

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

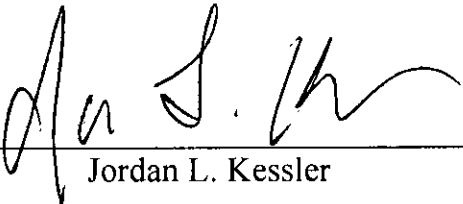
**APPLICATION OF COG OPERATING LLC FOR CREATION OF A NON-STANDARD
SPACING AND PRORATION UNIT, COMPULSORY POOLING, AND APPROVAL OF
A NON-STANDARD PROJECT AREA, EDDY COUNTY, NEW MEXICO.**

CASE NO. 15237

AFFIDAVIT

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

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.

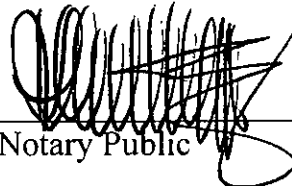


Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 19th day of November 2014 by
Jordan L. Kessler.



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



Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 6
Submitted by: COG OPERATING LLC
Hearing Date: November 19, 2014

HOLLAND & HART ^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

October 31, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: POOLED PARTIES

**Re: Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Approval of a Non-Standard Project Area, Eddy County, New Mexico.
Pilum 15 Fee 2H Well.**

Dear Sir or Madam:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on November 20, 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart ^{LLP}

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

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

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

HOLLAND & HART LLP



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

October 31, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Approval of a Non-Standard Project Area, Eddy County, New Mexico.
Pilum 15 Fee 2H Well.

Dear Sir or Madam:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit and due to the request for a non-standard project area.

This application has been set for hearing before a Division Examiner at 8:15 AM on November 20, 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.

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If you have any questions about this matter please contact Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

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

7006 2760 0001 6382 8314

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFFICIAL MAIL
 MHF/COG
 PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®

Charles M. Morgan
 4032 U.S. Highway 82
 Mayhill, NM 88339

PS Form 3811, July 2013

7006 2760 0001 6382 8611

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFFICIAL MAIL
 MHF/COG
 PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®

Cimarex Energy Co.
 600 N. Marienfeld St.
 Ste 600
 Midland, TX 79701

PS Form 3811, July 2013

SENDER: **RECEIVED MAIL**
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ACTION ON DELIVERY

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

1. Article Addressed to:
 Charles M. Morgan
 4032 U.S. Highway 82
 Mayhill, NM 88339

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 8314

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature
 X *Charles Morgan* ☐ Agent ☒ Addressee

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

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: **RECEIVED MAIL**
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ACTION ON DELIVERY

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

1. Article Addressed to:
 Cimarex Energy Co.
 600 N. Marienfeld St.
 Ste 600
 Midland, TX 79701

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 8611

PS Form 3811, July 2013 Domestic Return Receipt

A. Signature
Donna Russell ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Donna Russell C. Date of Delivery 11-2-10

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

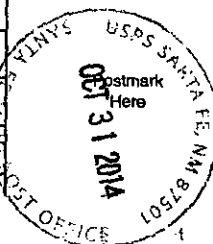
7006 2760 0001 6382 8604

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
MHF/COG
PILUM 2H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1338

Sent To **EOG Resources, Inc.**
 Street, Apt. or PO Box **PO Box 2267**
 City, State **Midland, TX 79702**

PS Form 3811, July 2013



7006 2760 0001 6382 8598

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
MHF/COG
PILUM 2H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1338

Sent To **Explorers Petroleum Corp.**
 Street, Apt. or PO Box **PO Box 1933**
 City, State **Roswell, NM 88202**

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
EOG Resources, Inc.
PO Box 2267
Midland, TX 79702

2. Article Number **7006 2760 0001 6382 8604**
 (Transfer from service label)

PS Form 3811, July 2013

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x Robert Jona

B. Received by (Printed Name) **R. Jona**

C. Date of Delivery **11-4-14**

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Explorers Petroleum Corp.
PO Box 1933
Roswell, NM 88202

2. Article Number **7006 2760 0001 6382 8598**
 (Transfer from service label)

PS Form 3811, July 2013

SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
[Signature]

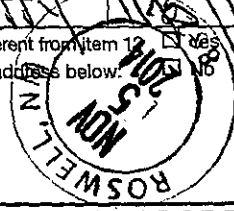
B. Received by (Printed Name) **[Signature]**

C. Date of Delivery **11-4-14**

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



7006 2760 0001 6382 8581

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To: Harvey E. Yates Company	
Street, Apt. or PO Box: PO Box 1933	
City, State: Roswell, NM 88202	
PS Form 3811, July 2013	

7006 2760 0001 6382 8581

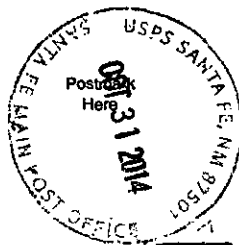
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To: Heirs or Devises of Monta J. Moore	
Street, Apt. or PO Box: c/o Ronald K. Baccus	
City, State: 3238 Pleasant Cove Court	
Houston, TX 77059-3234	
PS Form 3811, July 2013	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To: Harvey E. Yates Company	
Street, Apt. or PO Box: PO Box 1933	
City, State: Roswell, NM 88202	
PS Form 3811, July 2013	

ACTION ON DELIVERY	
A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	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	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8581	
PS Form 3811, July 2013 Domestic Return Receipt	

7006 2760 0001 6382 8567

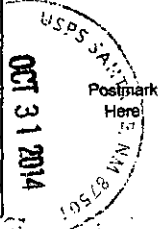
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit usps.com	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1,268
Sent To	J. Paul Karcher
Street, or PO Box	16 Albatross Lane
City, State	Rockport, TX 78382-3701
PS Form	Instructions



Return

7006 2760 0001 6382 8550

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit usps.com	
OFFICE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1,268
Sent To	John A. Yates
Street, or PO Box	105 S. Fourth St.
City, State	Artesia, NM 88210
PS Form	Instructions



SENDER: COMPLETE THIS SECTION

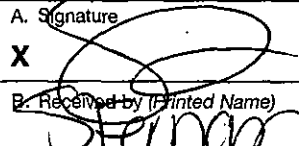
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John A. Yates
105 S. Fourth St.
Artesia, NM 88210

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name) John A. Yates C. Date of Delivery 11/3/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

7006 2760 0001 6382 8550

4549 2869 1000 0942 9001

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information visit **OFFICIAL MAIL™**

**MHF/COG
PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To: John A. Yates, Trustee of Trust Q
 u/w/o Peggy A. Yates, dec'd
 105 South Fourth Street
 Artesia, NM 88210

Postmark Here:

PS Form 3811, July 2013

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:
 John A. Yates, Trustee of Trust Q
 u/w/o Peggy A. Yates, dec'd
 105 South Fourth Street
 Artesia, NM 88210

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8543

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

B. Received by (Printed Name):

C. Date of Delivery: 11/3/14

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

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

0249 2869 1000 0942 9001

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information visit **OFFICIAL MAIL™**

**MHF/COG
PILUM 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$ 1338

Sent To: Judson Properties, Ltd.
 PO Box 3340
 Midland, TX 79701

Postmark Here:

PS Form 3811, July 2013

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:
 Judson Properties, Ltd.
 PO Box 3340
 Midland, TX 79701

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8420

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

B. Received by (Printed Name): Laura Navarro

C. Date of Delivery: 10/11/14

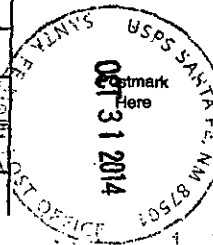
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

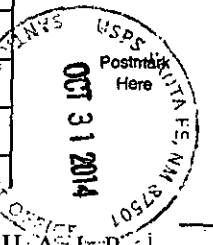
4. Restricted Delivery? (Extra Fee) ☐ Yes

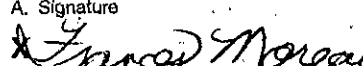
PS Form 3811, July 2013 Domestic Return Receipt


9048 2629 1000 0922 9002

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage)	
For delivery information visit	MHF/COG PILUM 2H
OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
	
Sent To	
Street, Apt. or PO Box	Legacy Royalty, LLC
City, State	PO Box 1091 Artesia, NM 88211-0840
PS Form 3811, July 2013	

0668 2629 1000 0922 9002

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage)	
For delivery information visit	MHF/COG PILUM 2H
OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
	
Sent To	
Street or PO Box	Lime Rock Resources II-A, L.P.
City, State	1111 Bagby St. Suite 4600 Houston, TX 77002
PS Form 3811, July 2013	

SENDER: COMPLETE THIS SECTION PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		SECTION ON DELIVERY	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Legacy Royalty, LLC PO Box 1091 Artesia, NM 88211-0840		B. Received by (Printed Name) FRANCES MOREAU	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8406		C. Date of Delivery 11-4-19	
PS Form 3811, July 2013		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013		E. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		COMPLETE THIS SECTION ON DELIVERY	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Lime Rock Resources II-A, L.P. 1111 Bagby St. Suite 4600 Houston, TX 77002		B. Received by (Printed Name) Justin Adams	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8390		C. Date of Delivery 11/4/2014	
PS Form 3811, July 2013		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013		E. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

0000 0942 9000 2760 6382 8413

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
MHF/COG
PILUM 2H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To **L.M. Graham Family Limited Partnership**
 200 North Loraine, Suite 1515
 Midland, TX 79701

Postmark Here **OCT 31 2014**

PS Form

SENDER: CC **ON ON DELIVERY**

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

1. Article Addressed to:
L.M. Graham Family Limited Partnership
200 North Loraine, Suite 1515
Midland, TX 79701

2. Article Number (Transfer from service label) **7006 2760 0001 6382 18413**

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature **X** **Haw** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Hailey Law** C. Date of Delivery **11/3/14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, July 2013 Domestic Return Receipt

0000 0942 9000 2760 6382 8383

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
MHF/COG
PILUM 2H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To **Los Chicos**
 105 S. Fourth St.
 Artesia, NM 88210

Postmark Here **OCT 31 2014**

PS Form

SENDER: COMPLETE THIS SECTION **ON ON DELIVERY**

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

1. Article Addressed to:
Los Chicos
105 S. Fourth St.
Artesia, NM 88210

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8383**

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature **X** **Stern** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Stern** C. Date of Delivery **11/3/14**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8376

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

For delivery information visit usps.com

OFFICE

MHF/COG
PILUM 2H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees \$ 1069

Sent to: Marigold LLLP
 Street or PO Box: PO Box 1290
 City: Artesia, NM 88211-1290

Postmark Here
 OCT 31 2014
 USPS SANTA FE, NM 87501

PS Form 3811, July 2013

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

For delivery information visit usps.com

OFFICE

MHF/COG
PILUM 2H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees \$ 1069

Sent to: Marigold LLLP
 Street or PO Box: PO Box 1290
 City: Artesia, NM 88211-1290

Postmark Here
 OCT 31 2014
 USPS SANTA FE, NM 87501

PS Form 3811, July 2013

7006 2760 0001 6382 8376

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

For delivery information visit usps.com

OFFICE

MHF/COG
PILUM 2H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees \$ 1069

Sent to: Mobil Producing Texas & New Mexico, Inc. a subsidiary of ExxonMobil
 Street or PO Box: 810 Houston Street
 City: Fort Worth, TX 76102-6298

Postmark Here
 OCT 31 2014
 USPS SANTA FE, NM 87501

PS Form 3811, July 2013

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

For delivery information visit usps.com

OFFICE

MHF/COG
PILUM 2H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees \$ 1069

Sent to: Mobil Producing Texas & New Mexico, Inc. a subsidiary of ExxonMobil
 Street or PO Box: 810 Houston Street
 City: Fort Worth, TX 76102-6298

Postmark Here
 OCT 31 2014
 USPS SANTA FE, NM 87501

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Marigold LLLP
 PO Box 1290
 Artesia, NM 88211-1290

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8376

PS Form 3811, July 2013 Domestic Return Receipt

ACTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 11-3-14

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

3. Service Type: ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mobil Producing Texas & New Mexico, Inc. a subsidiary of ExxonMobil
 810 Houston Street
 Fort Worth, TX 76102-6298

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8376

PS Form 3811, July 2013 Domestic Return Receipt

ACTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: NOV 03 2014

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

3. Service Type: ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 8352

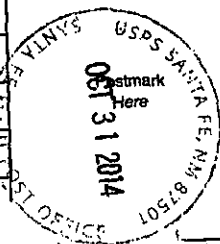
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information
OFF

Postage \$ 67
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1336

Sent to: MYCO Industries, Inc.
 105 S. Fourth St.
 Artesia, NM 88210

PS Form 3811, July 2013



7006 2760 0001 6382 8321

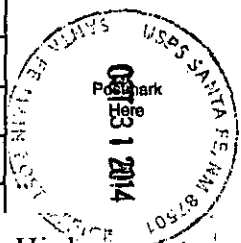
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information
OFF

Postage \$ 67
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees 1336

Sent to: New Mexico State Highway
 Transportation Department
 PO Box 1149
 Santa FE, NM 78504

PS Form 3811, July 2013



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

For delivery information
OFF

Postage \$ 67
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1336

Sent to: MYCO Industries, Inc.
 105 S. Fourth St.
 Artesia, NM 88210

PS Form 3811, July 2013

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

For delivery information
OFF

Postage \$ 67
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1336

Sent to: New Mexico State Highway
 Transportation Department
 PO Box 1149
 Santa FE, NM 78504

PS Form 3811, July 2013

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

For delivery information
OFF

Postage \$ 67
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1336

Sent to: New Mexico State Highway
 Transportation Department
 PO Box 1149
 Santa FE, NM 78504

PS Form 3811, July 2013

7006 2760 0001 6382 8345

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL USE**
MHF/COG
PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here
 OCT 31 2014
 U.S. POST OFFICE
 SANTA FE, NM 87501

Sent To: **OXY Y-1 Company**
PO Box 4294
Houston, TX 7710-4294

PS Form 3800

7006 2760 0001 6382 8338

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL USE**
MHF/COG
PILUM 2H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here
 OCT 31 2014
 U.S. POST OFFICE
 SANTA FE, NM 87501

Sent To: **Premier Oil & Gas Inc.**
PO Box 1246
Artesia, NM 88211-1246

PS Form 3800

U.S. MAIL
SENDER: COMPLETE ITEMS 1, 2, AND 3. ALSO COMPLETE ITEM 4 IF RESTRICTED DELIVERY IS DESIRED.
 PRINT YOUR NAME AND ADDRESS ON THE REVERSE SO THAT WE CAN RETURN THE CARD TO YOU.
 ATTACH THIS CARD TO THE BACK OF THE MAILPIECE, OR ON THE FRONT IF SPACE PERMITS.

ACTION ON DELIVERY

A. Signature: *[Signature]*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: *[Signature]*

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

3. Service Type:
☒ Certified Mail®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☒ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
OXY Y-1 Company
PO Box 4294
Houston, TX 7710-4294

2. Article Number: *[Number]*
 (Transfer from service label) **7006 2760 0001 6382 8345**

PS Form 3811, July 2013 Domestic Return Receipt

U.S. MAIL
SENDER: COMPLETE ITEMS 1, 2, AND 3. ALSO COMPLETE ITEM 4 IF RESTRICTED DELIVERY IS DESIRED.
 PRINT YOUR NAME AND ADDRESS ON THE REVERSE SO THAT WE CAN RETURN THE CARD TO YOU.
 ATTACH THIS CARD TO THE BACK OF THE MAILPIECE, OR ON THE FRONT IF SPACE PERMITS.

ACTION ON DELIVERY

A. Signature: *[Signature]*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: *[Signature]*

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

3. Service Type:
☒ Certified Mail®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☒ Return Receipt for Merchandise
☐ Collect on Delivery

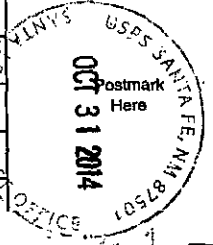
4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
Premier Oil & Gas Inc.
PO Box 1246
Artesia, NM 88211-1246

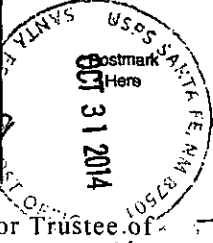
2. Article Number: *[Number]*
 (Transfer from service label) **7006 2760 0001 6382 8338**

PS Form 3811, July 2013 Domestic Return Receipt

4518 2839 1000 0922 9002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)		MHF/COG PILUM 2H	
For delivery information, visit OFFICIAL			
Postage	\$	69	
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Total Postage & Fees	\$		
Sent To	Prime Energy Corporation 9821 Katy Freeway, Suite 1050 Houston, TX 77024-6009		
Street, Apt. or PO Box			
City, State			
PS Form	Instructions		

2418 2839 1000 0922 9002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)		MHF/COG PILUM 2H	
For delivery information, visit OFFICIAL			
Postage	\$	69	
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Total Postage & Fees	\$		
Sent To	Robin K. Nix, Successor Trustee of the NIX 2002 Trust 3322 W. Ohio Ave. Midland, TX 79703		
Street, Apt. or PO Box			
City, State			
PS Form	Instructions		

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>[Name]</i> C. Date of Delivery <i>11/4/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
Prime Energy Corporation 9821 Katy Freeway, Suite 1050 Houston, TX 77024-6009		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)		7006 2760 0001 6382 8154	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		ACTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>11-03-14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
Robin K. Nix, Successor Trustee of the NIX 2002 Trust 3322 W. Ohio Ave. Midland, TX 79703		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)		7006 2760 0001 6382 8147	
PS Form 3811, July 2013		Domestic Return Receipt	

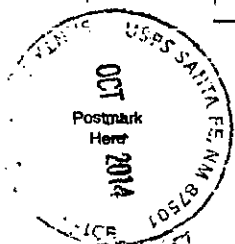
7006 2760 0001 6382 8505

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/COG
PILUM 2H

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: **Santo Legado LLLP**
 Street, Apt. or PO Box: **PO Box 1020**
 City, State: **Artesia, NM 88211-1020**

PS Form 3811, July 2013



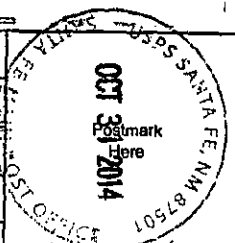
7006 2760 0001 6382 8499

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/COG
PILUM 2H

Postage	\$ 64
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: **Sharbro Energy, LLC**
 Street, Apt. or PO Box: **PO Box 840**
 City, State: **Artesia, NM 88211-0840**

PS Form 3811, July 2013



U.S. MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
Santo Legado LLLP
PO Box 1020
Artesia, NM 88211-1020

2. Article Number (Transfer from service label): **7006 2760 0001 6382 8505**

PS Form 3811, July 2013 Domestic Return Receipt

RECIPIENT: COMPLETE THIS SECTION

A. Signature: **X Karan Leishman** ☐ Agent ☒ Addressee

B. Received by (Printed Name): **Karan Leishman**

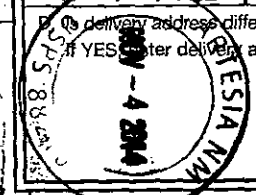
C. Date of Delivery: **11-4-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No

E. If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



U.S. MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
Sharbro Energy, LLC
PO Box 840
Artesia, NM 88211-0840

2. Article Number (Transfer from service label): **7006 2760 0001 6382 8499**

PS Form 3811, July 2013 Domestic Return Receipt

RECIPIENT: COMPLETE THIS SECTION

A. Signature: **X D Chavarria** ☐ Agent ☒ Addressee

B. Received by (Printed Name): **D Chavarria**

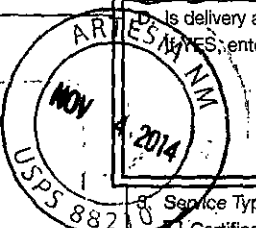
C. Date of Delivery: **11-4-14**

D. Is delivery address different from item 1? ☐ Yes ☒ No

E. If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)

For delivery information visit our

OFFICIAL

**MHF/COG
PILUM 2H**

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total Postage & Fees \$

Sent To
Street, Apt
or PO Box
City, State

Sharbro Holdings, LLC
PO Box 840
Artesia, NM 88211-0840

PS Form 3811, July 2013

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sharbro Holdings, LLC
PO Box 840
Artesia, NM 88211-0840

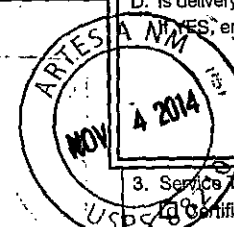
2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature x D Chavarria ☒ Agent ☐ Addressee
- B. Received by (Printed Name) D Chavarria C. Date of Delivery 11-4-14
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)

For delivery information visit our

OFFICIAL

**MHF/COG
PILUM 2H**

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 669
Total Postage & Fees \$

Sent To
Street, Apt
or P.O. B.
City, State

Spiral Inc.
PO Box 1933
Roswell, NM 88202

PS Form 3811, July 2013



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:

Spiral Inc.
PO Box 1933
Roswell, NM 88202

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Kelly Jean ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Kelly Jean C. Date of Delivery 11-5-14
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes



9448 2969 1000 0922 9002

U.S. Postal ServiceTM
CERTIFIED MAIL[®]
 (Domestic Mail Only, No FIM)
 For delivery information visit www.usps.com

OFFICIAL USE

Postage \$ 67
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent Tulipan LLC
 Street or PO Box PO Box 1020
 City Artesia, NM 88211-1020

PSF

Postmark: OCT 31 2014, SANTA FE, NM 87501

1548 2969 1000 0922 9002

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only, No FIM)
 For delivery information visit www.usps.com

OFFICIAL USE

Postage \$ 67
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent Yates Energy Corporation
 Street or PO Box PO Box 2323
 City Roswell, NM 88202-2323

PSF

Postmark: OCT 31 2014, SANTA FE, NM 87501

Return

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

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:

Yates Energy Corporation
 PO Box 2323
 Roswell, NM 88202-2323

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Tedi Hampton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tedi Hampton C. Date of Delivery 10/31/2014

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

3. Service Type
☒ Certified Mail[®] ☐ Priority Mail Express[™]
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 1000 16382 8451

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8444

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information, visit our OFFICIAL website.	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	Yates Industries LLC
Street, Apt. or PO Box	PO Box 1091
City, State	Artesia, NM 88211-1091

Postmark Here
OCT 31 2014
USPS SANTA FE NM 87501

7006 2760 0001 6382 8437

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information, visit our OFFICIAL website.	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	Yates Petroleum Corp.
Street, Apt. or PO Box	105 South 4th St.
City, State	Artesia, NM 88210

Postmark Here
OCT 31 2014
USPS SANTA FE NM 87501

SENDER: COMPLETE THIS SECTION		ACTION 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 <i>Frances Moreau</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) FRANCES MOREAU C. Date of Delivery 11-4-14 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: Yates Industries LLC PO Box 1091 Artesia, NM 88211-1091		Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8444		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		ACTION 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 <i>Stefano</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Stefano C. Date of Delivery 11/3/14 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: Yates Petroleum Corp. 105 South 4th St. Artesia, NM 88210		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8437		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013 Domestic Return Receipt