

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


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

CASE NOS. 15096 & 15097

AFFIDAVIT

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

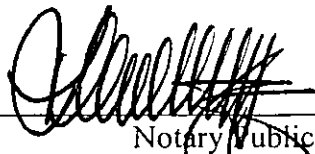
Michael H. Feldewert, attorney in fact and authorized representative of COG OPERATING LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Applications have been provided under the notice letters and proof of receipts attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 19th day of March 2014 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. 7
Submitted by: COG OPERATING LLC
Hearing Date: March 20, 2014

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

February 14, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**Re: Application of COG Operating LLC for A Non-Standard Spacing And Proration
Unit, and Compulsory Pooling, Lea County, New Mexico.
Case No. 15096: Sebastian Federal Com No. 1H Well**

**Application of COG Operating LLC for A Non-Standard Spacing And Proration
Unit, and Compulsory Pooling, Lea County, New Mexico.
Case No. 15097: Sebastian Federal Com No. 2H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on March 6, 2014. 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 Mike Wallace at (432) 221-0465.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

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

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

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

February 14, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC For A Non-Standard Spacing And Proration
Unit, And Compulsory Pooling, Lea County, New Mexico.
Case No. 15096: Sebastian Federal Com No. 1H Well**

**Application of COG Operating LLC For A Non-Standard Spacing And Proration
Unit, And Compulsory Pooling, Lea County, New Mexico.
Case No. 15097: Sebastian Federal Com No. 2H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on March 6, 2014. 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.

If you have any questions about this matter please contact Mike Wallace, at (432) 221-0465.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

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

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

**COG OPERATING LLC
SEBASTIAN 1H & 2H
POOLED PARTIES**

Joel Talley
c/o Tacor Resources Inc.
600 N. Marienfeld St., Ste 807
Midland, TX 79701

June Cook
**No Address (Notice in the
Paper)**

Cloma Perkins
**No Address (Notice in the
Paper)**

A&P Family Partership, LP
P.O. Box 1046
Eunice, NM 88231

George L. Sims
P.O. Box 34
Mayhill, NM 88339

Barbara A. Sims
1004 Carter Ave.
Lovington, NM 88260

Heirs and devisees of Winnie Sims
Kennan (Leo V. Sims, II)
Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

Leo V. Sims, II
P.O. Box 2630
Hobbs, NM 88240

Elizabeth Lea Daugherty, Trustee of
the Elizabeth Lea Daugherty Trust
dtd. March 22, 2012
329 W. Houghton
Santa Fe, NM 87505

Realeza Del Spear, LP
P.O. Box 1684
Midland, TX 79702

Realeza Del Spear, LP
P.O. Box 2630
Midland, TX 79702

Betty Gray
2305 W. Ruthrauff Rd. #814
Tucson, AZ 85705

Betty Gray
P.O. Box 1380
Silver City, NM 88061

Imogene Hanners
P.O. Box 1224
Lovington, NM 88260

Imogene Hanners
1004 W. Ave N
Lovington, NM 88260

N.M.Department of Transportation
1120 Cerrillos Rd.
Santa Fe, NM 87504
Attn: Mr. Clyde Archibeque

OFFSETS

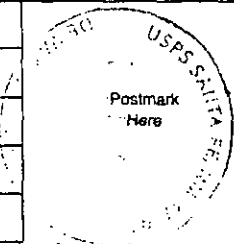
Kaiser Francis
P.O. Box 21468
Tulsa, OK 74121

Kaiser Francis
P.O. Box 21468
Tulsa, OK 74121

EOG Resources, Inc.
5509 Champions Dr.
Midland, TX 79706

EOG Resources, Inc.
P.O. Box 4362
Houston, TX 77210

7006 0100 0005 5771 5138

| | |
|--|---|
| 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 SUBSTITUTIONS E-2 | |
| Postage \$ |  |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ 6.90 | |
| Joel Talley c/o Tacor Resources Inc. 600 N. Marienfeld St., Ste 807 Midland, TX 79701 | |
| PS Form 3800, June 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:

Joel Talley
 c/o Tacor Resources Inc.
 600 N. Marienfeld St., Ste 807
 Midland, TX 79701

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 5138

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
 X *Joel Talley*
- B. Received by (Printed Name) *Joel Talley* C. Date of Delivery *12-21-14*
- 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

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:

A&P Family Partnership, LP
 P.O. Box 1046
 Eunice, NM 88231

2. Article Number

(Transfer from service label)

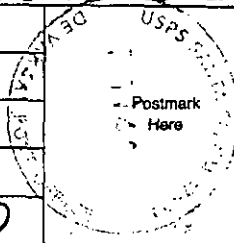
7006 0100 0005 5771 5121

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5771 5121

| | |
|--|---|
| 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 SUBSTITUTIONS E-2 | |
| Postage \$ |  |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ 6.90 | |
| A&P Family Partnership, LP P.O. Box 1046 Eunice, NM 88231 | |
| PS Form 3800, June 2004 See reverse for instructions | |

7006 0100 0005 5771 5114

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

OFFICIAL *Subst* **SIZE 2**

| | |
|---|----------------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <i>6.90</i> |

Postmark Here

George L. Sims
 P.O. Box 34
 Mayhill, NM 88339

See Reverse for Instructions

SENDER: **CERTIFIED MAIL** **NOTION ON DELIVERY**

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

Complete items 1-4 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:

George L. Sims
 P.O. Box 34
 Mayhill, NM 88339

2. Article Number
 (Transfer from service label) *7006 0100 0005 5771 5114*

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) ☐ Yes

B. Received by (Printed Name) *Crystal Sears*

C. Date of Delivery *18 Feb 14*

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 5771 5107

U.S. Postal Service™
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OFFICIAL *Subst* **SIZE 2**

| | |
|---|----------------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <i>6.90</i> |

Postmark Here

Barbara A. Sims
 1004 Carter Ave.
 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 5091

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OFFICIAL RECEIPT

| | |
|--|--------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$6.90 |

Postmark Here

Heirs and devisees of Winnie Sims
 Kennan (Leo V. Sims, II)
 Leo V. Sims, II
 P.O. Box 2630
 Hobbs, NM 88240

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:

Heirs and devisees of Winnie Sims
 Kennan (Leo V. Sims, II)
 Leo V. Sims, II
 P.O. Box 2630
 Hobbs, NM 88240

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

ON ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Denise Albertson

B. Received by (Printed Name) C. Date of Delivery
 Denise Albertson 2-19-14

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 5771 5084

U.S. Postal Service™
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OFFICIAL RECEIPT

| | |
|--|--------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$6.90 |

Postmark Here

Leo V. Sims, II
 P.O. Box 2630
 Hobbs, NM 88240

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:

Leo V. Sims, II
 P.O. Box 2630
 Hobbs, NM 88240

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

ON ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Denise Albertson

B. Received by (Printed Name) C. Date of Delivery
 Denise Albertson 2-19-14

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

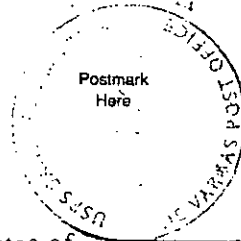
7006 0100 0005 5771 5077

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OFFICIAL USE

| | |
|---|----------------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.90 |



Elizabeth Lea Daugherty, Trustee of
 the Elizabeth Lea Daugherty Trust
 dtd. March 22, 2012
 329 W. Houghton
 Santa Fe, NM 87505

See Reverse for Instructions

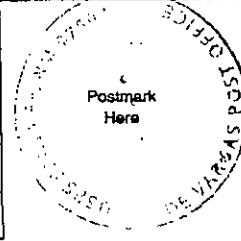
7006 0100 0005 5771 5053

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

| | |
|---|----------------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.90 |



Realeza Del Spear, LP
 P.O. Box 2630
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL *Sebastian* **SE**

| | |
|--|----------------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.90 |

Postmark Here

Realeza Del Spear, LP
 P.O. Box 1684
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPL **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:
 Realeza Del Spear, LP
 P.O. Box 1684
 Midland, TX 79702

2. Article Number (Transfer from service label):

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

4. Restricted Delivery? ☐ Yes ☐ No

A. Signature: *Chelsea Sosa* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Chelsea Sosa*
 C. Date of Delivery: *2/21/14*
 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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL *Sebastian* **SE**

| | |
|--|----------------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.90 |

Postmark Here

Betty Gray
 2305 W. Ruthrauff Rd. #814
 Tucson, AZ 85705

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5771 5039

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

| | |
|---|---------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.90 |

Postmark Here

Betty Gray
 P.O. Box 1380
 Silver City, NM 88061

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5771 4964

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

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

OFFICIAL USE

| | |
|---|---------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.90 |

Postmark Here

Imogene Hanners
 1004 W. Ave N
 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse 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.

Article Addressed to:

Imogene Hanners
 1004 W. Ave N
 Lovington, NM 88260

2. Article Number (Transfer from service label) 7006 0100 0005 5771 4964

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

DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Imogene Hanners

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

7006 0100 0005 5771 4971

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 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICE *Sebastian 542*

| | | |
|---|----|------|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | 6.90 |

Postmark Here

Imogene Hanners
 P.O. Box 1224
 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™
 SENDER: COMPLETE

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:

Imogene Hanners
 P.O. Box 1224
 Lovington, NM 88260

2. Article Number
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature *Imogene Hanners* ☐ 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

7006 0100 0005 5771 4971

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

7006 0100 0005 5771 4957

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

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

OFFICE *Sebastian 542*

| | | |
|---|----|------|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | 6.90 |

Postmark Here

N.M. Department of Transportation
 1120 Cerrillos Rd.
 Santa Fe, NM 87504
 Attn: Mr. Clyde Archibeque

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED 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:

N.M. Department of Transportation
 1120 Cerrillos Rd.
 Santa Fe, NM 87504
 Attn: Mr. Clyde Archibeque

2. Article Number
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature *Mr. Archibeque* ☐ 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

7006 0100 0005 5771 4957

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

7006 0100 0005 5771 4940

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

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

OFFICE *Schuster* **SE**

| | | |
|---|----------------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ <i>6.90</i> | |

Kaiser Francis
 P.O. Box 21468
 Tulsa, OK 74121

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Kaiser Francis
 P.O. Box 21468
 Tulsa, OK 74121

2. Article Number
 (Transfer from service label) 7006 0100 0005 5771 4940

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED
 A. Signature *Kaiser Francis* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 FEB 19 2014

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 5771 4933

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

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

OFFICE *Schuster* **SE**

| | | |
|---|----------------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ <i>6.90</i> | |

Kaiser Francis
 P.O. Box 21468
 Tulsa, OK 74121

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Kaiser Francis
 P.O. Box 21468
 Tulsa, OK 74121

2. Article Number
 (Transfer from service label) 7006 0100 0005 5771 4933

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED
 A. Signature *Kaiser Francis* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 FEB 19 2014

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 5771 4926

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

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

OFFICIAL USE

| | |
|---|--------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$6.90 |

Postmark Here

EOG Resources, Inc.
 5509 Champions Dr.
 Midland, TX 79706

PS Form 3800, June 2002 See Reverse for Instructions

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

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

OFFICIAL USE

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:

OG Resources, Inc.
 509 Champions Dr.
 Midland, TX 79706

2. Article Number (Transfer from service label)

7006 0100 0005 5771 4926

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

SENDER: COMPLETE THIS SECTION

A. Signature: *Robert Foree*

B. Received by (Printed Name): *R. Foree*

C. Date of Delivery: *2-20-14*

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: *Correct P.O. Box 2267 Midland TX 79702*

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 4919

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

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

OFFICIAL USE

| | |
|---|--------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$6.90 |

Postmark Here

EOG Resources, Inc.
 P.O. Box 4362
 Houston, TX 77210

PS Form 3800, June 2002 See Reverse for Instructions

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

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

OFFICIAL USE

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:

EOG Resources, Inc.
 P.O. Box 4362
 Houston, TX 77210

2. Article Number (Transfer from service label)

7006 0100 0005 5771 4919

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

SENDER: COMPLETE THIS SECTION

A. Signature: *M. Carter*

B. Received by (Printed Name): *M. Carter*

C. Date of Delivery: *2-20-14*

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