

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

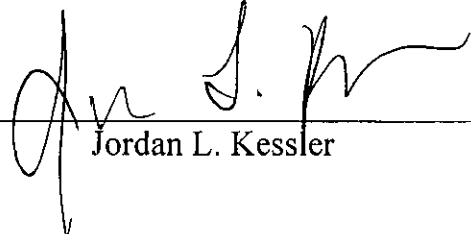
**APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. 15256

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 attached hereto.

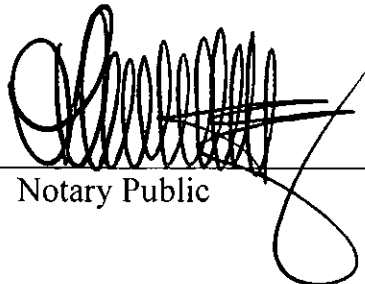


Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 4th day of February 2015 by Jordan L. Kessler.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 04/14/19



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 8
Submitted by: COG OPERATING LLC
Hearing Date: February 5, 2015

**COG OPERATING LLC
PAN HEAD FEE NO. 12H WELL
SUPPLEMENTAL NOTICE SENT 01/16/15**

Ray Devoe Taylor
P.O. Box 723
Tatum, NM 88267

Linn Energy Holdings, LLC
600 Travis Street, Suite 5100
Houston, TX 76102

Melanie J. Parker
P.O. Box 1692
Artesia, NM 88211

H Wade White
1404 W. Thomas
Carlsbad, NM 88220

H Wade White
1404 West Riverside
Carlsbad, NM 88220

Perry L. Hughes
1724 Guadalupe
Carlsbad, NM 88220

Perry L. Hughes
1909 Gwenda
Carlsbad, NM 88220

B.G. Davis
2021 North Vega
Hobbs, NM 88240

R.M. Williams
P.O. Box 854
Hobbs, NM 88241

Barry L. Antweil
P.O. Box 250
Hobbs, NM 88241

Barry L. Antweil
12610 Stillwood
Cypress, TX 77433

Mary Francis Antweil
5410 Ledgestone Drive
Fort Worth, TX 76132

Nettie Cecilia Aymond
9644 Arbor Hill Drive
Dallas, TX 75249

Alice Crouch
4508 Banister Lane
Austin, TX 78745

Druella Wilbanks
PO. Box 84
Maljamar, NM 88264

Christian Martin Masters, Domiciliary
Foreign Personal Representative of the
Estate of Ruth E. Baish, Deceased
3020 Fishing Creek Valley Road,
Harrisburg, PA 17112

The First National Bank, Trustee of the
Mary Anne Berliner Foundation
Established under Trust Agreement
dated February 1, 2000,
P.O. Box AA,
Artesia, New Mexico 88211-7526

Estate of Lillie M. Yates
P.O. Box 840
Artesia, New Mexico 88211-
0840

Asa G. Ashworth, Individually and
as Heir and Executor of the Julia
Miller Burnham Estate
154 Hornell St.,
Hornell, NY 14843



January 16, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS****Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Pan Head Fee No. 12H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on February 5, 2015. 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.

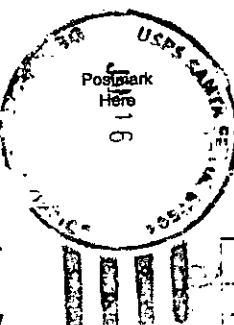
If you have any questions about this matter please contact Joseph Scott, at (432) 688-6601 or jscott@concho.com.

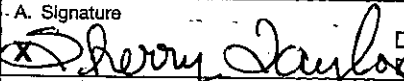
Sincerely,

Jordan L. Kessler

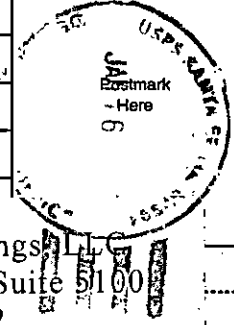
ATTORNEY FOR COG OPERATING LLC

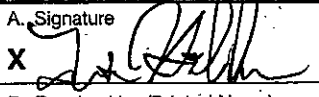
7006 2760 0001 6381 9572

U.S. Postal Service TM		CERTIFIED MAIL[®] RECEIPT	
(Domestic Mail Only, No International)		MHF/COG	
For delivery information visit usps.com		PANHEAD 12H	
OFFICE			
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)	669		
Total Postage & Fees			
Sent To	Ray Devoe Taylor		
Street, Apt. # or PO Box #	P.O. Box 723		
City, State, Z	Tatum, NM 88267		
PS Form 3811			

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
Ray Devoe Taylor P.O. Box 723 Tatum, NM 88267		Sherry Taylor 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)		3. Service Type	
7006 2760 0001 6381 9572		<input checked="" type="checkbox"/> Certified Mail [®] <input type="checkbox"/> Priority Mail Express [™] <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt			

7006 2760 0001 6381 9565

U.S. Postal Service TM		CERTIFIED MAIL[®] RECEIPT	
(Domestic Mail Only, No International)		MHF/COG	
For delivery information visit usps.com		PANHEAD 12H	
OFFICE			
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)	669		
Total P			
Sent To	Linn Energy Holdings, LLC		
Street, Apt. # or PO Box #	600 Travis Street, Suite 5100		
City, State, Z	Houston, TX 76102		
PS Form 3811, July 2013		See Reverse for Instructions	

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
Linn Energy Holdings, LLC 600 Travis Street, Suite 5100 Houston, TX 76102		MAY 30 2016 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)		3. Service Type	
7006 2760 0001 6381 9565		<input checked="" type="checkbox"/> Certified Mail [®] <input type="checkbox"/> Priority Mail Express [™] <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt			

7006 2760 0001 6381 9558

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

For delivery information visit **OFFIC**

MHF/COG
 PANHEAD 12H

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

Sent To: Melanie J. Parker
 P.O. Box 1692
 Artesia, NM 88211

Postmark Here

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS FOLD AND DO NOT WRITE

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:

Melanie J. Parker
 P.O. Box 1692
 Artesia, NM 88211

2. Article Number: 7006 2760 0001 6381 9558
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Melanie Parker* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Melanie Parker*

C. Date of Delivery: *JAN 6 2013*

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 6381 9541

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

For delivery information visit **OFFIC**

MHF/COG
 PANHEAD 12H

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

Sent To: H Wade White
 1404 W. Thomas
 Carlsbad, NM 88220

Postmark Here

PS Form 3811, July 2013

7006 2760 0001 6381 9534

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

For delivery information visit **USPS.com**

OFFICE **MHF/COG**
PANHEAD 12H

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

Postmark Here

Sent To H Wade White
Street, or P.O. Box 1404 West Riverside
City, State, ZIP+4® Carlsbad, NM 88220

PS Form 3800, June 2006

7006 2760 0001 6381 9527

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

For delivery information visit **USPS.com**

OFFICE **MHF/COG**
PANHEAD 12H

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

Postmark Here

Sent To Perry L. Hughes
Street, or P.O. Box 1724 Guadalupe
City, State, ZIP+4® Carlsbad, NM 88220

PS Form 3800, June 2006

7006 2760 0001 6381 9510

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

For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

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

Postmark Here
 JAN 1 1996
 OFFICE PANHEAD 12H

Sent **Perry L. Hughes**
 Street or PO **1909 Gwenda**
 City **Carlsbad, NM 88220**

PS Form 3800, June 1995

7006 2760 0001 6381 9510

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

For delivery information visit **MHF/COG**
OFFICE PANHEAD 12H

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

Postmark Here
 JAN 1 1996
 OFFICE PANHEAD 12H

Sent **B.G. Davis**
 Street or PO **2021 North Vega**
 City **Hobbs, NM 88240**

PS Form 3800, June 1995

7006 2760 0001 6381 9497

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
MHF/COG PANHEAD 12H	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	170
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1069

USPS SANTA FE
JAN 16
Postmark Here

Sent To: R.M. Williams
Street, Apt. or PO Box: P.O. Box 854
City, State, ZIP: Hobbs, NM 88241

PS Form 3800

7006 2760 0001 6381 9640

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
MHF/COG PANHEAD 12H	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

USPS SANTA FE
JAN 16
Postmark Here

Sent To: Barry L. Antweil
Street, Apt. or PO Box: P.O. Box 250
City, State, ZIP: Hobbs, NM 88241

PS Form 3800

7006 2760 0001 6381 9626

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/COG	
OFFICE PANHEAD 12H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Post	
Sent To: Barry L. Antweil	
Street, Apt. or PO Box: 12610 Stillwood	
City, State: Cypress, TX 77433	

PS Form 3811, July 2013

7006 2760 0001 6381 9633

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit MHF/COG	
OFFICE PANHEAD 12H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	
Sent To: Mary Francis Antweil	
Street, Apt. or PO Box: 5410 Ledgestone Drive	
City, State: Fort Worth, TX 76132	

PS Form 3811, July 2013

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>Mary Francis Antweil</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>MARY FRANCIS ANTWEIL</i></p> <p>C. Date of Delivery: <i>1-28-15</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>Mary Francis Antweil 5410 Ledgestone Drive Fort Worth, TX 76132</p>		<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number: <i>11 11 11</i></p> <p>(Transfer from service label)</p>		<p>7006 2760 0001 6381 9633</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6381 9619

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

OFFICE

MHF/COG
PANHEAD 12H

Postage \$ 68

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total

Sent To Nettie Cecilia Aymond
 9644 Arbor Hill Drive
 Dallas, TX 75249

PS Form 3811, August 2006 See Reverse for Instructions

Returned

7006 2760 0001 6381 9602

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

OFFICE

MHF/COG
PANHEAD 12H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage & Fees

Sent To Alice Crouch
 4508 Banister Lane
 Austin, TX 78745

PS Form 3811, August 2006 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:

Alice Crouch
 4508 Banister Lane
 Austin, TX 78745

2. Article Number (Transfer from service label)

7006 2760 0001 6381 9602

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Alice Crouch

C. Date of Delivery 1/22/15

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

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™

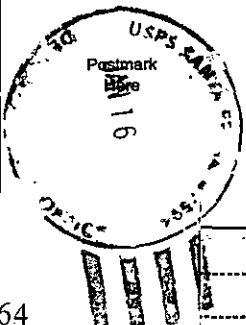
☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

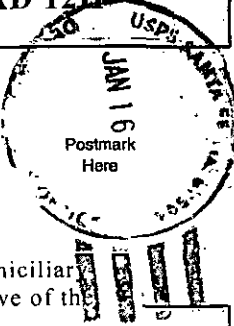
PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6381 9596

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance)		MHF/COG	
For delivery information visit		PANHEAD 12H	
OFFICE			
Postage	\$	69	
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Total Postage & Fees			
Sent To		Druella Wilbanks	
Street, Ap or PO Box		PO. Box 84	
City, State		Maljamar, NM 88264	
PS Form		4000	

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 X <i>Druella Wilbanks</i> <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 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	
1. Article Addressed to:			
Druella Wilbanks PO. Box 84 Maljamar, NM 88264			
2. Article Number		7006 2760 0001 6381 9596	
(Transfer from service label)			
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6381 9557

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance)		MHF/COG	
For delivery information visit		PANHEAD 12H	
OFFICE			
Postage	\$	69	
Certified Fee		330	
Return Receipt Fee (Endorsement Required)		270	
Restricted Delivery Fee (Endorsement Required)		669	
Tot		Christian Martin Masters, Domiciliary Foreign Personal Representative of the Estate of	
Sent		Ruth E. Baish, Deceased,	
Street or PO Box		3020 Fishing Creek Valley Road	
City		Harrisburg, PA 17112	
PS Form 3800, August 2005		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.		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>JAN 21 2015</i> <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 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	
1. Article Addressed to:			
Christian Martin Masters, Domiciliary Foreign Personal Representative of the Estate of Ruth E. Baish, Deceased, 3020 Fishing Creek Valley Road Harrisburg, PA 17112			
2. Article Number		7006 2760 0001 6381 9557	
(Transfer from service label)			
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6381 9695

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL MAIL™**
MHF/COG
PANHEAD 12H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1069

Sent To
 Street, or PO Box
 City, State
 The First National Bank, Trustee of the
 Mary Anne Berliner Foundation
 Established under Trust Agreement
 dated February 1, 2000,
 P.O. Box AA,
 Artesia, New Mexico 88211-7526

Postmark Here
 JAN 16 2015
 USPS SANITA NM

PS Form 3811, July 2013

SENDER
 COMPLETE THIS SECTION ON DELIVERY
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 The First National Bank, Trustee of the
 Mary Anne Berliner Foundation
 Established under Trust Agreement
 dated February 1, 2000,
 P.O. Box AA,
 Artesia, New Mexico 88211-7526

2. Article Number
 (Transfer from service label) 7006 2760 0001 6381 9695

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
☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Phillip Lawson 1-20-15
 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 6381 9695

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL MAIL™**
MHF/COG
PANHEAD 12H

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

Sent To
 Street, or PO Box
 City, State
 Estate of Lillie M. Yates
 P.O. Box 840
 Artesia, New Mexico 88211

Postmark Here
 JAN 16 2015
 USPS SANITA NM

PS Form 3811, July 2013

SENDER
 COMPLETE THIS SECTION ON DELIVERY
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Estate of Lillie M. Yates
 P.O. Box 840
 Artesia, New Mexico 88211

2. Article Number
 (Transfer from service label) 7006 2760 0001 6381 9688

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
☐ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Lillie M. Yates 1-21-15
 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 6381 9671

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
MHF/COG
PANHEAD 12H

For delivery information
OFFI

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

Sent To
 Asa G. Ashworth, Individually and as
 Heir and Executor
 of the Julia Miller Burnham Estate,
 154 Hornell St.,
 Hornell, NY 14843

PS Form

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 X Tracy Chapman <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tracy Chapman</p> <p>C. Date of Delivery 1-20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Asa G. Ashworth, Individually and as Heir and Executor of the Julia Miller Burnham Estate, 154 Hornell St., Hornell, NY 14843</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2760 0001 6381 9671</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

**COG OPERATING LLC
PAN HEAD FEE NO. 12H WELL**

POOLED PARTIES:

Devon Energy Production
Company
333 W. Sheridan Ave.
Oklahoma City, OK 73102

Lazy S. Minerals, LLC
P.O. Box 100493
Fort Worth, TX 76185

Chevron Oil Company
1400 Smith Street, Ste. 3600
Houston, TX 77002-7342

Vanguard Permian, LLC
5847 San Felipe, Suite 3000
Houston, TX 77057

Halcon Resources Operating
Company, Inc.
Meridian Towers, Ste. 650
Tulsa, OK 74135

Energyquest II, LLC
4526 Research Forest Drive,
Suite 200
The Woodlands, TX 77381

Range Operating New Mexico, LLC
100 Throckmorton Street
Suite 1200
Fort Worth, TX 76102

OFFSETS:

Devon Energy Production
Company
333 W. Sheridan Ave.
Oklahoma City, OK 73102

Legacy Reserves Operating LP
P.O. Box 10848
Midland, TX 79702

Pendragon Oil, LLC
309 West 7th Street, Suite 500
Fort Worth, TX 76102

Kamimac, LLC
309 West 7th Street, Suite 500
Fort Worth, TX 76102

Lazy S. Minerals, LLC
P.O. Box 100493
Fort Worth, TX 76185

Chevron Oil Company
1400 Smith Street, Ste. 3600
Houston, TX 77002-7342

Vanguard Permian, LLC
5847 San Felipe, Suite 3000
Houston, TX 77057

Halcon Resources Operating
Company, Inc.
Meridian Towers, Ste. 650
Tulsa, OK 74135

Occidental Permian Limited
Partnership
P.O. Box 4294
Houston, TX 77210

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252-2197

Patterson Petroleum, LLC
P.O. Drawer 1416
Snyder, TX 79550

Ventana Exploration, Inc.
7903 Purdue Avenue
Dallas, TX 75225

Highland (Texas) Energy
Company
7557 Rambler Road, Suite 918
Dallas, TX 75231

Energyquest II, LLC
4526 Research Forest Drive,
Suite 200
The Woodlands, TX 77381

Range Operating New Mexico, LLC
100 Throckmorton Street
Suite 1200
Fort Worth, TX 76102



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - Oil and Gas Law
- New Mexico Board of Legal
Specialization
mfeldewert@hollandhart.com

December 19, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Pan Head Fee No. 12H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on January 8, 2015. 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 Joseph Scott, at (432) 688-6601 or jscott@concho.com.

Sincerely,

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

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

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



Michael H. Feldewert
Recognized Specialist in the Area
of Natural Resources - Oil and Gas
Law - New Mexico Board of Legal
Specialization
mfeldewert@hollandhart.com

December 19, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET PARTIES

**RE: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Pan Head Fee No. 12H**

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

This application has been set for hearing before a Division Examiner at 8:15 AM on January 8, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Joseph Scott, at (432) 688-6601 or jscott@concho.com.

Sincerely,

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

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

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

7006 2760 0001 6378 4641

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information visit OFF	MHF/COG PAN HEAD
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Devon Energy Production Company 333 W. Sheridan Ave. Oklahoma City, OK 73102	
for instructions	

7006 2760 0001 6378 4634

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only)	
For delivery information visit OFFIC	MHF/COG PAN HEAD
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Lazy S. Minerals, LLC P.O. Box 100493 Fort Worth, TX 76185	
See reverse for instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
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. 	
1. Article Addressed to:	
Devon Energy Production Company 333 W. Sheridan Ave. Oklahoma City, OK 73102	
2. Article Number	
(Transfer from service label) 7006 2760 0001 6378 4641	
PS Form 3811, July 2013 Domestic Return Receipt	
COMPLETE THIS SECTION ON DELIVERY	
A: Signature <i>David Canillo</i>	
X <i>David Canillo</i> Agent	
B: Received by (Printed Name) <i>David Canillo</i>	
C: Date of Delivery <i>DEC 22 2011</i>	
D: Is delivery address different from item 1? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If YES, enter delivery address below:	
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 <input checked="" type="checkbox"/> No	

7006 2760 0001 6382 0196

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	MHF/COG PAN HEAD
OFFFI	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	
Chevron Oil Company 1400 Smith Street, Ste. 3600 Houston, TX 77002-7342	

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.		SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <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	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Chevron Oil Company 1400 Smith Street, Ste. 3600 Houston, TX 77002-7342 </div>		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 0196		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 0202

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	MHF/COG PAN HEAD
OFFFI	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669
Vanguard Permian, LLC 5847 San Felipe, Suite 3000 Houston, TX 77057	

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.		SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <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	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Vanguard Permian, LLC 5847 San Felipe, Suite 3000 Houston, TX 77057 </div>		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 0202		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 0332

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, N)	
For delivery information	MHF/COG PAN HEAD
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Postmark Here DEC 19 2014	
Halcon Resources Operating Company, Inc. Meridian Towers, Ste. 650 Tulsa, OK 74135	
for instructions	

7006 2760 0001 6378 4405

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, N)	
For delivery information	MHF/COG PAN HEAD
OFFICIAL	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Postmark Here DEC 19 2014	
Total Postage & Fees \$	
Energyquest II, LLC 4526 Research Forest Drive, Suite 200 The Woodlands, TX 77381	
for 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 <u>Donna Doze</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Halcon Resources Operating Company, Inc. Meridian Towers, Ste. 650 Tulsa, OK 74135		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6382 0332			
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 <u>Erika Perez</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Energyquest II, LLC 4526 Research Forest Drive, Suite 200 The Woodlands, TX 77381		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6378 4405			
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6378 4658

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

For delivery information visit **OFFICIAL MAIL HEADLINE**

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

Range Operating New Mexico, LLC
 100 Throckmorton Street
 Suite 1200
 Fort Worth, TX 76102

Postmark Here
 DEC 19 2013

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:
 Range Operating New Mexico, LLC
 100 Throckmorton Street
 Suite 1200
 Fort Worth, TX 76102

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 4658

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 X *D. Levinson* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 D. LEVINSON

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 0141

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
For delivery information visit usps.com	
OFFICIAL MAIL	
MHF/COG PAN HEAD	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Devon Energy Production Company 333 W. Sheridan Ave. Oklahoma City, OK 73102	

Postmark Here
DEC 19 2014

See reverse for instructions

7006 2760 0001 6382 0158

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
For delivery information visit usps.com	
OFFICIAL MAIL	
MHF/COG PAN HEAD	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Legacy Reserves Operating LP P.O. Box 10848 Midland, TX 79702	

Postmark Here
DEC 19 2014

See reverse for 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>David Carillo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>DEC 22</i> C. Date of Delivery 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: Devon Energy Production Company 333 W. Sheridan Ave. Oklahoma City, OK 73102		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 0141		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 X <i>July Guelker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>July Guelker</i> C. Date of Delivery <i>12-26-14</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: Legacy Reserves Operating LP P.O. Box 10848 Midland, TX 79702		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 0158		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 0165

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

OFFICIAL MAIL

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

Postmark Here
 DEC 19 2011

Pendragon Oil, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

For Instructions

7006 2760 0001 6382 0172

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

OFFICIAL MAIL

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

Postmark Here
 DEC 19 2011

Kamimac, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

For Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Pendragon Oil, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0165

PS Form 3811, July 2013 Domestic Return Receipt

RECEIVER: COMPLETE THIS SECTION

A. Signature PB DeWooddy ☐ Agent ☐ Addressee
 B. Received by (Printed Name) PATRICIA DeWooddy C. Date of Delivery 12-27-14
 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:
 Kamimac, LLC
 309 West 7th Street, Suite 500
 Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0172

PS Form 3811, July 2013 Domestic Return Receipt

RECEIVER: COMPLETE THIS SECTION

A. Signature PB DeWooddy ☐ Agent ☐ Addressee
 B. Received by (Printed Name) PATRICIA DeWooddy C. Date of Delivery 7-22-14
 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 0189

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/COG
PAN HEAD

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	169

Postmark Here
DEC 9 2013

Lazy S. Minerals, LLC
 P.O. Box 100493
 Fort Worth, TX 76185

PS Form 3811, August 2006 See Reverse for Instructions

7006 2760 0001 6378 4627

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/COG
PAN HEAD

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
DEC 10 2013

Chevron Oil Company
 1400 Smith Street, Ste. 3600
 Houston, TX 77002-7342

PS Form 3811, August 2006 See Reverse for Instructions

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:

Lazy S. Minerals, LLC
 P.O. Box 100493
 Fort Worth, TX 76185

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0189

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Chevron Oil Company
 1400 Smith Street, Ste. 3600
 Houston, TX 77002-7342

2. Article Number (Transfer from service label) 7006 2760 0001 6378 4627

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

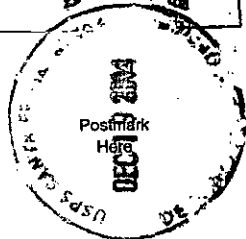
3. Service Type
☒ Certified Mail[®] ☐ Priority Mail Express[™]
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4610

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; *Mail Insurance Coverage Provided*)
 MHF/COG
 PAN HEAD
 For delivery information
OFFFI

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



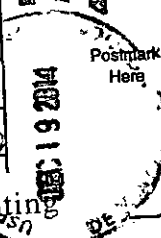
Vanguard Permian, LLC
 5847 San Felipe, Suite 3000
 Houston, TX 77057

for instructions

7006 2760 0001 6382 0264

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; *Mail Insurance Coverage Provided*)
 MHF/COG
 PAN HEAD
 For delivery information
OFFFI

Postage	\$	691
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		169



Halcon Resources Operating
 Company, Inc.
 Meridian Towers, Ste. 650
 Tulsa, OK 74135

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Vanguard Permian, LLC
 5847 San Felipe, Suite 3000
 Houston, TX 77057

2. Article Number: 7006 2760 0001 6378 4610
 (Transfer from service)

PS Form 3811, July 2013 Domestic Return Receipt

ACTION ON DELIVERY

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

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

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

Halcon Resources Operating
 Company, Inc.
 Meridian Towers, Ste. 650
 Tulsa, OK 74135

2. Article Number: 7006 2760 0001 6382 0264
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

ACTION ON DELIVERY

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

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

D. Is delivery address different from item 1? ☐ Yes
 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 0257

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

MHF/COG
PAN HEAD

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

Postmark Here
DEC 19 2014

Occidental Permian Limited Partnership
 P.O. Box 4294
 Houston, TX 77210

For Instructions

7006 2760 0001 6382 0240

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

MHF/COG
PAN HEAD

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

Postmark Here
DEC 19 2014

ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252-2197

For Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Occidental Permian Limited Partnership
 P.O. Box 4294
 Houston, TX 77210

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0257

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name) [Signature]
 C. Date of Delivery DEC 19 2014

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: 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:
 ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252-2197

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0240

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name) [Signature]
 C. Date of Delivery DEC 19 2014

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

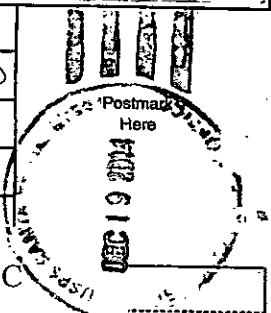
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6378 4436

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information, visit usps.com
OFFICIAL
 MHF/COG
 PAN HEAD

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

Patterson Petroleum, LLC
 P.O. Drawer 1416
 Snyder, TX 79550

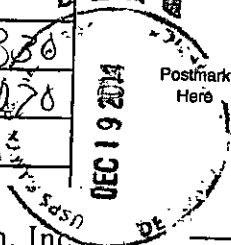


for instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
 For delivery information, visit usps.com
OFFICIAL
 MHF/COG
 PAN HEAD

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

Ventana Exploration, Inc.
 7903 Purdue Avenue
 Dallas, TX 75225



PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6378 4429

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

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:

Patterson Petroleum, LLC
 P.O. Drawer 1416
 Snyder, TX 79550

2. Article Number (Transfer from service label) 7006 2760 0001 6378 4436

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X A. Steelman

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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:

Ventana Exploration, Inc.
 7903 Purdue Avenue
 Dallas, TX 75225

2. Article Number (Transfer from service label) 7006 2760 0001 6378 4429

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
 X [Signature]

B. Received by (Printed Name) [Signature] C. Date of Delivery 12-22

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 6378 4412

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No)

For delivery information visit **OFFIC**

MHF/COG
PAN HEAD

Postage \$ 3.30

Certified Fee 2.70

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

Highland (Texas) Energy Company
 7557 Rambler Road, Suite 918
 Dallas, TX 75231

for instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Highland (Texas) Energy Company
 7557 Rambler Road, Suite 918
 Dallas, TX 75231

2. Article Number **7006 2760 0001 6378 4412**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

OPTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Truitt Matthews C. Date of Delivery 12-22-14

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

7006 2760 0001 6382 0325

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No)

For delivery information visit **OFFIC**

MHF/COG
PAN HEAD

Postage \$ 6.90

Certified Fee 3.30

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

Energyquest II, LLC
 4526 Research Forest Drive,
 Suite 200
 The Woodlands, TX 77381

See Reverse for instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Energyquest II, LLC
 4526 Research Forest Drive,
 Suite 200
 The Woodlands, TX 77381

2. Article Number **7006 2760 0001 6382 0325**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

OPTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) ERIKA PEREZ C. Date of Delivery 12/23/14

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

7006 2760 0001 6382 0318

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

Postmark Here
 DEC 19 2013

Range Operating New Mexico, LLC
 100 Throckmorton Street
 Suite 1200
 Fort Worth, TX 76102

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:

Range Operating New Mexico, LLC
 100 Throckmorton Street
 Suite 1200
 Fort Worth, TX 76102

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 0318

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X D. Levinson ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 D. LEVINSON

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

PS Form 3811, July 2013 Domestic Return Receipt