

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

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

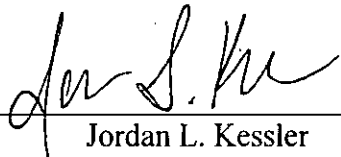
**APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND PRORATION
UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. 15185

AFFIDAVIT

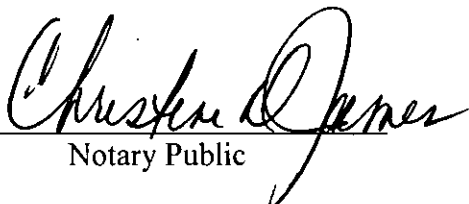
STATE OF NEW MEXICO)
) ss.
COUNTY OF BERNALILLO)

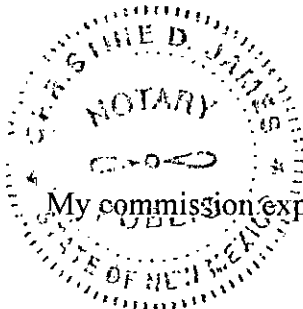
Jordan L. Kessler, attorney in fact and authorized representative of COG Operating LLC,
the Applicant herein, being first duly sworn, upon oath, states that the above-referenced
Application was provided under the notice letter and proof of receipt attached hereto.


Jordan L. Kessler

SUBSCRIBED AND SWORN to before me this 2nd day of September 2014 by Jordan

L. Kessler:


Notary Public



My commission expires: 7/7/17

BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico

Exhibit No. 7

Submitted by: COG OPERATING LLC

Hearing Date: September 4, 2014

Affidavit of Publication

State of New Mexico,
County of Lea.

I, DANIEL RUSSELL
PUBLISHER

of the Hobbs News-Sun, a
newspaper published at Hobbs, New
Mexico, do solemnly swear that the
clipping attached hereto was
published in the regular and entire
issue of said newspaper, and not a
supplement thereof for a period

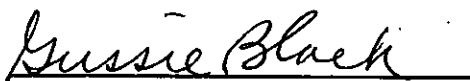
of 1 issue(s).

Beginning with the issue dated
July 23, 2014
and ending with the issue dated
July 23, 2014



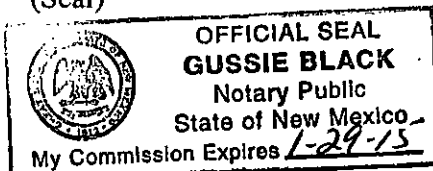
PUBLISHER

Sworn and subscribed to before me
this 23rd day of
July, 2014



Notary Public

My commission expires
January 29, 2015
(Seal)



This newspaper is duly qualified to
publish legal notices or
advertisements within the meaning of
Section 3, Chapter 167, Laws of
1937 and payment of fees for said
publication has been made.

LEGAL NOTICE

July 23, 2014

CASE NO. 15185

Notice to all affected
parties, heirs and
devisees, including
Lindy's Living Trust,
Delmar Hudson Lewis
Living Trust, and Moore &
Shelton Company, Ltd.:
COG Operating LLC is
currently applying for a
non-standard spacing and
proration unit and
compulsory pooling, Lea
County, New Mexico.

Applicant seeks an order
from the Division: (1)
creating a non-standard
160-acre, more or less, oil
spacing and proration unit in
the Yeso formation,
comprised of the W/2-W/2 of
Section 15, Township 17
South, Range 32 East,
NMPM, Lea County, New
Mexico; and (2) pooling all
mineral interests in the Yeso
formation underlying this
proposed non-standard
spacing and proration unit.
This proposed non-standard
spacing and proration unit
will be the project area for
the 147 the Boneless
Federal No. 1H well. The
completed interval for this
well will be within the
330-foot standard offset
required by the statewide
rules. Also to be considered
will be the cost of drilling
and completing said well,
the allocation of these costs
as well as the actual
operating costs and charges
for supervision, designation
of COG Operating LLC as
operator of the well, and a
200% charge for risk
involved in drilling said well.
Said area is located
approximately 1 mile south
of Maljamar, New Mexico.
#29247

01104570

00140657

JORDAN KESSLER
MODRALL, SPERLING, ROEHL, HARRIS &
SISK, P.A.
P. O. BOX 2168
ALBUQUERQUE, NM 87103-2168



MODRALL SPERLING

L A W Y E R S

July 9, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jordan L. Kessler
505.848.1849
Fax: 505.449.9710
jlk@modrall.com

TO: POOLED PARTIES LISTED ON EXHIBIT A

Re: Application for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.

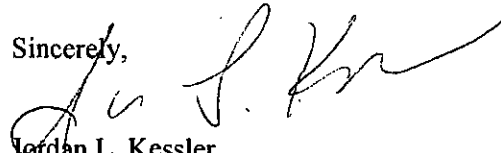
Ladies and Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on August 7, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Office 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 hearing.

Sincerely,



Jordan L. Kessler
Attorney for COG Operating LLC

Enclosure

Y:\dox\client\85789\0002\CORRES\W2214258.DOCX

Modrall Sperling
Roehl Harris & Sisk P.A.

Bank of America Centre
500 Fourth Street NW
Suite 1000
Albuquerque,
New Mexico 87102

PO Box 2168
Albuquerque,
New Mexico 87103-2168

Tel: 505.848.1800
www.modrall.com



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L A W Y E R S

July 9, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jordan L. Kessler
505.848.1849
Fax: 505.449.9710
jlk@modrall.com

TO: OFFSET PARTIES LISTED ON EXHIBIT A

Re: Application for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. You are an offset operator to the proposed non-standard spacing and proration unit in the W/2 W/2 of Section 15, Township 17 South, Range 32 East, NMPM, Lea County, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on August 7, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Office 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.

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Sincerely,

Jordan L. Kessler
Attorney for COG Operating LLC

Enclosure

Y:\dox\client\85789\0002\CORRES\W2214255.DOCX

Modrall Sperling
Roehl Harris & Sisk P.A.

Bank of America Centre
500 Fourth Street NW
Suite 1000
Albuquerque,
New Mexico 87102

PO Box 2168
Albuquerque,
New Mexico 87103-2168

Tel: 505.848.1800
www.modrall.com



MODRALL SPERLING
L A W Y E R S

July 21, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jordan L. Kessler
505.848.1849
Fax: 505.449.9710
jlk@modrall.com

TO: OFFSET PARTIES LISTED ON REVISED EXHIBIT A

Re: Application for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. You are an offset operator to the proposed non-standard spacing and proration unit in the W/2 W/2 of Section 15, Township 17 South, Range 32 East, NMPM, Lea County, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on August 21, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Office 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.

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Sincerely,

Jordan L. Kessler
Attorney for COG Operating LLC

Enclosure

Y:\dcox\client\85789\0002\CORRES\W2225745.DOCX

Modrall Sperling
Roehl Harris & Sisk P.A.

Bank of America Centre
500 Fourth Street NW
Suite 1000
Albuquerque,
New Mexico 87102

PO Box 2168
Albuquerque,
New Mexico 87103-2168

Tel: 505.848.1800
www.modrall.com



MODRALL SPERLING
L A W Y E R S

July 21, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jordan L. Kessler
505.848.1849
Fax: 505.449.9710
jlk@modrall.com

TO: POOLED PARTIES LISTED ON REVISED EXHIBIT A

Re: Application for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on August 21, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Office 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.

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Sincerely,

Jordan L. Kessler
Attorney for COG Operating LLC

Enclosure

Y:\dox\client\85789\0002\CORRES\W2225741.DOCX

Modrall Sperling
Roehl Harris & Sisk P.A.

Bank of America Centre
500 Fourth Street NW
Suite 1000
Albuquerque,
New Mexico 87102

PO Box 2168
Albuquerque,
New Mexico 87103-2168

Tel: 505.848.1800
www.modrall.com

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

RECEIVED OGD
2014 JUL -9 P 3:08

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

CASE NO. 15185

APPLICATION

COG Operating LLC ("Concho"), through its undersigned attorneys, hereby makes application to the Oil Conservation Division pursuant to the provisions of NMSA 1978, Section 70-2-17, for an order: (1) creating a non-standard 160-acre, more or less, oil spacing and proration unit in the Yeso formation, comprised of the W/2 W/2 of Section 15, Township 17 South, Range 32 East, NMPM, Lea County, New Mexico; and (2) pooling all mineral interests in the Yeso formation underlying this proposed non-standard spacing and proration unit. In support of this application, Concho states as follows:

1. Concho is an interest owner in the subject lands and has the right to drill a well thereon.
2. Concho seeks to dedicate the W/2 W/2 of Section 15 to the proposed well to form a non-standard 160-acre, more or less, oil spacing and proration unit (the "project area").
3. Concho proposes to drill the Ivar the Boneless Fed. No. 1H to a depth sufficient to test the Yeso formation.

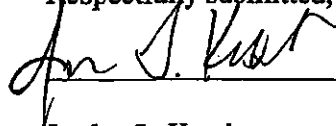
4. This project area is located within the Mar Loco-Glorieta-Yeso pool (pool code 97866). The completed interval for this well will be within the 330-foot setback required by the statewide rules.
5. Concho has sought but been unable to obtain a voluntary agreement from all interest owners in the Yeso formation underlying the proposed project area to participate in the drilling of the well or to otherwise commit their interests to the well.
6. Approval of the non-standard unit and the pooling of all interests in the Yeso formation underlying the proposed project area will prevent the drilling of unnecessary wells, prevent waste and protect correlative rights.
7. Notice of this application has been given in accordance with Division rules as shown on Exhibit A.

WHEREFORE, COG Operating LLC requests this application be set for hearing before an Examiner of the Oil Conservation Division on August 7, 2014, and after notice and hearing as required by law, the Division enter its order:

- A. Creating a non-standard oil spacing and proration unit ("project area") in the Yeso formation comprised of W/2 W/2 of Section 15, Township 17 South, Range 32 East, NMPM, Lea County, New Mexico;
- B. Pooling all mineral interests in the Yeso formation underlying this non-standard spacing and proration unit/project area;
- C. Designating Concho as operator of this unit and the well to be drilled thereon;
- D. Authorizing Concho to recover its costs of drilling, equipping and completing this well;

- E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- F. Setting a 200% charge for the risk involved in drilling and completing the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,



Jordan L. Kessler
Post Office Box 2168
Albuquerque, New Mexico 87103
(505) 848-1800 Phone
(505) 848-1897 Facsimile

ATTORNEY FOR COG OPERATING LLC

EXHIBIT A
COG OPERATING LLC NOTICE LIST

Parties to be pooled:

Lindy's Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Delmar Hudson Lewis Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Moore & Shelton Company, Ltd.
P.O. Box 3070
Galveston, TX 77552

Ard Oil, Ltd.
4808 Westridge Ave
Fort Worth, TX 76116

Zorro Partners, Ltd.
616 Texas St.
Fort Worth, TX 76116

ConocoPhillips Company
600 N. Dairy Ashford, 2WL-15058
Houston, TX 77079
Attn: Tom Scarbrough

Offsets:

COG Operating LLC
600 W. Illinois Ave
Midland, TX 79701

(offset operator) ConocoPhillips Company
600 N. Dairy Ashford, 2WL-15058
Houston, TX 77079
Attn: Tom Scarbrough

Fuel Products, Inc.
P.O. Box 3098
Midland, TX 79702

Pear Resources
P.O. Box 11044
Midland, TX 79702

Marcus Wayne Luna
P.O. Box 1889
Midland, TX 79702

Lindy's Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Delmar Hudson Lewis Living Trust (T.A dtd:9/9/02)
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Moore & Shelton Company, Ltd.
P.O. Box 3070
Galveston, TX 77552

Ard Oil, Ltd.
4808 Westridge Ave
Fort Worth, TX 76116

Zorro Partners, Ltd.
616 Texas St.
Fort Worth, TX 76116

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

Legacy Reserves
303 West Wall, Suite 1800
Midland, TX 79702

REVISED EXHIBIT A
COG OPERATING LLC NOTICE LIST

Parties to be pooled:

Lindy's Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Lindy's Living Trust
C/O Ms. Francis H. Hudson
4200 S. Hulen, St. 302
Ft. Worth, TX 76109

Delmar Hudson Lewis Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Delmar Hudson Lewis Living Trust
Bank of America, NA, Trustee
Drawer 840738
Dallas, TX 75284-0738
Attn: Ms. Deborah Coughlin

Moore & Shelton Company, Ltd.
P.O. Box 3070
Galveston, TX 77552

Ard Oil, Ltd.
4808 Westridge Ave
Fort Worth, TX 76116

Zorro Partners, Ltd.
616 Texas St.
Fort Worth, TX 76116

ConocoPhillips Company
600 N. Dairy Ashford, 2WL-15058
Houston, TX 77079
Attn: Tom Scarbrough

Offsets:

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Midland, TX 79701

(offset operator) ConocoPhillips Company
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Attn: Tom Scarbrough

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Midland, TX 79702

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Midland, TX 79702

Marcus Wayne Luna
P.O. Box 1889
Midland, TX 79702

Lindy's Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Lindy's Living Trust
C/O Ms. Francis H. Hudson
4200 S. Hulen, St. 302
Ft. Worth, TX 76109

Delmar Hudson Lewis Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Delmar Hudson Lewis Living Trust
Bank of America, NA, Trustee
Drawer 840738
Dallas, TX 75284-0738
Attn: Ms. Deborah Coughlin

Moore & Shelton Company, Ltd.
P.O. Box 3070

Galveston, TX 77552

Ard Oil, Ltd.
4808 Westridge Ave
Fort Worth, TX 76116

Zorro Partners, Ltd.
616 Texas St.
Fort Worth, TX 76116

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

Legacy Reserves
303 West Wall, Suite 1800
Midland, TX 79702

Certified Mail Receipt – COG Operating LLC Notice List (Ivar the Boneless)
[Mailed 7/9/14 and 7/21/14 (as noted)]

Pooled Party (Case No. 15185)	USPS Article No.	Date Returned
Lindy's Living Trust 6300 Ridglea Place Suite 1005 A Fort Worth, TX 76116	7013 0600 0000 9380 9662	Returned 7/21/14 – Not Deliverable as Addressed/Unable to Forward
Delmar Hudson Lewis Living Trust 6300 Ridglea Place Suite 1005 A Fort Worth, TX 76116	7013 0600 0000 9380 9679	Returned 7/16/14 – Not Deliverable as Addressed/Unable to Forward
Moore & Shelton Company, Ltd. P.O. Box 3070 Galveston, TX 77552	7013 0600 0000 9380 9686	7/21/14
Ard Oil, Ltd. 4808 Westridge Ave Fort Worth, TX 76116	7013 0600 0000 9380 9693	7/25/14
Zorro Partners, Ltd. 616 Texas St. Fort Worth, TX 76116	7013 0600 0000 9380 9709	7/17/14
ConocoPhillips Company 600 N. Dairy Ashford, 2WL-15058 Houston, TX 77079 Attn: Tom Scarbrough	7013 0600 0000 9380 9716	7/17/14
Lindy's Living Trust c/o Ms. Francis H. Hudson 4200 S. Hulen, Ste 302 Fort Worth, TX 76109	7013 0600 0000 9380 7019 Mailed 7/21/14 after receipt of correct address	7/28/14
Delmar Hudson Lewis Living Trust Bank of America, N.A., Trustee Drawer 840738 Dallas, TX 75284-0738 Attn: Ms. Deborah Coughlin	7013 0600 0000 9380 7026 Mailed 7/21/14 after receipt of correct address	7/28/14
Offset Party	USPS Article No.	Date Returned
COG Operating LLC 600 W. Illinois Ave Midland, TX 79701	7013 0600 0000 9380 9723	7/17/14
ConocoPhillips Company 600 N. Dairy Ashford, 2WL-15058 Houston, TX 77079 Attn: Tom Scarbrough	7013 0600 0000 9380 9730	7/17/14
Fuel Products, Inc. P.O. Box 3098 Midland, TX 79702	7013 0600 0000 9380 9747	7/17/14
Pear Resources P.O. Box 11044 Midland, TX 79702	7013 0600 0000 9380 9754	7/17/14
Marcus Wayne Luna P.O. Box 1889 Midland, TX 79702	7013 0600 0000 9380 9761	7/17/14

Certified Mail Receipt – COG Operating LLC Notice List (Ivar the Boneless)
[Mailed 7/9/14 and 7/21/14 (as noted)]

Lindy's Living Trust 6300 Ridglea Place, Suite 1005A Fort Worth, TX 76116	7013 0600 0000 9380 9778	Returned 7/16/14 – Not Deliverable as Addressed/Unable to Forward
Delmar Hudson Lewis Living Trust (T.A. dtd:9/9/02) 6300 Ridglea Place, Suite 1005 A Fort Worth, TX 76116	7013 0600 0000 9380 9785	Returned 7/21/14 – Not Deliverable as Addressed/Unable to Forward
Moore & Shelton Company, Ltd. P.O. Box 3070 Galveston, TX 77552	7013 0600 0000 9380 9792	7/21/14
Ard Oil, Ltd. 4808 Westridge Ave Fort Worth, TX 76116	7013 0600 0000 9380 9808	7/17/14
Zorro Partners, Ltd. 616 Texas St. Fort Worth, TX 76116	7013 0600 0000 9380 9815	7/17/14
Occidental Permian Limited Partnership 5 Greenway Plaza, Suite 110 Houston, TX 77046	7013 0600 0000 9380 9822	7/21/14
Legacy Reserves 303 West Wall, Suite 1800 Midland, TX 79702	7013 0600 0000 9380 9839	7/17/14
Lindy's Living Trust c/o Ms. Francis H. Hudson 4200 S. Hulen, Ste 302 Fort Worth, TX 76109	7013 0600 0000 9380 7033 Mailed 7/21/14 after receipt of correct address	7/28/14
Delmar Hudson Lewis Living Trust Bank of America, N.A., Trustee Drawer 840738 Dallas, TX 75284-0738 Attn: Ms. Deborah Coughlin	7013 0600 0000 9380 7040 Mailed 7/21/14 after receipt of correct address	7/28/14

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Sent To
Lindy's Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Street, Apt.
or PO Box
City, State

PS Form

Lindy's Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

13 0600 T

9662

RECEIVED
JUL 21 2014
BY

NIXIE

750 FEB 1

0007/16/14

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UNABLE TO FORWARD

87103 02168

B.C. 87103216868

2182-00526-16-42

87103 02168



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or PO Box
City, State

Delmar Hudson Lewis Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

PS Form 3800, August 2006

PLACE STAMP AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL[®]

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Delmar Hudson Lewis Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

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JUL 16 2014
BY _____

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07/09/2014

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ZIP 87102

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NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

EC: 871032216868 1493-04845-11-45

761322216868

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

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JUL 09 2014

Sent To **Moore & Shelton Company, Ltd.**
P.O. Box 3070
Galveston, TX 77552

Street, Ap or PO Box
 City, State

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ann Winkelman</i></p> <p>C. Date of Delivery <i>7/9/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Moore & Shelton Company, Ltd. P.O. Box 3070 Galveston, TX 77552</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>2. Article Number (Transfer from service label)</p> <p>7013 0600 0000 9380 9686</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jordan Kessler
Modrall Sperling Law Firm
P.O. Box 2168
Albuquerque, NM 87103-2168

RECEIVED
JUL 21 2014

BY: _____

7013 0600 0000 9380 9693

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To: Ard Oil, Ltd. Street, Apt. or PO Box: 4808 Westridge Ave City, State: Fort Worth, TX 76116 PS Form 3811, February 2004	

Postmark Here
JUL 09 2014

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>JN Jones</i>	
1. Article Addressed to: Ard Oil, Ltd. 4808 Westridge Ave Fort Worth, TX 76116		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): JN Jones C. Date of Delivery:	
2. Article Number: (Transfer from service) 7013 0600 0000 9380 9693		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> 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	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE DALLAS 750 22 JUL '14 77431		First-Class Mail [®] Postage & Fees Paid USPS Permit No. G-10
• Sender: Please print your name, address, and ZIP+4 in this box •		
<div style="border: 1px solid black; padding: 10px;"> Jordan Kessler Modrall Sperling Law Firm P.O. Box 2168 Albuquerque, NM 87103-2168 </div>		
<div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED JUL 25 2014 BY: </div>		

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	Postmark Here JUL 09 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Zorro Partners, Ltd.
616 Texas St.
Fort Worth, TX 76116

Sent To _____
 Street, _____
 or PO Box _____
 City, St _____

PS Form 3849, April 2004

2013 0600 0000 9380 9709

COMPLETE THIS SECTION ON DELIVERY.

- | | | |
|--|---|---|
| A. Signature
X <i>Steve E. Gilberg</i> | | <input checked="" type="checkbox"/> Agent
<input type="checkbox"/> Addressee |
| B. Received by (Printed Name)
<i>Steve E. Gilberg</i> | C. Date of Delivery
<i>JUL 14 2014</i> | |
| D. Is delivery address different from item 1? | | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

Zorro Partners, Ltd.
616 Texas St.
Fort Worth, TX 76116

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) ☐ Yes

7013 0600 0000 9380 9709

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jordan Kessler
Modrall Sperling Law Firm
P.O. Box 2168
Albuquerque, NM 87103-2168

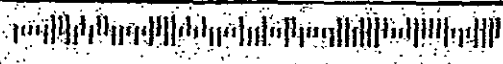
RECEIVED
JUL 17 2014
BY:



7716 9380 0000 0000 0090 ETD2

U.S. Postal Service	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here JUL 09 2014
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To ConocoPhillips Company	
600 N. Dairy Ashford, 2WL-15058	
Street, or PO Box	
Houston, TX 77079	
City, State	
Attn: Tom Scarbrough	
PS Form	Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature x <i>Tom Scarbrough</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)		C. Date of Delivery <i>7/19/14</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> 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			
1. Article Addressed to: ConocoPhillips Company 600 N. Dairy Ashford, 2WL-15058 Houston, TX 77079 Attn: Tom Scarbrough			
2. Article Number (Transfer from service label)		7013 0600 0000 9380 9716	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE		First-Class Mail	
TX 773		Postage & Fees Paid	
14 JUL '14		USPS	
PH 81		Permit No. G-10	
• Sender: Please print your name, address, and ZIP+4 in this box •			
Jordan Kessler Modrall Sperling Law Firm P.O. Box 2168 Albuquerque, NM 87103-2168			
		JUL 17 2014 BY: <i>[Signature]</i>	
			

7013 0600 0000 9380 7019

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	\$

JUL 2 2014

Sent 1 Lindy's Living Trust
Street c/o Ms. Francis H. Hudson
or PO 4200 S. Hulen, Ste 302
City & Fort Worth, TX 76109
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:

Lindy's Living Trust
c/o Ms. Francis H. Hudson
4200 S. Hulen, Ste 302
Fort Worth, TX 76109

2. Article Number

(Transfer from service label)

7013 0600 0000 9380 7019

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

LINDA STOUT

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

UNITED STATES POSTAL SERVICE

DAVIS

25 JUL 14



First-Class Mail[®]
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jordan Kessler
Modrall Sperling Law Firm
P.O. Box 2168
Albuquerque, NM 87103-2168

RECEIVED
JUL 28 2014
BY: *[Signature]*

03216868

7026 7026 0000 0000 0000 0000

U.S. Postal Service TM		
CERTIFIED MAILTM RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage \$	Postmark JUL 21 2014	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage \$		
Sent To	Delmar Hudson Lewis Living Trust	
Street, Ap. or PO Box	Bank of America, N.A., Trustee	
City, State	Drawer 840738	
	Dallas, TX 75284-0738	
	Attn: Ms. Deborah Coughlin	
PS Form	1005	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: Delmar Hudson Lewis Living Trust Bank of America, N.A., Trustee Drawer 840738 Dallas, TX 75284-0738 Attn: Ms. Deborah Coughlin		B. Received by (Printed Name) <i>Ms. Coughlin</i> C. Date of Delivery <i>JUL 24 2014</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7013 0600 0000 9380 7026		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	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE		First-Class Mail [®] Postage & Fees Paid USPS Permit No. G-10	
• Sender: Please print your name, address, and ZIP+4 in this box •			
Jordan Kessler Modrall Sperling Law Firm P.O. Box 2168 Albuquerque, NM 87103-2168		RECEIVED JUL 28 2014 BY: _____	

7013 0600 0000 9380 9723

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 \$	Postmark Here JUL 09 2014
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To COG Operating LLC	
Street, Apt. or PO Box 600 W. Illinois Ave	
City, State Midland, TX 79701	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION.		COMPLETE THIS SECTION ON DELIVERY.	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jordan Kessler</i> C. Date of Delivery <i>7/17/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>COG Operating LLC 600 W. Illinois Ave Midland, TX 79701</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"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7013 0600 0000 9380 9723</p>		<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>			

UNITED STATES POSTAL SERVICE		First-Class Mail Postage & Fees Paid USPS Permit No. G-10	
<p>• Sender: Please print your name, address, and ZIP+4 in this box •</p>			
<p>Jordan Kessler Modrall Sperling Law Firm P.O. Box 2168 Albuquerque, NM 87103-2168</p>		<p>RECEIVED JUL 17 2014 BY: <i>[Signature]</i></p>	

7013 0600 0000 9380 9730

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 P:	

Postmark
Here
JUL 09 2014

Sent To **ConocoPhillips Company**
600 N. Dairy Ashford, 2WL-15058
Houston, TX 77079
Attn: Tom Scarbrough

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:

ConocoPhillips Company
600 N. Dairy Ashford, 2WL-15058
Houston, TX 77079
Attn: Tom Scarbrough

2. Article Number

(Transfer from service label)

7013 0600 0000 9380 9730

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Handwritten Signature*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Handwritten Name

- 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

UNITED STATES POSTAL SERVICE

Houston
TX 77079
14 JUL 14
PH1



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jordan Kessler
Modrall Sperling Law Firm
P.O. Box 2168
Albuquerque, NM 87103-2168

RECEIVED
JUL 17 2014
BY: _____

7013 0600 0000 9380 9747

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 \$	Postmark Here JUL 09 2014
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to: Fuel Products, Inc.	
Sub or PO: P.O. Box 3098	
City: Midland, TX 79702	
PS Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Fuel Products, Inc. P.O. Box 3098 Midland, TX 79702		B. Received by (Printed Name) <i>TAMMY</i> C. Date of Delivery 7-15-14	
2. Article Number (Transfer from service label) 7013 0600 0000 9380 9747		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> 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	
PS Form 3811, February 2004		Domestic Return Receipt	

UNITED STATES POSTAL SERVICE		FIRST CLASS MAIL Postage & Fees Paid USPS Permit No. 640	
• Sender: Please print your name, address, and ZIP+4 in this box •			
Jordan Kessler Modrall Sperling Law Firm P.O. Box 2168 Albuquerque, NM 87103-2168		RECEIVED JUL 17 2014 BY: _____	

7013 0600 0000 9380 9754

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	

Postmark Here
JUL 09 2014

Sent To: Pear Resources
 Street or PO: P.O. Box 11044
 City, St: Midland, TX 79702

PS Form 3800, AUGUST 2008

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name): <i>Jo Ann Jackson</i> C. Date of Delivery: <i>7-15-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Pear Resources P.O. Box 11044 Midland, TX 79702		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.	
2. Article Number: (Transfer from service label) 7013 0600 0000 9380 9754		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jordan Kessler
 Modrall Sperling Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103-2168

JUL 17 2014
 BY: *[Signature]*

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	\$	Postmark Here JUL 09 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **Marcus Wayne Luna**
 Street or P.O.: **P.O. Box 1889**
 City, S: **Midland, TX 79702**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>[Name]</i> C. Date of Delivery <i>7-15-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Marcus Wayne Luna P.O. Box 1889 Midland, TX 79702 </div>	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
2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 7013 0600 0000 9380 9761 </div>	

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

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

• Sender: Please print your name, address, and ZIP+4 in this box •

Jordan Kessler
Modrall Sperling Law Firm
P.O. Box 2168
Albuquerque, NM 87103-2168

RECEIVED
JUL 17 2014

BY *[Signature]*

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 F

Lindy's Living Trust

6300 Ridglea Place

Suite 1005 A

Fort Worth, TX 76116

**Postmark
Here**

JUL 09 2014

Sent To

Street 4

Chf. Sec.

1977 1978

013 0600 0000 9380 9778

CERTIFIED MAIL

Lindy's Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

[illegible]

87103216862

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

*1493-04839-11-45

MIKOE 750 FEB 1983 0007/14714

RECEIVED
JUL 16 2014
BY: _____

150

07/06/2014

US POSTAGE

500.00

FIRST CLASS MAIL

ZIP-87102

011D11630480

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

5926 0866 0000 0090 ETD

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Postmark
Here

JUL 09 2014

Delmar Hudson Lewis Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

Sent To
Street, Apt.
or PO Box
City, State

PS Form 3800, August 2000

13 0600 0000 9360 9765

Delmar Hudson Lewis Living Trust
6300 Ridglea Place
Suite 1005 A
Fort Worth, TX 76116

RECEIVED
JUL 21 2014
BY

NIXIE 750 FEB 1009 0007/16/14

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87103216868 *1493-04847-11-45

75112320302 15801

CERTIFIED MAIL

Hasler
07/09/2014
US POSTAGE

First CLASS MAIL
\$06.69



ZIP 87102
011D11630480

7013 0600 0000 9380 9792

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	\$	Postmark Here JUL 09 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
Sent to: Moore & Shelton Company, Ltd. P.O. Box 3070 Galveston, TX 77552		
PS Form 3811, August 2004		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>7-14</i></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>
1. Article Addressed to: Moore & Shelton Company, Ltd. P.O. Box 3070 Galveston, TX 77552	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.
2. Article Number (Transfer from service label) 7013 0600 0000 9380 9792	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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

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Modrall Sperling Law Firm
P.O. Box 2168
Albuquerque, NM 87103-2168

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BY: *[Signature]*

7013 0600 0000 9380 9808

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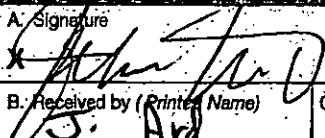
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
JUL 09 2014

Sent To: **Ard Oil, Ltd.**
4808 Westridge Ave
Fort Worth, TX 76116

Street or PO
City, S

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  B. Received by (Printed Name) Ard C. Date of Delivery 7/14/14
1. Article Addressed to: Ard Oil, Ltd. 4808 Westridge Ave Fort Worth, TX 76116	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7013 0600 0000 9380 9808	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Domestic Return Receipt 102595-02-M-1540

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

Postmark Here
JUL 09 2014

Sent To: **Zorro Partners, Ltd.**
616 Texas St.
Fort Worth, TX 76116

Street, or PO
 City, State

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Zorro Partners, Ltd. 616 Texas St. Fort Worth, TX 76116</p> <p>2. Article Number (Transfer from service label) 7013 0600 0000 9380 9815</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Stacy E. G. Ibarra</p> <p>C. Date of Delivery JUL 14 2014</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>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</p>

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Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here JUL 09 2014
Sent To Occidental Permian Limited Partnership 5 Greenway Plaza, Suite 110 Houston, TX 77046	
Street, or PO Box City, State	Zip+4

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) BOB C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Occidental Permian Limited Partnership 5 Greenway Plaza, Suite 110 Houston, TX 77046	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
2. Article Number (Transfer from service label) 7013 0600 0000 9380 9822	

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

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JUL 09 2014

Sent
 Street or P.O. Box
 City, State, ZIP+4[®]

Legacy Reserves
 303 West Wall, Suite 1800
 Midland, TX 79702

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Legacy Reserves 303 West Wall, Suite 1800 Midland, TX 79702</p> <p>2. Article Number (Transfer from service label)</p> <p>7013 0600 0000 9380 9839</p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>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</p>
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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE / ODESSA TX 79711
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