

Osprey 10 #701H

Parties to be Pooled:

MRC Permian Company
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Rochonne Brenneman
3844 Beaumont St.
Plano, TX 75023

Roy C. Allen
P.O. Box 4054
Benson, AZ 85602

Ferinez Phelps
1523 Hilton Ave.
Columbus, GA 31906

Carl O'Dell Brininstool
P.O. Box 935
Jal, NM 88252

Louis Charles Weaver
P.O. Box 4054
Benson, AZ 85602

Elva Gustine Horvath
510 S. Olive
Carlsbad, NM 88220

Estate of Daniel Galbreath
155 E. Broad Street
Columbus, OH 43215

D. Morgan Firestone
353 Iroquois Shore Rd.
Oakville, Ontario, Canada
L6MIM3

Leatrice Waren
4009 Glenwood Dr.
Brownwood, TX 76801

John Patrick Allen
P.O. Box 4054
Benson, AZ 85602

Heirs and Devisees of Alex Waren*
1211 Lakeshore Dr.
Hope, AR 71801

NSL Notice List:

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79706

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

MRC Permian Company
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Chevron
P. O. Box 2100
Houston, TX 77252

Duer Wagner Interests
3100 W. 7th St., Ste. 400
Fort Worth, TX 76107

Brazos Limited Partnership
P.O. Box 911
Breckenridge, TX 76424

Ibex Partnership, Ltd.
P.O. Box 911
Breckenridge, TX 76424

B.B.L., Ltd.
P.O. Box 911
Breckenridge, TX 76424

ABO Petroleum Corp.
105 S. 4th Street
Artesia, NM 88210

MYCO Industries, Inc.
105 S. 4th Street
Artesia, NM 88210

OXY Y-1 Company
P.O. Box 27570
Houston, TX 77227

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

Affected Parties:

Robert E. Landreth, et ux Donna P.
110 West Louisiana #404
Midland, TX 79701

Leon Jeffcoat
500 W. Texas, Ste. 100
Midland, TX 79701

Leon Jeffcoat, Trustee
310 W. Wall, Ste. 500
Midland, TX 79701

Jerry Barnes
P.O. Box 93
Midland, TX 79702

Dennis Eimers
P.O. Box 152
Midland, TX 79702

Patin Oil & Gas Company, Inc.
300 Wilcrest Drive, Ste. 115
Houston, TX 77042

Richard R. Frazier
1718 Greentree Ln.
Duncanville, TX 75137

David M. Lee
9 Highland Drive
North Caldwell, NJ 07006

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

BTA Oil Producers
104 S. Pecos
Midland, TX 79701

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87504

ABO Petroleum Corp.
105 S. 4th Street
Artesia, NM 88210

MYCO Industries, Inc.
105 S. 4th Street
Artesia, NM 88210

OXY Y-1 Company
P.O. Box 27570
Houston, TX 77227

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

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Dallas, TX 75240

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P. O. Box 2100
Houston, TX 77252

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Fort Worth, TX 76107

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Ibex Partnership, Ltd.
P.O. Box 911
Breckenridge, TX 76424

B.B.L., Ltd.
P.O. Box 911
Breckenridge, TX 76424

HOLLAND & HART



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

July 2, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of EOG Resources, Inc. for a Non-Standard Spacing and
Proration Unit, Compulsory Pooling, and Unorthodox Location, Lea County,
New Mexico.**

Osprey 10 No. 701H

Ladies & Gentlemen:

This letter is to advise you that EOG Resources, 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 July 23, 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 Matthew Phillips, at (432) 686-3649 or matthew_phillips@eogresources.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, 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

July 2, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: AFFECTED PARTIES

**RE: Application of EOG Resources, Inc. for a Non-Standard Spacing and
Proration Unit, Compulsory Pooling, and Unorthodox Location, Lea County,
New Mexico.
Osprey 10 No. 701H**

Dear Sir or Madam:

This letter is to advise you that EOG Resources, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. You are receiving notice of this application because of the request for the proposed unorthodox well location.

This application has been set for hearing before a Division Examiner at 8:15 AM on July 23, 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.

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Questions concerning this application should be directed to Matthew Phillips at (432) 686-3649 or matthew_phillips@eogresources.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, 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

July 2, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of EOG Resources, Inc. for a Non-Standard Spacing and Proration Unit, Compulsory Pooling, and Unorthodox Location, Lea County, New Mexico.
Osprey 10 No. 701H

This letter is to advise you that EOG Resources, Inc. 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 July 23, 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.

Questions concerning this application should be directed to Matthew Phillips at (432) 686-3649 or matthew_phillips@eogresources.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, 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. ☐

7015 0640 0007 1143 3862

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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 \$

Postmark Here **USPS SANTA FE NM 87598**
JUL - 2 2015
DE VARGAS POST OFFICE

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

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

7015 0640 0007 1135 5317

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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 \$

Postmark Here **USPS SANTA FE NM 87598**
JUL - 2 2015
DE VARGAS POST OFFICE

Rochonne Brenneman
3844 Beaumont St.
Plano, TX 75023

PS Form 3800, April 2015 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:

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

9590 9401 0033 5071 7859 52

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3862

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Lisa Brown ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lisa Brown C. Date of Delivery 7/6/15

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

☐ Insured Mail ☐ Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

Return

7014 1200 0001 1539 2875

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

Sent To
 Roy C. Allen
 P.O. Box 4054
 Benson, AZ 85602

PS Form 3800

Return

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	3.45
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	2.80
<input type="checkbox"/> Return Receipt (electronic)	
<input type="checkbox"/> Certified Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature Required	
<input type="checkbox"/> Adult Signature Restricted Delivery	
Postage	

Ferinez Phelps
 1523 Hilton Ave.
 Columbus, GA 31906

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

Return

7015 0640 0007 1135 5485

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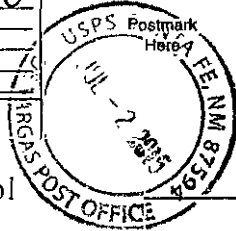
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage

Carl O'Dell Brininstool
P.O. Box 935
Jal, NM 88252



PS Form 3800, April 2015 PSN 7530-02-000-9047

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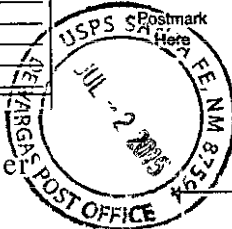
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	3.45
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage

Louis Charles Weaver
P.O. Box 4054
Benson, AZ 85602



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

☒ Return Receipt (hardcopy) \$ 2.80

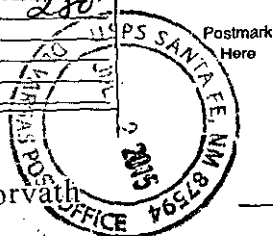
☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage



Elva Gustine Horvath
 510 S. Olive
 Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047

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

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Postage



Estate of Daniel Galbreath
 155 E. Broad Street
 Columbus, OH 43215

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

registered NO. RE039185495US

Date Stamp
JUL - 2 2015
USPS SANTA FE NM 87501

Reg. Fee	\$1.20	
Handling Charge	\$13.95	Return Receipt
Postage	\$0.00	Restricted Delivery
Received by	\$0.00	\$15.15

Customer Must Declare Full Value \$0.00 07/02/2015 Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

SANTA FE NM 87501 OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM

87501

TO

Canada

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
January 2014 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com

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☒ Return Receipt (hardcopy) \$2.50

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☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

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Postage

Leatrice Waren
4009 Glenwood Dr.
Brownwood, TX 76801

USPS SANTA FE NM 87501
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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For delivery information, visit our website at www.usps.com			
OFFICIAL USE			
Certified Mail Fee		\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
Postage			
John Patrick Allen P.O. Box 4054 Benson, AZ 85602			
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			

Return

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U.S. Postal Service TM		MHF/EOG	
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Domestic Mail Only			
For delivery information, visit our website at www.usps.com			
OFFICIAL USE			
Certified Mail Fee		\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
Postage			
Heirs and Devisees of Alex Waren* 1211 Lakeshore Dr. Hope, AR 71801			
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Bill Foster</p> <p>C. Date of Delivery 7/6/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Heirs and Devisees of Alex Waren* 1211 Lakeshore Dr. Hope, AR 71801</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express[®] <input type="checkbox"/> Registered MailTM <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature ConfirmationTM <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0007 1135 5423</p>		<p>4. Article Number (Transfer from service label)</p> <p>9590 9401 0033 5071 7857 85</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

7015 0640 0007 1143 2520

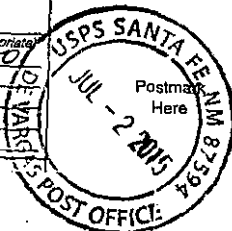
U.S. Postal Service
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MHF/EOG
OSPREY 701H

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

OFFICIAL USE

Certified Mail Fee \$ 3.85
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



EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

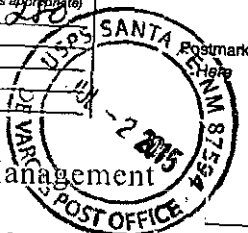
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MHF/EOG
OSPREY 701H

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

OFFICIAL USE

Certified Mail Fee \$ 3.85
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



Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1135 5348

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1. Article Addressed to:

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79706

9590 9401 0033 5071 7858 91

7015 0640 0007 1143 2520

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)

C. Date of Delivery

7-7-15

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
☐ Insured Mail ☐ Restricted Delivery (over \$500)

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:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

9590 9401 0033 5071 7860 10

2. Article Number (Transfer from service label)

7015 0640 0007 1135 5348

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Houder ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6

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
☐ Insured Mail ☐ Restricted Delivery (over \$500)

Domestic Return Receipt

7015 0640 0007 1135 5324

U.S. Postal Service
CERTIFIED MAILTM
Domestic Mail OnlyMHF/EOG
OSPREY 701HFor delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

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

☒ Return Receipt (hardcopy) \$ 3.85

☐ Return Receipt (electronic) \$ 2.80

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

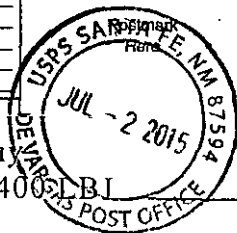
☐ Adult Signature Restricted Delivery \$

Postage

MRC Permian Company
One Lincoln Centre, 5400 LBJ
Freeway, Suite 1500
Dallas, TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM
Domestic Mail OnlyMHF/EOG
OSPREY 701HFor delivery information, visit our website at www.usps.com

OFFICIAL USE

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 \$

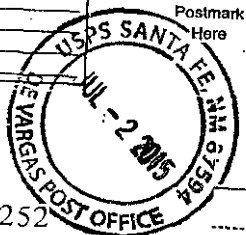
☐ Adult Signature Restricted Delivery \$

Postage

Chevron
P. O. Box 2100
Houston, TX 77252

PS Form 3800, April 2015 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:

MRC Permian Company
One Lincoln Centre, 5400 LBJ
Freeway, Suite 1500
Dallas, TX 75240

9590 9401 0033 5071 7858 08

7015 0640 0007 1135 5324

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/15

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
☐ Insured Mail[®]
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature ConfirmationTM
☐ 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:

Chevron
P. O. Box 2100
Houston, TX 77252

9590 9401 0033 5071 7859 45

7015 0640 0007 1143 3879

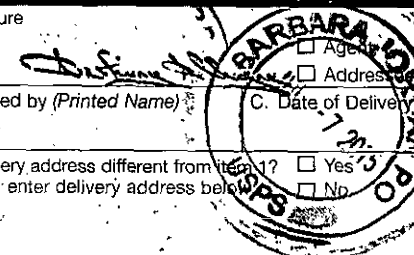
PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/3/15

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
☐ Insured Mail[®]
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

7015 0640 0007 1143 3886

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

MHF/EOG
OSPREY 701H

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

OFFICIAL USE

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 \$

Postmark

USPS SANTA FE, NM 87594
JUL - 2 2015
DE VARGAS POST OFFICE

Duer Wagner Interests
 3100 W. 7th St., Ste. 400
 Fort Worth, TX 76107

PS Form 3800, April 2015 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:

Duer Wagner Interests
 3100 W. 7th St., Ste. 400
 Fort Worth, TX 76107

2. Article Number (Transfer from service label)

9590 9401 0033 5071 7859 38
 7015 0640 0007 1143 3886

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

Morena Flores

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 (over \$500)

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

7015 0640 0007 1143 3893

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

MHF/EOG
OSPREY 701H

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

OFFICIAL USE

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 \$

Postmark

USPS SANTA FE, NM 87594
JUL - 2 2015
DE VARGAS POST OFFICE

Brazos Limited Partnership
 P.O. Box 911
 Breckenridge, TX 76424

PS Form 3800, April 2015 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:

Brazos Limited Partnership
 P.O. Box 911
 Breckenridge, TX 76424

2. Article Number (Transfer from service label)

9590 9401 0033 5071 7859 38
 7015 0640 0007 1143 3893

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

Paula Meadows 7-6-15

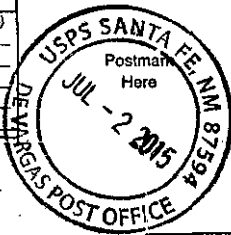
D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

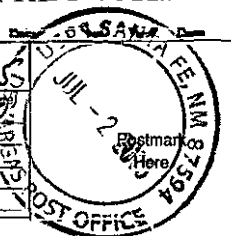
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery (over \$500)

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

7015 0640 0007 1143 2582

U.S. Postal Service™ CERTIFIED MAIL® Domestic Mail Only		MHF/EOG OSPNEY 701H
For delivery information, visit our website at www.usps.com		
OFFICIAL USE		
Certified Mail Fee \$ <u>3.45</u>		
Extra Services & Fees (check box, add fee as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.80</u> <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____		
Ibex Partnership, Ltd. P.O. Box 911 Breckenridge, TX 76424		
PS Form 3800, April 2015 PSN 7530-02-000-9047 (See Reverse for Instructions)		

7015 0640 0007 1143 3916

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		MHF/EOG OSPNEY 701H
For delivery information, visit our website at www.usps.com		
OFFICIAL USE		
Certified Mail Fee \$ <u>3.45</u>		
Extra Services & Fees (check box, add fee as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.80</u> <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____		
B.B.L., Ltd. P.O. Box 911 Breckenridge, TX 76424		
PS Form 3800, 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 <i>Paula Meadows</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Paula Meadows</i> C. Date of Delivery <i>7-6-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Ibex Partnership, Ltd. P.O. Box 911 Breckenridge, TX 76424 9590 9401 0033 5071 7857 54	
2. Article Number (Transfer from service label) 7015 0640 0007 1143 2582	
PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

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 <i>Paula Meadows</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Paula Meadows</i> C. Date of Delivery <i>7-8-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: B.B.L., Ltd. P.O. Box 911 Breckenridge, TX 76424 9590 9401 0033 5071 7859 07	
2. Article Number (Transfer from service label) 7015 0640 0007 1143 3916	
PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7015 0640 0007 1135 5362

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

MHF/EOG
OSPNEY 701H

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

OFFICIAL USE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

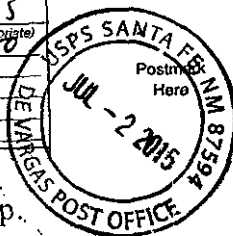
☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

ABO Petroleum Corp.
105 S. 4th Street
Artesia, NM 88210

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



7015 0640 0007 1143 3831

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

MHF/EOG
OSPNEY 701H

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

OFFICIAL USE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

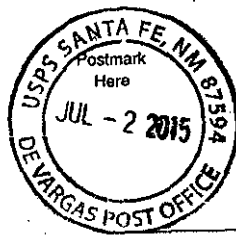
☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

MYCO Industries, Inc.
105 S. 4th Street
Artesia, NM 88210

PS Form 3800, April 2015 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:

ABO Petroleum Corp.
105 S. 4th Street
Artesia, NM 88210

9590 9401 0033 5071 7857 30

2. Article Number (Transfer from service label)

7015 0640 0007 1135 5362

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Serna C. Date of Delivery 7/6/15

D. Is delivery address different from item? ☐ 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

☐ Insured Mail (over \$500)

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:

MYCO Industries, Inc.
105 S. 4th Street
Artesia, NM 88210

9590 9401 0033 5071 7857 30

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3831

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Serna C. Date of Delivery 7/6/15

D. Is delivery address different from item? ☐ 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

☐ Insured Mail (over \$500)

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

7015 0640 0007 1135 5379

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

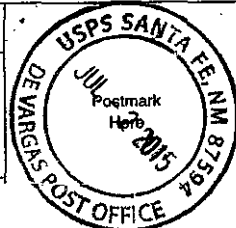
MHF/EOG
 OSPREY 701H

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

OFFICIAL USE

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 \$



OXY Y-1 Company
 P.O. Box 27570
 Houston, TX 77227

Only, Sender, and...

PS Form 3800, April 2015 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:

OXY Y-1 Company
 P.O. Box 27570
 Houston, TX 77227

9590 9401 0033 5071 7857 16

2. Article Number (Transfer from service label)

7015 0640 0007 1135 5379

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

7015 0640 0007 1143 2537

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

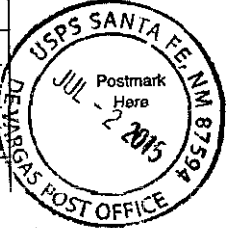
MHF/EOG
 OSPREY 701H

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

OFFICIAL USE

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

Bureau of Land Management
 620 E. Greene St.
 Carlsbad, NM 88220

PS Form 3800, April 2015 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:

Bureau of Land Management
 620 E. Greene St.
 Carlsbad, NM 88220

9590 9401 0033 5071 7858 84

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2537

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

7015 0640 0007 1143 2803

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

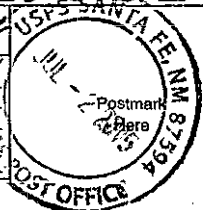
MHF/EOG
OSPREY 701H

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

OFFICIAL USE

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$



Robert E. Landreth, et ux
Donna P.
110 West Louisiana #404
Midland, TX 79701

City, State, ZIP+4®

PS Form 3800, April 2015 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:

Robert E. Landreth, et ux
Donna P.
110 West Louisiana #404
Midland, TX 79701

9590 9401 0033 5071 7858 22

2. Article Number (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Linda P. Carter

☐ Agent
☐ Addressee

B. Received by (Printed Name)

LINDA CARTER

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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ 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 1143 2810

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

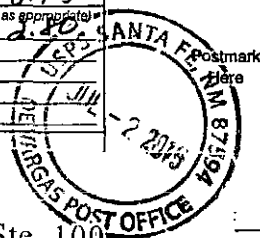
MHF/EOG
OSPREY 701H

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

OFFICIAL USE

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$



Leon Jeffcoat
500 W. Texas, Ste. 100
Midland, TX 79701

PS Form 3800, April 2015 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:

Leon Jeffcoat
500 W. Texas, Ste. 100
Midland, TX 79701

9590 9401 0033 5071 7858 39

2. Article Number (Transfer from service label)

7015-0640 0007 1143 2810

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Leon Jeffcoat

☐ 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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ 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 1143 2827

U.S. Postal Service CERTIFIED Domestic Mail Only		MHF/EOG OSPREY 701H	
For delivery information, visit our website at www.usps.com .			
OFFICIAL USE			
Certified Mail Fee \$ 3.45		Postmark JUL - 2 2015 SANTA FE NM 87594 DE VAREAS POST OFFICE	
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
Postage			
Leon Jeffcoat, Trustee 310 W. Wall, Ste. 500 Midland, TX 79701			
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			

7015 0640 0007 1143 2834

U.S. Postal Service CERTIFIED Domestic Mail Only		MHF/EOG OSPREY 701H	
For delivery information, visit our website at www.usps.com .			
OFFICIAL USE			
Certified Mail Fee \$ 3.45		Postmark JUL - 2 2015 SANTA FE NM 87594 DE VAREAS POST OFFICE	
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
Postage			
Jerry Barnes P.O. Box 93 Midland, TX 79702			
City, State, ZIP+4®			
PS Form 3800, April 2015 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:

Leon Jeffcoat, Trustee
310 W. Wall, Ste. 500
Midland, TX 79701

9590 9401 0033 5071 7860 96

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2827

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)

C. Date of Delivery

7-6

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input checked="" type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

Domestic Return Receipt

RETURN

7015 0640 0007 1143 2841

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

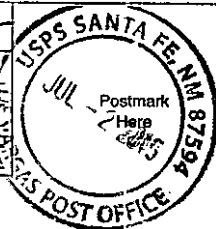
MHF/EOG
 OSPREY 701H

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

OFFICIAL USE

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 \$ _____



Dennis Eimers
 P.O. Box 152
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 2856

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

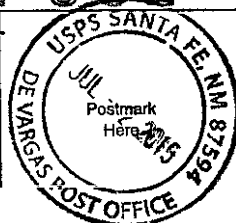
MHF/EOG
 OSPREY 701H

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

OFFICIAL USE

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 \$ _____



Patin Oil & Gas Company, Inc.
 300 Wilcrest Drive, Ste. 115
 Houston, TX 77042

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 2865

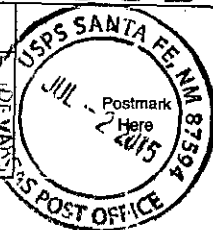
U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

MHF/EOG
OSPNEY 701H

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

OFFICIAL USE

Certified Mail Fee	
\$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Richard R. Frazier
1718 Greentree Ln.
Duncanville, TX 75137

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 2872

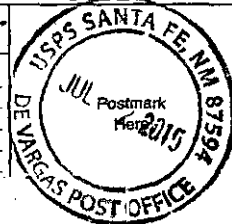
U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

MHF/EOG
OSPNEY 701H

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

OFFICIAL USE

Certified Mail Fee	
\$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

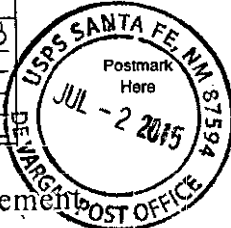


David M. Lee
9 Highland Drive
North Caldwell, NJ 07006

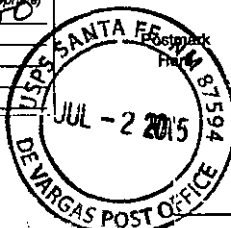
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 2889

U.S. Postal Service CERTIFIED Domestic Mail Only		MHF/EOG OSPREY 701H	
For delivery information, visit our website at www.usps.com ®.			
OFFICIAL USE			
Certified Mail Fee \$ <u>3.45</u>			
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220			
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			

7015 0640 0007 1143 2896

U.S. Postal Service CERTIFIED MAIL Domestic Mail Only		MHF/EOG OSPREY 701H	
For delivery information, visit our website at www.usps.com ®.			
OFFICIAL USE			
Certified Mail Fee \$ <u>3.45</u>			
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
BTA Oil Producers 104 S. Pecos Midland, TX 79701			
PS Form 3800, April 2015 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:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

9590 9401 0033 5071 7860 34

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2889

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent☒ Addressee

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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:

BTA Oil Producers
104 S. Pecos
Midland, TX 79701

9590 9401 0033 5071 7860 27

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2896

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

☐ Agent☒ Addressee

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

7015 0640 0007 1143 3855

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

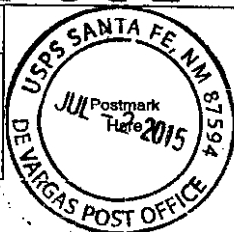
MHF/EOG
OSPREY 701H

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

OFFICIAL USE

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 \$



Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

Only, valid, 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

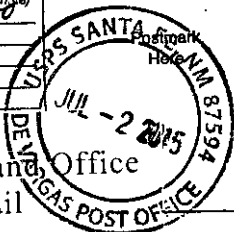
MHF/EOG
OSPREY 701H

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

OFFICIAL USE

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 \$



New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87504

Only, valid, 2015

PS Form 3800, April 2015 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:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

9590 9401 0033 5071 7859 67

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3855

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Charles

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6

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

☐ Yes

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ 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:

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87504

9590 9401 0033 5071 7860 03

2. Article Number (Transfer from service label)

7015 0640 0007 1135 5331

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mikol

☐ 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

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

7015 0640 0007 1135 5331

7015 0640 0007 1143 3824

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only
MHF/EOG
OSPNEY 701H

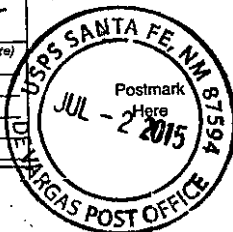
 For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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


 ABO Petroleum Corp.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

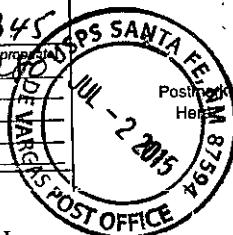
 For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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


 MYCO Industries, Inc.
 105 S. 4th Street
 Artesia, NM 88210

PS Form 3800, April 2015 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:

 ABO Petroleum Corp.
 105 S. 4th Street
 Artesia, NM 88210

9590 9401 0033 5071 7854 70

Article Number (Transfer from service label)

7015 0640 0007 1143 3824

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation 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:

 MYCO Industries, Inc.
 105 S. 4th Street
 Artesia, NM 88210

9590 9401 0033 5071 7857 23

Article Number (Transfer from service label)

7015 0640 0007 1135 5355

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation 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 1143 3848

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

MHF/EOG
 OSPREY 701H

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

OFFICIAL USE

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 \$

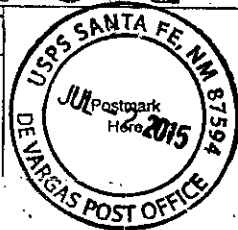
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

OXY Y-1 Company
 P.O. Box 27570
 Houston, TX 77227

City, State, ZIP+4®

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



7015 0640 0007 1135 5386

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

MHF/EOG
 OSPREY 701H

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

OFFICIAL USE

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 \$

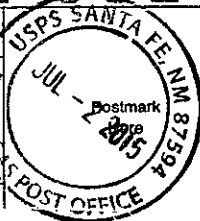
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Bureau of Land Management
 620 E. Greene St.
 Carlsbad, NM 88220

City, State, ZIP+4®

PS Form 3800, April 2015 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:

OXY Y-1 Company
 P.O. Box 27570
 Houston, TX 77227

9590 9401 0033 5071 7859 76

7015 0640 0007 1143 3848

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:

Bureau of Land Management
 620 E. Greene St.
 Carlsbad, NM 88220

9590 9401 0033 5071 7857 09

7015 0640 0007 1135 5386

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Guenora

C. Date of Delivery

*7-15*D. Is delivery address different from item 1? ☐ YesIf 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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (\$500)

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

7014 1200 0001 1539 2882

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

MHF/EOG
OSPNEY 701H

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

Postmark Here **JUL - 2 2015**
DE VARGAS POST OFFICE

MRC Permian Company
 One Lincoln Centre, 5400 LBJ
 Freeway, Suite 1500
 Dallas, TX 75240

PS Form 3800, August 2006 See Reverse for Instructions

7015 0640 0007 1143 2551

U.S. Postal Service™
CERTIFIED MAIL™
 Domestic Mail Only
 For delivery information, visit our website at www.usps.com

OFFICIAL USE

MHF/EOG
OSPNEY 701H

Certified Mail Fee 345
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 280
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage

Postmark Here **JUL - 2 2015**
DE VARGAS POST OFFICE

Chevron
 P. O. Box 2100
 Houston, TX 77252

PS Form 3800, April 2015 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:
 MRC Permian Company
 One Lincoln Centre, 5400 LBJ
 Freeway, Suite 1500
 Dallas, TX 75240

9590 9401 0033 5071 7856 48

014 1200 0001 1539 2882

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Lisa Brown ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lisa Brown C. Date of Delivery 7/6/15

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
☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)

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:
 Chevron
 P. O. Box 2100
 Houston, TX 77252

9590 9401 0033 5071 7858 60

2. Article Number (Transfer from service label)
 7015 0640 0007 1143 2551

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 7/6/15

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
☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)

7015 0640 0007 1143 2568

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

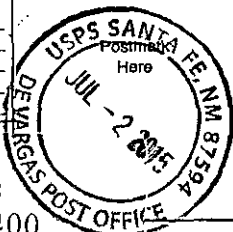
MHF/EOG
OSPREY 701H

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

OFFICIAL USE

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 \$



Duer Wagner Interests
3100 W. 7th St., Ste. 400
Fort Worth, TX 76107

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 2575

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

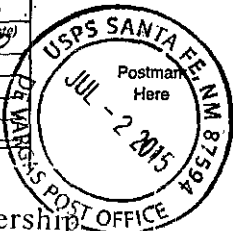
MHF/EOG
OSPREY 701H

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

OFFICIAL USE

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 \$



Brazos Limited Partnership
P.O. Box 911
Breckenridge, TX 76424

PS Form 3800, April 2015 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:

Duer Wagner Interests
3100 W. 7th St., Ste. 400
Fort Worth, TX 76107

9590 9401 0033 5071 7858 53

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2568

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jeffery Jones

☐ Agent
☐ Addressee

B. Received by (Printed Name)

T Jones

C. Date of Delivery

7/8

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

Mail

Mail 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:

Brazos Limited Partnership
P.O. Box 911
Breckenridge, TX 76424

9590 9401 0033 5071 7858 46

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2575

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Paula Meadows

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Paula Meadows

C. Date of Delivery

7-8-15

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

red Mail

red Mail Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1143 3909

U.S. Postal Service™

CERTIFIED
Domestic Mail Only**MHF/EOG**
OSPREY 701HFor delivery information, visit our website at www.usps.com®**OFFICIAL USE**

Certified Mail Fee

\$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.10☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Ibex Partnership, Ltd.
P.O. Box 911
Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

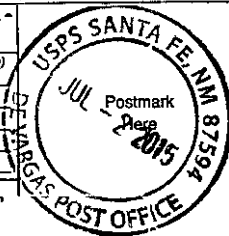
U.S. Postal Service™

CERTIFIED MAIL
Domestic Mail Only**MHF/EOG**
OSPREY 701HFor delivery information, visit our website at www.usps.com®**OFFICIAL USE**

Certified Mail Fee

\$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.10☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

B.B.L., Ltd.
P.O. Box 911
Breckenridge, TX 76424

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 2599

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:

Ibex Partnership, Ltd.
P.O. Box 911
Breckenridge, TX 76424

2. Article Number. (Transfer from service label)

7015 0640 0007 1143 3909

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Paula Meadows

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Paula Meadows

C. Date of Delivery

7-6-15

D. Is delivery address different from item 1? ☐ YesIf 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☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ 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:

B.B.L., Ltd.
P.O. Box 911
Breckenridge, TX 76424

2. Article Number. (Transfer from service label)

7015 0640 0007 1143 2599

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Paula Meadows

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Paula Meadows

C. Date of Delivery

7-6-15

D. Is delivery address different from item 1? ☐ YesIf 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☐ Mail Restricted Delivery (over \$500)☐ 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 5508

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

MHF/EOG

For delivery information, visit our website

OSPREY 701H

OFFICIAL USE

Certified Mail Fee

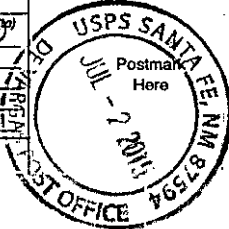
\$

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

Rochonne Brenneman
3844 Beaumont St.
Plano, TX 75023



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Returned

Osprey 10 #702H

Parties to be Pooled:

MRC Permian Company
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Rochonne Brenneman
3844 Beaumont St.
Plano, TX 75023

Roy C. Allen
P.O. Box 4054
Benson, AZ 85602

Ferinez Phelps
1523 Hilton Ave.
Columbus, GA 31906

Carl O'Dell Brininstool
P.O. Box 935
Jal, NM 88252

Louis Charles Weaver
P.O. Box 4054
Benson, AZ 85602

Elva Gustine Horvath
510 S. Olive
Carlsbad, NM 88220

Estate of Daniel Galbreath
155 E. Broad Street
Columbus, OH 43215

D. Morgan Firestone
353 Iroquois Shore Rd.
Oakville, Ontario, Canada
L6M1M3

Leatrice Waren
4009 Glenwood Dr.
Brownwood, TX 76801

John Patrick Allen

P.O. Box 4054
Benson, AZ 85602

Heirs and Devisees of Alex Waren*
1211 Lakeshore Dr.
Hope, AR 71801

Affected Parties:

ABO Petroleum Corp.
105 S. 4th Street
Artesia, NM 88210

MYCO Industries, Inc.
105 S. 4th Street
Artesia, NM 88210

OXY Y-1 Company
P.O. Box 27570
Houston, TX 77227

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

MRC Permian Company
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Chevron
P. O. Box 2100
Houston, TX 77252

Duer Wagner Interests
3100 W. 7th St., Ste. 400
Fort Worth, TX 76107

Brazos Limited Partnership
P.O. Box 911
Breckenridge, TX 76424

Ibex Partnership, Ltd.
P.O. Box 911
Breckenridge, TX 76424

B.B.L., Ltd.
P.O. Box 911
Breckenridge, TX 76424

MRC Permian Company
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Chevron
P. O. Box 2100
Houston, TX 77252

Duer Wagner Interests
3100 W. 7th St., Ste. 400
Fort Worth, TX 76107

Brazos Limited Partnership
P.O. Box 911
Breckenridge, TX 76424

Ibex Partnership, Ltd.
P.O. Box 911
Breckenridge, TX 76424

B.B.L., Ltd.
P.O. Box 911
Breckenridge, TX 76424

HOLLAND & HART ^{LLP}



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

July 2, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of EOG Resources, Inc. for a Non-Standard Spacing and
Proration Unit and Compulsory Pooling, Lea County, New Mexico.
Osprey 10 No. 702H**

Ladies & Gentlemen:

This letter is to advise you that EOG Resources, 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 July 23, 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 Matthew Phillips, at (432) 686-3649 or matthew_phillips@eogresources.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, 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

July 2, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**RE: Application of EOG Resources, Inc. for a Non-Standard Spacing and
Proration Unit and Compulsory Pooling, Lea County, New Mexico.
Osprey 10 No. 702H**

This letter is to advise you that EOG Resources, Inc. 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 July 23, 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.

Questions concerning this application should be directed to Matthew Phillips at (432) 686-3649 or matthew_phillips@eogresources.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR EOG RESOURCES, 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. ☐

5245 6551 1000 0001 1539 5425

U.S. Postal Service **MHF/EOG**
CERTIFIED MAIL **OSPNEY 702H**
 (Domestic Mail Only)

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

OFFICIAL USE

Postage \$
 Certified Fee 3.45
 Return Receipt Fee (Endorsement Required) 2.10
 Restricted Delivery Fee (Endorsement Required)

MRC Permian Company
 One Lincoln Centre, 5400 LBJ
 Freeway, Suite 1500
 Dallas, TX 75240

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:
 MRC Permian Company
 One Lincoln Centre, 5400 LBJ
 Freeway, Suite 1500
 Dallas, TX 75240

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
 x *Isabrown* ☐ Addressee

B. Received by (Printed Name) *Isabrown* C. Date of Delivery *7/6/15*

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

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

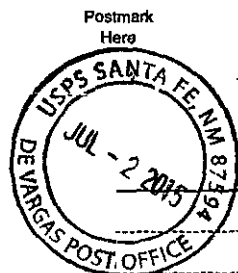
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 1200 0001 0539 5425

PS Form 3811, July 2013 Domestic Return Receipt

7015 0640 0007 1143 4012

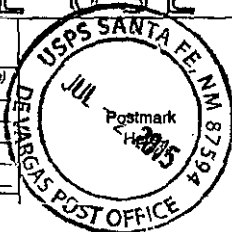
U.S. Postal Service		MHF/EOG	
CERTIFIED MAIL		OSPREY 702H	
Domestic Mail Only			
For delivery information, visit our website at www.usps.com ®.			
OFFICIAL USE			
Certified Mail Fee		\$ 345	
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/>	Return Receipt (hardcopy)	\$	280
<input type="checkbox"/>	Return Receipt (electronic)	\$	
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$	
<input type="checkbox"/>	Adult Signature Required	\$	
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$	
Roy C. Allen P.O. Box 4054 Benson, AZ 85602			
City, State, ZIP+4® PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			



Return

5004 E41T 2000 0640 0007 1143 4005

U.S. Postal Service		MHF/EOG	
CERTIFIED MAIL		OSPREY 702H	
Domestic Mail Only			
For delivery information, visit our website at www.usps.com ®.			
OFFICIAL USE			
Certified Mail Fee		\$ 345	
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/>	Return Receipt (hardcopy)	\$	280
<input type="checkbox"/>	Return Receipt (electronic)	\$	
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$	
<input type="checkbox"/>	Adult Signature Required	\$	
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$	
Ferinez Phelps 1523 Hilton Ave. Columbus, GA 31906			
City, State, ZIP+4® PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			



Returned

7015 0640 0007 1143 3992

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

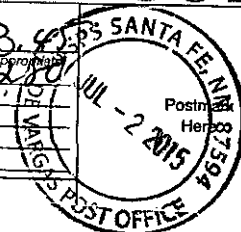
MHF/EOG
 OSPREY 702H

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

OFFICIAL USE

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 \$



Carl O'Dell Brininstool
 P.O. Box 935
 Jal, NM 88252

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

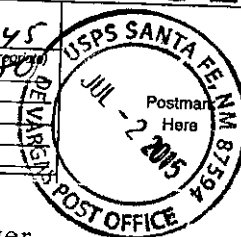
MHF/EOG
 OSPREY 702H

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

OFFICIAL USE

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 \$



Louis Charles Weaver
 P.O. Box 4054
 Benson, AZ 85602

City, State, ZIP

PS Form 3800, April 2015 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.

Article Addressed to:

Carl O'Dell Brininstool
 P.O. Box 935
 Jal, NM 88252

9590 9401 0033 5071 7861 71

2. Article Number (Transfer from service label)

7015 0640 0007 1143 3992

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-16-15

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input checked="" type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

Domestic Return Receipt

Return

7015 0640 0007 1143 3928

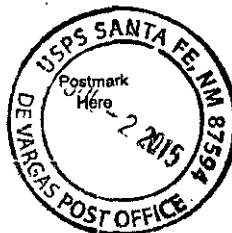
U.S. Postal Service
CERTIFIED
Domestic Mail Only

MHF/EOG
OSPREY 702H

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

OFFICIAL USE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Elva Gustine Horvath
510 S. Olive
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 3961

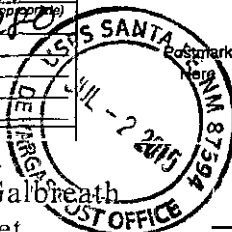
U.S. Postal Service
CERTIFIED
Domestic Mail Only

MHF/EOG
OSPREY 702H

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

OFFICIAL USE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Estate of Daniel Galbreath
155 E. Broad Street
Columbus, OH 43215

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 3954

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

MHF/EOG
 OSPREY 702H

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

OFFICIAL USE

Certified Mail Fee

\$

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

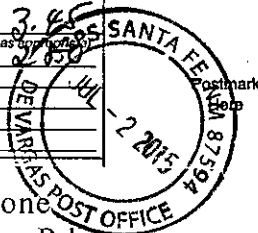
☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



D. Morgan Firestone
 353 Iroquois Shore Rd.
 Oaksville, Ontario, Canada
 L6MIM3

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0007 1143 3947

U.S. Postal Service
CERTIFIED MAIL
 Domestic Mail Only

MHF/EOG
 OSPREY 702H

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

OFFICIAL USE

Certified Mail Fee

\$

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

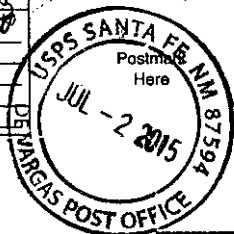
☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



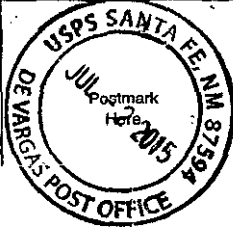
Leatrice Wren
 4009 Glenwood Dr.
 Brownwood, TX 76801

PS Form 3800, April 2015 PSN 7530-02-000-9047


See Reverse for Instructions

Return

7015 0640 0007 1143 3930

U.S. Postal Service		MHF/EOG	
CERTIFIED MAIL		OSPREY 702H	
Domestic Mail Only			
For delivery information, visit our website at www.usps.com ®.			
OFFICIAL USE			
Certified Mail Fee			
\$ 3.45			
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
John Patrick Allen			
P.O. Box 4054			
Benson, AZ 85602			
City, State, ZIP+4®			
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			

7015 0640 0007 1143 3923

U.S. Postal Service		MHF/EOG	
CERTIFIED MAIL		OSPREY 702H	
Domestic Mail Only			
For delivery information, visit our website at www.usps.com ®.			
OFFICIAL USE			
Certified Mail Fee			
\$ 3.45			
Extra Services & Fees (check box, add fee as appropriate)			
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80		
<input type="checkbox"/> Return Receipt (electronic)	\$		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$		
<input type="checkbox"/> Adult Signature Required	\$		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$		
Heirs and devisees of Alex Waren			
1211 Lakeshore Dr.			
Hope, AR 71801			
City, State, ZIP+4®			
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions			

Return

7014 1200 0001 1539 15463

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only, No In)		MHF/EOG OSPREY 702H
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage \$		
Certified Fee	345	
Return Receipt Fee (Endorsement Required)	200	
Restricted Delivery Fee (Endorsement Required)		
ABO Petroleum Corp. 105 S. 4th Street Artesia, NM 88210		
PS Form 3800, August 2006 See Reverse for Instructions		

7014 1200 0001 1539 15371

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only, No In)		MHF/EOG OSPREY 702H
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage \$		
Certified Fee	345	
Return Receipt Fee (Endorsement Required)	200	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
MYCO Industries, Inc. 105 S. 4th Street Artesia, NM 88210		
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:

ABO Petroleum Corp.
 105 S. 4th Street
 Artesia, NM 88210

014 1200 0001 1539 15463

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Stemmer C. Date of Delivery 7/2/15

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:

MYCO Industries, Inc.
 105 S. 4th Street
 Artesia, NM 88210

014 1200 0001 1539 15371

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Stemmer C. Date of Delivery 7/2/15

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

4955 BEST 1000 00

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only; No Insurance Coverage)

MHF/EOG
OSPREY 702HFor delivery information visit our website at www.usps.com

OFFICIAL USE

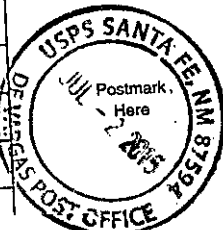
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

345

200



OXY Y-1 Company
P.O. Box 27570
Houston, TX 77227

PS Form 3800, August 2006

See Reverse for Instructions

4955 BEST 1000 0001 1539 5364

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only; No Insurance Coverage)

MHF/EOG
OSPREY 702HFor delivery information visit our website at www.usps.com

OFFICIAL USE

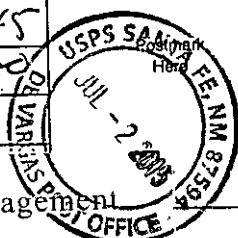
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

345

200



Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

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 Y-1 Company
P.O. Box 27570
Houston, TX 77227

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Emerald 7-7-15

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 1200 0001 1539 5364

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

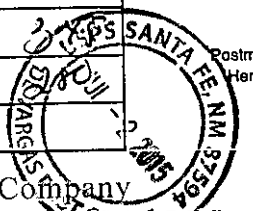
☐ Yes

7014 1200 0001 1539 5357

PS Form 3811, July 2013

Domestic Return Receipt

7014 1200 0001 1539 5340

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No)		MHF/EOG OSPREY 702H
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
MRC Permian Company One Lincoln Centre, 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240		
PS Form 3800, August 2006		See Reverse for Instructions

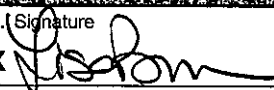
SENDER: COMPLETE THIS SECTION

- 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:

MRC Permian Company
 One Lincoln Centre, 5400 LBJ
 Freeway, Suite 1500
 Dallas, TX 75240

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X  ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 MRC Permian Company
- C. Date of Delivery
 7/6/15
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

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

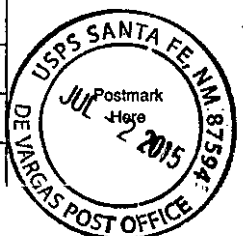
4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 1200 0001 1539 5340

PS Form 3811, July 2013

Domestic Return Receipt

7014 1200 0001 1539 5326

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No)		MHF/EOG OSPREY 702H
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage	\$	
Certified Fee	3.45	
Return Receipt Fee (Endorsement Required)	2.40	
Restricted Delivery Fee (Endorsement Required)		
Duer Wagner Interests 3100 W. 7th St., Ste. 400 Fort Worth, TX 76107		
PS Form 3800, August 2006		See Reverse for Instructions

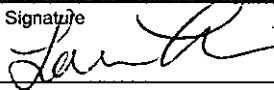
SENDER: COMPLETE THIS SECTION

- 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:

Duer Wagner Interests
 3100 W. 7th St., Ste. 400
 Fort Worth, TX 76107

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X  ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 Lorena Flores
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 1200 0001 1539 5326

PS Form 3811, July 2013

Domestic Return Receipt

5395 1539 0001 1200 4702

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only; No Postage Necessary)
MHF/EOG
OSPREY 702H
 For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Postmark: JUL 1 2015
 USPS SANTA FE NM 87594
 DE JUANES POST OFFICE

Brazos Limited Partnership
 P.O. Box 911
 Breckenridge, TX 76424

PS Form 3800, August 2006 See Reverse for Instructions

5395 1539 0001 1200 4702

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only; No Postage Necessary)
MHF/EOG
OSPREY 702H
 For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Postmark: JUL 1 2015
 USPS SANTA FE NM 87594
 DE JUANES POST OFFICE

Ibex Partnership, Ltd.
 P.O. Box 911
 Breckenridge, TX 76424

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:
 Brazos Limited Partnership
 P.O. Box 911
 Breckenridge, TX 76424

2. 7014 1200 0001 1539 5395

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Paula Meadows* ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Ibex Partnership, Ltd.
 P.O. Box 911
 Breckenridge, TX 76424

2. 7014 1200 0001 1539 5388

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Paula Meadows* ☐ Agent ☐ Addressee

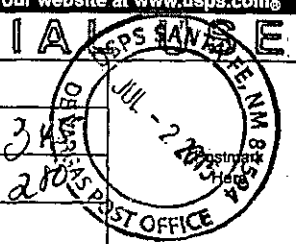
B. Received by (Printed Name): *Paula Meadows* C. Date of Delivery: *7-8-15*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 1200 0001 1539 5470

U.S. Postal Service		MHF/EOG	
CERTIFIED MAIL		OSPREY 702H	
(Domestic Mail Only; No International)			
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$		
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.80		
Restricted Delivery Fee (Endorsement Required)			
B.B.L., Ltd. P.O. Box 911 Breckenridge, TX 76424			
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:

B.B.L., Ltd.
P.O. Box 911
Breckenridge, TX 76424

7014 1200 0001 1539 5470

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ *Paula Meadows* ☐ Agent
☐ Addressee


B. Received by (Printed Name)
Paula Meadows C. Date of Delivery
 7-8-13

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 0640 0007 1143 2544

U.S. Postal Service™		MHF/EOG	
CERTIFIED MAIL®		OSPREY 702H	
Domestic Mail Only			
For delivery information, visit our website at www.usps.com			
OFFICIAL USE			
Certified Mail Fee	\$		
Extra Services & Fees (check box, add fees as appropriate)	3.45		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)			
<input type="checkbox"/> Return Receipt (electronic)			
<input type="checkbox"/> Certified Mail Restricted Delivery		Postmark Here	
<input type="checkbox"/> Adult Signature Required			
<input type="checkbox"/> Adult Signature Restricted Delivery			
MRC Permian Company One Lincoln Centre, 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240			
PS Form 3800, April 2015 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:

MRC Permian Company
One Lincoln Centre, 5400 LBJ
Freeway, Suite 1500
Dallas, TX 75240

9590 9401 0033 5071 7858 77

2. Article Number (Transfer from service label)

7015 0640 0007 1143 2544

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ *Isa Brown* ☐ Agent
☐ Addressee

B. Received by (Printed Name)
Isa Brown C. Date of Delivery
 7/6/15

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 (over \$500)

Domestic Return Receipt

7014 1200 0001 1539 5418

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

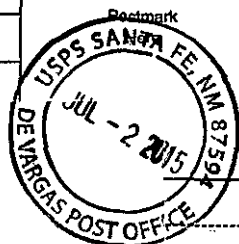
MHF/EOG
 OSPREY 702H

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

OFFICIAL USE

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

Chevron
 P. O. Box 2100
 Houston, TX 77252



PS Form 3800, August 2006

See Reverse for Instructions

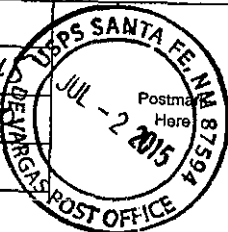
U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only; No Insurance Coverage Provided)

MHF/EOG
 OSPREY 702H

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

OFFICIAL USE

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



Duer Wagner Interests
 3100 W. 7th St., Ste. 400
 Fort Worth, TX 76107

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:

Chevron
 P. O. Box 2100
 Houston, TX 77252

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

X

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

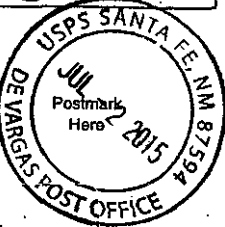
7014 1200 0001 1539 5418

PS Form 3811, July 2013

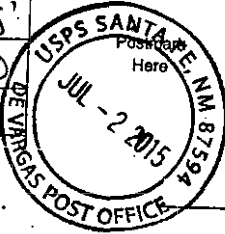
Domestic Return Receipt

7014 1200 0001 1539 5418

7014 1200 0001 1539 5456

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only)		MHF/EOG OSPREY 702H	
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage \$			
Certified Fee	345		
Return Receipt Fee (Endorsement Required)	280		
Restricted Delivery Fee (Endorsement Required)			
Brazos Limited Partnership P.O. Box 911 Breckenridge, TX 76424			
PS Form 3800, August 2006		See Reverse for Instructions	

7014 1200 0001 1539 5449

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only)		MHF/EOG OSPREY 702H	
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage \$			
Certified Fee	345		
Return Receipt Fee (Endorsement Required)	280		
Restricted Delivery Fee (Endorsement Required)			
Ibex Partnership, Ltd. P.O. Box 911 Breckenridge, TX 76424			
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:

Brazos Limited Partnership
P.O. Box 911
Breckenridge, TX 76424

7014 1200 0001 1539 5456

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERYA. Signature ☐ Agent ☐ Addressee

Paula Meadows
B. Received by (Printed Name) *Paula Meadows* C. Date of Delivery *7-8-15*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ibex Partnership, Ltd.
P.O. Box 911
Breckenridge, TX 76424

7014 1200 0001 1539 5449

2. Article Number

(Transfer from)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERYA. Signature ☐ Agent ☐ Addressee

Paula Meadows
B. Received by (Printed Name) *Paula Meadows* C. Date of Delivery *7-8-15*

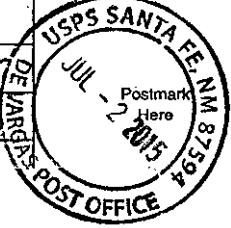
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 1200 0001 1539 5432

U.S. Postal Service		MHF/EOG	
CERTIFIED		OSPREY 702H	
(Domestic Mail Only)		(ded)	
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage \$			
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.00		
Restricted Delivery Fee			
B.B.L., Ltd. P.O. Box 911 Breckenridge, TX 76424			
PS Form 3800, August 2006		See Reverse for Instructions	

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 X <i>Paula Meadows</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Paula Meadows</i> C. Date of Delivery <i>7-8-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
B.B.L., Ltd. P.O. Box 911 Breckenridge, TX 76424		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 1200 0001 1539 5432			
(Transfer from service label)			
Form 3811, July 2013 Domestic Return Receipt			

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 X <i>Barbara Jordan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) 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:		3. Service Type	
Chevron P. O. Box 2100 Houston, TX 77252		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 1200 0001 1539 5333			
PS Form 3811, July 2013 Domestic Return Receipt			