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

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

**CASE NOS. 15331** 

AFF	ID	A	V	ľ	T

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

Jordan L. Kessler, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Applications were provided under the notice letters attached hereto.

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 24rd day of June 2015 by Jordan L. Kessler.



BEFORE THE OIL CONVERSATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 5
Submitted by: COG OPERATING LLC
Hearing Date: June 25, 2015

#### COG OPERATING LLC SCOOTER FEDERAL COM 2H

Offset Operators	Devon Energy Production Company, LP 333 W. Sheridan Avenue Oklahoma City, OK 73102	Chevron U.S.A. Inc. P.O. Box 2100 Houston, TX 77252
Seely Oil Company 815 W. Tenth Street Fort Worth, TX 76102	Devon Energy Production Company, LP 333 W. Sheridan Avenue Oklahoma City, OK 73102	Chase Oil Corp. P. O. Box 1767 Artesia, NM 88211
Uncommitted Working Interest Owners	Devon Energy Production Company, LP 333 W. Sheridan Avenue Oklahoma City, OK 73102	Seely Petroleum Partners, LP 815 W. Tenth Street Fort Worth, TX 76102
SSV&H Associates 815 W. Tenth Street Fort Worth, TX 76102	Burnett Oil Company 801 Cherry Street, Suite 1500 Fort Worth, TX 76102	James Robert Hill, Virginia Glenn Hill Lattimore and John A. Styrsky, Trustees of the Houston and Emma Hill Trust Estate 500 West 7th Street, Suite 1802 Fort Worth, TX 76102
Chisos, LTD 670 Dona Ana Road, SW Deming NM 88030	Cross Border Resources, Inc. 2515 McKinney Avenue, Suite 900 Dallas, TX 75201	Boswell Interest, Ltd. 1320 Lake Street Fort Worth, TX 76102
Express Air Drilling, Inc. 3838 Oak Lawn Avenue, Suite 1525 Dallas, TX 75129	West-Tex Drilling Company P.O. Box 3739 Abilene, TX 79604	EAB Oil Company 1320 Lake Street Fort Worth, TX 76102
PVB Oil Company 1320 Lake Street Fort Worth, TX 76102	John P. Oil Company 1320 Lake Street Fort Worth, TX 76102	CEB Oil Company 1320 Lake Street Fort Worth, TX 76102
David L. Henderson, SSP 815 West Tenth Street Fort Worth, TX 76102	David L. Henderson, et ux 815 West Tenth Street Fort Worth, TX 76102	Michael J. Havel, et ux 7607 Chalkstone Dallas, TX 75248
Adelaide Y. Thomsen, Trustee of the Adelaide Y. Thomsen Trust 11117 Blue Sky Drive	Everette L. Andrews, Jr., Trustee of the Everett L. Andrews Jr. Trust 1715 North Wolcott Avenue	William E. Alexander as Trustee of the Amy Vernae Dahlin Trust 6300 Ridglea Place, Suite 611 Fort Worth, TX 76116

Chicago, IL 60622

Fort Worth, TX 76116

Haslet, TX 76052

## COG OPERATING LLC SCOOTER FEDERAL COM 2H

William E. Alexander as Trustee of the Merlya Holland Wright Family Trust 6300 Ridglea Place, Suite 611 Fort Worth, TX 76116 Linda Sheryl Seely Van Sickle 901 N. Craig Street Victoria, TX 77901

Black Shale Minerals, LLC P.O. Box 2243 Longview, TX 75606



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law New Mexico Board of Legal
Specialization
mfeldewert@hollandhart.com

June 4, 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, Lea County, New Mexico; Scooter Federal Com 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 Jeff Lierly at (432) 221-0485 or JLierly@concho.com.

Michael H. Feldewert

ATTORNEY FOR COG OPERATING LLC



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law New Mexico Board of Legal
Specialization
mfeldewert@hollandhart.com

June 4, 2015

#### <u>VIA CERTIFIED MAIL</u> 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, Lea County, New Mexico; Scooter Federal Com 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 Prehearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly at (432) 221-0485 or JLierly@concho.com.

V Zest

Sincerely

Michael H. Feldewert

ATTORNEY FOR COG OPERATING LLC



2. Article Number | | | | (Transfer from service label)

PS Form 3811, February 2004

PS Form 3800; August 2006 See Reverse for instructions

☐ Yes

102595-02-M-1540

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Domestic Return Receipt

U.S. Postal Service CERTIFIED MAIL RECEIPT COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION (Domestic Mail Only; No Ins MHF/COG ■ Complete items.1, 2, and 3. Also complete. For delivery information visit of item 4 if Restricted Delivery is desired. **SCOOTER 2H** Print your name and address on the reverse I so that we can return the card to you. B. Attach this card to the back of the mailpiece. m in Postage orion the front if space permits. D. Is delivery address different from item 1? 3.45 Certified Fee 1. Article Addressed to: If YES, enter delivery address below: Return Receipt Fee (Endorsement Regulred) Restricted Delivery Fee (Endorsement Required) Seely Oil Company 1 815 W. Tenth Street 202 Fort Worth, TX 76102 3. Service Type DEVARG Certified Mail Seely Oil Company Express Mail ٠, ☐ Registered Return Receipt for Merchandise 815 W. Tenth Street Stree □ C.O.D. ☐ Insured Mail Fort Worth, TX 76102 4. Restricted Delivery? (Extra Fee) City 1117019(12000 0001,1539 3709 11) tructions 2. Article Number -(Transfer from service label PS Form 3811, February 2004 Domestic Return Receipt U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No MHF/COG ELACE STICKER AT TOP OF ENVELOPE TO THE RIGHT COMPLETE THIS SECTION ON DELIVERY For delivery information visit SCOOTER 2H Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired: m Print your name and address on the reverse Postage so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece. Certified Fee or on the front if space permits. Return Receipt Fee (Endorsement Required) D. Is delivery address different from item 12 (12) Yes 280 Article Addressed to: If YES, enter delivery address below: Restricted Delivery Fee (Endorsement Required) 200 Total Postage & Fees . \$ Devon Energy Production Devon Energy Production Company, LP Sent 7074 Company, LP Service Type 333 W. Sheridan Avenue 333 W. Sheridan Avenue Certified Mail Express Mail Oklahoma City, OK 73102 Oklahoma City, OK 73102 Registered Return Receipt for Merchandise ☐ Insured Mail PS Fo 4. Restricted Delivery? (Extra Fee) 2. Article Number: 1 (Transfer from service label) ((7014 11200 0001)(1539 8766)

PS Form 3811, February 2004

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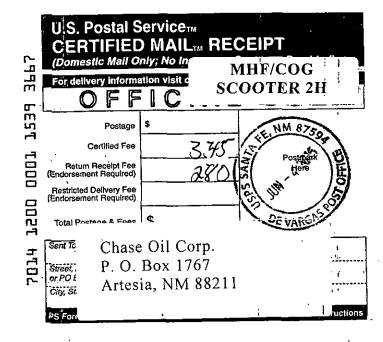
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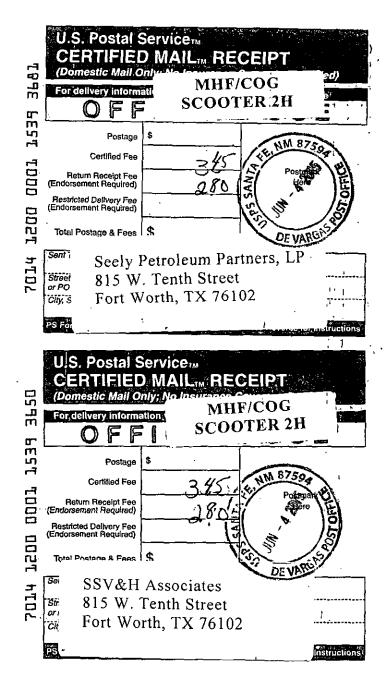
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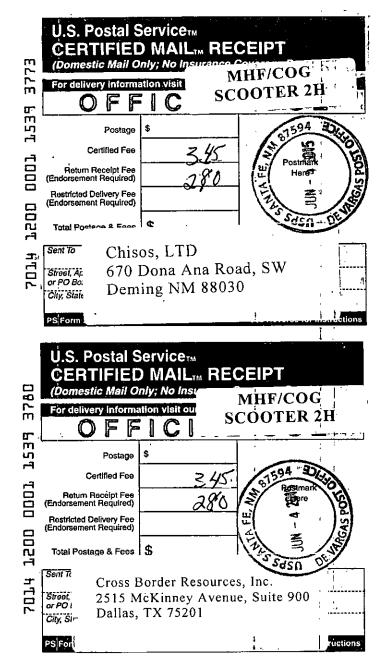
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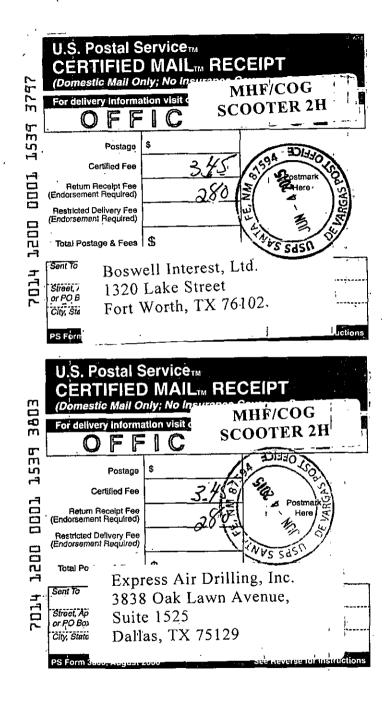
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THE SECTION U.S. Postal Service COMPLETE THIS SECTION ON DELIVERY CERTIFIED MAILM RECEIPT Complete items 1, 2, and 3. Also complete (Domestic Mail Only; No Insur Item 4 if Restricted Delivery is desired. . . MHF/COG R Print your name and address on the reverse For delivery information visit our so that we can return the card to you. SCOOTER 2H eived by ( Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. m D. Is delivery address different from item 1? រភ Postage 1. Article Addressed to: If YES, enter delivery address below: Ä Certified Fee · Return Receipt Fee (Endorsement Required) West-Tex Drilling Company Restricted Delivery Fee (Endorsement Required) P.O. Box 3739 3: Service Type Abilene, TX 79604 Total Postage & Fees \$ Certified Mail ☐ Express Mail A Return Receipt for Merchandise ☐ Registered Sent To West-Tex Drilling Company \_ ☐ Insured Mail □ C.O.D. 707 Street, P.O. Box 3739 4. Restricted Delivery? (Extra Fee) or.PO & Abilene, TX 79604 City, Su 2. Article Number (Transfer from service label) 7014-1200 0001 1539 3810 PS For ictions PS Form 3811, February 2004 Domestic Return Receipt -U.S. Postal Service™ PLACE STOCKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE CERTIFIED MAIL RECEIPT TE THIS SECTION ON DELIVERY (Domestic Mail Only; No MHF/COG Complete items 1, 2, and 3. Also complete A. Signature ) For delivery information visi **SCOOTER 2H** item 4 if Restricted Delivery is desired. Print your name and address on the reverse. so that we can return the card to you. B. Received by (Printed Name) S Attach this card to the back of the mailpiece. Postage or on the front if space permits. Certifled Fee 1. Article Addressed to: \* If YES, enter delivery address below: Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) EAB Oil Company L D Total Postana & Fees | \$ 1320 Lake Street Fort Worth, TX 76102 Sent To Service Type EAB Oil Company # Certified Mail. ☐ Express Mail 1320 Lake Street Strest. ☐ Registered Return Receipt for Merchandise or PO E Fort Worth, TX 76102 Insured Mail ☐ C.O.D. City, Ste 4. Restricted Delivery? (Extra Fee) PS Form uctions Article Number
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Domestic Return Receipt

☐ Agent

C. Date of Delivery

□ No

☐ Yes

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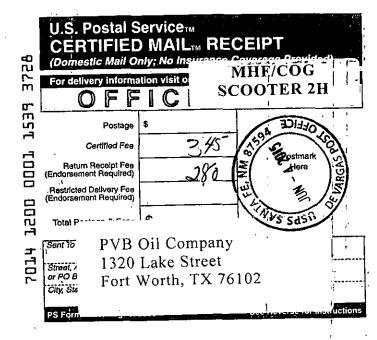
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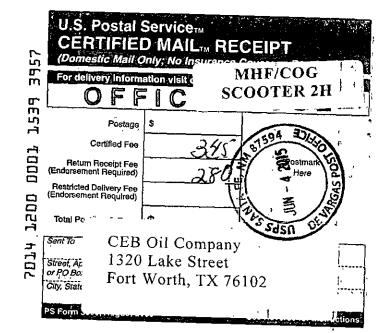
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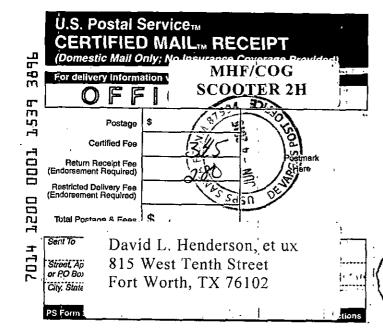
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SENDER: COMPLETE THIS SECTION  SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X  Date of Delivery  UN 0 8 2015
John P. Oil Company 1320 Lake Street	D. Is delivery address different from item 1?
Fort Worth, TX 76102	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail CO.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)	2001 10000 1 1/537 1 37/35 1
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540



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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
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CEB Oil Company	
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EOLD AT BOTTED LINE ENVELORE TO THE MIGHT	COMBIETE THE SECTION ON DELIVERY
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SENDER COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	A. Signature
SENDER, COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A: Signature Agent 1
SENDER COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	A: Signature Agent 1
■ 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,	A: Signature Agent 1
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A: Signature  A: Signature  A: Agent  Addressee 1  B. Received by (Printed Name)  C. Date of Delivery  C. Date of 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,	A: Signature  A: Signature  A: Agent  Addressee 1  B. Received by (Printed Name)  C. Date of Delivery  C. Date of 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.	A: Signature   Agent   Addressee    B. Received by (Printed Name)   C. Date of Delivery    D. Is delivery address different from item 1?   Yes
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   Agent   Addressee    B. Received by (Printed Name)   C. Date of Delivery    D. Is delivery address different from item 1?   Yes
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   Agent   Addressee    B. Received by (Printed Name)   C. Date of Delivery    D. Is delivery address different from item 1?   Yes
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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.  Article Addressed to:  David L. Henderson, SSP 815 West Tenth Street	A: Signature    Agent   Addressee     Addressee     B. Received by (Printed Name)   C. Date of Delivery   C. Date of Delivery     C. Date of Delivery
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.  Article Addressed to: David L. Henderson, SSP	A: Signature    Agent   Addressee     Addressee     Addressee     B. Received by (Printed Name)   C. Date of Delivery     No     No     C. Date of Delivery     No     No     C. Date of Delivery     No     C. Date of Delivery     C. Date of Delivery     No     C. Date of Delivery     D. Is delivery address different from item 1?     Yes     No     C. Date of Delivery     D. Is delivery address different from item 1?     Yes     No     C. Date of Delivery     D. Is delivery address below:     No     D. Is delivery     D. Is de
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.  Article Addressed to:  David L. Henderson, SSP 815 West Tenth Street	A: Signature    Agent   Addressee     Addressee     Addressee     B. Heceived by (Printed Name)   C. Date of Delivery     C. D
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.  Article Addressed to:  David L. Henderson, SSP 815 West Tenth Street	A: Signature    Agent   Addressee     B. Hedelyed by (Printed Name)   C. Date of Delivery   C. Date of Delivery     D. Sate of Delivery     C. Date of Delivery     D. Sate of Delivery     C. Date of Delivery     D. Sate of
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.  Article Addressed to:  David L. Henderson, SSP 815 West Tenth Street Fort Worth, TX 76102	A: Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   C. Date of Delivery     C. Date of Delivery     C. Date of Delivery     C. Date of Delivery     C. Date of Delivery     C. Date of Delivery     C. Date of Delivery     C. Date of Delivery     C. Date of Delivery     Yes     Yes     Service Type   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.     4. Restricted Delivery? (Extra Fee)   Yes     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.  Article Addressed to:  David L. Henderson, SSP 815 West Tenth Street Fort Worth, TX 76102	A: Signature    Agent   Addressee     B. Hedelyed by (Printed Name)   C. Date of Delivery   C. Date of Delivery     D. Sate of Delivery     C. Date of Delivery     D. Sate of Delivery     C. Date of Delivery     D. Sate of



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F 4 4 7	Michael J. Havel, et ux 7607 Chalkstone or PC Dallas, TX 75248	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

BNIT GELIOG IV OTO I SSERGOV NENLER BILL 10 INDIRIENT OF BROWN BILLER BILL 10 SENDER: COMPLETE THIS SECTION  ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?
David L. Henderson, et ux 815 West Tenth Street	If YES, enter delivery address below: . □ No
Fort Worth, TX 76102	3. Service Type  Certified Mail® Priority Mail Express™  Registered Return Receipt for Merchandise  Insured Mail Collect on Delivery  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	

U.S. Postal Service COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION CERTIFIED MAIL RECEIPT Complete items 1, 2, and 3. Also complete A. Signature (Domestic Mail Only; No Insuran item 4 if Restricted Delivery is desired. MHF/COG Print your name and address on the reverse For delivery information visit of SCOOTER 2H so that we can return the card to you. Received by (Printed Name) Attach this card to the back of the mailpiece. 9 or on the front if space permits. m S D. Is delivery address different from item 1? \( \square\$ Yes Postage 1. Article Addressed to: If YES, enter delivery address below: Certified Fee 0001 Return Receipt Fee (Endorsement Required) Adelaide Y. Thomsen, Trustee of the Restricted Delivery Fee (Endorsement Required) Adelaide Y. Thomsen Trust 11117 Blue Sky Drive Service Type Total Postage & Fees | \$ Haslet, TX 76052 ☐ Certified Mail® ☐ ☐ Priority Mail Express™ Sent To ☐ Registered Return Receipt for Merchandise Adelaide Y. Thomsen, Adelaide Y. Thomsen Trust ☐ Insured Mail 'D' Collect on Delivery Street, Apt. or PO Box 11117 Blue Sky Drive 4. Restricted Delivery? (Extra Fee) City, State, Haslet, TX 76052 17014 1200 0001 1538 3919 PS Form 3 PS Form 3811, July 2013 Domestic Return Receipt U.S. Postal Service™ CERTIFIED MAIL RECEIPT COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION (Domestic Mail Only; No I MHF/COG ■ Complete items:1, 2, and 3, Also complete A. Signature For delivery information visi **SCOOTER 2H** item 4 if Restricted Delivery is desired. Print your name and address on the reverse: so that we can return the card to you. Received by (Printedmiame) Attach this card to the back of the mailpiece, Postage or on the front if space permits. Certified Fee D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: Return Receipt Fee (Endorsement Regulred) Restricted Delivery Fee (Endorsement Required) 🐴 Everette L. Andrews, Jr., Trustee of Exthe Everett L. Andrews Jr. Trust 교 Total ไซโกโร North Wolcott Avenue Everette L. Andrews, Jr., Trustee of 👸 🔞 hicago, IL 60622 3.\Service Type the Everett L. Andrews Jr. Trust Certified Mail® □ Priority Mail Express™ 1715 North Wolcott Avenue Registered Return Receipt for Merchandise Chicago, IL 60622 ☐ Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) PS Form 3800, August 2006 - See Reverse for Instructions 2. Article Number 1 11 1200 0001 1535 3926 (Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

☐ Agent

C. Date of Delivery

☐ Yes

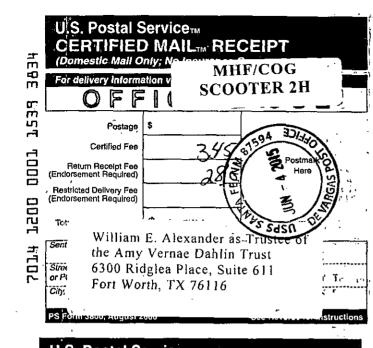
☐ Agent

C. Date of Delivery

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Addressee

☐ Addressee



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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	LETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Bignature  X   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery
1. Article Addressed to:  William E. Alexander-as Trustee of the Amy Vernae Dahlin Trust	D. Is delivery address different from item 1?
6300 Ridglea Place, Suite 611 Fort Worth, TX 76116	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	1200 0001 11599 3834
PS Form 3811, July 2013 - Domestic Ret	turn Receipt
ENDOR: COMPLETE HIS 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:  William E. Alexander as Trustee of the Merlya Holland Wright Family  Trust	A. Apparature  X
6300 Ridglea Place, Suite 611 Fort Worth, TX 76116	3. Service Type  Certified Mail* Priority Mail Express*  Registered Return Receipt for Merchandise Insured Mail Collect on Delivery  4. Restricted Delivery? (Extra Fee)
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U.S. Postal Service™ CERTIFIED MAIL RECEIPT '(Domestic Mail Only; No Insurance Coverage Provided) 3.0 For delivery information visit our website at www.usps.com S E. W 87594 15 Postage | Certified Fee 1000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 1,200 Total Postane & Secondo Linda Sheryl Seely Van Sickle 7014 901 N. Craig Street Street, or PO I City, St Victoria, TX 77901 see neverse for instructions PS For

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		
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item 4 if Restricted Delivery is desired:	X Amy Mann D Addressee	
Print your name and address on the reverse so that we can return the card to you.	B. Repeived by/(Printed Name) C. Date of Delivery	
Attach this card to the back of the mailpiece,	Gara lan Rickle 6-8	
or on the front if space permits.	D. Is delivery address different from item 1? . Yes	
1. Article Addressed to:	If YES; enter delivery address below:   No	
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Linda Sheryl Seely Van Sickle	1	
1 901 N. Craig Street	3. Service Type	
Wictoria, TX 77901	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise	
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2. Article Number.		
PS Form 3811, July 2013 Domestic Re	turn Receipt	
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE NETTON ADDRESS, FOLD AT TOTAL	it.	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete	A Signature	
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so that we can return the card to you.	BarReceived by (Printed Name) C. Date of Delivery	
Attach this card to the back of the mailpiece, or on the front if space permits.	6-9	
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1	☐ Insured Mail ☐, Collect on Delivery	
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