

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:

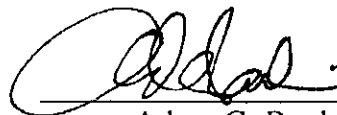
AMENDED APPLICATION OF EOG RESOURCES, INC. FOR CREATION OF A NON-STANDARD 160-ACRE SPACING AND PRORATION UNIT FOR ALL FORMATION AND/OR POOLS DEVELOPED ON 40 ACRE SPACING FROM THE SURFACE TO THE BASE OF THE BONE SPRINGS FORMATION, FOR CREATION OF A NON-STANDARD 320-ACRE SPACING AND PRORATION UNIT IN THE WOLFCAMP FORMATION, AND FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

CASE NO. 15126

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of EOG Resources, Inc., 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.

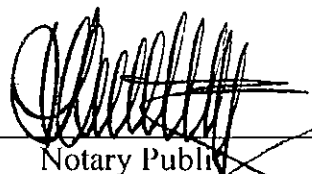


Adam G. Rankin

SUBSCRIBED AND SWORN to before this 28th day of May 2013 by Adam G.  
Rankin.



OFFICIAL SEAL  
MARIE 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. 5  
Submitted by: EOG RESOURCES, INC.  
Hearing Date: June 12, 2014

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

May 9, 2014

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

**TO: OFFSETTING LESSEES AND OPERATORS**

**Re: Case No. 15126: Amended Application of EOG Resources, Inc. For Creation Of A Non-Standard 160-Acre Spacing And Proration Unit For All Formations And/Or Pools Developed On 40-Acre Spacing From The Surface To The Base Of The Bone Springs Formation, For Creation Of A Non-Standard 320-Acre Spacing And Proration Unit In The Wolfcamp Formation, And For Compulsory Pooling, Lea County, New Mexico. Ophelia 27 701H Well**

This letter is to advise you that EOG Resources, Inc. 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 May 29, 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 19.15.4.13.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 Dan McCright at (432) 686-3741 or [dan\\_mccright@eogresources.com](mailto:dan_mccright@eogresources.com).

Sincerely,

Michael H. Feldewert

**ATTORNEY FOR EOG RESOURCES, INC.**

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. ☎



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

May 9, 2014

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

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Case No. 15126: Amended Application of EOG Resources, Inc. For Creation Of A Non-Standard 160-Acre Spacing And Proration Unit For All Formations And/Or Pools Developed On 40-Acre Spacing From The Surface To The Base Of The Bone Springs Formation, For Creation Of A Non-Standard 320-Acre Spacing And Proration Unit In The Wolfcamp Formation, And For Compulsory Pooling, Lea County, New Mexico. Ophelia 27 701H Well**

Ladies & Gentlemen:

This letter is to advise you that EOG Resources, Inc., 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 May 29, 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 19.15.4.13.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 Dan McCright, at (432) 686-3741 or dan\_mccright@eogresources.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert".

Michael H. Feldewert  
ATTORNEY FOR EOG RESOURCES, INC.

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 PO 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. ☐

**EOG RESOURCES, INC  
AMENDED OPHELIA 27 #701H WELL**

**POOLED PARTIES**

Ricki Raindl  
P.O. Box 142454  
Irving, Texas 75014-2454

Debra Kay Primera  
P.O. Box 28504  
Austin, Texas 78755

**OFFSET:**

Bennett T. Easterling  
P. O. Box 1888  
Quemado, New Mexico 87829

Lance Sears Easterling  
522 Harbert Street  
Columbus, Texas 78934

Susan Swaim  
P. O. Box 1014  
Truth or Consequences, NM  
87901

Katherine Ross Madera Sharbutt  
433 Chaco Drive  
Alamogordo, New Mexico 88310

Lela Ellen Madera  
1815 Scenic View Drive  
Canyon Lake, Texas 78113

Zane Kiehne  
2107 S. Cactus  
Pecos, Texas 79772

Elizabeth Lucille Rectenwald  
5320 Sandywood Court  
Carmichael, CA 95608

Ross Eugene Easterling, Jr.  
P. O. Box 771435  
Steamboat Springs, CO 80477

Nail Bay Royalties, LLC  
P. O. Box 671099  
Dallas, Texas 75367

Oscura Resources, Inc.  
P. O. Box 2292  
Roswell, New Mexico 88202

Robert Mitchell Raindl  
P. O. Box 853  
Tahoka, Texas 79373

Raymond F. Fort  
P. O. Box 65043  
Lubbock, Texas 79464

Dorchester Minerals  
3838 Oak Lawn Avenue,  
Suite 300  
Dallas, Texas 75219

ConocoPhillips Company  
600 North Dairy Ashford  
Houston, Texas 77079

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

7006 2760 0001 6376 5183

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 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees 6.48

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Ricki Raindl  
 P.O. Box 142454  
 Irving, Texas 75014-2454

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## 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:

Ricki Raindl  
 P.O. Box 142454  
 Irving, Texas 75014-2454

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5183

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Ricki Raindl
☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

Ricki D. Raindl

## C. Date of Delivery

5-13-14

## D. Is delivery address different from item 1?

☐ Yes  
☒ No

If YES, enter delivery address below:

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes  
☒ No

7006 2760 0001 6376 5220

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Postage \$ 6.48  
 Certified Fee 3.80  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees 6.48

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 MAY -9 2014  
 SANTA FE, NM 87501  
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Debra Kay Primera  
 P.O. Box 28504  
 Austin, Texas 78755

For delivery information visit [usps.com](http://usps.com)

## 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:

Debra Kay Primera  
 P.O. Box 28504  
 Austin, Texas 78755

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5220

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Debra Kay Primera
☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

Debra Kay Primera

## C. Date of Delivery

5-19-14

## D. Is delivery address different from item 1?

☐ Yes  
☒ No

If YES, enter delivery address below:

MAY 19 2014

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes  
☒ No

7006 2760 0001 6376 5299

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only) MHF/EOG	
For delivery information: OPHELIA 701H	
<b>OFFICIAL</b>	
Postage	\$ <u>6.49</u>
Certified Fee	<u>3.30</u>
Return Receipt Fee (Endorsement Required)	<u>2.70</u>
Restricted Delivery Fee (Endorsement Required)	<u>6.49</u>
Total Postage & Fees	\$ <u>18.98</u>

Bennett T. Easterling  
P. O. Box 1888  
Quemado, New Mexico 87829

USPS SANTA FE, NM 87501  
Postmark  
MAY - 9 2014  
SANTA FE MAIN POST OFFICE

for instructions

<p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE</p> <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> <u>Cathy Carrejo</u>  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed name)  <u>Cathy Carrejo</u></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Bennett T. Easterling P. O. Box 1888 Quemado, New Mexico 87829</p>		<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 2760 0001 6376 5299</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102585-02-M-1540	

7006 2760 0001 6376 5190

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only) MHF/EOG	
For delivery information: OPHELIA 701H	
<b>OFFICIAL</b>	
Postage	\$ <u>6.49</u>
Certified Fee	<u>3.30</u>
Return Receipt Fee (Endorsement Required)	<u>2.70</u>
Restricted Delivery Fee (Endorsement Required)	<u>6.49</u>
Total Postage & Fees	\$ <u>18.98</u>

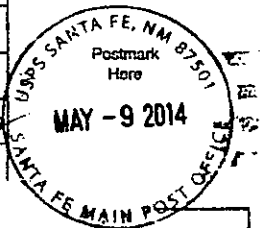
Lance Sears Easterling  
522 Harbert Street  
Columbus, Texas 78934

USPS SANTA FE, NM 87501  
Postmark  
MAY - 9 2014  
SANTA FE MAIN POST OFFICE

for instructions

7006 2760 0001 6376 5466

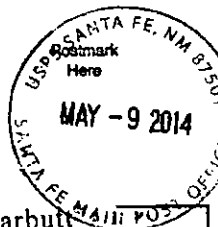
U.S. Postal Service <sup>TM</sup>	
<b>CERTIFIED MAIL <sup>TM</sup> RECEIPT</b>	
(Domestic Mail Only; No Insurance Provided)	
For delivery information, visit <b>OPHELIA 701H</b>	
<b>OFFICE</b>	
Postage	\$ <u>69</u>
Certified Fee	<u>330</u>
Return Receipt Fee (Endorsement Required)	<u>270</u>
Restricted Delivery Fee (Endorsement Required)	<u>669</u>
Total Postage & Fees	\$ <u>1669</u>
Sent by <u>Susan Swaim</u> Sent to <u>P. O. Box 1014</u> City <u>Truth or Consequences, NM</u> Zip <u>87901</u>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	



<b>CERTIFIED MAIL</b> PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
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:  Susan Swaim P. O. Box 1014 Truth or Consequences, NM 87901	
2. Article Number <u>7006 2760 0001 6376 5466</u> (Transfer from service label)	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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 <input checked="" type="checkbox"/> No	
A. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>Ken Swaim</u> C. Date of Delivery <u>5-13-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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7006 2760 0001 6376 5305

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For delivery information, visit <b>OPHELIA 701H</b>	
<b>OFFICE</b>	
Postage	\$ <u>69</u>
Certified Fee	<u>330</u>
Return Receipt Fee (Endorsement Required)	<u>270</u>
Restricted Delivery Fee (Endorsement Required)	<u>669</u>
Total Postage & Fees	\$ <u>1669</u>
Sent by <u>Katherine Ross Madera Sharbutt</u> Sent to <u>433 Chaco Drive</u> City <u>Alamogordo, New Mexico</u> Zip <u>88310</u>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	



<b>CERTIFIED MAIL</b> PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
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:  Katherine Ross Madera Sharbutt 433 Chaco Drive Alamogordo, New Mexico 88310	
2. Article Number <u>7006 2760 0001 6376 5305</u> (Transfer from service label)	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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 <input checked="" type="checkbox"/> No	
A. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>B. M. Sorum</u> C. Date of Delivery <u>05/13/14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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7006 2760 0001 6376 5206

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Postage \$ 68  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 68  
 Total Postage & Fees \$ 68

Postmark  
 MAY 9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Lela Ellen Madera  
 1815 Scenic View Drive  
 Canyon Lake, Texas 78113

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:  
 Lela Ellen Madera  
 1815 Scenic View Drive  
 Canyon Lake, Texas 78113

2. Article Number (Transfer from service label) 7006 2760 0001 6376 5206

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [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

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

7006 2760 0001 6376 5275

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 OPHELIA 701H

Postage \$ 68  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 68  
 Total Postage & Fees \$ 68

Postmark  
 MAY 9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent to: Zane Kiehne  
 Street or PO: 2107 S. Cactus  
 City: Pecos, Texas 79772

Instructions

Returned



7006 2760 0001 6376 5312

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 OPHELIA 701H  
**OFFICE**

Postage \$ 6.59  
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 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 6.68

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 U.S. POST OFFICE  
 SANTA FE, NM 87501

Elizabeth Lucille Rectenwald  
 5320 Sandywood Court  
 Carmichael, CA 95608

For delivery information visit [usps.com](http://usps.com)

7006 2760 0001 6376 5312

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF7EUG  
 OPHELIA 701H  
**OFFICE**

Postage \$ 6.59  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 6.68

Postmark Here  
**MAY - 9 2014**  
 U.S. POST OFFICE  
 SANTA FE, NM 87501

Ross Eugene Easterling, Jr.  
 P. O. Box 771435  
 Steamboat Springs, Colorado  
 80477

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Elizabeth Lucille Rectenwald ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_  
 D. Is delivery address different from above? ☐ Yes ☐ No  
 If YES, enter delivery address below \_\_\_\_\_  
 3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number \_\_\_\_\_  
 (Transfer from service label) 7006 2760 0001 6376 5312

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

7006 2760 0001 6376 5312

U.S. Postal Service  
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 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF7EUG  
 OPHELIA 701H  
**OFFICE**

Postage \$ 6.59  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 6.68

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 U.S. POST OFFICE  
 SANTA FE, NM 87501

Ross Eugene Easterling, Jr.  
 P. O. Box 771435  
 Steamboat Springs, Colorado  
 80477

For delivery information visit [usps.com](http://usps.com)

7006 2760 0001 6376 5282

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**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit **OFFICE** MHE/EOG  
 OPHELIA 701H

Postage	\$ 68
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 668

Postmark  
 MAY 9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Nail Bay Royalties, LLC  
 P. O. Box 671099  
 Dallas, Texas 75367

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:  
 Nail Bay Royalties, LLC  
 P. O. Box 671099  
 Dallas, Texas 75367

2. Article Number (Transfer from service label) 7006 2760 0001 6376 5282

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X MARGIT

B. Received by (Printed Name) MARGIT C. Date of Delivery 05/13/14

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 2760 0001 6376 5329

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit **OFFICE** MHE/EOG  
 OPHELIA 701H

Postage	\$ 68
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 668

Postmark  
 MAY -9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Oscura Resources, Inc.  
 P. O. Box 2292  
 Roswell, New Mexico 88202

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:  
 Oscura Resources, Inc.  
 P. O. Box 2292  
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label) 7006 2760 0001 6376 5329

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X MARGIT

B. Received by (Printed Name) MARGIT C. Date of Delivery 05/13/14

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 2760 0001 6376 5336

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No In) MHF/EUG  
 For delivery information visit OPHELIA 701H  
**OFFIC**

Postage \$ 6.48  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 6.48  
 Total Postage & Fees \$ 18.96

Postmark Here  
 MAY -9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Send to:  
 Sir or Madam:  
 City:  
 Robert Mitchell Raindl  
 P. O. Box 853  
 Tahoka, Texas 79373

PS Form 3811, February 2004

7006 2760 0001 6376 5336

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No In) MHF/EUG  
 For delivery information visit OPHELIA 701H  
**OFFIC**

Postage \$ 6.48  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 6.48  
 Total Postage & Fees \$ 18.96

Postmark Here  
 MAY -9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Send to:  
 Sir or Madam:  
 City:  
 Robert Mitchell Raindl  
 P. O. Box 853  
 Tahoka, Texas 79373

PS Form 3811, February 2004

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:

Robert Mitchell Raindl  
 P. O. Box 853  
 Tahoka, Texas 79373

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5336

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X Robert Mitchell Raindl Agent Addressee

B. Received by (Printed Name)  
 Robert Mitchell Raindl

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 2760 0001 6376 5350

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No In) MHF/EUG  
 For delivery information visit OPHELIA 701H  
**OFFIC**

Postage \$ 6.48  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 6.48  
 Total Postage & Fees \$ 18.96

Postmark Here  
 MAY -9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Send to:  
 Sir or Madam:  
 City:  
 Raymond F. Fort  
 P. O. Box 65043  
 Lubbock, Texas 79464

PS Form 3811, February 2004

7006 2760 0001 6376 5350

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No In) MHF/EUG  
 For delivery information visit OPHELIA 701H  
**OFFIC**

Postage \$ 6.48  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 6.48  
 Total Postage & Fees \$ 18.96

Postmark Here  
 MAY -9 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Send to:  
 Sir or Madam:  
 City:  
 Raymond F. Fort  
 P. O. Box 65043  
 Lubbock, Texas 79464

PS Form 3811, February 2004

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:

Raymond F. Fort  
 P. O. Box 65043  
 Lubbock, Texas 79464

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5350

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X Paulette Boyd Agent Addressee

B. Received by (Printed Name)  
 Paulette Boyd

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 2760 0001 6376 5367

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only, No Insurance)	
For delivery information visit <b>OFFICIAL</b>	MHF/EOG OPHELIA 701H
Postage \$	6.99
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	13.00
Dorchester Minerals 3838 Oak Lawn Avenue, Suite 300 Dallas, Texas 75219	

Postmark Here  
MAY -9 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

**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:

Dorchester Minerals  
3838 Oak Lawn Avenue, Suite 300  
Dallas, Texas 75219

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5367

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Carol Crabtree* Agent

B. Received by (Printed Name)

CAROL CRABTREE

C. Date of Delivery

5-12-14

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 2760 0001 6376 5367

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only, No Insurance)	
For delivery information visit <b>OFFICIAL</b>	MHF/EOG OPHELIA 701H
Postage \$	6.99
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	13.00
ConocoPhillips Company 600 North Dairy Ashford Houston, Texas 77079	

Postmark Here  
MAY -9 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

**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:

ConocoPhillips Company  
600 North Dairy Ashford  
Houston, Texas 77079

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 5367

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Carol Crabtree* Agent

B. Received by (Printed Name)

CAROL CRABTREE

C. Date of Delivery

5-12-14

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

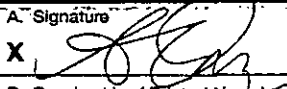
7006 2760 0001 6376 5176

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only) No <b>MAF/EOG</b> For delivery information, visit <b>OPHELIA 701H</b> <b>OFFICE</b>	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Bureau of Land Management 620 East Greene Street Carlsbad, New Mexico 88220	

Postmark: MAY - 9 2014

USPS SANTA FE, NM 87501

for instructions

<b>SENDER: COMPLETE THIS SECTION</b> ■ 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.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <b>X</b>  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <b>5/12/14</b> 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:  Bureau of Land Management 620 East Greene Street Carlsbad, New Mexico 88220		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 5176

## **Lisamarie Ortiz**

---

**From:** Gabrielle Gerholt  
**Sent:** Wednesday, April 09, 2014 3:58 PM  
**To:** Lisamarie Ortiz  
**Cc:** Michael Feldewert  
**Subject:** EOG: Ophelia 701H notice


Pooled parties:  
Ricky D. Raindl  
PO Box 142454  
Irving, TX 75014

Debra Kay Primera  
PO Box 28504  
Austin, TX 78755

Offsets:  
ConocoPhillips Company  
600 N. Dairy Ashford  
Houston, TX 77079

### **Gabrielle A Gerholt**

Holland & Hart LLP  
110 North Guadalupe Suite 1  
Santa Fe, NM 87501  
Phone (505) 988-4421  
Fax (505) 983-6043  
E-mail: [gagerholt@hollandhart.com](mailto:gagerholt@hollandhart.com)

**HOLLAND & HART.** 

**CONFIDENTIALITY NOTICE:** This message is confidential and may be privileged. If you believe that this email has been sent to you in error, please reply to the sender that you received the message in error; then please delete this e-mail. Thank you.

HOLLAND & HART<sup>LLP</sup>



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

April 11, 2014

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

**TO: OFFSETTING LESSEES AND  
OPERATORS**

**RE: Application of EOG Resources, Inc. for a non-standard spacing and  
proration unit and compulsory pooling, Lea County, New Mexico.  
(Ophelia 27 701H Well)**

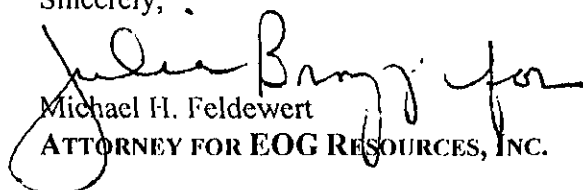
This letter is to advise you that EOG Resources, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 1, 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 19.15.4.13.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 Dan McCright at (432) 686-3741 or dan\_mccright@eogresources.com.

Sincerely, .

  
Michael H. Feldewert  
ATTORNEY FOR EOG RESOURCES, INC.

Holland & Hart LLP

Phone (505) 908-4421 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. ☻

HOLLAND & HART<sup>LLP</sup>



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

April 11, 2014

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

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of EOG Resources, Inc. for a non-standard spacing and  
proration unit and compulsory pooling, Lea County, New Mexico.  
Ophelia 27 701H Well**

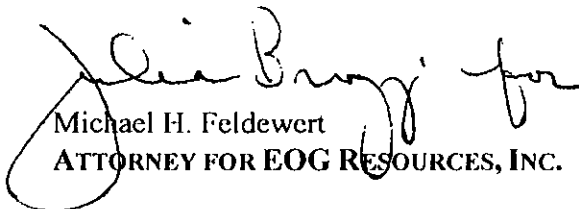
Ladies & Gentlemen:

This letter is to advise you that EOG Resources, Inc., 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 May 1, 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 19.15.4.13.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 Dan McCright, at (432) 686-3741 or dan\_mccright@eogresources.com.

Sincerely,

  
Michael H. Feldewert  
ATTORNEY FOR EOG RESOURCES, INC.

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 0720

**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/)

**OFFICIAL** *Ricky D. Raindl*

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Ricky D. Raindl  
 Post Office Box 142454  
 Irving, Texas 75014

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:

Ricky D. Raindl  
 Post Office Box 142454  
 Irving, Texas 75014

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Ricky D. Raindl* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Ricky D. Raindl* C. Date of Delivery *4-21-14*

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 *7006 0100 0005 5771 0720*  
 (Transfer from service label)

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

7006 0100 0005 5771 0959

**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/)

**OFFICIAL** *Debra K. Primera*

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Debra K. Primera  
 P.O. Box 28504  
 Austin, TX 78755

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:

Debra K. Primera  
 P.O. Box 28504  
 Austin, TX 78755

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Debra K. Primera* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Debra K. Primera* C. Date of Delivery *4/19/14*

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 *7006 0100 0005 5771 0959*  
 (Transfer from service label)

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

7006 0100 0005 5771 0966

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

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

**OFFICIAL USE ONLY**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	0.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



ConocoPhillips Company  
 600 N. Dairy Ashford  
 Houston, TX 77079

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: <u>CHAD B</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ConocoPhillips Company          600 N. Dairy Ashford          Houston, TX 77079</p>		<p>B. Received by (Printed Name): <u>CHAD B</u></p> <p>C. Date of Delivery: <u>2/15/04</u></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>2. Article Number: <u>7006 0100 0005 5771 0966</u>          (Transfer from service label)</p>		<p>3. Service Type:  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	