

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

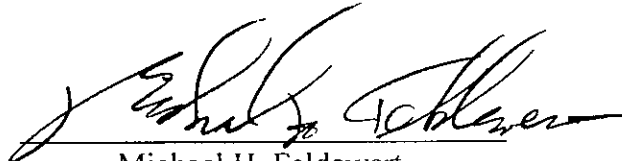
IN THE MATTER OF THE APPLICATION  
OF COG OPERATING LLC FOR A  
NON-STANDARD SPACING AND PRORATION  
UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 15054

AFFIDAVIT

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

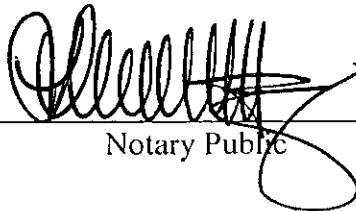
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC Company, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 13th day of November 2013 by Michael  
H. Feldewert.



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. 6  
Submitted by: COG OPERATING LLC  
Hearing Date: November 14, 2013



October 11, 2013

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**To: POOLED PARTIES**

**Re: Application of COG Operating LLC for non-standard spacing and proration unit  
and compulsory pooling, Eddy County, New Mexico:  
Stonewall 9 Fee 3H 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 October 31, 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 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, Landman at COG Operating LLC (432) 685-4354.

Sincerely,

Michael H. Feldewert

7006 0100 0005 5771 1468

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage	\$ 46.10
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

To: Wygocki Family Trust u/t/a dtd 12/20/10  
 William Wygocki, Jr. Trustee  
 721 Robbins Road  
 Lansing, MI 48917

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.

1. Article Addressed to:  
 Wygocki Family Trust u/t/a dtd 12/20/10  
 William Wygocki, Jr. Trustee  
 721 Robbins Road  
 Lansing, MI 48917

2. Article Number: 7006 0100 0005 5771 1468  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Bill Wygocki* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Bill Wygocki*

C. Date of Delivery: *10-15-13*

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 5771 1376

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**OFFICIAL USE**

Postage	\$ 46.10
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

To: P.J. Hannifin Family Trust  
 u/t/a 7/18/1991  
 765 Santa Camelia Drive  
 Solano Beach, CA 92075

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.

1. Article Addressed to:  
 P.J. Hannifin Family Trust  
 u/t/a 7/18/1991  
 765 Santa Camelia Drive  
 Solano Beach, CA 92075

2. Article Number: 7006 0100 0005 5771 1376  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Steve Hannifin* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *STEVE HANNIFIN*

C. Date of Delivery: *10/22/10*

D. Is delivery address different from item 1? ☒ Yes ☐ No  
 If YES, enter delivery address below:  
 1225 GABRIEL LN  
 FTW TX 76116

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

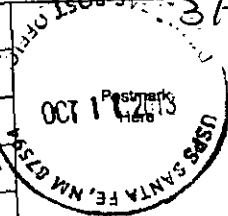
7006 0100 0005 5771 1475

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**OFFICIAL USE**

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.00
<b>Total Postage &amp; Fees</b>	\$ 16.11



**Sel** Hannifin Family Trust acting by and  
 through Mark A. Hannifin, Trustee  
**Str** Post Office Box 218  
**or**  
**Cit** Midland, Texas 79702  
**PS** Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Hannifin Family Trust acting by and            through Mark A. Hannifin, Trustee            Post Office Box 218            Midland, Texas 79702</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>Mark A. Hannifin 10-15-13</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>2. Article Number (Transfer from)</p> <p>7006 0100 0005 5771 1475</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 type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	



September 27, 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  
Stonewall 9 Fee 3H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation. 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 October 17, 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, Senior Landman at COG Operating LLC (432) 685-4354.

Sincerely,

Michael H. Feldewert

HOLLAND & HART



**Michael H. Feldewert**

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

September 27, 2013

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**To: POOLED PARTIES**

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Stonewall 9 Fee 3H Well**

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Questions concerning this application should be directed to Stuart Dirks, Senior Landman 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](http://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.

7006 0100 0005 5771 0058

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Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Postmark Here  
 SEP 27 2013

Bean Family Limited Company  
 PO Box 1738  
 Roswell, NM 88505-1738

Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

Bean Family Limited Company  
 PO Box 1738  
 Roswell, NM 88505-1738

2. Article No. (Transfer) 7006 0100 0005 5771 0058

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

**THIS SECTION ON DELIVERY**

A. Signature *Michael Carter* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Michael Carter* C. Date of Delivery *9/30/2013*

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

7006 0100 0005 5771 0041

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**OFFICE OF STENOGRAPHY**

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Postmark Here  
 SEP 27 2013

E3 Energy, Ltd  
 PO Box 205  
 Midland, TX 79702

Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

E3 Energy, Ltd  
 PO Box 205  
 Midland, TX 79702

2. Article No. (Transfer) 7006 0100 0005 5771 0041

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Pam Burke* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Pam Burke* C. Date of Delivery *10-4-13*

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 5771 0102

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**0094 Stonevale US BH**

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

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 DE VARGAS POST OFFICE

Sent \_\_\_\_\_  
 Street or P.O. \_\_\_\_\_  
 City, \_\_\_\_\_  
 State \_\_\_\_\_  
 ZIP+4 \_\_\_\_\_

Elizabeth Anne Pitts, as Trustee, and her successors in trust as Trustees of Trust A, a Sub-Trust created under the McCormick Trust dated 11-6-97  
 2715 Westwind Road  
 Las Cruces, NM 88007

Instructions

**U.S. Postal Service™**  
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**0094 Stonevale US BH**

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Postmark Here  
 SEP 27 2013  
 DE VARGAS POST OFFICE

Sent \_\_\_\_\_  
 Street or P.O. \_\_\_\_\_  
 City, \_\_\_\_\_  
 State \_\_\_\_\_  
 ZIP+4 \_\_\_\_\_

Elizabeth Anne Pitts, as Trustee, and her successors in trust as Trustees of Trust A, a Sub-Trust created under the McCormick Trust dated 11-6-97  
 2715 Westwind Road  
 Las Cruces, NM 88007

Instructions

**THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from) 7006 0100 0005 5771 0102

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

7006 0100 0005 5771 0119

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**0094 Stonevale US BH**

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Postmark Here  
 SEP 27 2013  
 DE VARGAS POST OFFICE

Sent \_\_\_\_\_  
 Street or P.O. \_\_\_\_\_  
 City, \_\_\_\_\_  
 State \_\_\_\_\_  
 ZIP+4 \_\_\_\_\_

Margaret H. Wygocki  
 721 Robbins Road  
 Lansing, MI 48917-2022

Instructions

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**0094 Stonevale US BH**

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Postmark Here  
 SEP 27 2013  
 DE VARGAS POST OFFICE

Sent \_\_\_\_\_  
 Street or P.O. \_\_\_\_\_  
 City, \_\_\_\_\_  
 State \_\_\_\_\_  
 ZIP+4 \_\_\_\_\_

Margaret H. Wygocki  
 721 Robbins Road  
 Lansing, MI 48917-2022

Instructions

**THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from) 7006 0100 0005 5771 0119

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

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICE/STONE 11263H**

Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.11

SEP 27 2013  
 SANTA FE, NM 87504

Nuevo Seis, Limited  
 Partnership  
 PO Box 2588  
 Roswell, NM 88202-2588

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:

Nuevo Seis, Limited  
 Partnership  
 PO Box 2588  
 Roswell, NM 88202-2588

2. Article Number (Transfer from ser)

7006 0100 0005 5771 0089

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

7006 0100 0005 5771 0089

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

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**OFFICE/STONE 11263H**

Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.11

SEP 27 2013  
 SANTA FE, NM 87504

Oxy USA Inc.  
 5 Greenway Plaza, Ste 2700  
 Houston, TX 77046

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:

Oxy USA Inc.  
 5 Greenway Plaza, Ste 2700  
 Houston, TX 77046

2. Article Number (Transfer from)

7006 0100 0005 5771 0614

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

520000

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 5771 0621

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 1.46

Certified Fee 3.10

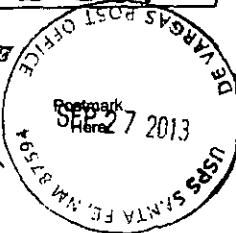
Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.11

Sent To: OGX Production, LP  
PO Box 2064  
Midland, TX 79702

PS Form



## 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:

OGX Production, LP  
 PO Box 2064  
 Midland, TX 79702

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature Erc Mendez ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Erc Mendez C. Date of Delivery 10-3-13
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

☒ Certified Mail ☐ Express Mail

☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number  
(Transfer from serv)

7006 0100 0005 5771 0621

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5771 0607

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 1.46

Certified Fee 3.10

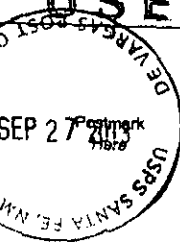
Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.11

Sent To: OXY Y-1 Company  
5 Greenway Plaza, Suite 110  
Houston, TX 77046-0521

PS Form



## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY Y-1 Company  
 5 Greenway Plaza, Suite 110  
 Houston, TX 77046-0521

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [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:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number  
(Transfer)

7006 0100 0005 5771 0607

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5771 0096

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE OF ASST. ATTORNEY GENERAL**

Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.11

Postmark Here  
 SEP 27 2013

Patrick J. Hannifin, Trustee of  
 the P.J. Hannifin Family Trust  
 PO Box 218  
 Midland, TX 79702

Instructions

7006 0100 0005 5771 0096

**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:  
 Patrick J. Hannifin, Trustee of  
 the P.J. Hannifin Family Trust  
 PO Box 218  
 Midland, TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Tammy Hannifin* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Tammy Hannifin* C. Date of Delivery: *9-30-13*

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 ☐ No

2. A. *7006 0100 0005 5771 0096*

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

7006 0100 0005 5771 0065

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**OFFICE OF ASST. ATTORNEY GENERAL**

Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.11

Postmark Here  
 SEP 27 2013

Sent To: Sara C. Garretson  
 Street or PO: 7121 Oakbrook Dr.  
 City, St: Plano, TX 75025-3215

Instructions

7006 0100 0005 5771 0065

**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:  
 Sara C. Garretson  
 7121 Oakbrook Dr.  
 Plano, TX 75025-3215

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sara C. Garretson* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Sara C. Garretson* C. Date of Delivery: *9-30-13*

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 ☐ No

2. Article Number (Transfer from): *7006 0100 0005 5771 0065*

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

7006 0100 0005 5770 9748

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**OFFICE OF THE ATTORNEY GENERAL**

Postage \$ 4.60

Certified Fee 3.10

Return Receipt Fee (Endorsement Required) 2.55

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 10.11

SEP 27 2013  
 Postmark Here

Sent To  
 Street, Apt. or PO Box  
 City, State, ZIP+4®  
 TIG Properties, LP  
 PO Box 10508  
 Midland, TX 79702

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.

Article Addressed to:  
 TIG Properties, LP  
 PO Box 10508  
 Midland, TX 79702

2. Article Number 7006 0100 0005 5770 9748

(Transfer from service)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature P. A. M. Burke ☒ Agent ☐ Addressee

B. Received by (Printed Name) P. A. M. Burke C. Date of Delivery 10-4-13

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 5771 0126

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE OF THE ATTORNEY GENERAL**

Postage \$ 2.60

Certified Fee 3.10

Return Receipt Fee (Endorsement Required) 2.55

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.25

SEP 27 2013  
 Postmark Here

Sent To  
 Street, Apt. or PO Box  
 City, State, ZIP+4®  
 Tex Zia Properties  
 PO Box 261427  
 Plano, TX 75026-1427

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.

Article Addressed to:  
 Tex Zia Properties  
 PO Box 261427  
 Plano, TX 75026-1427

2. Article Number 7006 0100 0005 5771 0126

(Transfer from service)

**THIS SECTION ON DELIVERY**

A. Signature W. S. Montoya ☐ Agent ☐ Addressee

B. Received by (Printed Name) W. S. Montoya C. Date of Delivery 10-4-13

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

**U.S. Postal Service™**

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OCEAN STATE WAREHOUSE**

Postage	\$ 4.46
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 10.71

**DEPARTMENT OF REVENUE**

**SEP 27 2011**

**SANTA FE, NM 87504**

Postmark Here

**Sent To:** Yates Petroleum Corp.

**Street, or PO:** Abo Petroleum Corp.

**City, S:** Myco Industries, Inc.

**PS Form 3849**

Artesia, NM 88210-2177

**Instructions**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <div style="border: 1px solid black; padding: 5px; display: inline-block;">J. Delgado</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">9-30-13</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No       </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Yates Petroleum Corp.            Abo Petroleum Corp.            Myco Industries, Inc.            105 South 4th Street            Artesia, NM 88210-2177</p> </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail         </div> <div> <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.         </div> </div>
<p>2. Article (Transit)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>7006 0100 0005 5771 0072</p> </div>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	