# 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, EDDY COUNTY, NEW MEXICO.

**CASE NO. 15276** 

AF	FI	D	A	V	ľ	T

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 18th day of March 2015 by Jordan L.

Kessler.



Notary Public

BEFORE THE OIL CONVERSATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 6
Submitted by: COG Operating LLC
Hearing Date: March 19, 2015



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

February 27, 2015

## 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, Eddy County, New Mexico. Cookie Tosser State Com No. 1H Well

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

This application has been set for hearing before a Division Examiner at 8:15 AM on March 19, 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 Aaron Young, at (432) 221-0343 or ayoung@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC



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

February 27, 2015

# VIA CERTIFIED MAIL CERTIFIED RECEIPT REQUESTED

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

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.

Cookie Tosser State Com No. 1H Well

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on March 19, 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 Prehearing 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 Aaron Young, at (432) 221-0343 or ayoung@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

### COG OPERATING LLC COOKIE TOSSER STATE COM NO. 1H

#### POOLED PARTY:

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

#### **OFFSETS:**

8 Way OG Inc. P.O. Box 371 Midland, TX 79701

Chevron USA, Inc. P.O. Box 730436 Dallas, TX 75373

Crosby, SW III P.O. Box 2346 Roswell, NM 88202

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

Grover, Arden R. P.O. Box 3666 Midland, TX 79702

Hudson, Lewis Delmar 616 Texas St Ft. Worth, TX 76102

Lindy's Living Trust Francis H. Hudson, Trustee, 616 Texas St Ft. Worth, TX 76102 Anderson Oil Ltd. 5005 Woodway Dr., Suite 300 Houston, TX 77056

Chevron USA, Inc. 4508 N. Big Spring St Midland, TX 79705

Diamond Head Prop P.O. Box 2127 Midland, TX 79702

Estate of Josephine T. Hudson 616 Texas St Ft. Worth, TX 76102

Harvey E. Yates Co. P.O. Box 1933 Roswell, NM 88202

Lamb, Garland C. 3208 Maxwell Midland, TX 79705

Mewbourne Oil Co. 500 W. Texas Ave., Suite 1020 Midland, TX 79701 Avery, Rosemary T. P.O. Box 3 Roswell, NM 88202

Chevron USA, Inc. 1400 Smith St. Houston, TX 77002

Edward R. Hudson Trust 4 616 Texas St Ft. Worth, TX 76102

Explorers Petro Corp. P.O. Box 1933 Roswell, NM 88202

Hudson, Edward R., Jr. 616 Texas St Ft. Worth, TX 76102

Lindy's Living Trust Francis H. Hudson, Trustee, 4200 S. Hulen, Ste 302 Ft. Worth, TX 76109

Nadel and Gussman Capitan LLC 15 East 5th Street, Suite 3200 Tulsa, OK 74103

### COG OPERATING LLC COOKIE TOSSER STATE COM NO. 1H

Nadel and Gussman Heyco LLC P.O. Box 1936

Roswell, NM 88202

Osborn, Calvin W. RR 2 Box 48 Lovington, NM 88260 Redfern Oil Co. P.O. Box 50890 Midland, TX 79710

Reeser, Wayne F. 1512 W. Aspen Lovington, NM 88260 Spell Inc. P.O. Box 50890 Midland, TX 79710 Spiral Inc. P.O. Box 1933 Roswell, NM 88202

Stratco Operating Co. Inc. 400 Buckeye Trail Austin, TX 78746 Withcer, Marvin D. P.O. Box 1983 Midland, TX 79702 Yates Energy Corp. P.O. Box 2323 Roswell, NM 88201

Yates US Inc. P.O. Box 2323 Roswell, NM 88202 Zorro Partners Ltd. 616 Texas St Ft. Worth, TX 76102

U.S. Postal Service CERTIFIED MAIL RECEIPT MHF/COG (Domestic Mail Only; No Ins For delivery information visit of COOKIE TOSSER 78 382 Postage \_ Certified Fee COOO Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees \$ EOG Resources, Inc. 7006 5509Champions Drive Midland, TX 79706

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addresses     B. Received by (Printed Name)   C. Date of Delivery
EOG Resources, Inc. 5509Champions Drive	If YES, enter delivery address below:
Midland, TX 79706	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006	2760 0001 6382 7836
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8 Way OG Inc. P.O. Box 371	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
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Anderson Oil Ltd.	D. Is delivery address different from item 1?
5005 Woodway Dr., Suite 300 Houston, TX 77056	3. Service Type  2. Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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U.S. Postal Service 188 CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Co. MHF/COG 7607 COOKIE TOSSER ш 40 Postage m В Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 276 Explorers Petro Corp. Sen 7006 P.O. Box 1933 Stre or P Roswell, NM 88202

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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Fatter of Learnhine T. Hudson	If YES, enter delivery address below:
Estate of Josephine T. Hudson 616 Texas St Ft. Worth, TX 76102	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Agent Addresse  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 12  Yes
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P.O. Box 1933 Roswell, NM 88202	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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PS Form 3811, July 2013

Domestic Return Receipt



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1. Article Addressed to:  Hudson, Edward R., Jr. 616 Texas St	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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PS Form 3811, July 2013  Domestic  AND GRADUE TO THE SERVICE HABBLE SERVICE SE	Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A. Signature  X June Agent  Addresse  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes



U.S. Postal Service TM CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Co MHF/COG For delivery information visit of COOKIE TOSSER 382 Postage Д Certified Fee 0001 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Total Postage & Fees | \$ Lindy's Living Trust Sent To Francis H. Hudson, Trustee, 7006 Street, Ap 4200 S. Hulen, Ste 302 or PO Box Ft. Worth, TX 76109 City, State

SNOTIFIED THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addresse  B. Received by (Printed Name)  A  C. Date of Deliver  A  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below:
Lamb, Garland C.	3. Service Type
3208 Maxwell Midland, TX 79705	Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandie ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 (Transfer from service label) PS Form 3811, July 2013 Domestic F	2760 0001 6382 7652 Return Receipt
(Transfer from service label)	Return Receipt
PS Form 3811, July 2013  Domestic F  ANTI OBLICO LY CTOD SSHEDDY NEGLEC F  ANTI OBLICO LY CTOD SSHEDDY NEGLEC F  ANTI OBLICO LY CTOD SSHEDDY NEGLEC F  BENDER: 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,	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X
PS Form 3811, July 2013  Domestic F  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
PS Form 3811, July 2013  Domestic F  ANTI OBLICO LY OTOM SSENDOY NEIGHBERLE F  ANTI OBLICO LY OTOM SSENDOY NEIGHBERLE F  BENDER: 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.  Article Addressed to:  Lindy's Living Trust  Francis H. Hudson, Trustee.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from item 1?   Yes
PS Form 3811, July 2013  Domestic F  BRIT GBJLGG LY GTOB SSHEGGY NEULBER BHL B  LHOIR BHL OL REGISTANDE BOOM  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  B. Received by (Printed Name)  D. Is delivery address different from item 1?   Yes

U.S. Postal Service 188 CERTIFIED MAIL RECEIPT 7676 (Domestic Mail Only; No Insurance Coverage Pro-For delivery information visit COOKIE TOSSER П **638** Postage Certified Fee 0007 Return Receipt Fee (Endorsement Required) FEB 27 2015 Restricted Delivery Fee (Endorsement Required) 2760 Total Pos Lindy's Living Trust Sent To Francis H. Hudson, Trustee, 7006 616 Texas St Street, Apt. or PO Box Ft. Worth, TX 76102 City, State,

2 7683	U.S. Postal Service TM  CERTIFIED MAIL TM RECEIPT  (Domestic Mail Only; No Insurance Coverage Brazilet  MHF/COG  COOKIE TOSSER	19.7
2760 0001 638	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total	d Su
2006	Sent Tc Mewbourne Oil Co. Street, 500 W. Texas Ave., Suite 1020 Oily, Si Midland, TX 79701  PS Form 3800, August 2006	

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	CONTRETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Man T. Agent  Addressee  B. Received by (Printed Name)  Stari Gilburg  AR 0 4 2915
1. Article Addressed to:	□ D. Is delivery address different from item 1? □ Yes  If YES, enter delivery address below: □ No
Lindy's Living Trust Francis H. Hudson, Trustee, 616 Texas St	
Ft. Worth, TX 76102	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	7006 2760 0001 6382 7676
PS Form 3811, July 2013 Domestic F	Return Receipt
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.	A, Signature  A, Signature  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
Mewbourne Oil Co. 500 W. Texas Ave., Suite 1020 Midland, TX 79701	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	006 2760 0001 6382 7683
PS Form 3811, July 2013 Domestic F	Return Receipt



9	CERTIFIED (Domestic Mail O	MAIL <sub>TM</sub> RECEIPT	
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4007	Street, Ap or PO Box P.O.	Box 1936	******
	ROSW	rell, NM 88202	tions

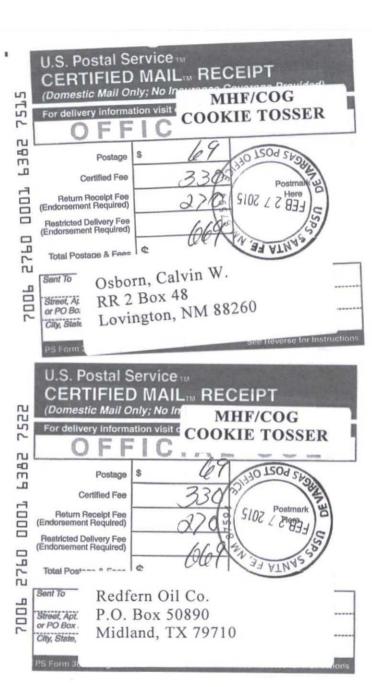
2. Article Number

(Transfer from service label)
PS Form 3811, July 2013

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	ETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent  □ Addresse
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No MAR 0 5 2015
Nadel and Gussman Capitan	15 E 5 TH ST - 3200
LLC 15 East 5th Street, Suite 3200 Tulsa, OK 74103	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE SENDES: COMBINED AT DOTTED AT DOTTED LINE SENDES: COMBINED AT DOTTED AT DOTTED AT DOTTED LINE SENDES: COMBINED AT DOTTED AT	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	Ar Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes     If YES butter delivery address below: ☐ No
Nadel and Gussman Heyco LLC P.O. Box 1936 Roswell, NM 88202	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 7928

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature X.C.W.Ds.Du	☐ Agent
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
- 30		W
Osborn, Calvin W. RR 2 Box 48 Lovington, NM 88260	3. Service Type Certified Mail® Priority Mail Registered Return Rece	eipt for Merchandise





(Domestic Mail C	MAILTM REC	EIPT HF/COG
For delivery inform		KIE TOSSER
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Pr Sent To Spell Sireet, A; or PO Bo City, Stah	s 69 330 20 669 Inc. Box 50890 and, TX 79710	SOLPHINELY
PS Form	4000	See Reverse for Instructions

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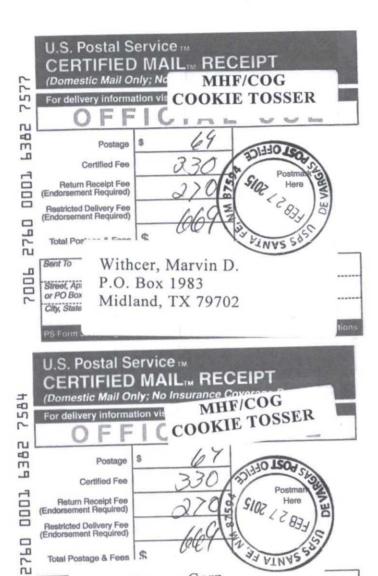
Return



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ent To Strai	tco Operating Co. Inc.
treet, Api 400	Buckeye Trail
	in, TX 78746
S Form 3000, August	2000 See neverse for instructions

2760 0001

Roswell, NM 88202	Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
Spiral Inc. P.O. Box 1933	3. Service Type
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	Ac Signature  Agent  Addressee  B. Received by (Rrinted Name)  C. Date of Delivery  D. Is delivery address different from them 1?  Yes  If YES, enter delivery address below.



Yates Energy Corp.

Roswell, NM 88201

P.O. Box 2323

Sent To

Street,

or PO B

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  **State Annufact   Agent    B. Received by (Printed Name)   C. Date of Delivery    Teal Hamilton   C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1350 yes If YES, enter delivery address below: ENO 8820	
	8820	
Yates Energy Corp. P.O. Box 2323 Roswell, NM 88201	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery	

U.S. Postal Service 1M CERTIFIED MAIL RECEIPT (Domestic Mail Only; N MHF/COG 딤 785 For delivery information v COOKIE TOSSER LI 40 Postage 63 Certified Fee COOO Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2760 Yates US Inc. Sent 1 7006 P.O. Box 2323 or PO Roswell, NM 88202

2 7812	CEF (Dome	Postal S RTIFIED estic Mail Or livery informa	MA nly; No	ILTM REC	F/COG E TOSS	ER
0001 6385	Retu (Endorser	Postage Certifled Fee rn Receipt Fee nent Required)	\$	69 330 270	1 000	SAS Mark
2760 0		nerana a Passo	¢	669	10550	ISN DE
7006	Street, or PO City, S	Zorro P 616 Tex Ft. Wor	cas S			ructions

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
PLACE STICKER AT TOP OF ENVELOPE TO THE PHOHT	IPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  **Zeolic Hann Chamber   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery  **Tedi Hami Hob   345/175
1. Article Addressed to: Yates US Inc.	D. Is delivery address different from item to he if YES, enter delivery address below:
P.O. Box 2323 Roswell, NM 88202	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 2760	0001 6382 7829
SENDER. COMPLETE SHE OF SENDER OF SE	A. Signature  X. Start M. G. Agent  Addressee
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.	Staci Gilbury MAR 0 4 2915
1. Article Addressed to:	D. Is delivery address different from item 1?
Zorro Partners Ltd. 616 Texas St Ft. Worth, TX 76102	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
(Manufacture Manufacture)	760 0001 6382 7812
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-15

Domestic Return Receipt

102595-02-M-1540