

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 CONOCOPHILLIPS COMPANY
FOR RE-AUTHORIZATION OF THE VACUUM
GLORIETA EAST UNIT WATERFLOOD PROJECT
AND TO QUALIFY SAID PROJECT FOR THE
RECOVERED OIL TAX RATE PURSUANT TO THE
"NEW MEXICO ENHANCED OIL RECOVERY ACT",
LEA COUNTY, NEW MEXICO.

CASE NO. 14964

AFFIDAVIT

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

Jeffrey M. Kendall, attorney in fact and authorized representative of
ConocoPhillips Company, 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.

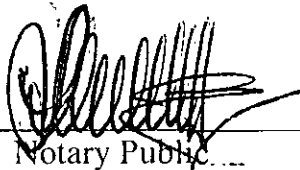


Jeffrey M. Kendall

SUBSCRIBED AND SWORN to before me this 6th day of March 2013 by Jeffrey
M. Kendall.



OFFICIAL SEAL
LISAM... RTIZ
NOTARY... STATE OF NEW MEXICO
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 2
Submitted by:
CONOCOPHILLIPS COMPANY
Hearing Date: March 7, 2013



February 15, 2013

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

Re: Application of ConocoPhillips Company for Re-Authorization of the Vacuum Glorieta East Unit Waterflood Project and to Qualify Said Project for the Recovered Oil Tax Rate Pursuant to the "New Mexico Enhanced Oil Recovery Act," Lea County, New Mexico

Ladies and Gentlemen:

This letter is to advise you that ConocoPhillips Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order for: (1) re-authorization of the Vacuum Glorieta East Unit waterflood project that supersedes all previous orders relating to injection and waterflood operations in the Unit; (2) injection authorization retroactive to first injection for eleven wells within the Unitized Formation, from a depth of 5,838 feet to a depth of 6,235 feet, as defined in Order No. R-10017; (3) exception from the hearing requirements for the drilling or conversion of additional wells for injection in the Unit; (4) allowance that injection packers in all present and future injection wells in this waterflood project be set as close as practicably possible to the uppermost injection perforations or casing shoe within the Unitized Formation; and (5) qualification for the recovered oil tax rate for enhanced oil recovery projects pursuant to the New Mexico Enhanced Oil Recovery Act. The Applicant proposes a maximum injection rate of 3000 barrels per day at a maximum injection pressure of 1,200 pounds per square inch. The proposed re-authorization will allow for the establishment of uniform requirements throughout the field and a uniform baseline for future waterflood expansion. Said area is located approximately 10 miles south of Lovington, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 7, 2013. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B NMAC to file a Pre-hearing Statement no later than 5 p.m. on the Thursday preceding the scheduled hearing date. 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.

To obtain a C-108 for review, please contact to Susan B. Maunder by phone at (432) 688-6913, or e-mail at susan.b.maunder@conocophillips.com.

Sincerely,

Adam G. Rankin

ATTORNEY FOR CONOCOPHILLIPS COMPANY

HOLLAND & HART^{LLP}



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

February 15, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

Re: Application of ConocoPhillips Company for Re-Authorization of the Vacuum Glorieta East Unit Waterflood Project and to Qualify Said Project for the Recovered Oil Tax Rate Pursuant to the "New Mexico Enhanced Oil Recovery Act," Lea County, New Mexico

Ladies and Gentlemen:

This letter is to advise you that ConocoPhillips Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order for: (1) re-authorization of the Vacuum Glorieta East Unit waterflood project that supersedes all previous orders relating to injection and waterflood operations in the Unit; (2) injection authorization retroactive to first injection for eleven wells within the Unitized Formation, from a depth of 5,838 feet to a depth of 6,235 feet, as defined in Order No. R-10017; (3) exception from the hearing requirements for the drilling or conversion of additional wells for injection in the Unit; (4) allowance that injection packers in all present and future injection wells in this waterflood project be set as close as practicably possible to the uppermost injection perforations or casing shoe within the Unitized Formation; and (5) qualification for the recovered oil tax rate for enhanced oil recovery projects pursuant to the New Mexico Enhanced Oil Recovery Act. The Applicant proposes a maximum injection rate of 3000 barrels per day at a maximum injection pressure of 1,200 pounds per square inch. The proposed re-authorization will allow for the establishment of uniform requirements throughout the field and a uniform baseline for future waterflood expansion. Said area is located approximately 10 miles south of Lovington, New Mexico.

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To obtain a C-108 for review, please contact to Susan B. Maunder by phone at (432) 688-6913, or e-mail at susan.b.maunder@conocophillips.com.

Sincerely,

Adam G. Rankin

ATTORNEY FOR CONOCOPHILLIPS COMPANY

**NOTICE LIST
CONOCOPHILLIPS
VACUUM GLORIETA EAST UNIT WATERFLOOD PROJECT**

ZPZ Delaware I LLC
2000 Post Oak Blvd., Suite 100
Houston, TX 77056

Ricks Exploration II, L.P.
3000 Oklahoma Tower
210 Park Avenue
Oklahoma City, OK 73102

Chevron U.S.A. Inc.
P. O. Box 1150
Midland, TX 79702

XTO Energy Inc.
810 Houston Street
Fort Worth, TX 76102

Exxon Mobil Corp.
5959 Las Colinas Blvd.
Irving, TX 75039-4202

Pear Resources, a TX general
partnership
P. O. Box 11044
Midland, TX 79702

Jerry M. Gahr
P. O. Box 1889
Midland, TX 79702

James J. Woodcock
P. O. Box 4185
Midland, TX 79704

Guyanne T. Booth
4201 Belclaire
Dallas, TX 75205

M. Wayne Luna
580 One Marienfeld Place
Midland, TX 79701

John A. Mills Investments, Inc.
P. O. Box 2281
Midland, TX 79702

Edward G. Boyer
707 Coward's Creek Drive
Friendswood, TX 77546

Cappadonna Electrical
Management Corporation
3828 Pinemont
Houston, TX 77018

James A. Cole
1117 Hidden Oaks
Bedford, TX 76022

C. F. Schneider
2620 La Cristal Circle
Palm Beach Gardens, FL 33410

Merrill B. Schor
1620 Route 25
Oswego, Illinois 60543

A. M. Greene
P. O. Box 64188
Lubbock, TX 79464

Lavonda Greene
P. O. Box 64188
Lubbock, TX 79464

Flake Tompkins
P. O. Box 30
Midland, TX 79702

A. P. Corallo
2202 East Lawrence Road
Phoenix, AZ 85016

Joe D. Mitchell
3420 Princeton
Dallas, TX 75205

John A. Mills, Jr.
10501 Beinhorn
Houston, TX 77024

Gahr Energy Company
P. O. Box 1889
Midland, TX 79702

S. K. Lawlis
580 One Marienfeld Place
Midland, TX 79701

Southwestern Energy Production
Company, an Arkansas corporation
2350 N. Sam Houston Parkway East,
Suite 125
Houston, TX 77032

Mobil Producing Texas & New
Mexico Inc.
P. O. Box 4610
Houston, TX 77210-4610

Apache Corporation
2000 Post Oak Blvd., Suite 100
Houston, TX 77056

**NOTICE LIST
CONOCOPHILLIPS
VACUUM GLORIETA EAST UNIT WATERFLOOD PROJECT**

Marbob Energy Corporation
P. O. Box 227
Artesia, NM 88211-0227

Branex Resources, Inc.
P. O. Box 2328
Roswell, NM 88202-2328

Slash Four Enterprises, Inc.
P. O. Box 1433
Roswell, NM 88202-1433

PABO Oil and Gas,
a NM general partnership
P. O. Box 1675
Roswell, NM 88202-1675

David J. Sorenson and wife,
Bonnie J. Sorenson
P. O. Box 1453
Roswell, NM 88202-1453

Stephen W. Speer and wife,
Therese P. Speer
P. O. Box 266
Roswell, NM 88202-0266

Speerex Limited Partnership
P. O. Box 266
Roswell, NM 88202-0266

J. Phelps White III, a married
man dealing in his sole and
separate property
P. O. Box 874
Roswell, NM 88202-0874

Paradise Enterprises, Inc.
P. O. Box 1433
Roswell, NM 88202-1433

Jon F. Coll and wife,
Terese Coll
P. O. Box 1818
Roswell, NM 88202-1818

David R. Gannaway and
wife, Cene Gannaway
P. O. Box 2791
Roswell, NM 88202-2791

Edward L. Heldenbrand and
wife, Regina Heldenbrand
P. O. Box 1000
Roswell, NM 88202

Judith Anderson White, Trustee of the
Revocable Living Trust of Judith Anderson
White
2709 Chrysler Drive
Roswell, NM 88201

Big Horn Investments, Inc.
2512 Gaye Drive
Roswell, NM 88201

Coll Brothers Oil, a NM
general partnership
P. O. Box 1818
Roswell, NM 88202-1818

Collins & Ware, Inc.
508 West Wall Street, #1200
Midland, TX 79701

Polaris Production Corp.
415 West Wall Street #1124
Midland, TX 79701

E & S Petroleum, L.L.C.
P. O. Box 2825
Amarillo, TX 79105

EMG Oil Properties, Inc.
1000 W. Fourth Street
Roswell, NM 88201

COG Operating LLC
Concho Oil & Gas LLC
600 W. Illinois Avenue
Midland, TX 79701

OXY USA WTP Limited
Partnership
c/o Occidental Permian Ltd.
5 Greenway Plaza, Suite 110
Houston, TX 77046

Sonic Oil & Gas, L.P.
P. O. Box 1240
Graham, TX 76450

Chase Oil Corporation
P. O. Box 1767
Artesia, NM 88211-1767

Jetta-X2, L.P.
777 Taylor Street, Suite PI-D
Fort Worth, TX 76126

Marathon Oil Company
5555 San Felipe Road
Houston, TX 77253

**NOTICE LIST
CONOCOPHILLIPS
VACUUM GLORIETA EAST UNIT WATERFLOOD PROJECT**

**Working Interest Owners
(affected parties) &
Surface Owner**

XTO Energy
Attn: Steve Cobb
810 Houston Street
Fort Worth, Texas 76102

McBee Operating Company LLC
Attn: Deborah Draughon
4311 Oak Lawn Ave., Suite 310
Dallas, Texas 75219

Ann McBee Buell
11241 Russwood Circle
Dallas, Texas 75229

W.D. McBee Enterprises Ltd
P.O. Box 12864
Dallas, Texas 75225

N.M. State Land Office
Attn: Oil, Gas, & Minerals Division
P.O. Box 1148
Santa Fe, NM 87504

7006 0100 0005 5769 6178

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

For delivery information visit us at usps.com

OFFICIAL

Postage \$.46
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 6.11

Postmark Here
 FEB 15 2013

ZPZ Delaware I LLC
 2000 Post Oak Blvd., Suite 100
 Houston, TX 77056

PS Form 3800, June 2002 See Reverse for Instructions

RECEIVED MAIL

SENDER: COM

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.

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

2. Article Addressed to:
 ZPZ Delaware I LLC
 2000 Post Oak Blvd., Suite 100
 Houston, TX 77056

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 111111 7006 0100 0005 5769 6178
 (Transfer from service label)

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

5718 6178 6925 5000 0010 9002

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

For delivery information visit us at usps.com

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Postage \$.46
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 6.11

Postmark Here
 FEB 15 2013

Sent Ricks Exploration II, LP
 Street or PO 3000 Oklahoma Tower
 City, 210 Park Avenue
Oklahoma City, OK 73102

PS Form 3800, June 2002 See Reverse for Instructions

Returned

2619 6925 5000 0010 9002

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

OFFICIAL

COP/VGEU

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013
 USPS SAN ANTONIO, TX 78201

Sent To
 Street, Apt. or PO Box:
 City, State, ZIP+4®:
 Chevron U.S.A. Inc.
 P. O. Box 1150
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

Returned

9029 6925 5000 0010 9002

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

OFFICIAL

COP/VGEU

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013
 USPS SAN ANTONIO, TX 78201

Sent To
 Street, Apt. or PO Box:
 City, State, ZIP+4®:
 XTO Energy Inc.
 810 Houston Street
 Fort Worth, TX 76102

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)

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:
 XTO Energy Inc.
 810 Houston Street
 Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6208

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 ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 FEB 19 2013
 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

5729 6965 5000 0010 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **COP/VGEU**

OFFICE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To: **Exxon Mobil Corp.**
 Street, Apt. or PO Box: **5959 Las Colinas Blvd.**
 City, State: **Irving, TX 75039-4202**

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:
Exxon Mobil Corp.
5959 Las Colinas Blvd.
Irving, TX 75039-4202

2. Article Number (Transfer from service label): **7006 0100 0005 5769 6215**

SECTION ON DELIVERY

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

B. Received by (Printed Name): **JOEL FALLON** C. Date of Delivery: **2-20-13**

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

2229 6965 5000 0010 9002

U.S. Postal Service™
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Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To: **Pear Resources, a TX general partnership**
 Street, Apt. or PO Box: **P. O. Box 11044**
 City, State: **Midland, TX 79702**

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:
Pear Resources, a TX general partnership
P. O. Box 11044
Midland, TX 79702

2. Article Number (Transfer from service label): **7006 0100 0005 5769 6222**

SECTION ON DELIVERY

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

B. Received by (Printed Name): **JOANN JACKSON** C. Date of Delivery: **2-21-13**

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 5769 6239

U.S. Postal Service™
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Postage	\$.46	Postmark Here
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To
 Street, Apt. or PO Box
 City, State
 Jerry M. Gahr
 P. O. Box 1889
 Midland, TX 79702

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:
 Jerry M. Gahr
 P. O. Box 1889
 Midland, TX 79702

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 6239

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
 X *[Signature]*

7. Received by (Printed Name)
 Hansen

8. Date of Delivery
 2/22/13

9. Agent ☐
 Addressee ☐

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

7006 0100 0005 5769 6246

U.S. Postal Service™
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Postage	\$.46	Postmark Here
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To
 Street, Apt. or PO Box
 City, State
 James J. Woodcock
 P. O. Box 4185
 Midland, TX 79704

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:
 James J. Woodcock
 P. O. Box 4185
 Midland, TX 79704

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 6246

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
 X *[Signature]*

7. Received by (Printed Name)
 Hansen

8. Date of Delivery
 2/25/13

9. Agent ☐
 Addressee ☐

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **COP/VGEU**

OFFIC

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, or PO Box
 City, State, ZIP+4®

Guyanne T. Booth
 4201 Belclaire
 Dallas, TX 75205

PS Form 3800, June 2002 See Reverse for Instructions

Returned

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **COP/VGEU**

OFFIC

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, or PO Box
 City, State, ZIP+4®

M. Wayne Luna
 580 One Marienfeld Place
 Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 6277

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

For delivery information, visit **OFFIC** **COP/VGEU**

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, Apt. or PO Box
 City, State, Zip
 John A. Mills Investments, Inc.
 P. O. Box 2281
 Midland, TX 79702

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:
 John A. Mills Investments, Inc.
 P. O. Box 2281 3821
 Midland, TX 79702

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5769 6277

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Rene Haron

C. Date of Delivery
 2/25/13

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 5769 6284

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

For delivery information, visit **OFFIC** **COP/VGEU**

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, Apt. or PO Box
 City, State, Zip
 Edward G. Boyer
 707 Coward's Creek Drive
 Friendswood, TX 77546

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:
 Edward G. Boyer
 707 Coward's Creek Drive
 Friendswood, TX 77546

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5769 6284

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 FEB 25 2013

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

7629 6925 5000 0010 9002

U.S. Postal Service™		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit us		COP/VGEU	
OFFICE			
Postage	\$.46	FEB 15 2013 Postmark Here	
Certified Fee	3.10		
Return Receipt Fee (Endorsement Required)	2.55		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 6.11		
Sent To			
Cappadonna Electrical Management Corporation			
3828 Pinemont			
Houston, TX 77018			
PS Form 3800, June 2002 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		ACTION 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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FB</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Cappadonna Electrical Management Corporation 3828 Pinemont Houston, TX 77018</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5769 6291</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

2039 6925 5000 0010 9002

U.S. Postal Service™		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit us		COP/VGEU	
OFFICE			
Postage	\$.46	FEB 15 2013 Postmark Here	
Certified Fee	3.10		
Return Receipt Fee (Endorsement Required)	2.55		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 6.11		
Sent To			
James A. Cole			
1117 Hidden Oaks			
Bedford, TX 76022			
PS Form 3800, June 2002 See Reverse for Instructions			

Returned

7006 0100 0005 5769 6321 4

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit COP/VGEU	
OFFICE	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To	
Street, or PO	C. F. Schneider
City, State	2620 La Cristal Circle
	Palm Beach Gardens, FL 33410
PS Form 3800, June 2002 See Reverse for Instructions	

Returned

7006 0100 0005 5769 6321 4

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit COP/VGEU	
OFFICE	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To	
Street, or PO	Merrill B. Schor
City, State	1620 Route 25
	Oswego, Illinois 60543
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
<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>Janet Schor</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Janet Schor</i>	
Merrill B. Schor 1620 Route 25 Oswego, Illinois 60543		C. Date of Delivery <i>2/19/13</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7006 0100 0005 5769 6321		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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

9006 9010 0000 5000 6925 6929 9006

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
OFFICE	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To	
A. M. Greene	
P. O. Box 64188	
Lubbock, TX 79464	
PS Form 3800, June 2002 See Reverse for Instructions	

COP/VGEU

FEB 15 2013

Postmark
Here

9006 9010 0000 5000 6925 6929 5469 9006

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
OFFICE	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To	
Lavonda Greene	
P. O. Box 64188	
Lubbock, TX 79464	
PS Form 3800, June 2002 See Reverse for Instructions	

COP/VGEU

FEB 15 2013

Postmark
Here

7006 0100 0005 5769 6362

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**

OFFICIAL USE

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To
 Flake Tompkins
 P. O. Box 30
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 6362

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**

OFFICIAL USE

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To
 A. P. Corallo
 2202 East Lawrence Road
 Phoenix, AZ 85016

PS Form 3800, June 2002 See Reverse for Instructions

Returned

9969 6925 5000 0010 9002

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

For delivery information visit **COP/VGEU**

OFFIC

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, Apt or PO Box
 City, State, ZIP+4

John A. Mills, Jr.
 10501 Beinhorn
 Houston, TX 77024

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

John A. Mills, Jr.
 10501 Beinhorn
 Houston, TX 77024

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6383

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

A. Signature: *John A. Mills, Jr.*

B. Received by (Printed Name): *John A. Mills, Jr.*

C. Date of Delivery: 2/19/13

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

9969 6925 5000 0010 9002

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

For delivery information visit **COP/VGEU**

OFFIC

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, Apt or PO Box
 City, State, ZIP+4

Gahr Energy Company
 P. O. Box 1889
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Gahr Energy Company
 P. O. Box 1889
 Midland, TX 79702

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6390

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

A. Signature: *Ann Say*

B. Received by (Printed Name): *Ann Say*

C. Date of Delivery: 2/22/13

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 5769 6406

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFIC

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, Ap. or PO Box
 City, State
 S. K. Lawlis
 580 One Marienfeld Place
 Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 6413

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFIC

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013

Sent To
 Street, Ap. or PO Box
 City, State
 Southwestern Energy Production Company, an Arkansas corporation
 2350 N. Sam Houston Parkway East, Suite 125
 Houston, TX 77032

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** **ACTION 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:
 Southwestern Energy Production Company, an Arkansas corporation
 2350 N. Sam Houston Parkway East, Suite 125
 Houston, TX 77032

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6413

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 ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 R. Lawlis 2/19/13
 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 5769 6420

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

For delivery information visit

OFFICE

Postage	\$ 4.46	Postmark Here
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To
 Street, A
 or PO Box
 City, State
 PS Form

Mobil Producing Texas & New
 Mexico Inc.
 P. O. Box 4610
 Houston, TX 77210-4610

See Reverse for Instructions

CERTIFIED MAIL
 SENDER: C
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

A. Signature: **X** *James Felder* ☐ Agent ☒ Addressee
 B. Received by (Printed Name): **JAMES FELDER** Date of Delivery: **2-22-13**
 D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: ☐ No

1. Article Addressed to:
 Mobil Producing Texas & New
 Mexico Inc.
 P. O. Box 4610
 Houston, TX 77210-4610

2. Article Number: **7006 0100 0005 5769 6420**
 (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

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

7006 0100 0005 5769 6437

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

For delivery information visit

OFFICE

Postage	\$ 4.46	Postmark Here
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To
 Street
 or PO
 City, State

Apache Corporation
 2000 Post Oak Blvd., Suite 100
 Houston, TX 77056

PS Form 3800, June 2002

See Reverse for Instructions

CERTIFIED MAIL
 SENDER: C
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

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

1. Article Addressed to:
 Apache Corporation
 2000 Post Oak Blvd., Suite 100
 Houston, TX 77056

2. Article Number: **7006 0100 0005 5769 6437**
 (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

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

7006 0100 0005 5769 6444

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent _____
 Street or P.O. _____
 City, _____

Marbob Energy Corporation
 P. O. Box 227
 Artesia, NM 88211-0227

PS Form 3800, June 2002 See Reverse for Instructions

SENDER'S USE PLACE STICKER AT TOP OF ENVELOPE TO BE RETURNED TO SENDER AT ADDRESS ABOVE

ATTENTION 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:
 Marbob Energy Corporation
 P. O. Box 227
 Artesia, NM 88211-0227

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6444

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 ☒ Agent ☐ Addressee
 x Misty McQuay
 B. Received by (Printed Name) C. Date of Delivery
 MISTY McQuay 2-21-13

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 5769 6444

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent _____
 Street or P.O. _____
 City, _____

Branex Resources, Inc.
 P. O. Box 2328
 Roswell, NM 88202-2328

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6468

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit COP/VGEU	
OFFICE	
Postage \$	46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Postmark Here	
FEB 15 2003	
DE VALDES POST OFFICE	
Sent	
To	
Slash Four Enterprises, Inc.	
P. O. Box 1433	
Roswell, NM 88202-1433	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COM

- 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:

Slash Four Enterprises, Inc.
P. O. Box 1433
Roswell, NM 88202-1433

A. Signature

X *Steve Goodwin*
☐ Agent;
☐ Addressee

B. Received by (Printed Name)

Steve Goodwin

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

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 6468

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5769 6475

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit COP/VGEU	
OFFICE	
Postage \$	46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Postmark Here	
FEB 15 2003	
DE VALDES POST OFFICE	
Sent	
To	
PABO Oil and Gas,	
a NM general partnership	
P. O. Box 1675	
Roswell, NM 88202-1675	
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:

PABO Oil and Gas,
a NM general partnership
P. O. Box 1675
Roswell, NM 88202-1675

A. Signature

X *Pat Greenwood*
☐ Agent;
☐ Addressee

B. Received by (Printed Name)

Pat Greenwood

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

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 6475

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5769 6482

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To: David J. Sorenson and wife,
 Street, or P.O.: Bonnie J. Sorenson
 City, State: P. O. Box 1453
 Roswell, NM 88202-1453

PS Form 3811, February 2004 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:
 David J. Sorenson and wife,
 Bonnie J. Sorenson
 P. O. Box 1453
 Roswell, NM 88202-1453

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6482

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY

A. Signature: *David J. Sorenson* ☐ Agent ☒ Addressee
 B. Received by (Printed Name): *David J. Sorenson*
 C. Date of Delivery: *2-19-13*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

7006 0100 0005 5769 6499

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To: Stephen W. Speer and wife,
 Street, or P.O.: Therese P. Speer
 City, State: P. O. Box 266
 Roswell, NM 88202-0266

PS Form 3811, February 2004 Instructions

7006 0100 0005 5769 6512

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

OFFICE

Postage \$ 46
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.11

Postmark Here
 FEB 15 2013

Seal
 Speerex Limited Partnership
 P. O. Box 266
 Roswell, NM 88202-0266

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6512

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

OFFICE

Postage \$ 46
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.11

Postmark Here
 FEB 15 2013

J. Phelps White III, a married man dealing in his sole and separate property
 P. O. Box 874
 Roswell, NM 88202-0874

See Reverse for Instructions

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

SENDER: COMPLETE

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:
 J. Phelps White III, a married man dealing in his sole and separate property
 P.O. Box 874
 Roswell, NM 88202-0874

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6512

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

ACTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X. *J. Phelps White III*
 B. Received by (Printed Name) *J. Phelps White III* Date of Delivery *FEB 15 2013*
 C. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

7006 0100 0005 5769 6529

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013
 ROSWELL, NM 88202-1433

Paradise Enterprises, Inc.
 P. O. Box 1433
 Roswell, NM 88202-1433

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:
 Paradise Enterprises, Inc.
 P. O. Box 1433
 Roswell, NM 88202-1433

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6529

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Phene Goodwin*

B. Received by (Printed Name) *Phene Goodwin* 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 5769 6536

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013
 ROSWELL, NM 88202-1818

Jon F. Coll and wife,
 Terese Coll
 P. O. Box 1818
 Roswell, NM 88202-1818

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:
 Jon F. Coll and wife,
 Terese Coll
 P. O. Box 1818
 Roswell, NM 88202-1818

2. Article Number (Transfer from service label) 7006 0100 0005 5769 6536

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Jon Coll*

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 5769 6543

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013
 USPS SANTA FE, NM

David R. Gannaway and wife, Cene Gannaway
 P. O. Box 2791
 Roswell, NM 88202-2791

PS Form 3811, February 2004 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:
 David R. Gannaway and wife, Cene Gannaway
 P. O. Box 2791
 Roswell, NM 88202-2791

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6543

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: Jeanie Vaughn
 B. Received by (Printed Name): Jeanie Vaughn
 C. Date of Delivery: 2-19-13
 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 5769 6550

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **COP/VGEU**
OFFICE

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 FEB 15 2013
 USPS SANTA FE, NM

Sent To: Edward L. Heldenbrand and wife, Regina Heldenbrand
 P. O. Box 1000
 Roswell, NM 88202

PS Form 3811, February 2004

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:
 Edward L. Heldenbrand and wife, Regina Heldenbrand
 P. O. Box 1000
 Roswell, NM 88202


2. Article Number (Transfer from service label): 7006 0100 0005 5769 6550

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: Nancy James
 B. Received by (Printed Name): Nancy James
 C. Date of Delivery: FEB 15 2013
 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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit usps.com		COP/VGEU 
OFFICE		
Postage \$	46	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To: Judith Anderson White, Trustee of the Revocable Living Trust of Judith Anderson White
 Street, Apt. or PO Box #: 2709 Chrysler Drive
 City, State: Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CERTIFIED MAIL</div> <div>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE</div> </div>		SECTION ON DELIVERY
<p>SENDER: COMPLETE THIS SECTION</p> <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. 	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>Judith Anderson White</i> </div> <input type="checkbox"/> Agent <input checked="" 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;"> <i>Judith Anderson White</i> </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> <p style="margin-top: 20px;">Judith Anderson White, Trustee of the Revocable Living Trust of Judith Anderson White 2709 Chrysler Drive Roswell, NM 88201</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;"> 7006 0100 0005 5769 6567 </div>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insured Mail over \$500 Allowed)</i>	
For delivery information visit usps.com	
OFFICIAL MAIL	
Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.05
Sent To Street, Apt or PO Box City, State	
Big Horn Investments, Inc. 2512 Gaye Drive Roswell, NM 88201	

7006 0100 0005 5769 6581

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

For delivery information visit **COP/VGEU**

OFFIC

Postage	\$ 0.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here: FEB 15 2013

Sent To: Coll Brothers Oil, a NM general partnership
 P. O. Box 1818
 Roswell, NM 88202-1818

PS Form 3800, June 2002 See Reverse for Instructions

RECEIVED MAIL

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:
 Coll Brothers Oil, a NM general partnership
 P. O. Box 1818
 Roswell, NM 88202-1818

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6581

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

SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: [Signature]

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 5769 6598

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

For delivery information visit **COP/VGEU**

OFFIC

Postage	\$ 0.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here: FEB 15 2013

Sent To: Collins & Ware, Inc.
 508 West Wall Street, #1200
 Midland, TX 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:
 Collins & Ware, Inc.
 508 West Wall Street, #1200
 Midland, TX 79701

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6598

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Amanda Oyler C. Date of Delivery: 2/19/13

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 5769 6604

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)		COP/VGEU	
For delivery information visit OFFIC			
Postage	\$.46	
Certified Fee		3.10	
Return Receipt Fee (Endorsement Required)		2.55	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	6.11	
Sent To Polaris Production Corp. 415 West Wall Street #1124 Midland, TX 79701			
PS Form 3800, June 2002 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Polaris Production Corp. 415 West Wall Street #1124 Midland, TX 79701		B. Received by (Printed Name) Garry Payne C. Date of Delivery 2-20-13	
2. Article Number (Transfer from service label) 7006 0100 0005 5769 6604		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <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 5769 6611

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)		COP/VGEU	
For delivery information visit OFFIC			
Postage	\$.46	
Certified Fee		3.10	
Return Receipt Fee (Endorsement Required)		2.55	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	6.11	
Sent To E & S Petroleum, L.L.C. P. O. Box 2825 Amarillo, TX 79105			
PS Form 3800, June 2002 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: E & S Petroleum, L.L.C. P. O. Box 2825 Amarillo, TX 79105		B. Received by (Printed Name) Alice M. Dryden C. Date of Delivery FEB 20 2013	
2. Article Number (Transfer from service label) 7006 0100 0005 5769 6611		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <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			

9299 6925 5000 0070 9002

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

For delivery information visit **OFFIC...**

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11

Sent To: EMG Oil Properties, Inc.
 Street, Apt. N or PO Box No: 1000 W. Fourth Street
 City, State, Zi: Roswell, NM 88201

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:
 EMG Oil Properties, Inc.
 1000 W. Fourth Street
 Roswell, NM 88201

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6628

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*
 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

5399 6925 5000 0070 9002

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

For delivery information visit **OFFIC...**

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11

Sent To: COG Operating LLC
 Street, Apt. N or PO Box No: 600 W. Illinois Avenue
 City, State, Zi: Midland, TX 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:
 COG Operating LLC
 Concho Oil & Gas LLC
 600 W. Illinois Avenue
 Midland, TX 79701

2. Article Number (Transfer from service label): 7006 0100 0005 5769 6635

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 02/19/13
 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 5769 6642

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit COP/VGEU	
OFFICE	
Postage \$	46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11
Ser OXY USA WTP Limited Partnership c/o Occidental Permian Ltd. 5 Greenway Plaza, Suite 110 Houston, TX 77046	

Postmark Here

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE 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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: OXY USA WTP Limited Partnership c/o Occidental Permian Ltd. 5 Greenway Plaza, Suite 110 Houston, TX 77046	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 5769 6642	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	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

102595-02-M-1540

7006 0100 0005 5769 6659

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit COP/VGEU	
OFFICE	
Postage \$	46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11
Sent To Street, Apt. # or PO Box No. City, State, Z Sonic Oil & Gas, L.P. P. O. Box 1240 Graham, TX 76450	

Postmark Here

PS Form 3806, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE 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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery PAT LOUNDER 2/21/13
1. Article Addressed to: Sonic Oil & Gas, L.P. P. O. Box 1240 Graham, TX 76450	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 5769 6659	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	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

102595-02-M-1540

7006 0100 0005 5769 6666

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information, visit OFFICIAL COP/VGEU	
Postage	\$ <u>46</u>
Certified Fee	<u>3.10</u>
Return Receipt Fee (Endorsement Required)	<u>2.55</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>6.11</u>
Sent To Chase Oil Corporation P. O. Box 1767 Artesia, NM 88211-1767	
PS Form 3800, June 2002 See Reverse for Instructions	

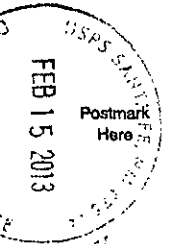
SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Kathy Donaghe</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>KATHY DONAGHE</u> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Chase Oil Corporation P. O. Box 1767 Artesia, NM 88211-1767	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) <u>7006 0100 0005 5769 6666</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

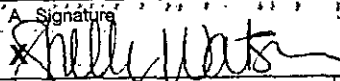
7006 0100 0005 5769 6673

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information, visit OFFICIAL COP/VGEU	
Postage	\$ <u>46</u>
Certified Fee	<u>3.10</u>
Return Receipt Fee (Endorsement Required)	<u>2.55</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>10.11</u>
Sent To Jetta-X2, L.P. 777 Taylor Street, Suite PI-D Fort Worth, TX 76126	
PS Form 3800, June 2002 See Reverse for Instructions	

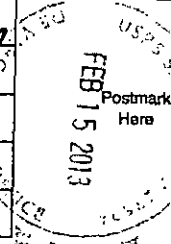
SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature <u>A. Andersen</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <u>2/19/12</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Jetta-X2, L.P. 777 Taylor Street, Suite PI-D Fort Worth, TX 76126	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) <u>7006 0100 0005 5769 6673</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

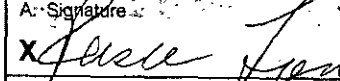
7006 0100 0005 5769 6703

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	COP/VGEU
OFFICE	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Sent To	McBee Operating Company LLC
Street, Apt. or PO Box	Attn: Deborah Draughon
City, State	4311 Oak Lawn Ave., Suite 310 Dallas, Texas 75219
PS Form 3800, June 2002 See Reverse for Instructions	

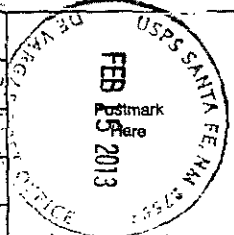
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Shelly Watson</u> C. Date of Delivery <u>2/19/13</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
McBee Operating Company LLC Attn: Deborah Draughon 4311 Oak Lawn Ave., Suite 310 Dallas, Texas 75219		<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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
7006 0100 0005 5769 6703			
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 0100 0005 5769 6710

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	COP/VGEU
OFFICE	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Sent To	Ann McBee Buell
Street, Apt. or PO Box	11241 Russwood Circle
City, State	Dallas, Texas 75229
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE 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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Anne McBee Buell</u> C. Date of Delivery <u>2-19-13</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
Ann McBee Buell 11241 Russwood Circle Dallas, Texas 75229		<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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
7006 0100 0005 5769 6710			
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

9025 5765 5000 0010 9002

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
OFFICIAL COPY/VEU	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Sent To	
W.D. McBee Enterprises Ltd	
P.O. Box 12864	
Dallas, Texas 75225	
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:

W.D. McBee Enterprises Ltd
P.O. Box 12864
Dallas, Texas 75225

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 5706

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

MBM

2.10.2013

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

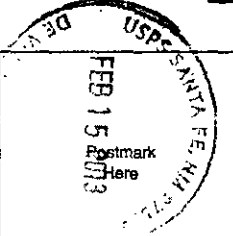
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

9025 5765 5000 0010 9002

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
OFFICIAL COPY/VEU	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Sent To	
N.M. State Land Office	
Attn: Oil, Gas, & Minerals Division	
P.O. Box 1148	
Santa Fe, NM 87504	
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:

N.M. State Land Office
Attn: Oil, Gas, & Minerals Division
P.O. Box 1148
Santa Fe, NM 87504

2. Article Number

(Transfer from service label)

7006 0100 0005 5769 5713

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

FEB 19 2013

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes