

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

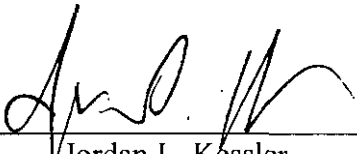
**APPLICATION OF XTO ENERGY INC. FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 15389

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of XTO Energy Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letters attached hereto.

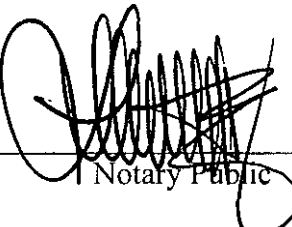


Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 30th day of September 2015 by Jordan L.
Kessler.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 9/14/16



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 6
Submitted by: XTO ENERGY INC.
Hearing Date: October 1, 2015

HOLLAND & HART^{LLP}



Jordan L. Kessler

Associate

Phone (505) 988-4421

Fax (505) 983-6043

jlkessler@hollandhart.com

September 11, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: POOLED PARTIES

**Re: Application of XTO Energy Inc. for a non-standard spacing and
proration unit, and compulsory pooling, Eddy County, New Mexico.
Golden Corral 6 State 1H Well**

Dear Sir or Madam:

This letter is to advise you that XTO Energy Inc., 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 October 1, 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 Angie Repka, at (817) 885-2746 or Angie_Repka@xtoenergy.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR XTO ENERGY INC.

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

September 11, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**RE: Application of XTO Energy Inc. for a non-standard spacing and proration unit, and compulsory pooling, Eddy County, New Mexico.
Golden Corral 6 State 1H Well**

This letter is to advise you that XTO Energy Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit and due to the proposed unorthodox well location.

This application has been set for hearing before a Division Examiner at 8:15 AM on October 1, 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 Angie Repka, at (817) 885-2746 or Angie_Repka@xtoenergy.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR XTO ENERGY INC.

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. ☺

XTO ENERGY INC.
GOLDEN CORRAL 6 STATE 1H WELL

Pooled Parties:

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

Nadel and Gussman Permian, L.L.C.
601 N. Marienfeld, Ste 508
Midland, TX 79701

W.T. Boyle & Co.
P.O. Box 57
Graham, TX 76450-0057

Stovall Energy, Ltd.
605 3rd Street
Graham, TX 76450-3151

Scott & Valerie Branson
1501 Mountain Shadow Drive
Carlsbad, NM 88220-4156

Eleven Sands Exploration, Inc.
State Route 8 Box 104B
Guthrie, OK 73044-9808

BAGAM Ltd.
P.O. Box 900
Graham, TX 76450-0900

Sonic Oil & Gas LP
P.O. Box 1240
Graham, TX 76450-7240

H.M. Bettis, Inc.
P.O. Box 1240
Graham, TX 76450-7240

Guinn Family Properties, Ltd.
623 Elm Street, Suite 306
Graham, TX 76450-3068

The Allar Company
P.O. Box 1567
Graham, TX 76450

Offset Owners:

Nearburg Exploration
Company, L.L.C.
P.O. Box 823085
Dallas, TX 75382-3085

Chevron USA, Inc.
P.O. Box 2100
Houston, TX 77252

OXY USA, Inc.
5 Greenway Plaza, Suite 110
Houston, TX 77046

Nadel and Gussman Permian, L.L.C.
601 N. Marienfeld, Ste. 508
Midland, TX 79701

W.T. Boyle
W.T. Boyle & Co.
P.O. Box 57
Graham, TX 76450-0057

Stovall Energy, Ltd.
605 3rd Street
Graham, TX 76450-3151

Scott & Valerie Branson
1501 Mountain Shadow Drive
Carlsbad, NM 88220-4156

Eleven Sands Exploration, Inc.
State Route 8 Box 104B
Guthrie, OK 73044-9808

BAGAM Ltd.
P.O. Box 900
Graham, TX 76450-0900

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

PCP Operating Co., LLC
9525 Hillwood Dr., Suite 160
Las Vegas, NV 89134-0596

TBO Oil & Gas, LLC
214 W. Texas Ave., Suite 1101
Midland, TX 79701-4600

XTO ENERGY INC.
GOLDEN CORRAL 6 STATE 1H WELL

Tarpon Engineering Corp.
5211 Preston Dr.
Midland, TX 79707-5104

Crump Family Partnership,
Ltd.
303 Veterans Airpark Ln.
Midland, TX 79705-4546

Collins & Jones Investments
508 W. Wall St., Suite 1200
Midland, TX 79701-5076

Desert Rock Resources, LP
3325 Caldera Blvd.
Midland, TX 79707-2823

I-43 Associates, Inc.
508 W. Wall St., Suite 1250
Midland, TX 79701-5069

Stillwater Investments, LP
6910 E. 14th St.
Tulsa, OK 74112-6618

Charles D. Ray
4 Churchill Way
Midland, TX 79705-1804

Bettis Brothers, Inc.
500 W. Texas Ave., Suite 830
Midland, TX 79701-4276

Sonic Oil & Gas LP
P.O. Box 1240
Graham, TX 76450-7240

H.M. Bettis, Inc.
P.O. Box 1240
Graham, TX 76450-7240

Guinn Family Properties, Ltd.
623 Elm Street, Suite 306
Graham, TX 76450-3068

The Allar Company
P.O. Box 1567
Graham, TX 76450

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

CML Exploration, LLC
Barton Oaks Plaza One
Suite 430
901 Mopac Expwy S
Austin, TX 78746

Patterson Petroleum LLC
P.O. Box 1416
Snyder, TX 79550

George Soros
17 Judea Cemetery Rd
Washington, CT 06793-1506

Susan Cole Niederhoffer
30 Hillcrest Ln.
Weston, CT 06883-1105

Cynthia E. Wilson, Executrix
Scott Wilson Estate
4601 Mirador Dr.
Austin, TX 79735-1554

LDH Holdings, LLC
12 Country Dr.
Morristown, NJ 07960-6761

LJS Resources, LLC
33 Eagle Nest Rd.
Morristown, NJ 07960-6430

Holsum, Inc.
723 N. Main St.
Roswell, NM 88201-4825

Wright Family Living Trust
Joe R. Wright Trustee
2286 Albatross Way
Sparks, NV 89441-5837

AAR Limited Partnership
4462 State Line Rd.
Kansas City, KS 66103-3512

The R-N Limited Partnership
14478 County Rd 356
Fairview, MT 59221-9341

Beverly J. Barr, Trustee
Richard K. Barr Family Trust
8027 Chalk Knoll Drive
Austin, TX 78735

Marbob Energy Corporation
P.O. Box 227
Artesia, NM 88211

Ricks Exploration II, L.P.
3000 Oklahoma Tower
210 Park Avenue
Oklahoma City, OK 73102

XTO ENERGY INC.
GOLDEN CORRAL 6 STATE 1H WELL

L.E. Oppermann
1505 Neely
Midland, TX 79701

HMJ Minerals, Inc.
P.O. Box 1240
Graham, TX 76450-1240

James R. Guinn Family Trust
James R. Guinn Jr.
201 E. Abram, Suite 650
Arlington, TX 76010

Moon Royalty L.L.C.
3000 Oklahoma Tower
210 Park Avenue
Oklahoma City, OK 73102

7015 0640 0007 1135 7250

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

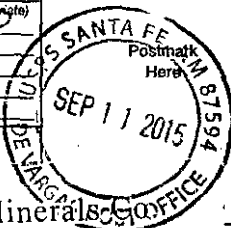
Total P \$

Sent To **Khody Land & Minerals Co.**

Street **210 Park Avenue, Suite 900**

City, State **Oklahoma City, OK 73102**

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



7015 0640 0007 1135 7151

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To **Nadel and Gussman Permian, L.L.C.**

Street **601 N. Marienfeld, Ste 508**

City, State **Midland, TX 79701**

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

9590 9401 0033 5071 7850 44

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7250

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

B. Received by (Printed Name) **Cheryl Hobbs** C. Date of Delivery **9/5/15**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

Nadel and Gussman Permian, L.L.C.
601 N. Marienfeld, Ste 508
Midland, TX 79701

9590 9401 0033 5071 8243 85

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7151

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

B. Received by (Printed Name) **SC HANCOCK** C. Date of Delivery **SEP 15 2015**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 7144

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OFFICE MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To **W.T. Boyle & Co.**

Street and **P.O. Box 57**

City, State, **Graham, TX 76450-0057**

PS Form 3811, April 2015 PSN 7530-02-000-9053

Postmark Here
 SEP 11 2015
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

W.T. Boyle & Co.
 P.O. Box 57
 Graham, TX 76450-0057

9590 9401 0033 5071 8243 54

2. Article Number. (Transfer from service label)

7015 0640 0007 1135 7144

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X W.T. Boyle
☐ Agent
☐ Addressee

B. Received by (Printed Name)

W.T. Boyle

C. Date of Delivery

9-17-15D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☒ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☒ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 0640 0007 1135 7137

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To **Stovall Energy, Ltd.**

Street and **605 3rd Street**

City, State, **Graham, TX 76450-3151**

PS Form 3811, April 2015 PSN 7530-02-000-9053

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 SEP 11 2015
 DE VARGAS POST OFFICE

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- 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:

Stovall Energy, Ltd.
 605 3rd Street
 Graham, TX 76450-3151

9590 9401 0033 5071 8243 78

2. Article Number. (Transfer from service label)

7015 0640 0007 1135 7137

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Heather Cox
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Heather Cox

C. Date of Delivery

9/15/15D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☒ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☒ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 7397

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GOLDEN CORRAL

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 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

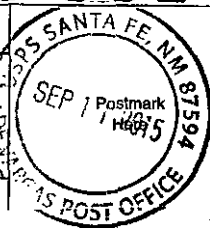
Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and
 City, State,

Scott & Valerie Branson
 1501 Mountain Shadow Drive
 Carlsbad, NM 88220-4156

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 0640 0007 1135 7403

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MHF/XTO
GOLDEN CORRAL

For delivery information, visit **OFFICIAL**

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

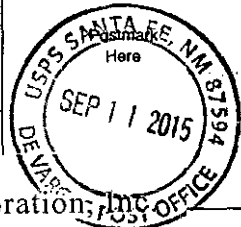
Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and
 City, State,

Eleven Sands Exploration, Inc.
 State Route 8 Box 104B
 Guthrie, OK 73044-9808

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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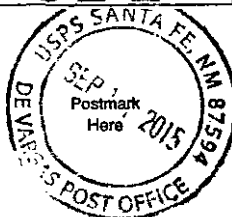
MHF/XTO
OFFICE GOLDEN CORRAL

For delivery information, visit

Certified Mail Fee \$ 345
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.00
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total P \$
 Sent To BAGAM Ltd.
 P.O. Box 900
 Street: Graham, TX 76450-0900
 City, State, ZIP+4®

PS Form 3811, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
 BAGAM Ltd.
 P.O. Box 900
 Graham, TX 76450-0900

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 7410

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Phil Fortune

B. Received by (Printed Name) PAUL FORTUNE C. Date of Delivery

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

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 7335

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 Domestic Mail Only

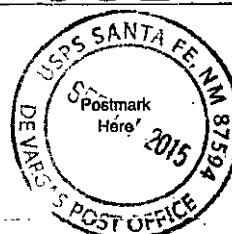
MHF/XTO
OFFICE GOLDEN CORRAL

For delivery information, visit

Certified Mail Fee \$ 345
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.00
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$
 Sent To Sonic Oil & Gas LP
 P.O. Box 1240
 Street and A Graham, TX 76450-7240
 City, State, ZIP+4®

PS Form 3811, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:
 Sonic Oil & Gas LP
 P.O. Box 1240
 Graham, TX 76450-7240

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 7335

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Paul Louder

B. Received by (Printed Name) C. Date of Delivery 9/17/15

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

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 7502

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

For delivery information, visit
OFFICE **MHF/XTO GOLDEN CORRAL**

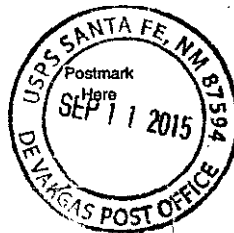
Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
Total Postage
 \$

Sent To **H.M. Bettis, Inc.**
 Street and **P.O. Box 1240**
 City, State, **Graham, TX 76450-7240**

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



7015 0640 0007 1135 7274

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

For delivery information, visit
OFFICE **MHF/XTO GOLDEN CORRAL**

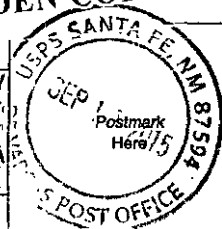
Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
Total Postage
 \$

Sent To **Guinn Family Properties, Ltd.**
 Street and **623 Elm Street, Suite 306**
 City, State, **Graham, TX 76450-3068**

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

H.M. Bettis, Inc.
 P.O. Box 1240
 Graham, TX 76450-7240

9590 9401 0033 5071 8243 16

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7502

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Pat Lowder

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/17/15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Guinn Family Properties, Ltd.
 623 Elm Street, Suite 306
 Graham, TX 76450-3068

9590 9401 0033 5071 8245 83

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7274

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ray Guinn

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/15/15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7015 0640 0007 1135 7267

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit OFFICIAL	
MHF/XTO GOLDEN CORRAL	
Certified Mail Fee \$ <u>3.45</u>	Postmark Here SEP 11 2015 USPS SANTA FE, NM 87504 DE VARGAS POST OFFICE
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy) \$ <u>2.80</u>	
☐ Return Receipt (electronic) \$ _____	
☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Post: \$ _____	
Sent To The Allar Company P.O. Box 1567 Graham, TX 76450	
Street and City, State,	
PS Form 3811	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

The Allar Company
 P.O. Box 1567
 Graham, TX 76450

9590 9401 0033 5071 8244 08

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7267

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Melanie Barrett*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Melanie Barrett

C. Date of Delivery

9-16-15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 0640 0007 1135 6185

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit OFFICIAL	
MHF/XTO GOLDEN CORRAL	
Certified Mail Fee \$ <u>3.45</u>	Postmark Here SEP 11 2015 USPS SANTA FE, NM 87504 DE VARGAS POST OFFICE
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy) \$ <u>2.80</u>	
☐ Return Receipt (electronic) \$ _____	
☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Post: \$ _____	
Sent To Nearburg Exploration Company, L.L.C. P.O. Box 823085 Dallas, TX 75382-3085	
Street and City, State,	
PS Form 3811	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Nearburg Exploration
 Company, L.L.C.
 P.O. Box 823085
 Dallas, TX 75382-3085

9590 9401 0033 5071 7841 15

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6185

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Carlton D. Mason*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Carlton D. Mason

C. Date of Delivery

9/17/15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 0640 0007 1135 7243

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

For delivery information, visit **OFFICIAL** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

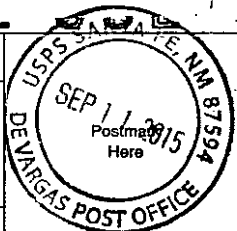
Total Postage \$

Sent To **Chevron USA, Inc.**

Street and **P.O. Box 2100**

City, State **Houston, TX 77252**

PS Form 3811, April 2015 PSN 7530-02-000-9053



7015 0640 0007 1135 7236

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

For delivery information, visit **OFFICIAL** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

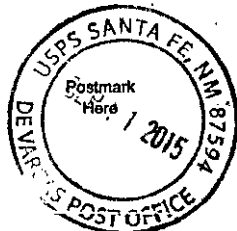
Total Postage \$

Sent To **OXY USA, Inc.**

Street and **5 Greenway Plaza, Suite 110**

City, State **Houston, TX 77046**

PS Form 3811, April 2015 PSN 7530-02-000-9053



SEND

■ Complete items 1, 2, and 3.
 ■ 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.
P.O. Box 2100
Houston, TX 77252

2. Article Number (Transfer from service label): **9590 9401 0033 5071 7850 37**

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **JORDAN** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **JORDAN** C. Date of Delivery **SEP 11 2015**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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.
Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number (Transfer from service label): **9590 9401 0033 5071 7850 20**

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** **JORDAN** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **JORDAN** C. Date of Delivery **SEP 11 2015**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7229 7229 1135 0640 2015

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

For delivery information, visit OFFICIAL

MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To Nadel and Gussman Permian,
 601 N. Marienfeld, Ste. 508
 Street and Midland, TX 79701
 City, State

PS Form See Reverse for Instructions

USPS SANTA FE, NM 87504
 SEP 11 2015
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:
 Nadel and Gussman Permian, L.L.C.
 601 N. Marienfeld, Ste. 508
 Midland, TX 79701

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 7229

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) S. Chantom C. Date of Delivery SEP 21 2015

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7212 7212 1135 0640 2015

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

For delivery information, visit OFFICIAL

MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To W.T. Boyle
 W.T. Boyle & Co.
 Street P.O. Box 57
 City, Graham, TX 76450-0057

PS Form Instructions

USPS SANTA FE, NM 87504
 SEP 11 2015
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:
 W.T. Boyle
 W.T. Boyle & Co.
 P.O. Box 57
 Graham, TX 76450-0057

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 7212

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dwight Boyle C. Date of Delivery 9-17-15

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 7380

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

For delivery information, visit **OFFICE** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

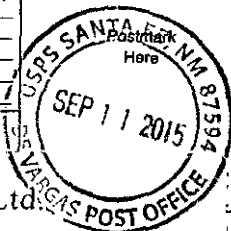
Postage \$

Total Postage \$

Sent To **Stovall Energy, Ltd.**
 605 3rd Street
 Graham, TX 76450-3151

City, State, ZIP+4®

PS Form 3811, April 2015 PSN 7530-02-000-9053 See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Stovall Energy, Ltd.
 605 3rd Street
 Graham, TX 76450-3151

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7380

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Heather Cox*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Heather Cox

C. Date of Delivery

9/15/15

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

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 7120

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

For delivery information, visit **OFFICE** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

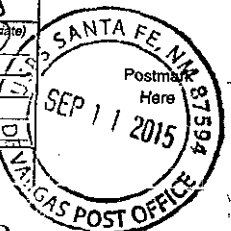
Postage \$

Total Postage \$

Sent To **Scott & Valerie Branson**
 1501 Mountain Shadow Drive
 Carlsbad, NM 88220-4156

City, State, ZIP+4®

PS Form 3811, April 2015 PSN 7530-02-000-9053 See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Scott & Valerie Branson
 1501 Mountain Shadow Drive
 Carlsbad, NM 88220-4156

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7120

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Scott Branson*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Scott Branson

C. Date of Delivery

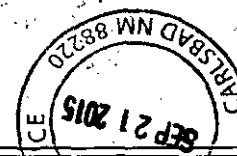
9-21-15

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

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



7015 0640 0007 1135 7113

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

For delivery information, visit **MHF/XTO**
OFFICE GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

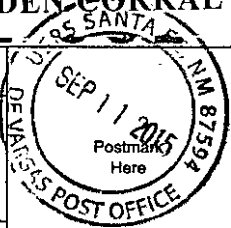
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Paid \$ _____

Sent To **Eleven Sands Exploration, Inc.**
 State Route 8 Box 104B
 Guthrie, OK 73044-9808

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



7015 0640 0007 1135 7489

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

For delivery information, visit **MHF/XTO**
OFFICE GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Paid \$ _____

Sent To **BAGAM Ltd.**
 P.O. Box 900
 Graham, TX 76450-0900

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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: BAGAM Ltd. P.O. Box 900 Graham, TX 76450-0900 2. Article Number (Transfer from service label) 7015 0640 0007 1135 7489		A. Signature x Phil Fortune ☒ Agent ☐ Addressee B. Received by (Printed Name) PHIL FORTUNE C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: 3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☒ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 7427

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

For delivery information, visit **MHF/XTO**
OFFICIAL GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage \$

Sent To **EOG Resources, Inc.**
Street and **P.O. Box 2267**
City, State **Midland, TX 79702**

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA FE, NM 87594
SEP 11 2015
SANTA FE POST OFFICE

7015 0640 0007 1135 7434

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

For delivery information, visit **MHF/XTO**
OFFICIAL GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage \$

Sent To **PCP Operating Co., LLC**
Street and **9525 Hillwood Dr., Suite 160**
City, State **Las Vegas, NV 89134-0596**

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA FE, NM 87594
SEP 11 2015
SANTA FE POST OFFICE

SENDER: COMPLETE THIS SECTION

☐ Complete items 1, 2, and 3.
☐ 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:

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

2. Article Number (Transfer from service label):
7015 0640 0007 1135 7427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name) **J. Perry**

C. Date of Delivery **9-15-15**

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☒ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 7441

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

For delivery information: **MHF/XTO**
OFFICE **GOLDEN CORRAL**

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage \$ _____

Sent To **TBO Oil & Gas, LLC**
 Street and City, State **214 W. Texas Ave., Suite 1101**
Midland, TX 79701-4600

Postmark Here **SEP 11 2015**
USPS SANTA FE, NM 87504
TARGAS POST OFFICE

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:
TBO Oil & Gas, LLC
214 W. Texas Ave., Suite 1101
Midland, TX 79701-4600

2. Article Number (Transfer from service label)
9590 9401 0033 5071 7839 72

7015 0640 0007 1135 7441

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x Dana Howard

B. Received by (Printed Name) **Dana Howard** C. Date of Delivery **9/15/15**

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

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

Domestic Return Receipt

7015 0640 0007 1135 7458

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

For delivery information: **MHF/XTO**
OFFICE **GOLDEN CORRAL**

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage \$ _____

Sent To **Tarpon Engineering Corp.**
 Street and City, State **5211 Preston Dr.**
Midland, TX 79707-5104

Postmark Here **SEP 11 2015**
USPS SANTA FE, NM 87504
DEWITT POST OFFICE

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:
Tarpon Engineering Corp.
5211 Preston Dr.
Midland, TX 79707-5104

2. Article Number (Transfer from service label)
9590 9401 0033 5071 7839 65

7015 0640 0007 1135 7458

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
x Paula Albertson

B. Received by (Printed Name) **Paula Albertson** C. Date of Delivery **9/15/15**

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

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

Domestic Return Receipt

7015 0640 0007 1135 7465

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

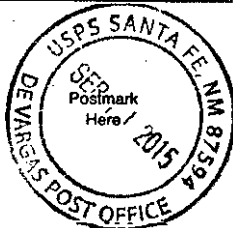
Total Postage \$

Sent To **Crump Family Partnership, Ltd.**

Street and **303 Veterans Airpark Ln.**

City, State **Midland, TX 79705-4546**

PS Form 3811, April 2015 PSN 7530-02-000-9053



7015 0640 0007 1135 7472

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

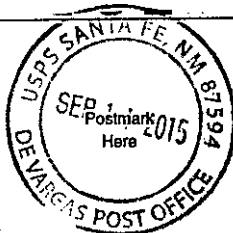
Total Postage \$

Sent To **Collins & Jones Investments**

Street and **508 W. Wall St., Suite 1200**

City, State **Midland, TX 79701-5076**

PS Form 3811, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ 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:

Crump Family Partnership, Ltd.
303 Veterans Airpark Ln.
Midland, TX 79705-4546

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7465

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x J. Berry** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **J. Berry** C. Date of Delivery **9-15-15**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☒ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ 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:

Collins & Jones Investments
508 W. Wall St., Suite 1200
Midland, TX 79701-5076

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7472

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x B.N.** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Brian Nerson** C. Date of Delivery **9/15/15**

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

3. Service Type

☒ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☒ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 7281

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

For delivery information, visit **MHF/XTO**
OFFICE GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☒ Return Receipt (electronic)	\$ <u>0.00</u>
☐ Certified Mail Restricted Delivery	\$ <u>0.00</u>
☐ Adult Signature Required	\$ <u>0.00</u>
☐ Adult Signature Restricted Delivery	\$ <u>0.00</u>

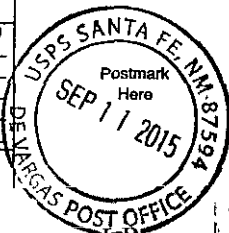
Postage \$ 0.00

Total Post \$ 3.45

Sent To **Desert Rock Resources, LP**
 3325 Caldera Blvd.
 Midland, TX 79707-2823

City, State, Zip

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Desert Rock Resources, LP
 3325 Caldera Blvd.
 Midland, TX 79707-2823

9590 9401 0033 5071 7839 34

2. Article Number (Transfer from service label)

170151064010007113517281

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Natalie Arguello*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Natalie Arguello

C. Date of Delivery

9-15-15

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

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☒ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0640 0007 1135 7298

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

For delivery information, visit **MHF/XTO**
OFFICE GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ <u>0.00</u>
☐ Certified Mail Restricted Delivery	\$ <u>0.00</u>
☐ Adult Signature Required	\$ <u>0.00</u>
☐ Adult Signature Restricted Delivery	\$ <u>0.00</u>

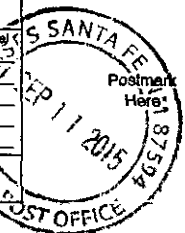
Postage \$ 0.00

Total Post \$ 3.45

Sent To **I-43 Associates, Inc.**
 508 W. Wall St., Suite 1250
 Midland, TX 79701-5069

City, State, Zip

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions



7015 0640 0007 1135 7304

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

For delivery information, visit **OFFICIAL** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

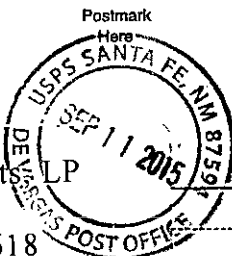
Total P \$ _____

Sent To **Stillwater Investments LP**

Street **6910 E. 14th St.**

City, State **Tulsa, OK 74112-6618**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 0640 0007 1135 7311

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

For delivery information, visit **OFFICIAL** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

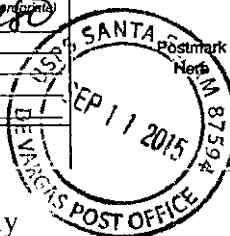
Total Post \$ _____

Sent To **Charles D. Ray**

Street and **4 Churchill Way**

City, State **Midland, TX 79705-1804**

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Charles D. Ray
4 Churchill Way
Midland, TX 79705-1804

9590 9401 0033 5071 7839 03

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7311

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x **Charles D. Ray**
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/15/15

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

Charles D. Ray

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 7328

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

For delivery information, visit **OFFICIAL GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Price \$

Sent To **Bettis Brothers, Inc.**

Street and City, State **500 W. Texas Ave., Suite 830
Midland, TX 79701-4276**

Postmark Here **SEP 1 2015**

PS Form 3811, April 2015 PSN 7530-02-000-9053

7015 0640 0000 1135 7496

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

For delivery information, visit **OFFICIAL GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Price \$

Sent To **Sonic Oil & Gas LP**

Street and City, State **P.O. Box 1240
Graham, TX 76450-7240**

Postmark Here **SEP 1 2015**

PS Form 3811, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Bettis Brothers, Inc.
500 W. Texas Ave., Suite 830
Midland, TX 79701-4276

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7328 1111

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carolyn Price

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Carolyn Price

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Sonic Oil & Gas LP
P.O. Box 1240
Graham, TX 76450-7240

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7496 1111

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gar Lowder

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Gar Lowder

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 7342

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

For delivery information, visit

MHF/XTO
OFFIC GOLDEN CORRAL

Certified Mail Fee

\$ 345
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage

Sent To

H.M. Bettis, Inc.

Street and Apt.

P.O. Box 1240

City, State, ZIP

Graham, TX 76450-7240

PS Form 3800



7015 0640 0007 1135 7342

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

For delivery information, visit

MHF/XTO
OFFIC GOLDEN CORRAL

Certified Mail Fee

\$ 345
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage

Sent To

Guinn Family Properties, Ltd.

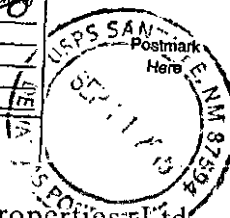
Street and

623 Elm Street, Suite 306

City, State,

Graham, TX 76450-3068

PS Form 3



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

H.M. Bettis, Inc.
 P.O. Box 1240
 Graham, TX 76450-7240

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7342

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pat Lowder*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/17/15

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 7366

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

For delivery information, visit **OFFICIAL** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P \$

Sent To: The Allar Company
P.O. Box 1567
Street: Graham, TX 76450
City, St: PS Form Instructions

USPS SANTA FE, NM 87504
Postmark Here: SEP 11 2015
POST OFFICE

7015 0640 0007 1135 7373

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

For delivery information, visit **OFFICIAL** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To: Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Street an: Oklahoma City, OK 73102
City, State: PS Form Instructions

USPS SANTA FE, NM 87504
Postmark Here: SEP 11 2015
POST OFFICE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

The Allar Company
P.O. Box 1567
Graham, TX 76450

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7366

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Melanie Barrett ☐ Agent ☐ Addressee

B. Received by (Printed Name): Melanie Barrett

C. Date of Delivery: 9-16-15

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Khody Land & Minerals Co.
210 Park Avenue, Suite 900
Oklahoma City, OK 73102

2. Article Number (Transfer from service label)

7015 0640 0007 1135 7373

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Cherie Hite ☐ Agent ☐ Addressee

B. Received by (Printed Name): Cherie Hite

C. Date of Delivery: 9/15/15

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 6604

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

For delivery information, visit **OFFICIAL** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$ <u>2.10</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

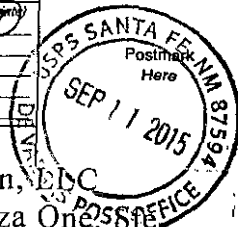
Total Post \$

Sent To

Street and City, State

430
 901 Mopac Expwy S
 Austin, TX 78746

PS Form 3811, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

CML Exploration, LLC
 Barton Oaks Plaza One, Ste
 430
 901 Mopac Expwy S
 Austin, TX 78746

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0640 0007 1135 6598

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

For delivery information, visit **OFFICIAL** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$ <u>2.10</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

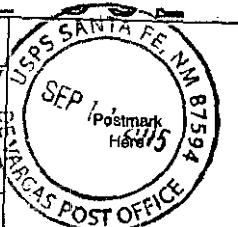
Total Post \$

Sent To

Street and City, State

P.O. Box 1416
 Snyder, TX 79550

PS Form 3811, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Patterson Petroleum LLC
 P.O. Box 1416
 Snyder, TX 79550

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6598

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0640 0007 1135 6581

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

For delivery information, visit

OFFIC

MHF/XTO

GOLDEN CORRAL

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45☐ Return Receipt (electronic) \$ 2.80☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

George Soros

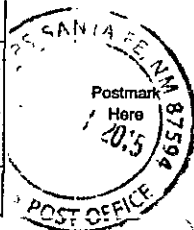
Street and

17 Judea Cemetery Rd

City, State

Washington, CT 06793-1506

PS Form



7015 0640 0007 1135 6574

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

For delivery information, visit

OFFIC

MHF/XTO

GOLDEN CORRAL

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45☐ Return Receipt (electronic) \$ 2.80☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

Susan Cole Niederhoffer

Street and A

30 Hillcrest Ln.

City, State

Weston, CT 06883-1105

PS Form

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Susan Cole Niederhoffer
 30 Hillcrest Ln.
 Weston, CT 06883-1105

9590 9401 0033 5071 7840 09

2. Article Number (Transfer from service label)

17015 0640 0007 1135 6574

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Sterner

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0640 0007 1135 6192

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

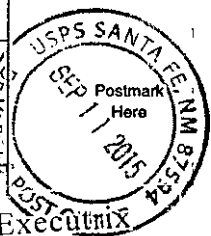
Total P \$

Sent To Cynthia E. Wilson, Executrix

Street 4601 Mirador Dr.

City, State Austin, TX 79735-1554

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 0640 0007 1135 6567

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

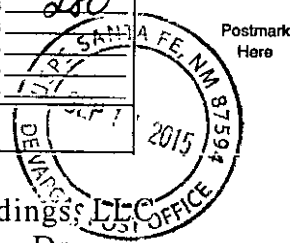
Total Post \$

Sent To LDH Holdings, LLC

Street 12 Country Dr.

City, State Morristown, NJ 07960-6761

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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 <u>[Signature]</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: LDH Holdings, LLC 12 Country Dr. Morristown, NJ 07960-6761		B. Received by (Printed Name) _____ C. Date of Delivery <u>9/15/15</u>	
2. Article Number (Transfer from service label): <u>7015 0640 0007 1135 6567</u>		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

2075 0640 0000 2000 1235 6543

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS, FOLD AND ATTACH HERE	
SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ■ 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: LJS Resources, LLC 33 Eagle Nest Rd. Morristown, NJ 07960-6430 2. Article Number (Transfer from service label) 9590 9401 0033 5071 7841 84	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent ☐ Addressee X B. Received by (Printed Name) C. Date of Delivery 9-15-15 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS, FOLD AND ATTACH HERE	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 6536

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

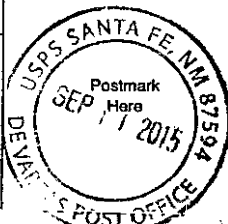
Total Postage \$

Sent To **Wright Family Living Trust**

Street and Apt. **Joe R. Wright Trustee**

City, State, ZIP+4® **2286 Albatross Way Sparks, NV 89441-5837**

PS Form 3811, April 2015 PSN 7530-02-000-9053



7015 0640 0007 1135 6529

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

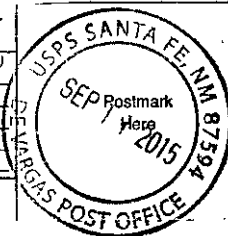
Total Postage \$

Sent To **AAR Limited Partnership**

Street and Apt. **4462 State Line Rd.**

City, State, ZIP+4® **Kansas City, KS 66103-3512**

PS Form 3811, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

Wright Family Living Trust.
Joe R. Wright Trustee
2286 Albatross Way
Sparks, NV 89441-5837

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6536

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **9/19**

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☒ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

AAR Limited Partnership
4462 State Line Rd.
Kansas City, KS 66103-3512

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6529

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **9-15-15**

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☒ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 6512

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

For delivery information, visit **OFFIC** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 280
☐ Return Receipt (electronic) \$ 107
☐ Certified Mail Restricted Delivery \$ 107
☐ Adult Signature Required \$ 107
☐ Adult Signature Restricted Delivery \$ 107

Postage
 \$ 107

Total Post
 \$ 452

Sent To
 Street and
 City, State,
 The R-N Limited Partnership
 14478 County Rd 356
 Fairview, MT 59221-9341

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 6208

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

For delivery information, visit **OFFIC** **MHF/XTO GOLDEN CORRAL**

Certified Mail Fee
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 280
☐ Return Receipt (electronic) \$ 107
☐ Certified Mail Restricted Delivery \$ 107
☐ Adult Signature Required \$ 107
☐ Adult Signature Restricted Delivery \$ 107

Postage
 \$ 107

Total Post
 \$ 452

Sent To
 Street and
 City, State,
 Beverly J. Barr, Trustee
 Richard K. Barr Family Trust
 8027 Chalk Knoll Drive
 Austin, TX 78735

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 617A

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

For delivery information, visit **MHF/XTO**
OFFIC GOLDEN CORRAL

Certified Mail Fee
 \$ 3.45

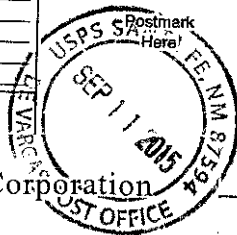
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Po
 \$ _____

Sent To **Marbob Energy Corporation**
 Street at **P.O. Box 227**
 City, State, Zip **Artesia, NM 88211**

PS Form 3841, October 2009 See reverse for instructions



7015 0640 0007 1135 612B

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

For delivery information, visit **MHF/XTO**
OFFIC GOLDEN CORRAL

Certified Mail Fee
 \$ 3.45

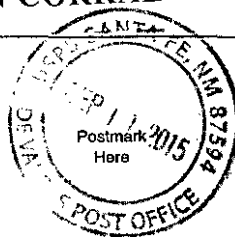
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To **Ricks Exploration II, L.P.**
 Street and Apt. **3000 Oklahoma Tower**
 City, State, Zip **210 Park Avenue**
Oklahoma City, OK 73102

PS Form 3841, October 2009 See reverse for instructions



7015 0640 0007 1135 6147

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

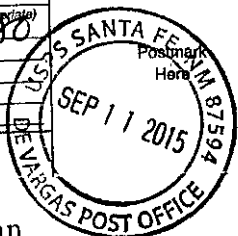
Postage \$

Total Post \$

Sent To L.E. Oppermann
 1505 Neely
 Midland, TX 79701

City, State, Zip

PS Form 3811, April 2015 PSN 7530-02-000-9053



7015 0640 0007 1135 6161

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

For delivery information, visit **OFFIC** MHF/XTO GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

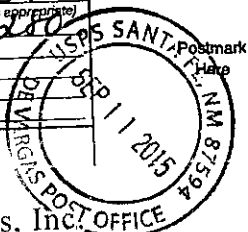
Postage \$

Total Post \$

Sent To HMJ Minerals, Inc.
 P.O. Box 1240
 Graham, TX 76450-1240

City, State, Zip

PS Form 3811, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

L.E. Oppermann
 1505 Neely
 Midland, TX 79701

9590 9401 0033 5071 8244 22

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6147 111

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

L.E. Oppermann

☐ Agent
☐ Addressee

B. Received by (Printed Name)

L.E. Oppermann

C. Date of Delivery

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

HMJ Minerals, Inc.
 P.O. Box 1240
 Graham, TX 76450-1240

9590 9401 0033 5071 7840 92

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6161

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

J. L. Linder

☒ Agent
☐ Addressee

B. Received by (Printed Name)

J. L. Linder

C. Date of Delivery

9/17/15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1135 6154

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

For delivery information, visit **MHF/XTO**
OFFICE OF GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

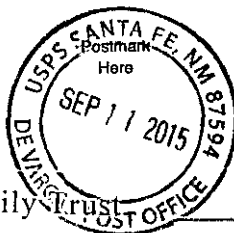
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage \$

Sent To **James R. Guinn Family Trust**
James R. Guinn Jr.
201 E. Abram, Suite 650
Arlington, TX 76010

PS Form 3800, April 2010 Edition For Instructions



7015 0640 0007 1135 6130

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

For delivery information, visit **MHF/XTO**
OFFICE OF GOLDEN CORRAL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage \$

Sent To **Moon Royalty L.L.C.**
3000 Oklahoma Tower
210 Park Avenue
Oklahoma City, OK 73102

PS Form 3800, April 2010 Edition For Instructions

