

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

June 4, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Stove Pipe Federal 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 June 25, 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 Mike Wallace, at (432) 221-0465 or mwallace@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. ☐

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June 4, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Stove Pipe Federal 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 June 25, 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 Mike Wallace, at (432) 221-0465 or mwallace@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. ☐

5096 6557 1000 0001 1539 3605

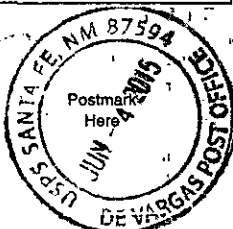
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information

OFF
MHF/COG
STOVE PIPE 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



Sent To
Street, Apt.
or PO Box
City, State

Endurance Properties Inc.
15455 Dallas Parkway
STE 1050
Addison, TX 75001

PS Form

See reverse for instructions

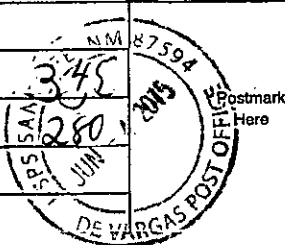
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information

OFF
MHF/COG
STOVE PIPE 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



Sent To
Street, Apt.
or PO Box
City, State

Burlington Resources Oil &
Gas Co, LP
717 Texas Ave, Suite 2100
Houston, TX 77002

PS Form

See reverse for instructions

2196 6557 1000 0001 1539 3612

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:

Endurance Properties Inc.
15455 Dallas Parkway
STE 1050
Addison, TX 75001

2. Article Number

(Transfer from service label)

7014 1200 0001 1539 3605

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:

Burlington Resources Oil &
Gas Co, LP
717 Texas Ave, Suite 2100
Houston, TX 77002

2. Article Number

(Transfer from service label)

7014 1200 0001 1539 3612

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Monia Parker*☐ Agent☐ Addressee

B. Received by (Printed Name)

Monia Parker

C. Date of Delivery

6/16/15

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *John P. Smith*☐ Agent☐ Addressee

B. Received by (Printed Name)

John P. Smith

C. Date of Delivery

6-16

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 6377 9197

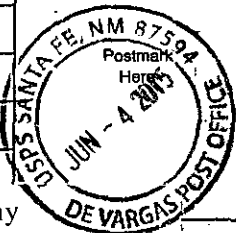
**U.S. Postal Service™
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For delivery information visit

OFFIC**MHF/COG
STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: ConocoPhillips Company
Attn: Tom Scarbrough
600 N. Dairy Ashford
2WL-15058
Houston, TX 77079

PS Form

Instructions

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

(Domestic Mail Only; No Insurance)

For delivery information visit

OFFIC**MHF/COG
STOVE PIPE 2H**

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$



Sent To: ConocoPhillips Company
Attn: New Mexico Land Department
600 N. Dairy Ashford
Houston, TX 77079

PS Form 3811, August 2006

See Reverse for Instructions

7006 2760 0001 6377 9203

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:

ConocoPhillips Company
Attn: Tom Scarbrough
600 N. Dairy Ashford
2WL-15058
Houston, TX 77079

2. Article Number (Transfer from service label)

7006 2760 0001 6377 9197

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

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:

ConocoPhillips Company
Attn: New Mexico Land Department
600 N. Dairy Ashford
Houston, TX 77079

2. Article Number (Transfer from service label)

7006 2760 0001 6377 9203

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

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

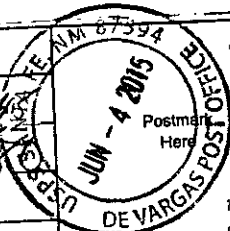
7006 2760 0001 6377 9210

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No)		MHF/COG STOVE PIPE 2H	
For delivery information visit OFFICIAL USE			
Postage	\$		
Certified Fee		3.45	
Return Receipt Fee (Endorsement Required)		2.80	
Restricted Delivery Fee (Endorsement Required)			
Total			
Sent To	Hugh R Hawes IV		
Street, Apt. or PO Box	P.O. Box 528		
City, State	Pierce, TX 77467		
PS Form 3800, August 2006 See Reverse for Instructions			



7006 2760 0001 6377 9227

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No)		MHF/COG STOVE PIPE 2H	
For delivery information visit OFFICIAL USE			
Postage	\$		
Certified Fee		3.45	
Return Receipt Fee (Endorsement Required)		2.80	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees			
Sent To	J.D. Ferrel		
Street, Apt. or PO Box	502 Dakota St.		
City, State	Temple, TX 76504		
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:

Hugh R Hawes IV
P.O. Box 528
Pierce, TX 77467

2. Article Number (Transfer from service label)

7006 2760 0001 6377 9210

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:

J.D. Ferrel
502 Dakota St.
Temple, TX 76504

2. Article Number (Transfer from service label)

7006 2760 0001 6377 9227

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION

A. Signature X <i>J. Hawes</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <i>T. Hawes</i>	C. Date of Delivery <i>6-11-15</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>J.D. Ferrel</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <i>J.D. Ferrel</i>	C. Date of Delivery <i>6/8/15</i>
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

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

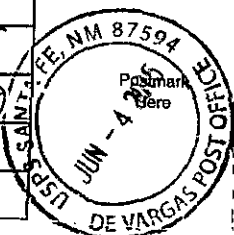
7006 2760 0001 6377 9234

**U.S. Postal Service™
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 (Domestic Mail Only; No Insurance)

For delivery information visit

OFFICE
MHF/COG
STOVE PIPE 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

 Street, Apt.
or PO Box
City, State

 Est. Barney L Alsobrook, decd.
 4600 Erath St.
 Waco, TX 76710

PS Form

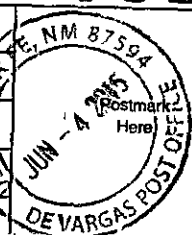
Instructions

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

For delivery information visit

OFFICE
MHF/COG
STOVE PIPE 2H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

 Street,
Apt. or P.O.
City, State

 Est. W.H. Kirby, decd
 1201 S. Broadway
 Plainview, TX 79072

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:

 Est. Barney L Alsobrook, decd.
 4600 Erath St.
 Waco, TX 76710

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 9234

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

M. Alsobrook

C. Date of Delivery

6/8/15

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 6377 9258

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

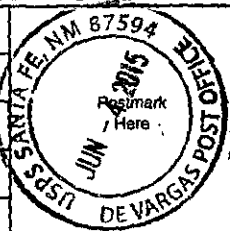
For delivery information visit **OFFICIAL**

MHF/COG
STOVE PIPE 2H

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

Sent To
 Katherine Woltz Aven
 204 Ash
 Plainview, TX 79072

PS Form 3811, July 2013



7006 2760 0001 6377 9258

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

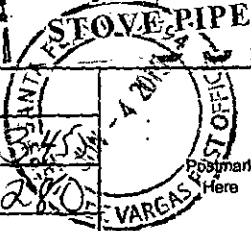
For delivery information visit **OFFICIAL**

MHF/COG
STOVE PIPE 2H

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

Sent To
 Barry B Thompson
 1856 Bugtussle Lane
 West, TX 76691

PS Form 3811, July 2013



SENDER COMPLETE THIS SECTION

1. Article Addressed to:
 Kerine Woltz Aven
 204 Ash
 Plainview, TX 79072

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 9258

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cheryl Wilson

B. Received by (Printed Name)
 Cheryl Wilson

C. Date of Delivery
 6-8-15

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

SENDER COMPLETE THIS SECTION

1. Article Addressed to:
 Barry B Thompson
 1856 Bugtussle Lane
 West, TX 76691

2. Article Number
 (Transfer from service label) 7006 2760 0001 6377 9258

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sandra Thompson

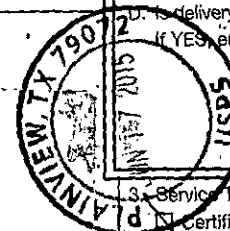
B. Received by (Printed Name)
 SANDRA THOMPSON

C. Date of Delivery
 6-8-15

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



7006 2760 0001 6377 9272

U.S. Postal Service™
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For delivery information visit www.usps.com

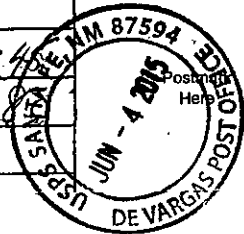
OFFICIAL USE

MHF/COG
STOVE PIPE 2H

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

Sent To: **G Dan Thompson**
 12107 Lueders Lane
 Dallas, TX 75230

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:
G Dan Thompson
12107 Lueders Lane
Dallas, TX 75230

2. Article Number (Transfer from service label) **7006 2760 0001 6377 9272**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **DS9** **ND** ☐ Agent ☐ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery **6-8-15**
 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 6377 9289

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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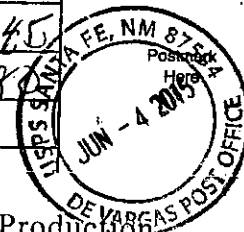
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total P

Sent To: **Hayes Land & Production**
 P.O. Box 51407
 Midland, TX 79710

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:
Hayes Land & Production
P.O. Box 51407
Midland, TX 79710

2. Article Number (Transfer from service label) **7006 2760 0001 6377 9289**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **Sara Burleson** ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **Sara Burleson** C. Date of Delivery **6/15/15**
 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 6377 9296

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

For delivery information visit **MHF/COG**
OFFICIAL STOVE PIPE 2H

Postage	\$		Postmark Here
Certified Fee		3.45	
Return Receipt Fee (Endorsement Required)		2.80	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Sent To: Hayes Land, L.P.
 P.O. Box 51510
 Midland, TX 79710

Street, Apt. or PO Box
 City, State

PS Form 3811, July 2013

USPS SANTA FE, NM 87594
 JUN - 4 2015
 DE VARGAS POST OFFICE

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:
 Hayes Land, L.P.
 P.O. Box 51510
 Midland, TX 79710

2. Article Number: 7006 2760 0001 6377 9296
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Peggy Ainsworth* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Peggy Ainsworth* C. Date of Delivery: *6-8-15*

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 6377 9302

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

For delivery information visit **MHF/COG**
OFFICIAL STOVE PIPE 2H

Postage	\$		Postmark Here
Certified Fee		3.45	
Return Receipt Fee (Endorsement Required)		2.80	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Sent To: RBP Land Company Trust
 P.O. Box 10392
 Midland, TX 79702

Street, Apt. or PO Box
 City, State

PS Form 3811, July 2013

USPS SANTA FE, NM 87594
 JUN - 4 2015
 DE VARGAS POST OFFICE

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:
 RBP Land Company Trust
 P.O. Box 10392
 Midland, TX 79702

2. Article Number: 7006 2760 0001 6377 9302
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jeannette Robinson* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Jeannette Robinson* C. Date of Delivery: *6-8-15*

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 6377 9319

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

For delivery information visit **OFFICE** **MHF/COG**
STOVE PIPE 2H

Postage \$
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, A or PO Box
 City, State
 Chevron USA Inc.
 Delaware Basin - New Mexico
 Chevron North America Exploration and Production Company
 1400 Smith St.
 Houston, TX 77002

PS Form 3811, July 2013



7006 2760 0001 6377 9326

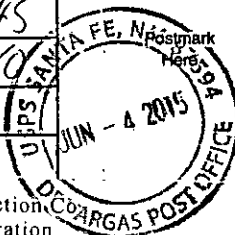
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** **MHF/COG**
STOVE PIPE 2H
USE

Postage \$
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, A or PO Box
 City, State
 Devon Energy Production Co.
 Devon Energy Corporation
 Devon Energy Center
 333 West Sheridan Avenue
 Oklahoma City, OK 73102
 Attn: Kathy Blick

PS Form 3811, July 2013



PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron USA Inc.
 Delaware Basin - New Mexico
 Chevron North America Exploration and Production Company
 1400 Smith St.
 Houston, TX 77002

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 9319

PS Form 3811, July 2013

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

PLACE STICKER AT TOP OF ENVELOPE, 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:

Devon Energy Production Co.
 Devon Energy Corporation
 Devon Energy Center
 333 West Sheridan Avenue
 Oklahoma City, OK 73102
 Attn: Kathy Blick

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6377 9326

PS Form 3811, July 2013

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6377 9333

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Peggy Neal Pool Marquez
 Street, Apt. or PO Box: P.O. Box 624
 City, State: Ganado, TX 77962

PS Form 3811, July 2013

7006 2760 0001 6377 9340

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

MHF/COG
STOVE PIPE 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Mitchell Cappadonna
 Street, Apt. or PO Box: 3838 Pinemont
 City, State: Houston, TX

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Peggy Neal Pool Marquez
 P.O. Box 624
 Ganado, TX 77962

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9333

COMPLETE THIS SECTION ON DELIVERY

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

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

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 ☒ No

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Mitchell Cappadonna
 3838 Pinemont
 Houston, TX

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9340

COMPLETE THIS SECTION ON DELIVERY

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

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

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 ☒ No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6377 9357

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

For delivery information visit **OFFICIAL USE**

MHF/COG
STOVE PIPE 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Price	\$	

Sent To Mitchell Cappadonna
P.O. Box 624
Ganado, TX 77962

PS Form 3811, July 2013



7006 2760 0001 6377 9364

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

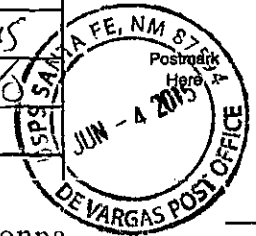
For delivery information visit **OFFICIAL USE**

MHF/COG
STOVE PIPE 2H

Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Price	\$	

Sent To Mitchell Cappadonna
303 Bandera
Ganado, TX 77962

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Mitchell Cappadonna
303 Bandera
Ganado, TX 77962

COMPLETE THIS SECTION ON DELIVERY

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

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

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 ☐ No

2. Article Number
(Transfer from service label)

7006 2760 0001 6377 9364

PS Form 3811, July 2013 Domestic Return Receipt

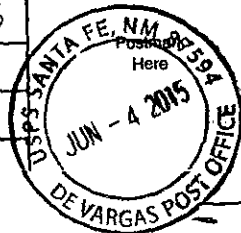
7006 2760 0001 6377 9371

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

Postage \$
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Sent To: Jewell Hosford
 Street or PO Box: P.O. Box 624
 City: Ganado, TX 77962

PS Form 3811, July 2013



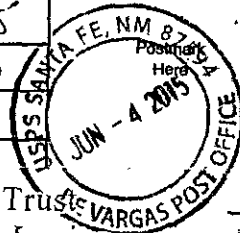
7006 2760 0001 6377 9388

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

Postage \$
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Sent To: Beulah M Baird Trust
 Street or PO Box: c/o Norma Baird Loving
 City: 2009 Crockett Court
 City, State: Irving, TX 75038

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Jewell Hosford
 P.O. Box 624
 Ganado, TX 77962

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9371

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: [Signature]

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Beulah M Baird Trust
 c/o Norma Baird Loving
 2009 Crockett Court
 Irving, TX 75038

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9388

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): NORMA LOVING C. Date of Delivery: 6/9/15

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

7014 1200 0001 1539 4183

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

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Po

Sent To
 Street, Apt or PO Box
 City, State

Jeanene Hollis Hall
 P.O. Box 888
 Socorro, NM 87801

PS Form 3800, August 2006 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:

Jeanene Hollis Hall
 P.O. Box 888
 Socorro, NM 87801

2. Article Number (Transfer from service label)

7014 1200 0001 1539 4183

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *David Hall* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
David Hall

C. Date of Delivery
 JUN 6 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

7014 1200 0001 1539 4190

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

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total r

Sent To
 Street, Apt or PO Box
 City, State

Elizabeth Hogan
 P.O. Box 624
 Ganado, TX 77962

PS Form 3800, August 2006 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:

Elizabeth Hogan
 P.O. Box 624
 Ganado, TX 77962

2. Article Number (Transfer from service label)

7014 1200 0001 1539 4190

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Elizabeth Hogan* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Elizabeth Hogan

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 1200 0001 1539 4206

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
MHF/COG
STOVE PIPE 2H
OFFICIAL RECEIPT

For delivery information, see reverse.

Postage \$
 Certified Fee 345
 Return Receipt Fee (Endorsement Required) 28
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

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

Shirley Sue Mosley
 P.O. Box 624
 Ganado, TX 77962

PS Form 3811, July 2013. See Reverse for Instructions.



7014 1200 0001 1539 4213

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
MHF/COG
STOVE PIPE 2H
OFFICIAL RECEIPT

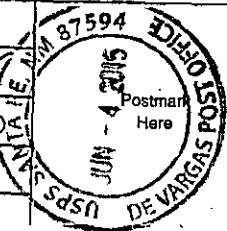
For delivery information, see reverse.

Postage \$
 Certified Fee 345
 Return Receipt Fee (Endorsement Required) 28
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

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

Joe Bill Mosley
 P.O. Box 624
 Ganado, TX 77962

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:
 Shirley Sue Mosley
 P.O. Box 624
 Ganado, TX 77962

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4206

PS Form 3811, July 2013. Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature (X)
☐ 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:
 Joe Bill Mosley
 P.O. Box 624
 Ganado, TX 77962

2. Article Number (Transfer from service label) 7014 1200 0001 1539 4213

PS Form 3811, July 2013. Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature (X)
☐ 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

7014 1200 0001 1539 4220

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

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

OFFIC MHF/COG
STOVE PIPE 2H

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

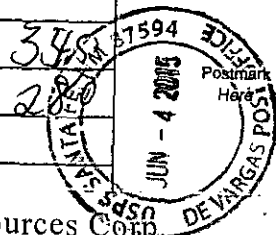
To

 Sen
 Str
 or P
 City

 Energen Resources Corp.
 Attn: Susan Tanis
 3300 North A St., STE 100
 Mildand, TX 79705

PS Form 3800, August 2006

Instructions


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

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

OFFIC MHF/COG
STOVE PIPE 2H

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

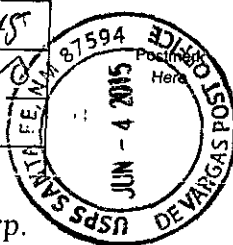
Total Postage

 Sent To
 Street, Ap
 or PO Box
 City, State

 ABO Petro Corp.
 105 S. 4th St.
 Artesia, NM 88210

PS Form 3800, August 2006

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:

 Energen Resources Corp.
 Attn: Susan Tanis
 3300 North A St., STE 100
 Mildand, TX 79705

 2. Article Number
 (Transfer from service label)

7014 1200 0001 1539 4220

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Unblauer

☒ Agent
☐ Addressee

B. Received by (Printed Name)

LISA BEALER

C. Date of Delivery

7/10/13

 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:

 ABO Petro Corp.
 105 S. 4th St.
 Artesia, NM 88210

 2. Article Number
 (Transfer from service label)

7014 1200 0001 1539 4237

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Fernando

C. Date of Delivery

7/10/13

 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

7014 1200 0001 1539 4244

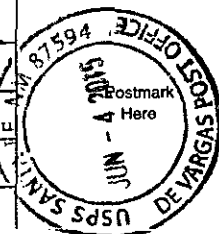
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

OFFICE
**MHF/COG
STOVE PIPE 2H**

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

 345
 280

 Sent To
 Street
 or P.O.
 City, State
 ZIP+4®

 Myco Industries Inc.
 105 S. 4th St.
 Artesia, NM 88210

PS Form

Instructions

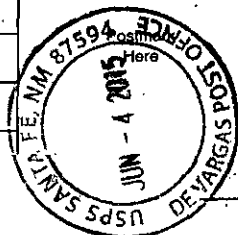
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

OFFICE
**MHF/COG
STOVE PIPE 2H**

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

 345
 280

 Sent To
 Street
 or P.O.
 City, State
 ZIP+4®

 Oxy Y-1 Company
 PO Box 27570
 Houston, TX 77227

PS Form

See Reverse for Instructions

7014 1200 0001 1539 4176

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:

 Myco Industries Inc.
 105 S. 4th St.
 Artesia, NM 88210

 2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Bernard

C. Date of Delivery

10/8/15

 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
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:

 Oxy Y-1 Company
 PO Box 27570
 Houston, TX 77227

 2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

J. B. B. B.

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

7014 1200 0001 1539 4145

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

For delivery information
OFFICIAL

MHF/COG
STOVE PIPE 2H

Postage \$
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required)
 Total F

Yates Petro Corp.
 105 S. 4th St.
 Artesia, NM 88210

Sent To
 Street, or P.O. Box
 City, State, ZIP+4®

PS Form 3800, August 2000

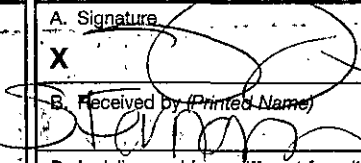
SENDER: COMPLETE THIS SECTION

■ 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 Petro Corp.
 105 S. 4th St.
 Artesia, NM 88210

2. Article Number (Transfer from service label)
 7014 1200 0001 1539 4145

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  ☐ Agent ☒ Addressee

B. Received by (Printed Name) Steven M. Stern C. Date of Delivery 10/8/15

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