts** ☐ Agent ☒ Addressee
 B. Received by (Printed Name): **ANDREA WATTS**
 C. Date of Delivery: **09/15/2012**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7006 0100 0005 0626 9309

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 AGR/COG
 For delivery information BRADLEY 8 FEE 4H
OFFICIAL

Postage	\$.65
Certified Fee	2.95

Postmark
OCT 2 2012

(En) Ross A. Bartlett, Dorothy E. Bartlett
 (Re) Ross E. Bartlett and James O.
 (En) Bartlett, Trustees under Declaration
 of Trust dated 11/05/1984 executed
 by Ross A. Bartlett and Dorothy E.
 Bartlett, and known as the Ross A.
 Bartlett Family Trust
 Post Office Box 126
 Roswell, New Mexico

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COM **ON DELIVERY**

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:
 Ross A. Bartlett, Dorothy E. Bartlett,
 Ross E. Bartlett and James O.
 Bartlett, Trustees under Declaration
 of Trust dated 11/05/1984 executed
 by Ross A. Bartlett and Dorothy E.
 Bartlett, and known as the Ross A.
 Bartlett Family Trust
 Post Office Box 126
 Roswell, New Mexico

2. Signature
 X *Ross A. Bartlett* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 OCT 15 2012
 ROSWELL, NM

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

(Transfer from service label)

7006 0100 0005 0626 9309

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

6666 9290 0005 0626 9293

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 AGR/COG
 For delivery information BRADLEY 8 FEE 4H
OFFICIAL

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

Postmark
OCT 2 2012

Sent To
 Street, or P.O.
 City, St.
 Sharbro Oil Ltd. Co.
 P.O. box 940
 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 9262

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BRADLEY 8 FEE 4H**
OFFICE

Postage \$ **.65**
 Certified Fee **2.45**
 Return Receipt Fee (Endorsement Required) **2.35**
 Restricted Delivery Fee (Endorsement Required) **5.45**
 Total Postage & Fees \$ **5.45**

Sent To
 Street, Apt. No., or PO Box No. Yates Petroleum Corporation, Oxy Y-1,
 City, State, ZIP+4 Abo Corporation, Myco Industries, Inc.,
 500 W. Texas, Suite 1020
 Midland, TX 79701

PS Form 3800, June 2002

SENDER:
 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:
 Yates Petroleum Corporation, Oxy Y-1,
 Abo Corporation, Myco Industries, Inc.,
 Mewbourne Oil Company
 500 W. Texas, Suite 1020
 Midland, TX 79701

2. Article Number
 (Transfer from service) 7006 0100 0005 0626 9262

ACTION ON DELIVERY:
 A. Signature *[Signature]* ☒ Agent ☒ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 3. Service Type
☒ 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 9262

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **BRADLEY 8 FEE 4H**
OFFICE

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

Sent To
 Street, Apt. No., or PO Box No. Devon SFS Operating, Inc.,
 City, State, ZIP+4 333 W. Sheridan
 Oklahoma City, OK 73102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER:
 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.
 333 W. Sheridan
 Oklahoma City, OK 73102

2. Article Number
 (Transfer from service) 7006 0100 0005 0626 9266

ACTION ON DELIVERY:
 A. Signature *[Signature]* ☒ Agent ☒ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 3. Service Type
☒ 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 9279

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
OFFICE **BRADLEY 8 FEE 4H**

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

Postmark
 FEB 8 2012
 CARLSBAD, NM

Sent To
 Street, or PO Box
 City, State, ZIP+4®
Joe Cox and Janet Cox
Cougar Rd.
Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE **RETURN ON DELIVERY**

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

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:
Joe Cox and Janet Cox
Cougar Rd.
Carlsbad, NM 88220

2. Article Number
 (Transfer from service) **7006 0100 0005 0626 9279**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
☒ *Joe Cox* ☐ Agent
☐ Addressee

B. Received by (Printed Name)
Joe Cox

C. Date of Delivery
10-15-12

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

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