

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

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

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

CASE NO. 15023

AFFIDAVIT

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

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



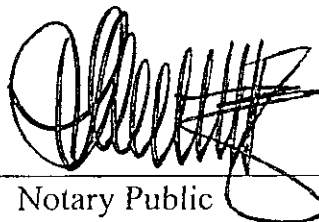
Adam G. Rankin

SUBSCRIBED AND SWORN to before this 9th day of July 2013 by Adam G.

Rankin.



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


Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: COG OPERATING LLC
Hearing Date: July 11, 2013

HOLLAND & HART^{LLP}



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law -
New Mexico Board of Legal Specialization
mfeldewert@hollandhart.com

June 21, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET OWNERS

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico
Arabian 6 Fee 6H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the E/2 W/2 of Section 6, Township 19 South, Range 26 East, NMPM, Eddy County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on July 11, 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 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Stuart Dirks at COG Operating, LLC (432) 685-4354.

Sincerely,

Michael H. Feldewert

Holland & Hart LLP

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

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

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

HOLLAND & HART^{LLP}



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law -
New Mexico Board of Legal Specialization
mfeldewert@hollandhart.com

June 21, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico
Arabian 6 Fee 6H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on July 11, 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 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Stuart Dirks at COG Operating, LLC (432) 685-4354.

Sincerely,

Michael H. Feldewert

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

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

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

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For delivery information visit our website at www.usps.com	
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: First Southern Baptist Church Heir or Devisee of Jewell Thompson) Street, Apt. or PO Box: 3120 Hualapai Mountain Road City, State: Kingman, AZ 86401	
PS Form 3800, June 2002	

JUN 21 2013

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 x <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) HUGH SCHWARTZ	
First Southern Baptist Church Heir or Devisee of Jewell Thompson) 3120 Hualapai Mountain Road Kingman, AZ 86401		C. Date of Delivery 6/24/13	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Transfer from service label)		If YES, enter delivery address below:	
7006 0100 0005 5770 4781		3. Service Type <input 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	

7006 0100 0005 5770 4798

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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: Jerry D. Thompson Heir or Devisee of Jewell Thompson) Street, Apt. or P: 131 W. Calle La Guerra City: Camarillo, CA 93010	
PS Form 3800, June 2002	

JUN 21 2013

Postmark
Here

7006 0100 0005 5770 4804

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information, visit our website at www.usps.com	
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
Postmark JUN 21 2013	
Sent To	Dorothy R. Thompson
Street or PO Box	Heir or Devisee of Jewell Thompson)
City, State	34 Jamerson Road
	Belen, NM 87002
PS Form 3800, June 2002	

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 <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Eli Thompson C. Date of Delivery 6/22/13 D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		38 Jamerson Rd Belen, NM 87002	
2. Article Number		7006 0100 0005 5770 4804	
(Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 4927

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
Postmark JUN 21 2013	
Sent To	Cecil L. Thompson, Jr.
Street or PO Box	Heir or Devisee of Jewell Thompson)
City, State	34 Jamerson Road
	Belen, NM 87002
PS Form 3800, June 2002	

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 <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Eli Thompson C. Date of Delivery 6/22/13 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		Cecil L. Thompson, Jr. Heir or Devisee of Jewell Thompson) 34 Jamerson Road Belen, NM 87002	
2. Article Number		7006 0100 0005 5770 4927	
(Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 4934

U.S. Postal Service™	
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For delivery information visit our website at www.usps.com	
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
Postmark Here JUN 21 2013	
Sent To	Deborah C. Brown
Street, Apt. or P.O. Box	Heir or Devisee of Jewell Thompson)
City, State	6068-A Appleton Road SW Albuquerque, NM 87105
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:

Deborah C. Brown
Heir or Devisee of Jewell
Thompson)
6068-A Appleton Road SW
Albuquerque, NM 87105

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 4934

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

Signature
Deborah C. Brown
B. Received by (Printed Name)
Deborah C. Brown
C. Date of Delivery
JUN 26 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

7006 0100 0005 5770 4941

U.S. Postal Service™	
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For delivery information visit our website at www.usps.com	
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
Postmark Here JUN 21 2013	
Sent To	Linda McQuillen
Street, Apt. or P.O. Box	Heir or Devisee of Jewell Thompson)
City, State	6724 McQuillen Shiloh, OH 44878
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:

Linda McQuillen
Heir or Devisee of Jewell
Thompson)
6724 McQuillen
Shiloh, OH 44878

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 4941

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 4958

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	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To: Travis H. Zelany Heir or Devisee of Jeanelle Zelany 12001 Caribou Ave NE Albuquerque, NM 87111	
PS Form 3800, June 2002 See Reverse for Instructions	



7006 0100 0005 5770 4774

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	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To: DHA, L.L.C. 500 W. Wall St. Suite 300 Midland, TX 79701	
PS Form 3800, June 2002 See Reverse for Instructions	

 Postmark
 JUN 21 2013 Here

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: <i>Travis H. Zelany</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name): <i>Travis H. Zelany</i> C. Date of Delivery: <i>6-22</i> 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: Travis H. Zelany Heir or Devisee of Jeanelle Zelany 12001 Caribou Ave NE Albuquerque, NM 87111		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 5770 4958	
PS Form 3811, February 2004		Domestic Return Receipt 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.		COMPLETE THIS SECTION ON DELIVERY A. Signature: <i>Michael H. ...</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name): <i>Michael H. ...</i> C. Date of Delivery: <i>6/21/13</i> 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: DHA, L.L.C. 500 W. Wall St. Suite 300 Midland, TX 79701		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 5770 4774	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 4767

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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
JUN 21 2013

Menpart Associates
 c/o Nearburg Exploration Company,
 L.L.C.
 P.O. Box 823085
 Dallas, TX 75382-3085

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:

Menpart Associates
 c/o Nearburg Exploration Company,
 L.L.C.
 P.O. Box 823085
 Dallas, TX 75382-3085

2. Article Number
 (Transfer from service label)

7006 0100 0005 5770 4767

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

X *G. Robert* ☐ Agent
☐ Addressee
 B. Received by (Printed Name) *GABRIEL ROBERT* C. Date of Delivery *6/24/13*
 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 5770 4750

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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
JUN 21 2013

Hideaway Partnership
 c/o TMF Investments,
 25 Hanover Rd. Building B
 Florham Park, NJ 07932

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:

Hideaway Partnership
 c/o TMF Investments,
 25 Hanover Rd. Building B
 Florham Park, NJ 07932

2. Article Number
 (Transfer from service label)

7006 0100 0005 5770 4750

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *D. Winchester* ☐ Agent
☐ Addressee
 B. Received by (Printed Name) *D. Winchester* C. Date of Delivery *6-21-13*
 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 5770 4743

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OFFICIAL MAIL COG	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Eugene E. Nearburg c/o Nearburg Exploration Company, L.L.C. P.O. Box 823085 Dallas, TX 75382-3085	
See Reverse for Instructions	

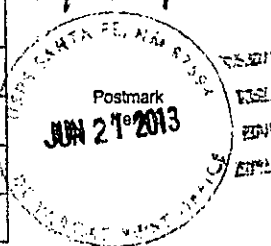


SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Eugene E. Nearburg</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Eugene E. Nearburg</i> C. Date of Delivery <i>6/24/13</i> 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: Eugene E. Nearburg c/o Nearburg Exploration Company, L.L.C. P.O. Box 823085 Dallas, TX 75382-3085		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 5770 4743	
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102595-02-M-1540

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OFFICIAL MAIL COG	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Joe R. Wright, trustee of the Wright Family Trust (5-21-98) 320 Kearney Ave. Apt. 9 Santa Fe, NM 87501	
See Reverse for Instructions	



Returned

7006 0100 0005 5770 4729

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL MAIL/COGE	
Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Postmark Here JUN 21 2013	
AAR Limited Partnership 1320 W. 4th Roswell, NM 88201	
PS Form 3800, June 2002	

7006 0100 0005 5770 4712

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL MAIL/COGE	
Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Postmark Here JUN 21 2013	
Fred N. Nelson Farms 3755 E. Grand Plains Rd. Roswell, NM 88201	
PS Form 3800, June 2002	

SENDER: COMPLETE		ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Deborah Sinner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Deborah Sinner C. Date of Delivery 6/24/13 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
AAR Limited Partnership 1320 W. 4th Roswell, NM 88201		<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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 5770 4729			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE		ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Morgan Nelson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Morgan Nelson C. Date of Delivery 6/24/13 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	
Fred N. Nelson Farms 3755 E. Grand Plains Rd. Roswell, NM 88201		<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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 5770 4712			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 4903

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL COPY	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
C. W. Paine Company 1314 Juniper Lewisville, TX 75067	
PS Form 3800, June 2002 See Reverse for Instructions	

Returned

7006 0100 0005 5770 4897

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL COPY	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
B & L Oil Company 900 W. Cooper Hobbs, NM 88240	
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 5770 4880

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 MAIL/COGE

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

JUN 21 2013

Nearburg Exploration
 Company
 P.O. Box 823085
 Dallas, TX 75382-3085

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:

Nearburg Exploration
 Company
 P.O. Box 823085
 Dallas, TX 75382-3085

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 4880

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

IN DELIVERY

A. Signature

X *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

GROVER ROSEN 6/24/13

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 5770 4873

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CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL MAIL/COGE

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

JUN 21 2013

Devon Energy Production
 Company, L.P.
 P.O. Box 108838
 Oklahoma City, OK 73101

for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Devon Energy Production
 Company, L.P.
 P.O. Box 108838
 Oklahoma City, OK 73101

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 4873

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)

C. Date of Delivery

FL 2013

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

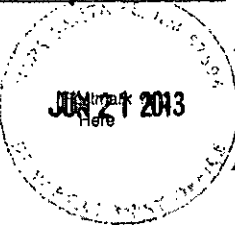
3. Service Type

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


4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 4866

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 MAIL/COGESE	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Nadel & Gussman Permian 601 N Marienfeld Suite 508 Midland, TX 79701	
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 5770 4859

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 MAIL/COGE	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Chi Energy PO Box 1799 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.		ACTION ON DELIVERY A. Signature X <i>N. Gussman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>N. Gussman</i> C. Date of Delivery <i>6/21/13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Nadel & Gussman Permian 601 N Marienfeld Suite 508 Midland, TX 79701		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 5770 4866	
PS Form 3811, February 2004		Domestic Return Receipt 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.		ACTION ON DELIVERY A. Signature X <i>Dianna Bell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Dianna Bell</i> C. Date of Delivery <i>6/21/13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Chi Energy PO Box 1799 Midland, TX 79702		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 5770 4859	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 4842

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 MAIL/COG	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Principal Properties 3407 Jefferson Avenue, Suite 100 Austin, TX 78703	

Postmark Here
JUN 21 2013

for instructions

Returned

7006 0100 0005 5770 4835

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 MAIL/COG	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Cimarex Energy Co. 600 N. Marienfeld St., Suite 600 Midland, TX 79701	

Postmark Here
JUN 21 2013

See Reverse for Instructions

SENDER'S COPY		RECEIVER'S COPY	
<p>1. Article Addressed to:</p> <p>Cimarex Energy Co. 600 N. Marienfeld St., Suite 600 Midland, TX 79701</p>		<p>2. Article Number (Transfer from service label)</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>5. Signature</p> <p><i>Sadie Garcia</i></p>		<p>6. Received by (Printed Name)</p> <p>Sadie Garcia</p>	
<p>7. Date of Delivery</p> <p>6-24-13</p>		<p>8. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5770 4826

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL MAIL/COPIES	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
<p>Postmark Here JUN 21 2013</p>	
<p>Eight Energy, Inc. 3405 Stanolind Ave. Midland, TX 79707</p>	
PS Form 3800, June 2002 (PSN 7530-02-000-9000) See Reverse for Instructions	

7006 0100 0005 5770 4811

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL MAIL/COPIES	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
<p>Postmark Here JUN 21 2013</p>	
<p>Watts Properties, LLC PO Box 2367 Roswell, NM 88202</p>	
PS Form 3800, June 2002 (PSN 7530-02-000-9000) 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Watts Properties, LLC PO Box 2367 Roswell, NM 88202</p>		<p>2. 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</p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	