

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

**APPLICATION OF CIMAREX ENERGY CO. FOR
A NON-STANDARD OIL SPACING AND PRORATION
UNIT AND COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**

Case No. 14,921

**APPLICATION OF CIMAREX ENERGY CO. FOR
A NON-STANDARD OIL SPACING AND PRORATION
UNIT AND COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**

Case No. 14,922

**APPLICATION OF CIMAREX ENERGY CO. FOR
A NON-STANDARD OIL SPACING AND PRORATION
UNIT AND COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**

Case No. 14,923


AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the operators or working interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules.

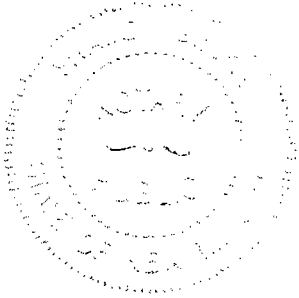
Oil Conservation Division
Case No. _____
Exhibit No. 8


James Bruce

SUBSCRIBED AND SWORN TO before me this 12th day of December, 2012 by
James Bruce.

My Commission Expires: 3/14/13

Sharon Bruce
Notary Public



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)

jamesbruce@aol.com

October 11, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

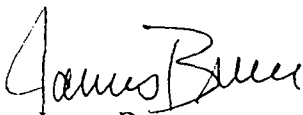
To: Persons on Exhibit A

Ladies and gentlemen:

Cimarex Energy Co. has filed three applications for non-standard units with the New Mexico Oil Conservation Division regarding three wells in Section 26, Township 20 South, Range 32 East, N.M.P.M., Lea County, New Mexico. These matters are scheduled for hearing at 8:15 a.m. on Thursday, November 1, 2012, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the applications, and you offset one or more of the well units.** As an offset operator or working interest owner, you have the right to enter an appearance and participate in the cases. Failure to appear will preclude you from contesting these matters at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, October 25, 2012 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

Fasken Oil and Ranch, Ltd.
Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

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

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

Breck Operating Corp.
P.O. Box 911
Breckenridge, Texas 76424

Torch Oil & Gas Company
Suite 1600
1221 Lamar
Houston, Texas 77010

Oil, Gas and Minerals Division
Commissioner of Public Lands
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

Wesley Ingram
Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

BOPCO, L.P.
Suite 2900
201 Main Street
Fort Worth, Texas 76102

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

COG Operating, LLC
Suite 100
550 West Texas
Midland, Texas 79701

Betty Raines
Unit 6026
100 South Eisenhower
Midland, Texas 79703

Dell and Wilbur Herring, Trustees
of the Herring 1990 Trust
1310 Coronet Avenue
Pasadena, California 91107

7010 3090 0000 2336 1065

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OFFICIAL USE

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



Sent To: Breck Operating Corp.
 P.O. Box 911
 Breckenridge, Texas 76424

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

City, State, ZIP+4

PS Form 3800, August 2006

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:

Torch Oil & Gas Company
 Suite 1600
 1221 Lamar
 Houston, Texas 77010

2. Article Number
 (Transfer from service label)

7010 3090 0000 2336 1065

PS Form 3811, February 2004

Domestic Return Receipt

Cx-5

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *S. Cetrullo* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *S. CETRULLO*

C. Date of Delivery: *10-15-12*

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

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:

Breck Operating Corp.
 P.O. Box 911
 Breckenridge, Texas 76424

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Paula Meadows* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Paula Meadows*

C. Date of Delivery: *OCT 15 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

2. Article Number
 (Transfer from service label)

7010 3090 0000 2336 1058

PS Form 3811, February 2004

Domestic Return Receipt

Cx-5

102595-02-M-1540

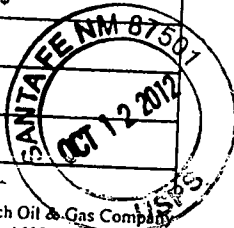
7010 3090 0000 2336 1065

U.S. Postal ServiceTM
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



Sent To: Torch Oil & Gas Company
 Suite 1600
 1221 Lamar
 Houston, Texas 77010

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">X Chelsea Hayes</div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;">10/15/12</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> BOPCO, L.P. Suite 2900 201 Main Street Fort Worth, Texas 76102 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number: 7010 3090 0000 2336 1096 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt <i>Cx-5</i> 102595-02-M-1540</p>	

U.S. Postal Service TM								
CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)								
For delivery information visit our website at www.usps.com								
OFFICIAL USE								
<table style="width: 100%;"> <tr> <td>Postage \$</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> SANTA FE NM 87501 OCT 12 2012 </div> </td> <td rowspan="5" style="text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td>Total Postage & Fees \$</td> </tr> </table>	Postage \$	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> SANTA FE NM 87501 OCT 12 2012 </div>	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees \$	<p>Sent To _____</p> <p>Street, Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4 _____</p>
Postage \$	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> SANTA FE NM 87501 OCT 12 2012 </div>			Postmark Here				
Certified Fee								
Return Receipt Fee (Endorsement Required)								
Restricted Delivery Fee (Endorsement Required)								
Total Postage & Fees \$								
<p>Chesapeake Operating, Inc. P.O. Box 18496 Oklahoma City, Oklahoma 73154</p>								
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>								

U.S. Postal Service TM								
CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)								
For delivery information visit our website at www.usps.com								
OFFICIAL USE								
<table style="width: 100%;"> <tr> <td>Postage \$</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> SANTA FE NM 87501 OCT 12 2012 </div> </td> <td rowspan="5" style="text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td>Total Postage & Fees \$</td> </tr> </table>	Postage \$	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> SANTA FE NM 87501 OCT 12 2012 </div>	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees \$	<p>Sent To _____</p> <p>Street, Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4 _____</p>
Postage \$	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> SANTA FE NM 87501 OCT 12 2012 </div>			Postmark Here				
Certified Fee								
Return Receipt Fee (Endorsement Required)								
Restricted Delivery Fee (Endorsement Required)								
Total Postage & Fees \$								
<p>Chesapeake Operating, Inc. Suite 2900 201 Main Street Fort Worth, Texas 76102</p>								
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>								

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;">OCT 15 2012</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 1px solid black; padding: 5px; margin-top: 5px; text-align: center;">MAILROOM 17</div> </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Chesapeake Operating, Inc. P.O. Box 18496 Oklahoma City, Oklahoma 73154 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number: 7010 3090 0000 2336 1041 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt <i>Cx-5</i> 102595-02-M-1540</p>	

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:

Wesley Ingram
Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 1089

PS Form 3811, February 2004

Domestic Return Receipt

Cx-S

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

S GUMM

C. Date of Delivery

10/15/12

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

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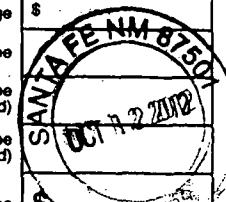
Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees



Postmark Here

Sent To

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

City, State, ZIP+4

Fasken Oil and Ranch, Ltd.
Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

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

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

City, State, ZIP+4

Wesley Ingram
Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

PS Form 3800, August 2006

See Reverse for Instructions

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1. Article Addressed to:

Fasken Oil and Ranch, Ltd.
Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5797

PS Form 3811, February 2004

Domestic Return Receipt

Cx-S

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Carol Hall

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Carol Haller

C. Date of Delivery

10-15-12

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10/22/12*

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

7010 3090 0000 2336 5803

Domestic Return Receipt *Cx-5* 102595-02-M-1540

U.S. Postal Service
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Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here

SANTA FE NM 87501 OCT 12 2012

Sent To: Oil, Gas and Minerals Division
Commissioner of Public Lands
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

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

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

SANTA FE NM 87501 OCT 12 2012

Sent To: EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

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

PS Form 3800, August 2006 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:

Oil, Gas and Minerals Division
Commissioner of Public Lands
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *10/22/12*

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

7010 3090 0000 2336 1072

Domestic Return Receipt *Cx-5* 102595-02-M-1540

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:

 Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

2. Article Number

(Transfer from service)

7010 3090 0000 2336 1102

PS Form 3811, February 2004

Domestic Return Receipt

Cx - 5

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☐ Addressee

B. Received by (Printed Name)

Hingya

C. Date of Delivery

10/15/12

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

CERTIFIED MAIL RECEIPT

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

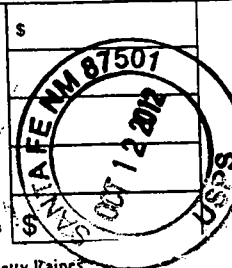
OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Postmark
Here

Sent To

Betty Raines
Unit 6026Street, Apt. No.,
or PO Box No.100 South Eisenhower
Midland, Texas 79703

City, State, ZIP+4

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

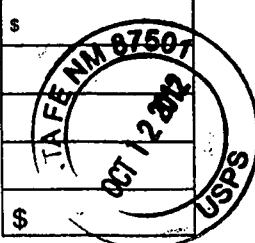
OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Chevron U.S.A. Inc.

Street, Apt. No.,
or PO Box No.15 Smith Road
Midland, Texas 79705

City, State, ZIP+4

PS Form 3800, August 2006

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:

Betty Raines
Unit 6026
100 South Eisenhower
Midland, Texas 79703

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5780

PS Form 3811, February 2004

Domestic Return Receipt

Cx - Snoddy

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☐ Addressee

B. Received by (Printed Name)

ST. ANGELO MAXWELL

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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:

COG Operating, LLC
Suite 100
550 West Texas
Midland, Texas 79701

2. Article Number

(Transfer from service label) 7010 3090 0000 2336 1119

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

4. Restricted Delivery? (Extra Fee)

☐ YesU.S. Postal Service TMCERTIFIED MAIL TM 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 \$

Sent To

Dell and Wilbur Herring, Trustees
of the Herring 1990 Trust
1310 Coronet Avenue
Pasadena, California 91107

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service TMCERTIFIED MAIL TM 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 \$

Sent To

COG Operating, LLC
Suite 100
550 West Texas
Midland, Texas 79701

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

City, State, ZIP+4

PS Form 3800, August 2006

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:

Dell and Wilbur Herring, Trustees
of the Herring 1990 Trust
1310 Coronet Avenue
Pasadena, California 91107

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5773

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Dell and Wilbur Herring

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

WILBUR F. HERRING

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

OCT 16 2012

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes