

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. 15329 & 15330

AFFIDAVIT

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.



Notary Public



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 02/14/19

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 8
Submitted by: COG OPERATING LLC
Hearing Date: June 25, 2015

**COG OPERATING LLC
SALVADOR FEE NO. 3H & 4H WELL**

POOLED PARTIES:

Chevron USA Inc.
Attention: Jason Levine
1400 Smith Street,
Room 43028
Houston, Texas 77002

OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

Kelly Van Zandt
6265 C.R. 423
Grandview, TX 76050

Jerry Paul Alexander
10171 Trail Ridge Dr.
Benbrook TX 76126

Joseph Weldon Gibson
Attn: Charles Weldon Gibson
3771 Cortez
Dallas, TX 75220

Estate of Bill Carter
C/O Nina Reynolds
1001 High Road
Coleman, TX 76836

Lester and Chrystie Attaway Rev. Trust
Attn: Lloyd B. Attaway Sr.
420 Quailhollow Dr
Ione, CA 95640

Edna D. Kreps Memorial Trust
Attn: Bill Coats, Trustee
901 Main Street, 17th Floor
Dallas, TX 75202

Kimbery Diane Lynch
Frederick
6703 St. Louis Ave, #8
Odessa, TX 79762

Jennifer Lynn Shiplet
7458 NE Prairie Rd
Albuquerque, NM 87109

Keri Shiplet
5016 46th St
Lubbock, TX 79414

University of the Southwest
Foundation
Attn: Maria Fierro
6610 N. Lovington Hwy
Hobbs, NM 88240

Chevron USA Inc. (Operating Rights)
Attn: Jason Levine
1400 Smith St.
Houston, TX 77002

OFFSETS:

OXY USA Inc.
PO 50250
Midland, TX 79710

OXY USA WTP LP
PO Box 4294
Houston, TX 77210

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

Endeavor Energy Resources LP
110 N. Marienfeld #200
Midland, TX 79701

Occidental Permian LP
5 E. Greenway Plaza #110
Houston, TX 77046

RSE Partners I LP
3141 Hood St #350
Dallas, TX 75219

Shell Everest Inc.
5080 California Ave.
Bakersfield, CA 93309

L. N. Dunnivant
609 Midland National Bank
Midland, TX 79701

J B Abercrombie Minerals
2001 Gulf Bldg.
Houston, TX 77002

**COG OPERATING LLC
SALVADOR FEE NO. 3H & 4H WELL**

Joe C. Richardson Jr.
PO Box 10013
Amarillo, TX 79106

Asher Enterprises Ltd. Co.
PO Box 432
Artesia, NM 88211

William C. Bahlburg
14875 Landmark Blvd.
Dallas, TX 75240

Corral Inc.
PO Box 2107
Roswell, NM 88202

Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

Lobo Oil and Gas Partners
200 N. Loraine #1245
Midland, TX 79701

MB Exploration Corp.
14875 Landmark Blvd.
Dallas, TX 75251

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

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

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

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

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

HOLLAND & HART



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

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. Salvador Fee No. 3H 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. ☏

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. Salvador Fee No. 3H 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. ☏

7014 1200 0001 1539 4169

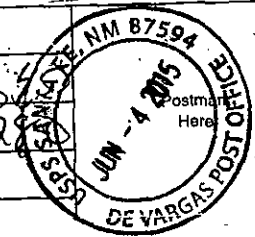
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit **OFFICE**
MHF/COG
SALVADOR 3H

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

Sent To: **OXY USA Inc.**
PO 50250
Midland, TX 79710

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.
 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 USA Inc.
PO 50250
Midland, TX 79710

2. Article Number (Transfer from service label) **7014 1200 0001 1539 4169**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *Richard Mason* 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

5065 6551 1000 1200 0001

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

For delivery information visit **OFFICE**
MHF/COG
SALVADOR 3H

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

Sent To: **OXY USA WTP, LLC**
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

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.
 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 USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

2. Article Number (Transfer from service label) **7014 1200 0001 1539 2905**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *JOEL JOHNSON* 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 4121

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

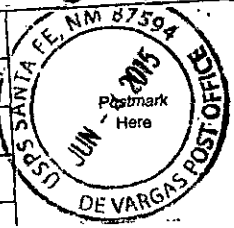
For delivery information visit **OFFICIAL** **MHF/COG SALVADOR 3H**

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **Chevron USA Inc.**
 1400 Smith St.
 Houston, TX 77002

Street, or PO Box, City, State

PS Form 3800, August 2006



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.
 1400 Smith St.
 Houston, TX 77002

2. Article Number (Transfer from service label): **7014 1200 0001 1539 4121**

PS Form 3811, July 2013 Domestic Return Receipt

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 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 4138

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

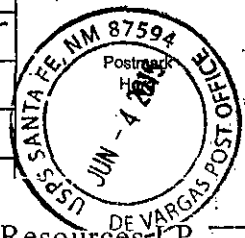
For delivery information visit **OFFICIAL** **MHF/COG SALVADOR 3H**

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total P		

Sent To: **Endeavor Energy Resources LP**
 110 N. Marienfeld #200
 Midland, TX 79701

Street, or PO Box, City, State

PS Form 3800, August 2006



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:

Endeavor Energy Resources LP
 110 N. Marienfeld #200
 Midland, TX 79701

2. Article Number (Transfer from service label): **7014 1200 0001 1539 4138**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): **FAT SHANNON** C. Date of Delivery: **6/8/15**

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

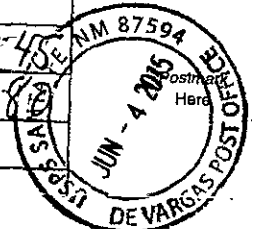
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 4107

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance)
For delivery information, visit **OFFICIAL MAIL SERVICE**
MHF/COG
SALVADOR 3H

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



Sent To: Occidental Permian LP
5 E. Greenway Plaza #110
Houston, TX 77046

PS Form 3811, July 2013. See reverse for instructions.

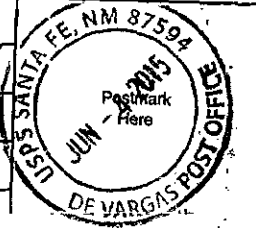
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature: <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <i>SOBEAR</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: Occidental Permian LP 5 E. Greenway Plaza #110 Houston, TX 77046		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number: 7014 1200 0001 1539 4107 (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013. Domestic Return Receipt.			

7006 2760 0001 6377 8893

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance)
For delivery information, visit **OFFICIAL MAIL SERVICE**
MHF/COG
SALVADOR 3H

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



Sent To: RSE Partners I LP
3141 Hood St #350
Dallas, TX 75219

PS Form 3811, July 2013. 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 THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature: <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <i>Helen coffee</i> C. Date of Delivery: <i>6/8/2015</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: RSE Partners I LP 3141 Hood St #350 Dallas, TX 75219		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number: 7006 2760 0001 6377 8893 (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013. Domestic Return Receipt.			

7006 2760 0001 6377 8909

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

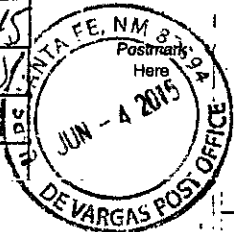
For delivery information visit

MHF/COG

OFFIC

SALVADOR 3H

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



Sent To

Shell Everest Inc.
5080 California Ave.
Bakersfield, CA 93309

Street, A
or PO Box
City, State

PS Form

Instructions

7006 2760 0001 6377 8916

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

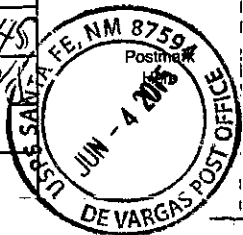
For delivery information visit

MHF/COG

OFFIC

SALVADOR 3H

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



Sent To

L. N. Dunnivant
609 Midland National Bank
Midland, TX 79701

Street, A
or PO Box
City, State

PS Form

Instructions

7006 2760 0001 6377 6923

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com
OFFICE MHF/COG
 SALVADOR 3H

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



Sent To: J B Abercrombie Minerals
 Street or PO: 2001 Gulf Bldg.
 City, S: Houston, TX 77002
 PS Form 3800, August 2006

7006 2760 0001 6377 6930

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com
OFFICE MHF/COG
 SALVADOR 3H

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



Sent To: Joe C. Richardson Jr.
 Street or PO: PO Box 10013
 City, S: Amarillo, TX 79106
 PS Form 3800, August 2006

7006 2760 0001 6377 8947

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
MHF/COG
SALVADOR 3H

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



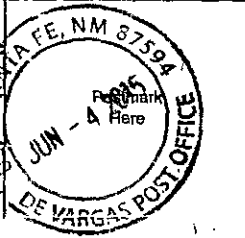
Sent To
 Asher Enterprises Ltd.
 PO Box 432
 Artesia, NM 88211

PS Form 3800, October 2009. PSN 7530-01-000-9001. Postage and fees are the responsibility of the sender. See instructions.

7006 2760 0001 6377 8954

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
MHF/COG
SALVADOR 3H

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



Sent To
 William C. Bahlburg
 14875 Landmark Blvd.
 Dallas, TX 75240

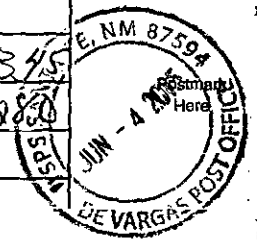
PS Form 3800, October 2009. PSN 7530-01-000-9001. Postage and fees are the responsibility of the sender. See instructions.

7006 2760 0001 6377 8961

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

For delivery information visit **MHF/COG**
OFFIC SALVADOR 3H

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



Sent To
Street, or PO B
City, Sta
Corral Inc.
PO Box 2107
Roswell, NM 88202

PS Form 3811, July 2013. 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:

Corral Inc.
PO Box 2107
Roswell, NM 88202

2. Article Number (Transfer from service label) 7006 2760 0001 6377 8961

PS Form 3811, July 2013. Domestic Return Receipt.

COMPLETE THIS SECTION ON DELIVERY

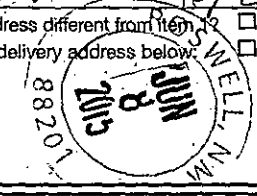
A. Signature
X *Delinda J. ...* Agent Addressee

B. Received by (Printed Name) *Delinda J. ...* C. Date of Delivery *6/8/13*

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 8978

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

For delivery information visit **MHF/COG**
OFFIC SALVADOR 3H

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



Sent To
Street, or PO
City, S
Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

PS Form 3811, 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:

Koch Exploration Co. LLC
20 Greenway Plz
Houston, TX 77046

2. Article Number (Transfer from service label) 7006 2760 0001 6377 8978

PS Form 3811, July 2013. Domestic Return Receipt.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *P. Moore* Agent Addressee

B. Received by (Printed Name) *P. Moore* 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

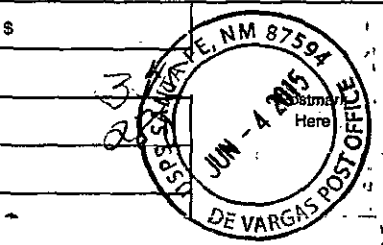
4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 8985

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
OFF MHF/COG
SALVADOR 3H

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



Sent To Lobo Oil and Gas Partners
Street, A 200 N. Loraine #1245
or PO Box
City, State Midland, TX 79701

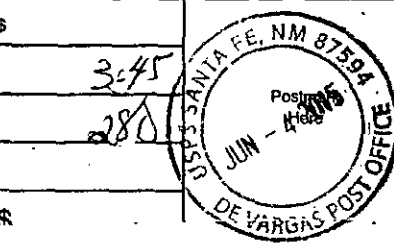
PS Form 3800, August 2000 See Reverse for Instructions

7006 2760 0001 6377 8992

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
OFF MHF/COG
SALVADOR 3H

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



Sent To MB Exploration Corp.
Street, A 14875 Landmark Blvd.
or PO Box
City, State Dallas, TX 75251

PS Form 3800, August 2000 See Reverse for Instructions

7006 2760 0001 6377 9005

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

For delivery information: **MHF/COG**
OFFICIAL SALVADOR 3H

Postage \$ _____
 Certified Fee \$ 3.75
 Return Receipt Fee (Endorsement Required) \$ _____
 Restricted Delivery Fee (Endorsement Required) \$ _____
 Total Price \$ _____

Sent To: **ABO Petro Corp.**
 105 S. 4th St.
 Artesia, NM 88210

Postmark: **DE VARGAS POST OFFICE**
JUN - 4 2013
ARTESIA, NM 87594

PS Form 3800, August 2006

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

2. Article Number (Transfer from service label): **7006 2760 0001 6377 9005**

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

7006 2760 0001 6377 9012

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

For delivery information: **MHF/COG**
OFFICIAL SALVADOR 3H

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

Sent To: **Myco Industries Inc.**
 105 S. 4th St.
 Artesia, NM 88210

Postmark: **DE VARGAS POST OFFICE**
JUN - 4 2013
ARTESIA, NM 87594

PS Form 3800, August 2006 See Reverse for Instructions

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

2. Article Number (Transfer from service label): **7006 2760 0001 6377 9012**

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

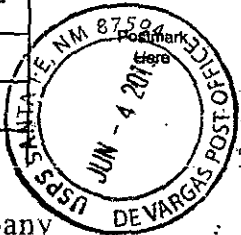
7006 2760 0001 6377 9029

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No In...)
 For delivery information visit **MHF/COG**
OFFICE SALVADOR 3H

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

Sent To
 Street, Apt. 1 or PO Box N
 City, State, Z
 Oxy Y-1 Company
 PO Box 27570
 Houston, TX 77227

PS Form 3811, July 2013



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Oxy Y-1 Company
 PO Box 27570
 Houston, TX 77227

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 9029

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J. 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

7006 2760 0001 6377 9043

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No In...)
 For delivery information visit **MHF/COG**
OFFICE SALVADOR 3H

Postage	\$	
Certified Fee		2.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, Apt. 1 or PO Box N
 City, State, Z
 Yates Petro Corp
 105 S. 4th St.
 Artesia, NM 88210

PS Form 3811, July 2013



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Yates Petro Corp
 105 S. 4th St.
 Artesia, NM 88210

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 9043

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J. 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

7006 2760 0001 6377 9036

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance)
For delivery information visit **OFFICIAL**
MHF/COG
SALVADOR 3H

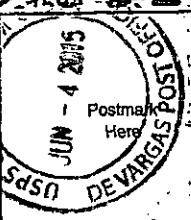
Postage	\$	
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total		



Sent To: Yates Petro Corp.
Street, Apt or PO: 105 S. 4th St.
City, State: Artesia, NM 88210

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance)
For delivery information visit **OFFICIAL**
MHF/COG
SALVADOR 3H

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



Sent To: Chevron USA Inc.
Attention: Jason Levine
Street, Apt or PO Box: 1400 Smith Street, Room 43028
City, State: Houston, Texas 77002

7006 2760 0001 6377 9050

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:

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

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9036

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: 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

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:

Chevron USA Inc.
Attention: Jason Levine
1400 Smith Street, Room 43028
Houston, Texas 77002

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9050

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 9067

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

MHF/COG
 SALVADOR 3H

OFFICIAL USE

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	0.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: OXY USA WTP, L.L.C.
 Attention: Joel Johnson
 5 Greenway Plaza
 Houston, TX 77046

Street, Apt or PO Box
 City, State

Postmark Here: JUN 4 2015 DE VARGAS POST OFFICE

PS Form 3811, July 2013

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

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:
 OXY USA WTP, L.L.C.
 Attention: Joel Johnson
 5 Greenway Plaza
 Houston, TX 77046

2. Article Number: 1111
 (Transfer from service label) 7006 2760 0001 6377 9067

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Joel Johnson* Agent Addressee

B. Received by (Printed Name): JOEL JOHNSON 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 9074

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

MHF/COG
 SALVADOR 3H

OFFICIAL USE

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

Sent To: Kelly Van Zandt
 6265 C.R. 423
 Grandview, TX 76050

Street, Apt or PO Box
 City, State

Postmark Here: JUN 4 2015 DE VARGAS POST OFFICE

PS Form 3811, July 2013

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

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:
 Kelly Van Zandt
 6265 C.R. 423
 Grandview, TX 76050

2. Article Number: 1111
 (Transfer from service label) 7006 2760 0001 6377 9074

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kelly Van Zandt* Agent Addressee

B. Received by (Printed Name): Kelly Van Zandt 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 9061

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFIC**
MHF/COG
SALVADOR 3H

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

Postmark: JUN - 4 2013 DE VARGAS POST OFFICE

Sent To: Jerry Paul Alexander
 10171 Trail Ridge Dr.
 Benbrook TX 76126

PS Form 3811, July 2013 See Reverse for Instructions

7006 2760 0001 6377 9098

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **OFFIC**
MHF/COG
SALVADOR 3H

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

Postmark: JUN - 4 2013 DE VARGAS POST OFFICE

Sent To: Joseph Weldon Gibson
 Attn: Charles Weldon Gibson
 3771 Cortez
 Dallas, TX 75220

PS Form 3811, July 2013 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.

Article Addressed to:
 Jerry Paul Alexander
 10171 Trail Ridge Dr.
 Benbrook TX 76126

Article Number: 1111700612760100016377190611111

3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *J. Alexander* Agent Addressee

B. Received by (Printed Name): *J. Alexander* C. Date of Delivery: *6-8*

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 9104

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

For delivery information visit **MHF/COG OFFICE SALVADOR 3H**

Postage \$ _____
 Certified Fee 2.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark: SANTA FE, NM 87594 JUN - 4 2013 DE VARGAS POST OFFICE

Sent _____
 Street or PO _____
 City _____

Estate of Bill Carter
 C/O Nina Reynolds
 1001 High Road
 Coleman, TX 76836

PS Form 3811, August 2009 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:
 Estate of Bill Carter
 C/O Nina Reynolds
 1001 High Road
 Coleman, TX 76836

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9104

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Nina Reynolds* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery: 6-8-13

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 9111

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

For delivery information visit **MHF/COG OFFICE SALVADOR 3H**

Postage \$ _____
 Certified Fee 2.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark: SANTA FE, NM 87594 JUN - 4 2013 DE VARGAS POST OFFICE

Sent _____
 Street or PO _____
 City _____

Lester and Chrystie Attaway Rev. Trust
 Attn: Lloyd B. Attaway Sr.
 420 Quailhollow Dr
 Lone, CA 95640

PS Form 3811, August 2009 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:
 Lester and Chrystie Attaway Rev. Trust
 Attn: Lloyd B. Attaway Sr.
 420 Quailhollow Dr
 Lone, CA 95640

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9111

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lloyd B. Attaway Sr.* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery: 6-8-13

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 9128

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/COG SALVADOR 3H**

OFFICIAL

Postage \$ _____
 Certified Fee \$ 3.40
 Return Receipt Fee (Endorsement Required) \$ 2.80
 Restricted Delivery Fee (Endorsement Required) \$ _____

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

Edna D. Kreps Memorial Trust
 Attn: Bill Coats, Trustee
 901 Main Street, 17th Floor
 Dallas, TX 75202

PS Form 3811, 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:
 Edna D. Kreps Memorial Trust
 Attn: Bill Coats, Trustee
 901 Main Street, 17th Floor
 Dallas, TX 75202

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9128

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Bobby Mars*

B. Received by (Printed Name) Bobby Mars 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

7006 2760 0001 6377 9135

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

For delivery information: **MHF/COG SALVADOR 3H**

OFFICIAL

Postage \$ _____
 Certified Fee \$ 3.40
 Return Receipt Fee (Endorsement Required) \$ 2.80
 Restricted Delivery Fee (Endorsement Required) \$ _____

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

Kimbery Diane Lynch
 Frederick
 6703 St. Louis Ave, #8
 Odessa, TX 79762

PS Form 3811, 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:
 Kimbery Diane Lynch
 Frederick
 6703 St. Louis Ave, #8
 Odessa, TX 79762

2. Article Number (Transfer from service label) 7006 2760 0001 6377 9135

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Kim Frederick*

B. Received by (Printed Name) Kim Frederick 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

7006 2760 0001 6377 9159

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary on Return)
 For delivery information visit usps.com
OFFICE MHF/COG SALVADOR 3H

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

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

Sent to: Jennifer Lynn Shiplet
 Street or PO: 7458 NE Prairie Rd
 City: Albuquerque, NM 87109

7006 2760 0001 6377 9166

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary on Return)
 For delivery information visit usps.com
OFFICE MHF/COG SALVADOR 3H

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

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

Sent to: Keri Shiplet
 Street or PO: 5016 46th St
 City: Lubbock, TX 79414

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
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>Jennifer Lynn Shiplet</i></p> <p>B. Printed Name: Jennifer Lynn Shiplet</p> <p>C. Date of Delivery: _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" 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 <input type="checkbox"/> No</p>
1. Article Addressed to: Jennifer Lynn Shiplet 7458 NE Prairie Rd Albuquerque, NM 87109	
2. Article Number (Transfer from service label)	7006 2760 0001 6377 9159
PS Form 3811, July 2013 Domestic Return Receipt	

7006 2760 0001 6377 9173

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

For delivery information visit **OFFIC** **MHF/COG**
SALVADOR 3H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent to University of the Southwest
 Foundation
 Attn: Maria Fierro
 6610 N. Lovington Hwy
 Hobbs, NM 88240

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

PS Form 3811, July 2013

7006 2760 0001 6377 9180

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

For delivery information visit **OFFIC** **MHF/COG**
SALVADOR 3H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Post	\$

Sent to Chevron USA Inc. (Operating Rights)
 Attn: Jason Levine
 1400 Smith St.
 Houston, TX 77002

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

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:
 University of the Southwest
 Foundation
 Attn: Maria Fierro
 6610 N. Lovington Hwy
 Hobbs, NM 88240

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9173

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): SCARFIM C. Date of Delivery: 5-8-15

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

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. (Operating Rights)
 Attn: Jason Levine
 1400 Smith St.
 Houston, TX 77002

2. Article Number (Transfer from service label): 7006 2760 0001 6377 9180

PS Form 3811, July 2013 Domestic Return Receipt

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 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

6264 653 1539 2424
7014 1200 0001 1539 4114

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

For delivery information visit **OFFICE**
MHF/COG SALVADOR 3H

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE
 JUN 4 2015
 Postmark Here

Sent To: **Edna D. Krebs Memorial Trust**
 Attn. Bill Coats
 P.O. Box 840738
 Dallas, Texas 840738

PS Form 3811, July 2013

7014 1200 0001 1539 4114

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

For delivery information visit **OFFICE**
MHF/COG SALVADOR 3H

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE
 JUN 4 2015
 Postmark Here

Sent To: **OXY USA WTP LP**
 PO Box 4294
 Houston, TX 77210

PS Form 3811, July 2013

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:
OXY USA WTP LP
PO Box 4294
Houston, TX 77210

2. Article Number: **7014 1200 0001 1539 4114**
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *James J. ...*
 Addressee
 Post Office

B. Received by (Printed Name): **JAMES J. ...**

C. Date of Delivery: **JUN 4 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 No

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1534 2912

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

For delivery information visit **offic**

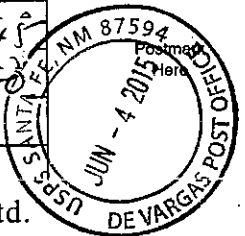
MHF/COG
SALVADOR 3H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: **Oxy Permian Ltd.**
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

Street, Apt. or PO Box
City, State

PS Form 3811, July 2013



RECEIVED MAIL

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Oxy Permian Ltd.
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

2. Article Number: **7014 1200 0001 1534 2912**
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Joel Johnson* Agent Addressee

B. Received by (Printed Name): **JOEL JOHNSON** 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 No

PS Form 3811, July 2013 Domestic Return Receipt

HOLLAND & HART^{LLP}



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

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. Salvador Fee No. 4H 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. ☐



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. Salvador Fee No. 4H 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

7014 1200 0001 1539 2615

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

For delivery information, visit **OFFICIAL** **MHF/COG**
SALVADOR 4H

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

Postmark: JUN 4 2015 DE VARGAS POST OFFICE

Sent To: **OXY USA Inc.**
 Street or PO: **PO 50250**
 City, State: **Midland, TX 79710**

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:
OXY USA Inc.
PO 50250
Midland, TX 79710

2. Article Number (Transfer from service label): 7014 1200 0001 1539 2615

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): **Ashland Mason** C. Date of Delivery: **6/19/15**

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 2936

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

For delivery information, visit **OFFICIAL** **MHF/COG**
SALVADOR 4H

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

Postmark: JUN 4 2015 DE VARGAS POST OFFICE

Sent To: **OXY USA WTP, LLC**
 Attention: **Joel Johnson**
 Street or PO: **5 Greenway Plaza**
 City, State: **Houston, TX 77046**

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:
OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

2. Article Number (Transfer from service label): 7014 1200 0001 1539 2936

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): **JOEL JOHNSON** 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 2639

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/COG)
 For delivery information, visit **MHF/COG**
OFFICIAL USE SALVADOR 4H

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

Sent To: Chevron USA Inc.
 Street or PO: 1400 Smith St.
 City, State: Houston, TX 77002

PS Form 3811, July 2013



SENDER COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

- 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.
 1400 Smith St.
 Houston, TX 77002

2. Article Number: 7014 1200 0001 1539 2639
 (Transfer from service label)

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 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

7014 1200 0001 1539 2646

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/COG)
 For delivery information, visit **MHF/COG**
OFFICIAL USE SALVADOR 4H

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

Sent To: Endeavor Energy Resources LP
 Street, Apt or PO Box: 110 N. Marienfeld #200
 City, State: Midland, TX 79701

PS Form 3811, July 2013 See Reverse for Instructions



SENDER COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

- 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:
 Endeavor Energy Resources LP
 110 N. Marienfeld #200
 Midland, TX 79701

2. Article Number: 7014 1200 0001 1539 2646
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): PAT SHANNON 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

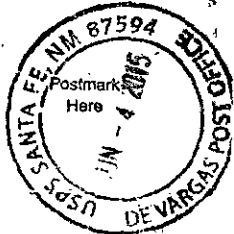
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2653

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information, visit **MHF/COG**
OFFICIAL SALVADOR 4H

Postage	\$	
Certified Fee		245
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total		

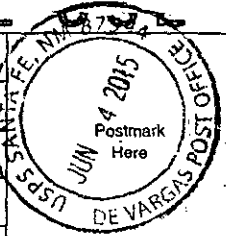


Sent To: Occidental Permian LP
Street or PO: 5 E. Greenway Plaza #110
City, St: Houston, TX 77046
PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2660

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information, visit **MHF/COG**
OFFICIAL SALVADOR 4H

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		



Sent To: RSE Partners I LP
Street or PO: 3141 Hood St #350
City, St: Dallas, TX 75219
PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

- 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:
Occidental Permian LP
5 E. Greenway Plaza #110
Houston, TX 77046

2. Article Number (Transfer from service label): 7014 1200 0001 1539 2653

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

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

- 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:
RSE Partners I LP
3141 Hood St #350
Dallas, TX 75219

2. Article Number (Transfer from service label): 7014 1200 0001 1539 2660

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): Helen Coffee 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

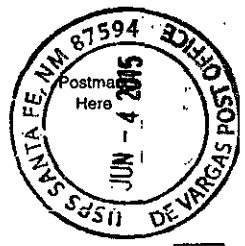
PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 1539 2677

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

For delivery information visit our **OFFICIAL USE**

Postage	\$
Certified Fee	348
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: Shell Everest Inc.
 Street, Ap or PO Box: 5080 California Ave.
 City, State: Bakersfield, CA 93309

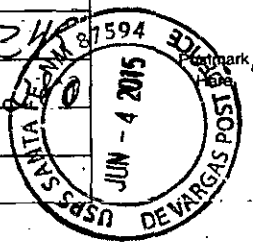
PS Form 3849, Instructions

7014 1200 0001 1539 2684

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

For delivery information visit our **OFFICIAL USE**

Postage	\$
Certified Fee	248
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



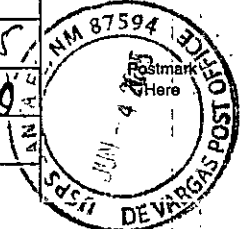
Sent To: L. N. Dunnivant
 Street, Ap or PO Box: 609 Midland National Bank
 City, State: Midland, TX 79701

PS Form 3849, Instructions

7014 1200 0001 1539 2691

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **usps.com**
OFFICE MHF/COG SALVADOR 4H

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



Sent To
 J B Abercrombie Minerals
 2001 Gulf Bldg.
 Houston, TX 77002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **usps.com**
OFFICE MHF/COG SALVADOR 4H

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



Sent To
 Joe C. Richardson Jr.
 PO Box 10013
 Amarillo, TX 79106

7014 1200 0001 1539 2707

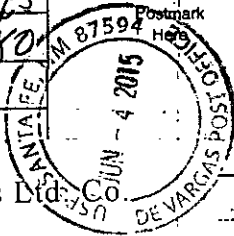
7014 1200 0001 1539 2813

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information, visit usps.com
OFFICE OF THE ATTORNEY GENERAL
MHF/COG
SALVADOR 4H

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

Sent to: Asher Enterprises Ltd.
 Street or PO: PO Box 432
 City: Artesia, NM 88211

PS Form 3800, August 2000 See Reverse for Instructions



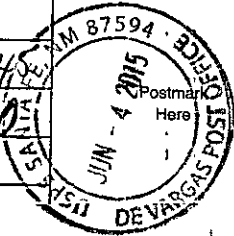
7014 1200 0001 1539 2820

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information, visit usps.com
OFFICE OF THE ATTORNEY GENERAL
MHF/COG
SALVADOR 4H

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

Sent to: William C. Bahlburg
 Street or PO: 14875 Landmark Blvd.
 City: Dallas, TX 75240

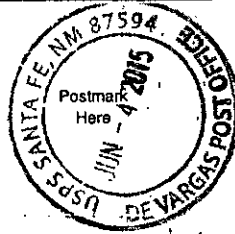
PS Form 3800, August 2000 See Reverse for Instructions



7014 1200 0001 1539 2837

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
 MHF/COG
 SALVADOR 4H

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



Sent To: Corral Inc.
 PO Box 2107
 Roswell, NM 88202

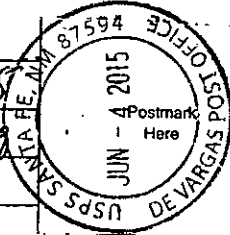
Street, Apt or PO Box
 City, State

PS Form 3800, August 2005

7014 1200 0001 1539 2844

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
 MHF/COG
 SALVADOR 4H

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



Sent To: Koch Exploration Co. LLC
 20 Greenway Plz
 Houston, TX 77046

Street, Apt or PO Box
 City, State

PS Form 3800, August 2005

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:
 Corral Inc.
 PO Box 2107
 Roswell, NM 88202

2. Article Number (Transfer from service label): 7014 1200 0001 1539 2837

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: JUN 19 2015

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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:
 Koch Exploration Co. LLC
 20 Greenway Plz
 Houston, TX 77046

2. Article Number (Transfer from service label): 7014 1200 0001 1539 2844

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 Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7014 1200 0001 1539 2851

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

For delivery information via **MHF/COG**
OFFI SALVADOR 4H

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



Sent To: Lobo Oil and Gas Partners
 200 N. Loraine #1245
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2714

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

For delivery information via **MHF/COG**
OFFIC SALVADOR 4H

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



Sent To: MB Exploration Corp.
 14875 Landmark Blvd.
 Dallas, TX 75251

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 1539 2721

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

For delivery information visit **OFFICE** **MHF/COG**
SALVADOR 4H

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

Postmark Here: **JUN 24 2015**
USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

Sent To: **ABO Petro Corp.**
105 S. 4th St.
Artesia, NM 88210

PS Form 3811, July 2013. 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:
ABO Petro Corp.
105 S. 4th St.
Artesia, NM 88210

2. Article Number (Transfer from service label): **7014 1200 0001 1539 2721**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **6/28/15**

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 2738

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

For delivery information visit **OFFICE** **MHF/COG**
SALVADOR 4H

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

Postmark Here: **JUN 24 2015**
USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

Sent To: **Myco Industries Inc.**
105 S. 4th St.
Artesia, NM 88210

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

2. Article Number (Transfer from service label): **7014 1200 0001 1539 2738**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **6/28/15**

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 2745

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information

OFFICIAL MAIL
MHF/COG
SALVADOR 4H

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

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

PS Form 3800, August 2006



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) 7014 1200 0001 1539 2745

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) J. BEAN 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 2769

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information

OFFICIAL MAIL
MHF/COG
SALVADOR 4H

Postage \$ _____
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.80
 Restricted Delivery Fee (Endorsement Required) _____
 Tot: _____

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

PS Form 3800, August 2006



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 2769

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) J. BEAN C. Date of Delivery 6/8/13
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail S.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 2752

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

For delivery information visit **MHF/COG**
OFFICE SALVADOR 4H

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
 JUN - 4 2013
 Postmark Here

Sent To: Yates Petro Corp.
 Street, or PO Box: 105 S. 4th St.
 City, State: Artesia, NM 88210

PS Form 3811, July 2013

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

For delivery information visit **MHF/COG**
OFFICE SALVADOR 4H

1. Article Addressed to:
 Yates Petro Corp.
 105 S. 4th St.
 Artesia, NM 88210

2. Article Number: 7014 1200 0001 1539 2752
 (Transfer from service label)

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

7014 1200 0001 1539 2776

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

For delivery information visit **MHF/COG**
OFFICE SALVADOR 4H

Postage	\$	
Certified Fee		345
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
 JUN - 4 2013
 Postmark Here

Sent To: Chevron USA Inc.
 Attention: Jason Levine
 Street, or PO Box: 1400 Smith Street, Room 43028
 City, State: Houston, Texas 77002

PS Form 3811, February 2004

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

For delivery information visit **MHF/COG**
OFFICE SALVADOR 4H

1. Article Addressed to:
 Chevron USA Inc.
 Attention: Jason Levine
 1400 Smith Street, Room 43028
 Houston, Texas 77002

2. Article Number: 7014 1200 0001 1539 2776
 (Transfer from service label)

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

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® Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 2950

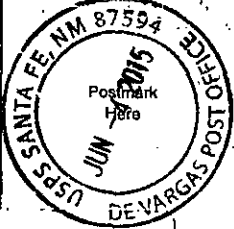
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/COG**
OFFICE SALVADOR 4H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Oxy Permian Ltd.
 Attention: Joel Johnson
 5 Greenway Plaza
 Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions



7014 1200 0001 1539 2790

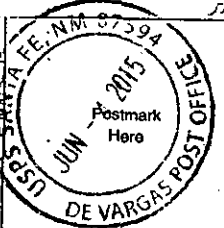
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/COG**
OFFICE SALVADOR 4H

Postage	\$
Certified Fee	345
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Kelly Van Zandt
 6265 C.R. 423
 Grandview, TX 76050

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:
 Oxy Permian Ltd.
 Attention: Joel Johnson
 5 Greenway Plaza
 Houston, TX 77046

2. Article Number: 7014 1200 0001 1539 2950
 (Transfer from service label)

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 No

7014 1200 0001 1539 2806

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

For delivery information visit **OFFICE** **MHF/COG**
SALVADOR 4H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

SANTA FE, NM 87501
JUN - 4 2015
DE VARGAS POST OFFICE

Sent To: **Jerry Paul Alexander**
 Street, Apt or PO Box: **10171 Trail Ridge Dr.**
 City, State: **Benbrook TX 76126.**

PS Form 3811, February 2004 See Reverse for Instructions

7014 1200 0001 1539 2516

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

For delivery information visit **OFFICE** **MHF/COG**
SALVADOR 4H

Postage	\$
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

SANTA FE, NM 87501
JUN - 4 2015
DE VARGAS POST OFFICE

Sent To: **Joseph Weldon Gibson**
 Attn: Charles Weldon Gibson
 Street, Apt or PO Box: **3771 Cortez**
 City, State: **Dallas, TX 75220**

PS Form 3811, February 2004 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:
Jerry Paul Alexander
10171 Trail Ridge Dr.
Benbrook TX 76126

2. Article Number: **7014 1200 0001 1539 2806**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **6-8**

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

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail S.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 1539 2523

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

For delivery information visit **MHF/COG**
OFFICE SALVADOR 4H

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

Sent To
 Estate of Bill Carter
 C/O Nina Reynolds
 1001 High Road
 Coleman, TX 76836

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Estate of Bill Carter
 C/O Nina Reynolds
 1001 High Road
 Coleman, TX 76836

2. Article Number: 7014 1200 0001 1539 2523
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Nina Reynolds* 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 Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7014 1200 0001 1539 2530

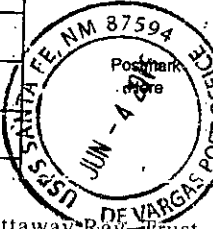
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance)

For delivery information visit **MHF/COG**
OFFICE SALVADOR 4H

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

Sent To
 Lester and Chrystie Attaway Rev. Trust
 Attn: Lloyd B. Attaway Sr.
 420 Quailhollow Dr
 Ione, CA 95640

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Lester and Chrystie Attaway Rev. Trust
 Attn: Lloyd B. Attaway Sr.
 420 Quailhollow Dr
 Ione, CA 95640

2. Article Number: 7014 1200 0001 1539 2530
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lloyd B. Attaway Sr.* Agent Addressee
 B. Received by (Printed Name): _____ C. Date of Delivery: 6-5-15
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

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

4. Restricted Delivery? (Extra Fee) Yes

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

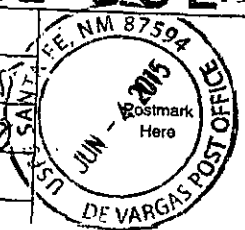
7014 1200 0001 1539 2547

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/COG)
 For delivery information visit **MHF/COG**
OFFICIAL USE
SALVADOR 4H

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

Sent To: Edna D. Kreps Memorial Trust
 Attn: Bill Coats, Trustee
 901 Main Street, 17th Floor
 Dallas, TX 75202

PS Form 3800, August 2000 See Reverse for Instructions



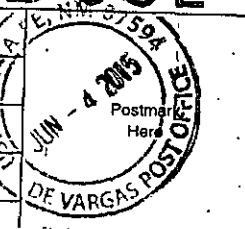
7014 1200 0001 1539 2554

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No MF/COG)
 For delivery information visit **MHF/COG**
OFFICIAL USE
SALVADOR 4H

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

Sent To: Kimberly Diane Lynch
 Frederick
 6703 St. Louis Ave, #8
 Odessa, TX 79762

PS Form 3800, August 2000 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:
 Edna D. Kreps Memorial Trust
 Attn: Bill Coats, Trustee
 901 Main Street, 17th Floor
 Dallas, TX 75202

2. Article Number: 7014 1200 0001 1539 2547
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Bobby Mays*
 Agent
 Addressee

B. Received by (Printed Name): *Bobby Mays*
 C. Date of Delivery: *6-7-15*

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

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

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

7014 1200 0001 1539 2578

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

For delivery information, visit **usps.com**

OFFICE MHE/COG SALVADOR 4H

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

Postmark Here
 JUN - 4 2015
 DE VARGAS POST OFFICE

Sent To: Jennifer Lynn Shiplet
 Street, Apt. or PO Box: 7458 NE Prairie Rd.
 City, State: Albuquerque, NM 87109

PS Form 3800, October 2011

7014 1200 0001 1539 2585

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

For delivery information, visit **usps.com**

OFFICE MHE/COG SALVADOR 4H

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

Postmark Here
 JUN - 4 2015
 DE VARGAS POST OFFICE

Sent To: Keri Shiplet
 Street, Apt. or PO Box: 5016 46th St
 City, State: Lubbock, TX 79414

PS Form 3800, October 2011

7014 1200 0001 1539 2592

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information, visit **OFFICIAL USE**
MHF/COG
SALVADOR 4H

Postage \$ _____
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 280
 Restricted Delivery Fee (Endorsement Required) _____

To: University of the Southwest
 Foundation
 Attn: Maria Fierro
 6610 N. Lovington Hwy
 Hobbs, NM 88240

Sent to: _____
 Street or P.O. _____
 City, _____

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:
 University of the Southwest
 Foundation
 Attn: Maria Fierro
 6610 N. Lovington Hwy
 Hobbs, NM 88240

2. Article Number: _____
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee
 B. Received by (Printed Name): [Signature] C. Date of Delivery: 6-26-13
 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

7014 1200 0001 1539 2608

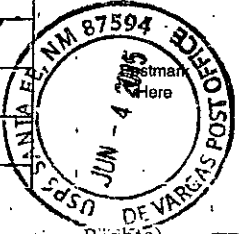
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information, visit **OFFICIAL USE**
MHF/COG
SALVADOR 4H

Postage \$ _____
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 280
 Restricted Delivery Fee (Endorsement Required) _____

To: Chevron USA Inc. (Operating Rights)
 Attn: Jason Levine
 1400 Smith St.
 Houston, TX 77002

Sent to: _____
 Street or P.O. _____
 City, _____

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:
 Chevron USA Inc. (Operating Rights)
 Attn: Jason Levine
 1400 Smith St.
 Houston, TX 77002

2. Article Number: _____
 (Transfer from service label)

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 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

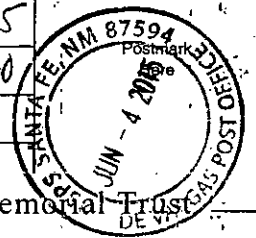
7014 1200 0001 1539 2622

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **officemanager.com**
OFFICE MHF/COG
SALVADOR 4H

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

Sent to: Edna D. Kreps Memorial Trust
 Attn. Bill Coats
 Street or PO: P.O. Box 840738
 City, S.: Dallas, Texas 840738

PS Form 3811, July 2013. See reverse for instructions.



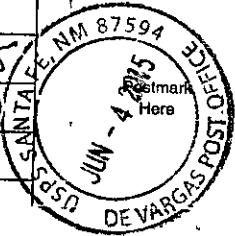
7014 1200 0001 1539 2622

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **officemanager.com**
OFFICE MHF/COG
SALVADOR 4H

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

Sent to: OXY USA WTP LP
 PO Box 4294
 Street or PO: Houston, TX 77210
 City, S.: Houston, TX 77210

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:
 OXY USA WTP LP
 PO Box 4294
 Houston, TX 77210

2. Article Number (Transfer from service label): 7014 1200 0001 1539 2622

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

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

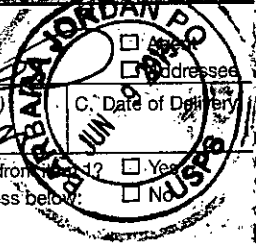
C. Date of Delivery: JUN 5 2013

D. Is delivery address different from address on envelope? Yes No

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

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 2013. Domestic Return Receipt.



7014 1200 0001 1539 2783

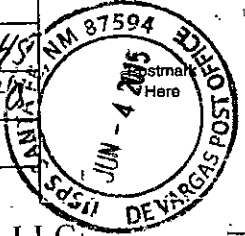
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/COG**
OFFICE SALVADOR 4H

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

Sent To
 Street / or PO B
 City, Sta
OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
OXY USA WTP, LLC
Attention: Joel Johnson
5 Greenway Plaza
Houston, TX 77046

2. Article Number
(Transfer from service label) **7014 1200 0001 1539 2783**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
JOEL JOHNSON

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes