

**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. 15283**

**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.

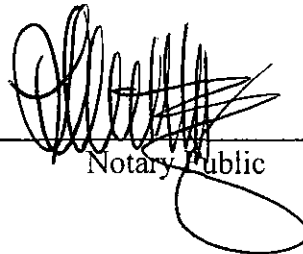


OFFICIAL SEAL

STATE OF NEW MEXICO

My Commission Expires

01/14/19

  
\_\_\_\_\_  
Notary Public

**BEFORE THE OIL CONSERVATION  
DIVISION  
Santa Fe, New Mexico  
Exhibit No. 8  
Submitted by: COG Operating LLC  
Hearing Date: April 2, 2015**

**COG OPERATING LLC  
HALBERD 27 STATE COM NO. 2H WELL**

**POOLED PARTIES:**

Yates Industries LLC  
105 South Fourth Street  
Artesia, NM 88210

Harvey E. Yates Company  
Matador Resources Company  
P. O. Box 1936  
Artesia, NM 88201

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

John A. Yates, Trustee of Trust Q  
under the will of Peggy A. Yates,  
105 South Fourth Street  
Artesia, NM 88210

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

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

Yates Energy Corporation  
105 South Fourth Street  
Artesia, NM 88210

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

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

**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

Beverly Gooden  
5445 Caruth Haven Lane #826  
Dallas, TX 75225

Ann Treadwill Henderson, Trustee of  
the Mary Ann Curtis Family Trust  
1705 Pennington Way  
Oklahoma City, OK 73116

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

Chisos Ltd.  
670 Dona Ana Road SW  
Deming, NM 88030

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

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

Greg Benton  
6 Desta Drive, Ste. 3000  
Midland, TX 79705

**COG OPERATING LLC  
HALBERD 27 STATE COM NO. 2H WELL**

Joachim Marc Schmid  
3315 Gebtry 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 B. Heinen  
11912 Persuasion Drive  
San Antonio, TX 78216

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

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

Mickey Cunningham  
6 Desta Drive, Ste. 3000  
Midland, TX 79705

Mike Pollard  
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

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

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

Robert Thomas  
2201 Rocky Lane Rd., Apt.  
#416  
Odessa, TX 79762

S.E.S. Oil & Gas Inc.  
P.O. Box 371  
Midland, TX 79701

Stacey Hutcherson  
112 Gainer Drive  
Hutto, TX 78634

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

Cross Border Resources, Inc  
Attn: Matthew Barstow  
2515 McKinney, Ste 900  
Dallas, TX 75201

LRE Operating LLC  
1111 Bagby Street, Suite 4600  
Houston, TX 77002



**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. 2H 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](mailto:dpark@concho.com).

Sincerely,

A handwritten signature in dark ink, appearing to read "Jordan L. Kessler".

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<sup>LLP</sup>



**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. 2H 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](mailto:dpark@concho.com).

Sincerely,

Jordan L. Kessler  
**ATTORNEY FOR COG OPERATING LLC**

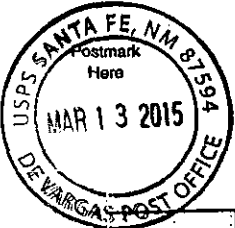
**Holland & Hart LLP**

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

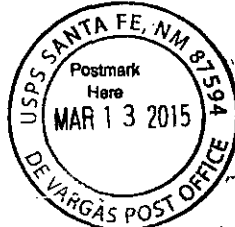
110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

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 1001

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
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For delivery information visit <b>OFFICIAL MAIL</b>	
MHF/COG HALBERD 2H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
	
Yates Industries LLC 105 South Fourth Street Artesia, NM 88210	

7006 2760 0001 6382 0882

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit <b>OFFICIAL MAIL</b>	
MHF/COG HALBERD 2H	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
	
Harvey E. Yates Company Matador Resources Company P. O. Box 1936 Artesia, NM 88201	

<b>SENDER: COMPLETE THIS SECTION</b> ■ 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.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>SH</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>SHuerter</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: <div style="border: 1px solid black; padding: 10px; margin: 10px;">           Yates Industries LLC            105 South Fourth Street            Artesia, NM 88210         </div>		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	
2. Article Number (Transfer from service label)		7006 2760 0001 6382 1001	
PS Form 3811, July 2013 Domestic Return Receipt			

<b>SENDER: COMPLETE THIS SECTION</b> ■ 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.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <i>Harvey E. Yates</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Harvey E. Yates</i> C. Date of Delivery <i>3/18/15</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: <div style="border: 1px solid black; padding: 10px; margin: 10px;">           Harvey E. Yates Company            Matador Resources Company            P. O. Box 1936            Artesia, NM 88201         </div>		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	
2. Article Number (Transfer from service label)		7006 2760 0001 6382 0882	
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 0875

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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**OFFICE HALBERD 2H**

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

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

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

PS Form 3811, July 2013

7006 2760 0001 6382 0866

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **MFH/COG**  
**OFFICE HALBERD 2H**

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

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

John A. Yates, Trustee of Trust Q  
 under the will of Peggy A. Yates,  
 105 South Fourth Street  
 Artesia, NM 88210

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0875

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *SHuerta* ☐ 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<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

ND: 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:

John A. Yates, Trustee of Trust Q  
 under the will of Peggy A. Yates,  
 105 South Fourth Street  
 Artesia, NM 88210

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0866

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *SHuerta* ☐ 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<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail Permitted) For delivery information visit <a href="http://usps.com">usps.com</a>		<b>MHF/COG</b> <b>HALBERD 2H</b>
<b>OFFICE</b>		<b>69</b> <b>339</b> <b>270</b> <b>1066</b>
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Marigold LLLP, P.O. Box 1290 Artesia, NM 88211-1290		

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 0844

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

For delivery information, visit [usps.com](http://usps.com)

**OFFICE**

**MHF/COG**  
**HALBERD 2H**

Postage	\$ 6.90
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	1.69

**Kerr McGee Oil & Gas**  
**Onshore LP,**  
**11666 Northchase Drive**  
**Houston, TX 77060**

**USPS SANTA FE, NM 87504**  
**DE VARGAS POST OFFICE**  
 Postmark: **MAR 3 2015**

PS Form 3800, August 2005 See reverse for instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <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> <p>1. Article Addressed-to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> Marigold LLLP,  P.O. Box 1290  Artesia, NM 88211-1290 </div>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature _____  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3/18/15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type</p> <p><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         7006 2760 0001 6382 0851</p> <p>(Transfer from service label)</p>	

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <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> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Kerr McGee Oil &amp; Gas Onshore LP, 16666 Northchase Drive Houston, TX 77060</p> </div>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none; vertical-align: top;"> <p>A. Signature</p> <p><i>X [Signature]</i></p> </td> <td style="width: 20%; border: none; vertical-align: top;"> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </td> </tr> <tr> <td style="border: none; vertical-align: top;"> <p>B. Received by (Printed Name):</p> <p><i>BRIAN REED</i></p> </td> <td style="border: none; vertical-align: top;"> <p>C. Date of Delivery</p> <p><i>8/8/05</i></p> </td> </tr> </table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	<p>A. Signature</p> <p><i>X [Signature]</i></p>	<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name):</p> <p><i>BRIAN REED</i></p>	<p>C. Date of Delivery</p> <p><i>8/8/05</i></p>
<p>A. Signature</p> <p><i>X [Signature]</i></p>	<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>				
<p>B. Received by (Printed Name):</p> <p><i>BRIAN REED</i></p>	<p>C. Date of Delivery</p> <p><i>8/8/05</i></p>				
<p>2. Article Number</p> <p>(Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>				
<p>7006 2760 0001 6382 0844</p>					
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>					



7006 2760 0001 6382 0837

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

For delivery information visit **MHF/COG**  
**OFFICE HALBERD 2H**

Postage \$ 64  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 66.9

Yates Energy Corporation  
 105 South Fourth Street  
 Artesia, NM 88210

USPS SANTA FE, NM 87594  
 MAR 13 2015  
 DE VARGAS 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:

Yates Energy Corporation  
 105 South Fourth Street  
 Artesia, NM 88210

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0837

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X [Signature]

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® ☐ 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 0820

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

For delivery information visit **MHF/COG**  
**OFFICE HALBERD 2H**

Postage \$ 64  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required) 66.9

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

USPS SANTA FE, NM 87594  
 MAR 13 2015  
 DE VARGAS 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:

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

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0820

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X [Signature]

B. Received by (Printed Name) Corey Hamilton 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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 1018

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

For delivery information visit **OFFIC** **MHF/COG**  
**HALBERD 2H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 276  
 Restricted Delivery Fee (Endorsement Required) 660

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

Postmark Here  
**MAR 13 2015**  
**SANTA FE, NM 87504**  
**U.S. POST OFFICE**

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:

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

2. Article Number (Transfer from service label)

**7006 2760 0001 6382 1018**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X. Karen Leishman ☐ Agent ☐ Addressee

B. Received by (Printed Name) Karen Leishman C. Date of Delivery 3/16/20

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 0981

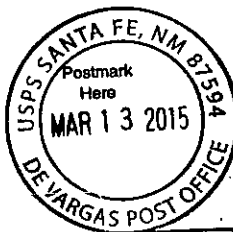
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

**OFFIC**

MHF/COG  
 HALBERD 2H

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee  
 (Endorsement Required) 220  
 Restricted Delivery Fee  
 (Endorsement Required) 669



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

PS Form 3811, July 2013

See Reverse for Instructions

7006 2760 0001 6382 0974

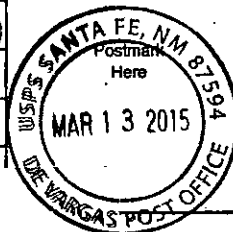
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

**OFFIC**

MHF/COG  
 HALBERD 2H

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee  
 (Endorsement Required) 220  
 Restricted Delivery Fee  
 (Endorsement Required) 669



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

PS Form 3811, July 2013

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:

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

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

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

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

A. Signature

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 0967

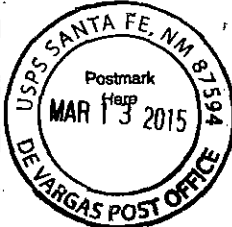
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit [usps.com](http://usps.com)

**OFFICE**

MHF/COG  
HALBERD 2H

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



Apache Corporation  
303 Veterans Airpark Lane  
Midland, TX 79701

PS Form 3811, July 2013 See Reverse for Instructions

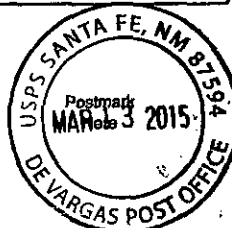
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit [usps.com](http://usps.com)

**OFFICE**

MHF/COG  
HALBERD 2H

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



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

PS Form 3811, July 2013 See Reverse for Instructions

0560 2969 1000 6382 0950

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 0967

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.

1. Article Addressed to:

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

2. Article Number  
(Transfer from service label)

7006 2760 0001 6382 0950

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? ☐ 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

A. Signature  
X *Shreed* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Shreed* C. Date of Delivery *3/17/2015*

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 1227

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

**MHF/COG**  
**HALBERD 2H**

**OFFICIAL USE**

Postage	\$ 1.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.69

Postmark  
 MAR 13 2015  
 DE VARGAS POST OFFICE

Beverly Gooden  
 5445 Caruth Haven Lane #826  
 Dallas, TX 75225

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 1230

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

**MHF/COG**  
**HALBERD 2H**

**OFFICIAL USE**

Postage	\$ 1.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.69

Postmark  
 MAR 13 2015  
 DE VARGAS POST OFFICE

Ann Treadwill Henderson, Trustee of  
 the Mary Ann Curtis Family Trust  
 1705 Pennington Way  
 Oklahoma City, OK 73116

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:

Ann Treadwill Henderson, Trustee of  
 the Mary Ann Curtis Family Trust  
 1705 Pennington Way  
 Oklahoma City, OK 73116

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1230

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) C. Date of Delivery **3-16**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 1247

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

For delivery information visit **OFFICIAL MAIL™**  
**HALBERD 2H**

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

Postmark  
 MAR 13 2015  
 DE VARGAS POST OFFICE

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

See Reverse for Instructions

4521 2932 1000 6382 1254

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

For delivery information visit **OFFICIAL MAIL™**  
**HALBERD 2H**

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

Postmark  
 MAR 13 2015  
 DE VARGAS POST OFFICE

Chisos Ltd.  
 670 Dona Ana Road SW  
 Deming, NM 88030

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:

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 1247

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery MAR 13 2015

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**

■ 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:

Chisos Ltd.  
 670 Dona Ana Road SW  
 Deming, NM 88030

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1254

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) 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

7006 2760 0001 6382 1261

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

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

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

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

for instructions

7006 2760 0001 6382 1278

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

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

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

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

for instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *Kim Bickel*

B. Received by (Printed Name) *Kim Bickel* Date of Delivery *12/14*

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

1. Article Addressed to:  
 Clayton Williams Energy Inc.  
 6 Desta Drive, Suite 1100  
 Midland, TX 79705

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1261

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.

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 1278

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *Ady*

B. Received by (Printed Name) *Arnold Aguirre* C. Date of Delivery *12/14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 1285

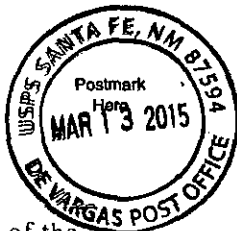
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

For delivery information visit

**OFFICIAL****MHF/COG****HALBERD 2H**

Postage	\$ 1 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669



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

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6382 1292

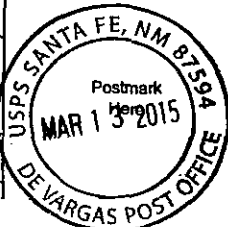
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

For delivery information visit

**OFFICIAL****MHF/COG****HALBERD 2H**

Postage	\$ 1 69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669



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

PS Form 3800, August 2006

See Reverse for Instructions



7006 2760 0001 6382 1308

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Postage Necessary)  
 For delivery information visit **OFFICIAL MAIL**  
**MHF/COG**  
**HALBERD 2H**

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

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

Finwing Corporation  
 508 W. Wall Street  
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 1315

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Postage Necessary)  
 For delivery information visit **OFFICIAL MAIL**  
**MHF/COG**  
**HALBERD 2H**

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

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

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

PS Form 3800, 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:

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

2. Article Number (Transfer from service label) 1111117006 2760 0001 6382 1315

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature 3/25  
☐ Agent  
☒ Addressee

B. Received by (Printed Name) Vivian Guajardo C. Date of Delivery 3/25/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

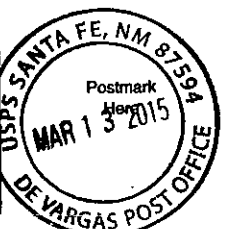
PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 1124

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	MHF/COG HALBERD 2H
<b>OFFICIAL</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
	
Greg Benton 6 Desta Drive, Ste. 3000 Midland, TX 79705	

PS Form 3811, July 2013 See Reverse for Instructions

7006 2760 0001 6382 1131

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information	MHF/COG HALBERD 2H
<b>OFFICIAL</b>	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
	
Joachim Marc Schmid 3315 Gebtry Drive West Lake Hills, TX 78746	

PS Form 3811, July 2013 See Reverse for Instructions

<b>SEND TO ADDRESSEE</b> PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.		<b>USE THIS SECTION ON DELIVERY</b>	
■ 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>Jim Benton</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; margin: 10px;">           Greg Benton            6 Desta Drive, Ste. 3000            Midland, TX 79705         </div>		B. Received by (Printed Name) <u>Jim Benton</u> C. Date of Delivery <u>3/19</u>	
2. Article Number <u>7006 2760 0001 6382 1124</u> (Transfer from service label)		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	
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 1148

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only)  
 For delivery information, visit **OFFICIAL MAIL SERVICE**  
**HALBERD 2H**

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

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

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

PS Form 3811, August 2006 See Reverse for Instructions

7006 2760 0001 6382 1155

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information, visit **OFFICIAL MAIL SERVICE**  
**HALBERD 2H**

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

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

John Weldon Gilchrist  
 102 S. Main  
 Thorndale, TX 76577

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:

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

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 1148

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kim Beale

☐ Agent☐ Addressee

B. Received by (Printed Name)

Kim Beale

C. Date of Delivery

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

SI

## 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:

John Weldon Gilchrist  
 102 S. Main  
 Thorndale, TX 76577

A. Signature

John Weldon Gilchrist

☐ Agent☒ Addressee

B. Received by (Printed Name)

John Weldon Gilchrist

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

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 1155

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service<sup>TM</sup>

**CERTIFIED MAIL<sup>®</sup> RECEIPT**

(Domestic Mail Only; N)

For delivery information, visit [usps.com](http://usps.com)

**OFFICIAL MAIL**

**MHF/COG**

**HALBERD 2H**

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

**U.S. POSTAGE**

**SANTA FE, NM 87505**

**POSTMARK**

**MAR 7 2015**

**DE VARGAS POST OFFICE**

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

For instructions, visit [usps.com](http://usps.com)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Judy F. Mulroy            22319 Pine River Drive            Kingwood, TX 77330</p> </div>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Judy Mulroy</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div> </p> <p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           B. Received by (Printed Name)  <i>Judy Mulroy</i> </div> <div style="width: 35%;">           C. Date of Delivery  <i>3/18/12</i> </div> </div> </p> <p>           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </p>
<p>2. Article Number</p> <p style="font-size: small;">(Transfer from service label)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail         </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery         </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             7006 2760 0001 6382 1162           </div>	

7006 2760 0001 6382 1186

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only, No)	
For delivery information visit	MHF/COG
	HALBERD 2H
<b>OFFIC</b>	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Mark B. Heinen 11912 Persuasion Drive San Antonio, TX 78216	

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

Post Office Only, August 2006, 192-200-1000 See Reverse for Instructions

7006 2760 0001 6382 1186

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only, No)	
For delivery information visit	MHF/COG
	HALBERD 2H
<b>OFFIC</b>	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Mark Tisdale 6 Desta Drive, Ste. 3000 Midland, TX 79705	

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

Post Office Only, August 2006, 192-200-1000 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:

Mark Tisdale  
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)

C. Date of Delivery

Kim Brady 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 1186

7006 2760 0001 6382 1209

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information visit **OFFICIAL**  
**MHF/COG**  
**HALBERD 2H**

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

Postmark  
MAR 13 2015  
USPS SANTA FE, NM 87594  
DEVARGAS POST OFFICE

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

for Instructions

7006 2760 0001 6382 1216

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information visit **OFFICIAL**  
**MHF/COG**  
**HALBERD 2H**

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

Postmark  
MAR 13 2015  
USPS SANTA FE, NM 87594  
DEVARGAS POST OFFICE

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

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:

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

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1209

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

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

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 1216

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Matt Swierc C. Date of Delivery 3/17/15

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

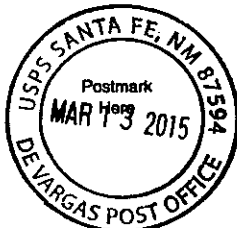
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 1025

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

For delivery information visit  
**OFFICIAL** MHF/COG  
 HALBERD 2H

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

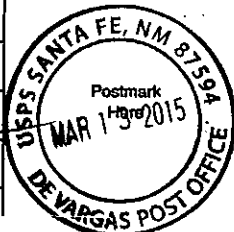


MelRiggs  
 6 Desta Drive, Ste. 3000  
 Midland, TX 79705

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

For delivery information visit  
**OFFICIAL** MHF/COG  
 HALBERD 2H

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



Mickey Cunningham  
 6 Desta Drive, Ste. 3000  
 Midland, TX 79705

7006 2760 0001 6382 1032

**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:

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

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6382 1025

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Kim B. B. B.

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Kim B. B.

C. Date of Delivery

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

**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:

Mickey Cunningham  
 6 Desta Drive, Ste. 3000  
 Midland, TX 79705

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6382 1032

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Kim B. B. B.

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Kim B. B.

C. Date of Delivery

3/14

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

3. Service Type

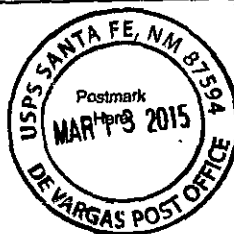
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6382 1049

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only) MHF/COG  
 For delivery information: HALBERD 2H  
**OFFICIAL**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 164



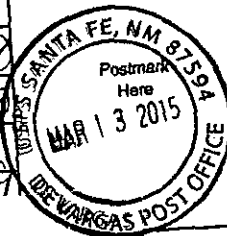
Mike Pollard  
 6 Desta Drive, Ste. 3000  
 Midland, TX 79705

PS Form 3811, July 2013 (See reverse for instructions)

7006 2760 0001 6382 1056

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only) MHF/COG  
 For delivery information: HALBERD 2H  
**OFFICIAL**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 164



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

(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:

Mike Pollard  
 6 Desta Drive, Ste. 3000  
 Midland, TX 79705

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6382 1049

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Kim Beal

☐ Agent

☐ Addressee

## B. Received by (Printed Name)

Kim Beal

## C. Date of Delivery

3/13

## 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:

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

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6382 1056

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

C. Montoya

☐ Agent

☐ Addressee

## B. Received by (Printed Name)

C. Montoya

## C. Date of Delivery

3/17

## 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)

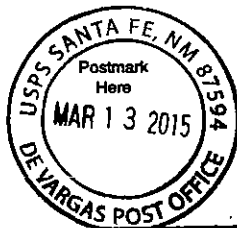
☐ Yes



7006 2760 0001 6382 1063

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; Coverage Provided)  
 For delivery information visit **OFFICIAL**  
**MHF/COG**  
**HALBERD 2H**

Postage \$ 69  
 Certified Fee 230  
 Return Receipt Fee (Endorsement Required) 220  
 Restricted Delivery Fee (Endorsement Required) 66.9



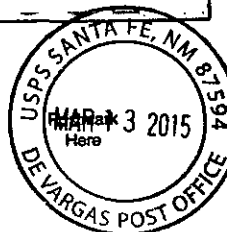
Occidental Permian LP  
 5 Greenway Plaza, Ste. 110  
 Houston, TX 77046-0526

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 1070

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; Coverage Provided)  
 For delivery information visit **OFFICIAL**  
**MHF/COG**  
**HALBERD 2H**

Postage \$ 69  
 Certified Fee 230  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 66.9



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

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; Coverage Provided)  
 For delivery information visit **OFFICIAL**  
**MHF/COG**  
**HALBERD 2H**

**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:  
 Olwick Corporation  
 P.O. Box 10886  
 Midland, TX 79702

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1070

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**ADDRESSEE: COMPLETE THIS SECTION 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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 1087

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No MF/COG)  
 For delivery information visit **OFFICIAL**  
**HALBERD 2H**

Postage	\$1.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.10

**USPS SANTA FE, NM 87594**  
**MAR 12 2015**  
 Postmark Here  
**DE VARGAS POST OFFICE**

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

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 1087

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No MF/COG)  
 For delivery information visit **OFFICIAL**  
**HALBERD 2H**

Postage	\$1.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	1.10

**USPS SANTA FE, NM 87594**  
**MAR 12 2015**  
 Postmark Here  
**DE VARGAS POST OFFICE**

Robert Thomas  
 2201 Rocky Lane Rd., Apt.  
 #416  
 Odessa, TX 79762

PS Form 3800, August 2006 See Reverse for Instructions

**SEND TO ADDRESSEE**  
 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.**

**A. Signature**  
☒ Agent  
☐ Addressee

**B. Received by (Printed Name)**  
 Mike Peterson

**C. Date of Delivery**  
 3/16/15

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

**1. Article Addressed to:**

Petratis Oil & Gas Inc.  
 1603 Holloway Ave  
 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 ☒ No

**2. Article Number**  
 (Transfer from service label) 7006 2760 0001 6382 1087

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 1100

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

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

S.E.S. Oil & Gas Inc.  
 P.O. Box 371  
 Midland, TX 79701

USPS SANTA FE, NM 87594  
 MAR 3 2015  
 DE VARGAS POST OFFICE

for instructions

7006 2760 0001 6382 1117

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

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

Stacey Hutcherson  
 112 Gainer Drive  
 Hutto, TX 78634

USPS SANTA FE, NM 87594  
 MAR 3 2015  
 DE VARGAS POST OFFICE

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:

S.E.S. Oil & Gas Inc.  
 P.O. Box 371  
 Midland, TX 79701

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1100

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Stacey Hutcherson ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Stacey Hutcherson C. Date of Delivery 3-25-15  
 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 6382 0929

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

**MHF/COG**  
**HALBERD 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669

Postmark  
**MAR 13 2015**  
**USPS SANTA FE, NM 87594**  
**DEVARGAS POST OFFICE**

Wadi Petroleum Inc.  
 4355 Sylvanfield Blvd  
 Houston, TX 77014

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:

Wadi Petroleum Inc.  
 4355 Sylvanfield Blvd  
 Houston, TX 77014

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6382 0929

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

L. Halberd

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

L. Halberd

C. Date of Delivery

3-17-15

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:

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

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 0936

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Michal Dedwylder

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

MICHAL DEDWYLDER

C. Date of Delivery

3/19/15

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

7006 2760 0001 6382 0936

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

**MHF/COG**  
**HALBERD 2H**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	1069

Postmark  
**MAR 13 2015**  
**USPS SANTA FE, NM 87594**  
**DEVARGAS POST OFFICE**

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

for instructions

7006 2760 0001 6382 0998

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Postage Needed for Delivery)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ 6.9  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 6.69  
 Total Postage & Fees \$ 19.09

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

Cross Border Resources, Inc  
 Attn: Matthew Barstow  
 2515 McKinney, Ste 900  
 Dallas, TX 75201

For Instructions: [usps.com](http://usps.com)

7006 2760 0001 6382 0998

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Postage Needed for Delivery)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ 6.9  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 6.69  
 Total Postage & Fees \$ 19.09

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

LRE Operating LLC  
 1111 Bagby Street, Suite 4600  
 Houston, TX 77002

For Instructions: [usps.com](http://usps.com)

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 LRE Operating LLC  
 1111 Bagby Street, Suite 4600  
 Houston, TX 77002

2. Article Number (Transfer from service label)  
 7006 2760 0001 6382 0998

**RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Kelly Sachs ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Kelly Sachs

C. Date of Delivery  
3-18-15

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