

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

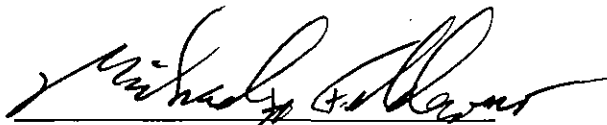
**APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 15282

AFFIDAVIT

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

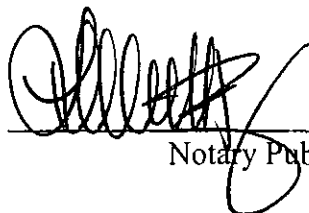
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letters and proof of receipts attached hereto.



Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 1st day of April 2015 by Michael H. Feldewert.





Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: COG Operating LLC
Hearing Date: April 2, 2015**

COG OPERATING LLC
HALBERD 27 STATE COM NO. 1H WELL

POOLED PARTIES:

Beverly Gooden
P.O. Box 173
Childress, TX. 79201-0173

Carolyn K. Lisle Trustee of the Carolyn
K. Lisle 1990 Revocable Trust
P.O. Box 21357
Oklahoma City, OK 73156

DMM Family, LLC
P.O. Box 101,
Midland, TX 79702

Clayton Williams Energy Inc.
6 Desta Drive, Suite 1100
Midland, TX 79705

DDM Properties, Ltd.,
P.O. Box 101
Midland, TX 79702

Debra Denise Latham Trustee of the
Latham Family Trust under the Will
of Lindley Paul Latham
3402 Chate Place
Midland, TX 79707

Doral Acquisition Corp
3300 N. "A" Street, Bldg. 2,
Ste. 218
Midland, TX 79705

Finwing Corporation
508 W. Wall Street| Midland
TX 79701

Finwing Corporation
P.O. Box 10886
Midland, TX 79702

GMSR, Ltd.
P.O. Box 113
Midland, TX 79702-0113

Joachim Marc Schmid
3315 Gentry Drive
West Lake Hills, TX 78746

John Kennedy,
6 Desta Drive, Ste. 3000
Midland, TX 79705

John Weldon Gilchrist,
102 S. Main
Thorndale, TX 76577

Judy F. Mulroy,
2231 Pine River Drive
Kingwood, TX 77330

Manta Oil & Gas Inc.,
508 W. Wall Street
Midland, TX 79701

Mark Tisdale,
6 Desta Drive, Ste. 3000
Midland, TX 79705

Marla Jo Moats Schmid,
5205 Rain Creek Parkway
Austin, TX 78759

Matt Swierc,
6 Desta Drive, Ste. 3000
Midland, TX 79705

Noble Energy Inc.,
1001 Noble Energy Way
Houston, TX 77070

Occidental Permian LP,
5 Greenway Plaza, Ste. 110
Houston, TX 77046-0526

Petratis Oil & Gas Inc.,
1603 Holloway Ave
Midland, TX 79701

Stacey Hutcherson,
112 Gainer Drive
Hutto, TX 78634

C. Kay Marcum
9425 Nix Road
Tolar, TX 76476

Wadi Petroleum Inc.,
4355 Sylvanfield Blvd
Houston, TX 77014

Ms. Michal Dedwylder, Trustee for
the Larry S. Marcum & Gordon G.
Marcum II Trust
P.O. Box 2350
Albany, TX 76430

**COG OPERATING LLC
HALBERD 27 STATE COM NO. 1H WELL**

OFFSETS:

Alamo Permian Resources, LLC
415 Wall Street
Midland, TX 79701

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

Apache Corporation
303 Veterans Airpark Lane
Midland, TX 79701

Breitbart Operating LP
600 Travis, Suite 4800
Houston, TX 77002

Matador Resources Company
P. O. Box 1936,
Roswell, NM 88201

Jalapeno Corp.
1429 Central Ave. NW
Albuquerque, NM 87104

John A. Yates
105 South Fourth Street
Artesia, NM 88210

Kerr McGee Oil & Gas
Onshore, LP
16666 Northchase Drive
Houston, TX 77060

Marigold LLLP
P.O. Box 1290
Artesia, NM 88211

Santa Legado LLP
101 South Fourth Street #B
Artesia, NM 88210

Sharbro Oil Ltd.
423 W. Main Street
Artesia, NM 88210

Tulipan LLC
P.O. Box 1020
Artesia, NM 88211-1020

Yates Energy Corporation
105 South Fourth Street
Artesia, NM 88210

Yates Industries LLC
105 South Fourth Street
Artesia, NM 88210

Matador Resources Company
P. O. Box 1936,
Roswell, NM 88201

Jalapeno Corp.
1429 Central Ave. NW
Albuquerque, NM 87104

John A. Yates
105 South Fourth Street
Artesia, NM 88210

Kerr McGee Oil & Gas
Onshore, LP
16666 Northchase Drive
Houston, TX 77060

Marigold LLLP
P.O. Box 1290
Artesia, NM 88211

Santa Legado LLP
101 South Fourth Street #B
Artesia, NM 88210

Sharbro Oil Ltd.
423 W. Main Street
Artesia, NM 88210

Tulipan LLC
P.O. Box 1020
Artesia, NM 88211-1020

Yates Energy Corporation
105 South Fourth Street
Artesia, NM 88210

Yates Industries LLC
105 South Fourth Street
Artesia, NM 88210

HOLLAND & HART



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

March 13, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: PARTIES SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
Halberd 27 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 April 2, 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 Dylan Park, at (432) 685-2539 or dpark@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, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno 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

March 13, 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.
Halberd 27 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 April 2, 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 Dylan Park, at (432) 685-2539 or dpark@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, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

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

7006 2760 0001 6382 8123

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information
MHF/COG
HALBERD 1H
OFFICIAL

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

PS Form 3800 August 2006 See Reverse for Instructions

Alamo Permian Resources, LLC
 415 Wall Street
 Midland, TX 79701



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Alamo Permian Resources, LLC
 415 Wall Street
 Midland, TX 79701

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8123

PS Form 3811, July 2013 Domestic Return Receipt

THIS SECTION ON DELIVERY

A. Signature: *C. Manning*
☒ Agent
☐ Addressee

B. Received by (Printed Name): *C. Manning*

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®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☐ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

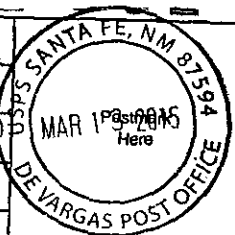
7006 2760 0001 6382 8130

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)
 For delivery information
MHF/COG
HALBERD 1H
OFFICIAL

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

PS Form 3800 August 2006 See Reverse for Instructions

Occidental Permian Ltd.
 P.O. Box 4294
 Houston, Texas 77210



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Occidental Permian Ltd.
 P.O. Box 4294
 Houston, Texas 77210

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8130

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *James Be...*
☒ Agent
☐ Addressee

B. Received by (Printed Name): *James Be...*

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®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☐ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 8024

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No)

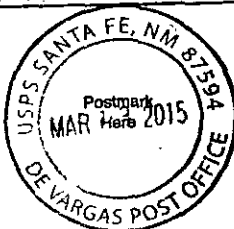
MHF/COG

For delivery information visit

HALBERD 1H

OFFICE

Postage	\$ 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Apache Corporation
303 Veterans Airpark Lane
Midland, TX 79701

PS Form 3800, August 2006

for instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No)

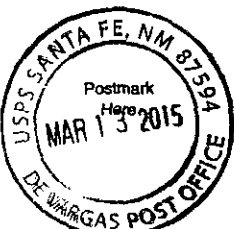
MHF/COG

For delivery information visit

HALBERD 1H

OFFICE

Postage	\$ 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$



Breitburn Operating LP
600 Travis, Suite 4800
Houston, TX 77002

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6382 8024

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:

Apache Corporation
303 Veterans Airpark Lane
Midland, TX 79701

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 8024

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sheila Treat* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sheila Treat

C. Date of Delivery

3/16/15

D. Is delivery address different from item 1? ☐ YesIf 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

- 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:

Breitburn Operating LP
600 Travis, Suite 4800
Houston, TX 77002

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 8031

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sheila* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit o	MHF/COG HALBERD-H
OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	667
Total Postage & Fees	



U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit usps.com	MHF/COG HALBERD 1H
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage	
	
Sent To	Jalapeno Corp.
Street, Apt., or PO Box #	1429 Central Ave. NW
City, State, ZIP+4®	Albuquerque, NM 87104

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:

Matador Resources Company
P.O. Box 1936,
Roswell, NM 88201

2. Article Number 11 111.
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

As Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery.

D. Is delivery address different from item
If YES, enter delivery address below:

☒ Yes
☐ 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**

- 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:

Halapeno Corp.
11429 Central Ave. NW
Albuquerque, NM 87104

2. Article Number:
(Transfer from service label)

PS Form 3811, July 2013

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
If YES, enter delivery address below: ☐ No

☐ Yes
☐ 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 0790

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **OFFICIAL**

**MHF/COG
HALBERD 1H**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage

Sent To
 John A. Yates
 105 South Fourth Street
 Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 0783

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

For delivery information visit **OFFICIAL**

**MHF/COG
HALBERD 1H**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Total Postage

Sent To
 Kerr McGee Oil & Gas
 Onshore, LP
 16666 Northchase Drive
 Houston, TX 77060

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

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

THIS SECTION ON DELIVERY

A. Signature X J/L ☐ Agent ☐ Addressee

B. Received by (Printed Name) SHWerte 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

1. Article Addressed to:
 John A. Yates
 105 South Fourth Street
 Artesia, NM 88210

2. Article Number 7006 2760 0001 6382 0790
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED 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:
 Kerr McGee Oil & Gas
 Onshore, LP
 16666 Northchase Drive
 Houston, TX 77060

2. Article Number 7006 2760 0001 6382 0783
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Brian Rogers ☐ Agent ☐ Addressee

B. Received by (Printed Name) BRIAN ROGERS C. Date of Delivery 3/18/15

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 0776

U.S. Postal Service[®]
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only, No Insurance)
 For delivery information visit usps.com
OFFICE
 MHF/COG
 HALBERD 1H

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

Postmark Here
 MAR 13 2015
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Send To
 Marigold LLLP
 P.O. Box 1290
 Artesia, NM 88211

7006 2760 0001 6382 0769

U.S. Postal Service[®]
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only, No Insurance)
 For delivery information visit usps.com
OFFICE
 MHF/COG
 HALBERD 1H

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

Postmark Here
 MAR 16 2015
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

To
 Santa Legado LLP
 101 South Fourth Street #B
 Artesia, NM 88210

PS Form 3800, 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:

Marigold LLLP
 P.O. Box 1290
 Artesia, NM 88211

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 0776

PS Form 3811, July 2013

Domestic Return Receipt

SECTION ON DELIVERY

A. Signature

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

☐ Agent
☐ Addressee

C. Date of Delivery

3/18/15

D. Is delivery address different from item 1? ☐ YesIf 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

COMPLETE THIS SECTION 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:

Santa Legado LLP
 101 South Fourth Street #B
 Artesia, NM 88210

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 0769

PS Form 3811, July 2013

Domestic Return Receipt

A. Signature

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

☐ Agent
☐ Addressee

C. Date of Delivery

3-16-15

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

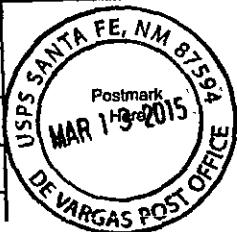
7006 2760 0001 6382 0752

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/COG**
OFFICE HALBERD 1H

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

Sent To: **Sharbro Oil Ltd.**
 Street, A or PO Box: **423 W. Main Street**
 City, State: **Artesia, NM 88210**

PS Form 3811, July 2013



7006 2760 0001 6382 0745

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/COG**
OFFICE HALBERD 1H

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1669
Total	

Sent To: **Tulipan LLC**
 Street, A or PO Box: **P.O. Box 1020**
 City, State: **Artesia, NM 88211-1020**

PS Form 3811, February 2004



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:
Sharbro Oil Ltd.
423 W. Main Street
Artesia, NM 88210

2. Article Number (Transfer from service label): **7006 2760 0001 6382 0752**

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: **3-16-15**
 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

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:
Tulipan LLC
P.O. Box 1020
Artesia, NM 88211-1020

2. Article Number (Transfer from service label): **7006 2760 0001 6382 0745**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **3-16-15**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7006 2760 0001 6382 0738

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
MHF/COG
HALBERD 1H
 For delivery information visit 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: MAR 10 2015 DE VARGAS POST OFFICE

Sent To: Yates Energy Corporation
 105 South Fourth Street
 Artesia, NM 88210

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Yates Energy Corporation
 105 South Fourth Street
 Artesia, NM 88210

2. Article Number: 7006 2760 0001 6382 0738
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *S/L*
☐ Agent
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6382 0721

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
MHF/COG
HALBERD 1H
 For delivery information visit usps.com

OFFICIAL USE

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

Postmark: MAR 10 2015 DE VARGAS POST OFFICE

Sent To: Yates Industries LLC
 105 South Fourth Street
 Artesia, NM 88210

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Yates Industries LLC
 105 South Fourth Street
 Artesia, NM 88210

2. Article Number: 7006 2760 0001 6382 0721
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *S/L*
☐ Agent
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 2760 0001 6382 8116

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/COG
 For delivery information OFFICIAL
HALBERD 1H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 1069
 Total Postage & Fees \$ 1469

Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

Sent To
 Street, A or PO Box
 City, State
 Beverly Gooden
 P.O. Box 173
 Childress, TX. 79201-0173

PS Form 3811, July 2013

7006 2760 0001 6382 8307

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/COG
 For delivery information OFFICIAL
HALBERD 1H

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 664
 Total \$ 1064

Postmark Here
 MAR 13 2015
 DE VARGAS POST OFFICE

Sent To
 Street, A or PO Box
 City, State
 Carolyn K. Lisle Trustee of the Carolyn K. Lisle 1990 Revocable Trust
 P.O. Box 21357
 Oklahoma City, OK 73156

PS Form 3811, July 2013

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:
 Beverly Gooden
 P.O. Box 173
 Childress, TX. 79201-0173

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 8116

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Aerini Beck ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Denise Beck

C. Date of Delivery
3/17/15

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

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:
 Carolyn K. Lisle Trustee of the Carolyn K. Lisle 1990 Revocable Trust
 P.O. Box 21357
 Oklahoma City, OK 73156

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 8307

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Carol K. Lisle ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Carol K. Lisle

C. Date of Delivery
3/17/15

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 7973

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)	
For delivery information:	MHF/COG HALBERD 1H
OFFICIAL MAIL	
Postage \$	69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	
Street, Apt. or PO Box No.	DMM Family, LLC
City, State, ZIP	P.O. Box 101, Midland, TX 79702

Postmark Here
MAR 13 2015
USPS SANTA FE NM 87594
DE VARGAS POST OFFICE

PS Form 3811

7006 2760 0001 6382 8291

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only)	
For delivery information:	MHF/COG HALBERD 1H
OFFICIAL MAIL	
Postage \$	69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees \$	
Sent To	
Street, Apt. No. or PO Box No.	Clayton Williams Energy Inc.
City, State, ZIP	6 Desta Drive, Suite 1100 Midland, TX 79705

Postmark Here
MAR 13 2015
USPS SANTA FE NM 87594
DE VARGAS POST OFFICE

PS Form 3811

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Armando Jimenez</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: DMM Family, LLC P.O. Box 101, Midland, TX 79702		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	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 7973		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

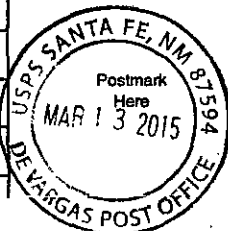
PS Form 3811, July 2013 Domestic Return Receipt

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.		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jim Bialy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Jim Bialy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery 3/14 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: Clayton Williams Energy Inc. 6 Desta Drive, Suite 1100 Midland, TX 79705		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	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 8291		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013 Domestic Return Receipt

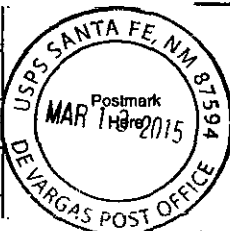
7006 2760 0001 6382 8284

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information:	MHF/COG
OFFICIAL	HALBERD 1H
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1069
Total	
Sent To	DDM Properties, Ltd.,
Street, Apt. or PO Box	P.O. Box 101
City, State	Midland, TX 79702
PS Form 3811, July 2013 See Reverse for Instructions	



7006 2760 0001 6382 8277

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information:	MHF/COG
OFFICIAL	HALBERD 1H
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	664
Total	
Sent To	Debra Denise Latham Trustee of the
Street, Apt. or PO Box	Latham Family Trust under the Will
City, State	of Lindley Paul Latham
	3402 Chate Place
	Midland, TX 79707
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:

DDM Properties, Ltd.,
P.O. Box 101
Midland, TX 79702

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 8284

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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

☐ Agent
☐ Addressee
C. Date of Delivery

D. Is delivery address different from item 1?

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 8260

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

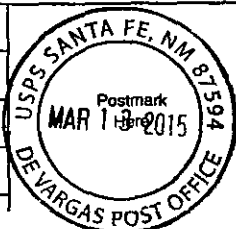
(Domestic Mail Only)

MHF/COG

For delivery information

HALBERD 1H**OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	1109



Total

Doral Acquisition Corp

Sent To

3300 N. "A" Street, Bldg. 2,

Street,

Ste. 218

or PO Box

City, State

Midland, TX 79705

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6382 7959

U.S. Postal Service™

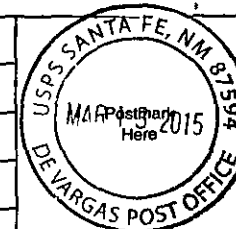
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only) (Insurance Coverage Provided)

For delivery information

MHF/COG**HALBERD 1H****OFFICIAL**

Postage	\$ 69
Certified Fee	390
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669



Total

Sent To

Finwing Corporation

Street,

508 W. Wall Street| Midland

or PO Box

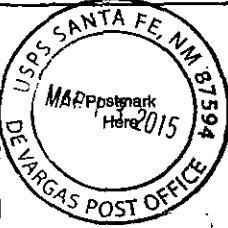
City, State

TX 79701

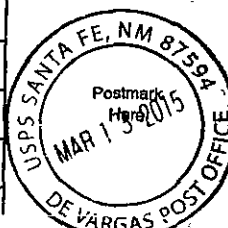
PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6382 7942

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)		MHF/COG	
For delivery information		HALBERD 1H	
OFFICIAL			
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)			
Total Postage	669		
Sent To	Finwing Corporation		
Street, Apt. or PO Box	P.O. Box 10886		
City, State	Midland, TX 79702		
PS Form 3811		See Reverse for Instructions	

7006 2760 0001 6382 7935

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)		MHF/COG	
For delivery information		HALBERD 1H	
OFFICIAL			
Postage	\$ 69		
Certified Fee	330		
Return Receipt Fee (Endorsement Required)	270		
Restricted Delivery Fee (Endorsement Required)			
Total F	669		
Sent To	GMSR, Ltd.		
Street, Apt. or PO B	P.O. Box 113		
City, State	Midland, TX 79702-0113		
PS Form 3811		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:

Finwing Corporation
P.O. Box 10886
Midland, TX 79702

2. Article Number (Transfer from service label)

7006 2760 0001 6382 7942

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Thurmond G. Upshaw ☒ 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**

- 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:

GMSR, Ltd.
P.O. Box 113
Midland, TX 79702-0113

2. Article Number (Transfer from service label)

7006 2760 0001 6382 7935

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Vivian Bucardo ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Vivian Bucardo 3/25/15

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 8109

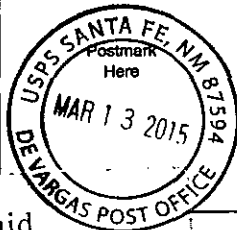
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit

OFFICIAL

MHF/COG
 HALBERD 1H

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

Joachim Marc Schmid
 3315 Gentry Drive
 West Lake Hills, TX 78746

PS Form

Instructions

7006 2760 0001 6382 8093

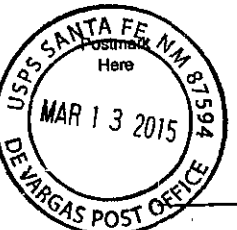
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit

OFFICIAL

MHF/COG
 HALBERD 1H

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

John Kennedy,
 6 Desta Drive, Ste. 3000
 Midland, TX 79705

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 Kennedy,
 6 Desta Drive, Ste. 3000
 Midland, TX 79705

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kim Brady

☐ Agent☐ Addressee

B. Received by (Printed Name)

Kim Brady

C. Date of Delivery

5/1/15

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 8093

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only)
For delivery information: **MHF/COG**
OFF **HALBERD 1H**

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

Sent To: John Weldon Gilchrist,
102 S. Main
Thorndale, TX 76577

Postmark: MAR 3 2015
DEWARGAS POST OFFICE

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 Weldon Gilchrist,
102 S. Main
Thorndale, TX 76577

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8086

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John Weldon Gilchrist*
B. Received by (Printed Name): *John Weldon Gilchrist*
C. Date of Delivery: *7/8/15*

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only)
For delivery information: **MHF/COG**
OFFIC **HALBERD 1H**

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

Sent To: Judy F. Mulroy,
2231 Pine River Drive
Kingwood, TX 77330

Postmark: MAR 13 2015
DEWARGAS POST OFFICE

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:
Judy F. Mulroy,
2231 Pine River Drive
Kingwood, TX 77330

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8079

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Judy Mulroy*
B. Received by (Printed Name): *Judy Mulroy*
C. Date of Delivery: *3-18-15*

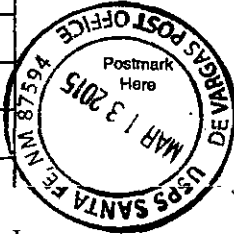
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

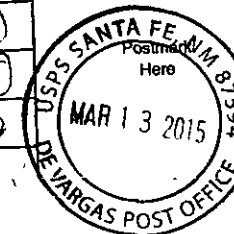
7006 2760 0001 6382 8062

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
MHF/COG	
For delivery information visit	
OFFICIAL USE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage	
Sent To Manta Oil & Gas Inc.,	
508 W. Wall Street	
Midland, TX 79701	
PS Form 380	



7006 2760 0001 6382 8055

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No	
MHF/COG	
For delivery information visit	
OFFICIAL USE	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Pos	
Sent To Mark Tisdale,	
6 Desta Drive, Ste. 3000	
Midland, TX 79705	
PS Form 380, August 2000	



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 X <i>Kim Brady</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mark Tisdale, 6 Desta Drive, Ste. 3000 Midland, TX 79705		B. Received by (Printed Name) <i>Kim Brady</i> C. Date of Delivery <i>3/14</i>	
2. Article Number: (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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	
7006 2760 0001 6382 8055			
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 8048

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/COG**
OFFICIAL
HALBERD 1H

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

USPS SANTA FE, NM 87504
 MAR 13 2015
 DE VARGAS POST OFFICE

Sent To
 Street, Ap. or PO Box
 City, State
 PS Form

Marla Jo Moats Schmid,
 5205 Rain Creek Parkway
 Austin, TX 78759

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/COG**
OFFICIAL
HALBERD 1H

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

USPS SANTA FE, NM 87504
 MAR 13 2015
 DE VARGAS POST OFFICE

Sent To
 Street, Ap. or PO Box
 City, State
 PS Form

Matt Swierc,
 6 Desta Drive, Ste. 3000
 Midland, TX 79705

7006 2760 0001 6382 7805

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:

Marla Jo Moats Schmid,
 5205 Rain Creek Parkway
 Austin, TX 78759

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8048

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Joachim Schmid

B. Received by (Printed Name) C. Date of Delivery
Joachim Schmid 3-17-15

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

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:

Matt Swierc,
 6 Desta Drive, Ste. 3000
 Midland, TX 79705

2. Article Number (Transfer from service label) 7006 2760 0001 6382 7805

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Kim Braly

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

7006 2760 0001 6382 7799

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

For delivery information visit **OFFICIAL**

MHF/COG
HALBERD 1H

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

Postmark (Here)
 MAR 13 2015
 SAN ANTONIO, TX 78201

Sent To: Noble Energy Inc.,
 1001 Noble Energy Way
 Houston, TX 77070

Street, Apt. or PO Box:
City, State:

PS Form 3811, July 2013 See Reverse for Instructions

7006 2760 0001 6382 7782

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

For delivery information visit **OFFICIAL**

MHF/COG
HALBERD 1H

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

Postmark (Here)
 MAR 13 2015
 SAN ANTONIO, TX 78201

Sent To: Occidental Permian LP,
 5 Greenway Plaza, Ste. 110
 Houston, TX 77046-0526

Street, Apt. or PO Box:
City, State:

PS Form 3811, July 2013 See Reverse for Instructions

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

COMPLETE THIS SECTION 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:
 Noble Energy Inc.,
 1001 Noble Energy Way
 Houston, TX 77070

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 7799

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
 C. Montoya
 3/13/2015

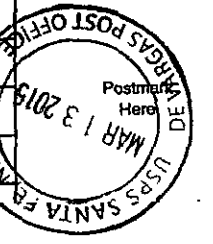
D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 7775

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information	MHF/COG HALBERD 1H
OFFICIAL USE	
Postage	\$ 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	27
Restricted Delivery Fee (Endorsement Required)	66
Total	392
	
Sent To	Petratis Oil & Gas Inc.,
Street, Apt or PO Box	1603 Holloway Ave
City, State	Midland, TX 79701
PS Form	Instructions

7006 2760 0001 6382 8017

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only)	
For delivery information	MHF/COG HALBERD 1H
OFFICIAL USE	
Postage	\$ 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	27
Restricted Delivery Fee (Endorsement Required)	66
Total	392
	
Sent To	Stacey Hutcherson,
Street, Apt or PO Box	112 Gainer Drive
City, State	Hutto, TX 78634
PS Form 3800, August 2005	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 X <i>Mike Petratis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Mike Petratis</i> C. Date of Delivery <i>3/16/15</i>	
Petratis Oil & Gas Inc., 1603 Holloway Ave Midland, TX 79701		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number <i>7006 2760 0001 6382 7775</i> (Transfer from service label)		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	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

7006 2760 0001 6382 8000

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information visit	MHF/COG
	HALBERD 1H
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Sent To: C. Kay Marcum	
Street, Apt. or PO Box: 9425 Nix Road	
City, State: Tolar, TX 76476	
PS Form 3811, July 2013	

7006 2760 0001 6382 7997

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only)	
For delivery information visit	MHF/COG
	HALBERD 1H
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669
Sent To: Wadi Petroleum Inc.,	
Street, Apt. or PO Box: 4355 Sylvanfield Blvd	
City, State: Houston, TX 77014	
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. 		A. Signature X <i>C. Kay Marcum</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Kay Marcum</i> C. Date of Delivery <i>3-25-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
<i>C. Kay Marcum</i> 9425 Nix Road Tolar, TX 76476		<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	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
7006 2760 0001 6382 8000			
PS Form 3811, July 2013		Domestic Return Receipt	

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 X <i>L Caldwell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>L Caldwell</i> C. Date of Delivery <i>3-17-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
Wadi Petroleum Inc., 4355 Sylvanfield Blvd Houston, TX 77014		<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	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
7006 2760 0001 6382 7997			
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6382 7980

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only: No)	
For delivery information visit	MHF/COG HALBERD 1H
OFFICE	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66
Total Postage & Fees \$	
Sent To	Ms. Michal Dedwylder, Trustee for the Larry S. Marcum & Gordon G. Marcum II Trust P.O. Box 2350 Albany, TX 76430
Street, Apt. or PO Box	
City, State	
PS Form	



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 Michal Dedwylder <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) Michal Dedwylder C. Date of Delivery 3/16/2015 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Ms. Michal Dedwylder, Trustee for the Larry S. Marcum & Gordon G. Marcum II Trust P.O. Box 2350 Albany, TX 76430		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	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 7980