

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

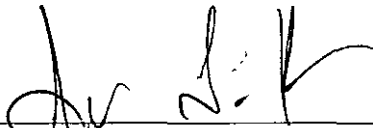
**APPLICATION OF COG OPERATING LLC FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.**

CASE NOS. 15415

AFFIDAVIT

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

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

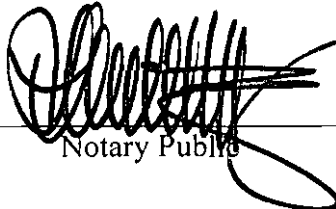


Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 2nd day of December 2015 by Jordan L.
Kessler.



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 01/14/19



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 5
Submitted by: COG OPERATING LLC
Hearing Date: December 3, 2015

**COG OPERATING LLC
GOOSE STATE COM NO. 2H WELL**

POOLED PARTIES:

Rubicon Oil and Gas II, LP
508 West Wall, Suite 500
Midland, TX 79701

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

Chevron Midcontinent, LP
1499 Smith St.
Houston, TX 77002

LR Energy, Inc.
8150 N. Central Expressway,
Suite 1605
Dallas, TX 75206

Crump Energy Partners II, LLC
P.O. Box 50820
Midland, TX 79710

Crown Oil Partners V, LP
P.O. Box 50820
Midland, TX 79710

OFFSET OPERATORS

Rubicon Oil and Gas II, LP
508 West Wall, Suite 500
Midland, TX 79701

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

Black Oak Energy, LLC
101 North Robinson – Ste 800
Oklahoma City, OK 73102

Valentine Ventures, LLC
1590 Highway 49
Columbiana, AL 35051

Fortuna Investments, LLC
650 Poydras St.- Ste 2415
New Orleans, LA 70130

PD III Exploration, Ltd.
PO Box 871
Midland, TX 79702

Transrepublic Resources, Ltd.
PO Box 3638
Midland, TX 79702

Spring Bone, LLC
737 N. Michigan Ave – Ste
1570
Chicago, IL 60611

Antelope Energy Co., LLC
505 N. Big Spring St. – Ste 303
Midland, TX 79701

C4J&M LP
3801 St. Andrews Court
Midland, TX 79707

Louellen Mays
a feme sole
3108 Preston
Midland, TX 79707

Exxon Mobil Corporation
810 Houston Street
Fort Worth, TX 76102

Sudown Energy, Inc.
13455 Noel Road, Suite 2000
Dallas, TX 75240

Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710

Crump Energy Partners, LLC
P.O. Box 50820
Midland, TX 79710

Exxon Mobil Corporation
810 Houston Street
Fort Worth, TX 76102

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

Chevron Midcontinent, LP
1499 Smith St.
Houston, TX 77002

COG OPERATING LLC
GOOSE STATE COM NO. 2H WELL

LR Energy, Inc.
8150 N. Central Expressway,
Suite 1605
Dallas, TX 75206

Crump Energy Partners II, LLC
P.O. Box 50820
Midland, TX 79710

Crown Oil Partners V, LP
P.O. Box 50820
Midland, TX 79710

Slash Exploration, Ltd.
P.O. Box 1973
Roswell, NM 88202

HOLLAND & HART



**Jordan L. Kessler
Associate**

Phone (505) 988-4421

Fax (505) 983-6043

JKessler@hollandhart.com

November 13, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Goose State Com No. 2H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on December 3, 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 Danny Kidwell, at (432) 685-2535 or dkidwell@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☐

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

November 13, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.
Goose State Com No. 2H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on December 3, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Danny Kidwell, at (432) 685-2535 or dkidwell@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone [505] 988-4421 **Fax** [505] 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☐

7015 0640 0007 1135 6376

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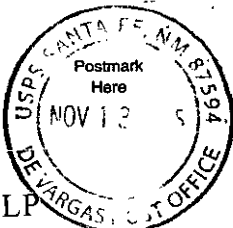
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GOOSE STATE 2H

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

Postage

Rubicon Oil and Gas II, LP
508 West Wall, Suite 500
Midland, TX 79701



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

See Reverse for Instructions

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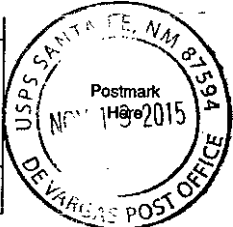
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Postage

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



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- 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.

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508 West Wall, Suite 500
Midland, TX 79701

9590 9403 0670 5183 6846 96

2. Article Number (Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name)
C. Date of Delivery
11-19

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
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery (\$500)

Domestic Return Receipt

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1. Article Addressed to:

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

9590 9403 0670 5183 6847 88

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6369

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COMPLETE THIS SECTION ON DELIVERY

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☒ Agent
☒ Addressee

B. Received by (Printed Name)
C. Date of Delivery
11-19-15

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
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery (\$500)

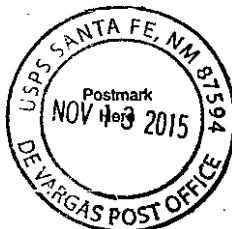
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Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____



Chevron Midcontinent, LP
 1499 Smith St.
 Houston, TX 77002

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

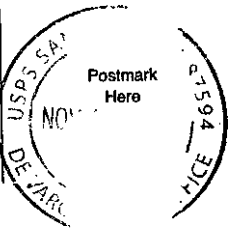
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OFFICE GOOSE STATE 2H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____



LR Energy, Inc.
 8150 N. Central Expressway,
 Suite 1605
 Dallas, TX 75206

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LR Energy, Inc.
 8150 N. Central Expressway,
 Suite 1605
 Dallas, TX 75206

9590 9403 0670 5183 6847 64

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6345

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Spaulding

☐ Agent
☐ Addressee

B. Received by (Printed Name)

M. Spaulding

C. Date of Delivery

11/17/15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail, over \$500
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
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Tracking Number: 701506400007 11356352

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
December 1, 2015 , 5:48 am	Delivered, PO Box	HOUSTON, TX 77002

Your item has been delivered and is available at a PO Box at 5:48 am on December 1, 2015 in HOUSTON, TX 77002.

November 27, 2015 , 1:32 am	Departed USPS Facility	NORTH HOUSTON, TX 77315
November 26, 2015 , 1:18 pm	Arrived at USPS Facility	NORTH HOUSTON, TX 77315
November 26, 2015 , 3:40 am	Departed USPS Facility	NTX P&DC
November 25, 2015 , 5:23 pm	Arrived at USPS Facility	NTX P&DC
November 22, 2015 , 12:12 am	Departed USPS Facility	DALLAS, TX 75260
November 16, 2015 , 7:53 am	Arrived at USPS Facility	DALLAS, TX 75260
November 15, 2015 , 3:18 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
November 14, 2015 , 9:07 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

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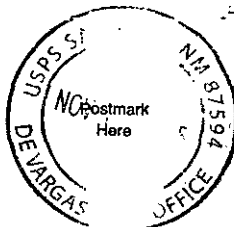
GOOSE STATE 2H

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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 \$

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Crump Energy Partners II, LLC
 P.O. Box 50820
 Midland, TX 79710

PS Form 3800, April 2015

For Instructions

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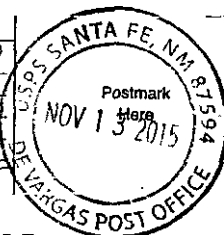
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Extra Services & Fees (check box, add fee as appropriate)

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

Postage



Crown Oil Partners V, LP
 P.O. Box 50820
 Midland, TX 79710

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Crown Oil Partners V, LP
 P.O. Box 50820
 Midland, TX 79710

9590 9403 0670 5183 6842 90

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6321

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

R. K. Paul

C. Date of Delivery

11-20-15

 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

 Mail Restricted Delivery
 (00)

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

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6095 5494 7000 0400 5102

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Certified Mail Fee \$ 3.45

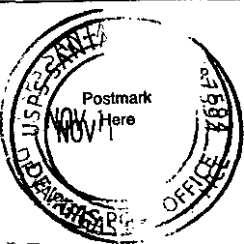
Extra Services & Fees (check box, add fee as appropriate)

<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	\$

Postage

Rubicon Oil and Gas II, LP
 508 West Wall, Suite 500
 Midland, TX 79701

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4135 5217 2000 0400 5102

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Certified Mail Fee \$ 3.45

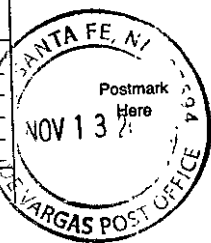
Extra Services & Fees (check box, add fee as appropriate)

<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	\$

Postage

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

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



SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6314

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 11-14-15

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

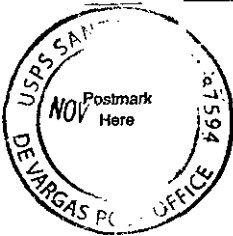
3. Service Type

<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 type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery


9590 9403 0670 5183 6846 03

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7015 0640 0007 1135 6505

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For delivery information, visit OFFFI	MHF/COG GOOSE STATE 2H
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 \$ Postage \$	
Black Oak Energy, LLC 101 North Robinson – Ste 800 Oklahoma City, OKJ 73102	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 0640 0007 1135 6499

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For delivery information, visit OFFIC	MHF/COG GOOSE STATE 2H
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 \$ Postage \$	
Valentine Ventures, LLC 1590 Highway 49 Columbiana, AL 35051	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>[Name]</u> C. Date of Delivery <u>11-17-15</u>	
1. Article Addressed to: Black Oak Energy, LLC 101 North Robinson – Ste 800 Oklahoma City, OKJ 73102 9590 9403 0670 5183 6842 38		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7015 0640 0007 1135 6505		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)	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>TEDDY VALENTINE</u> C. Date of Delivery <u>11.19.15</u>	
1. Article Addressed to: Valentine Ventures, LLC 1590 Highway 49 Columbiana, AL 35051 9590 9403 0670 5183 6847 19		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7015 0640 0007 1135 6499		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)	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7015 0640 0007 1135 6482

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

For delivery information, visit

OFFIC

MHF/COG

GOOSE STATE 2H

Certified Mail Fee

345
280

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

☐ Return Receipt (hardcopy) \$

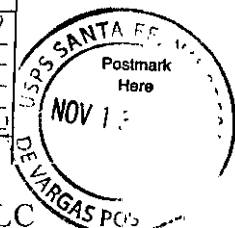
☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage



Fortuna Investments, LLC
 650 Poydras St.- Ste 2415
 New Orleans, LA 70130

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

OFFIC

MHF/COG

GOOSE STATE 2H

Certified Mail Fee

345
280

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 \$

Postage



PD III Exploration, Ltd.
 PO Box 871
 Midland, TX 79702

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:

Fortuna Investments, LLC
 650 Poydras St.- Ste 2415
 New Orleans, LA 70130

9590 9403 0670 5183 6846 10

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6482

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

D. Miano

C. Date of Delivery

11-24-15

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

3. Service Type

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

Domestic Return Receipt

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:

PD III Exploration, Ltd.
 PO Box 871
 Midland, TX 79702

9590 9403 0670 5183 6842 45

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6475

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

PAUL DAVIS

C. Date of Delivery

11/19/2015

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

3. Service Type

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

Domestic Return Receipt

7015 0640 0007 1135 6468

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

(For delivery information, visit usps.com)

OFFICE MHF/COG
 GOOSE STATE 2H

Certified Mail Fee \$ 3.45

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	\$

Postage \$

USPS SANTA FE, NM 87594
 Postmark NOV 3 2015
 DE VARGAS POST OFFICE

Transrepublic Resources, Ltd.
 PO Box 3638
 Midland, TX 79702

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

See Reverse for Instructions

7015 0640 0007 1135 6451

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

(For delivery information, visit usps.com)

OFFICE MHF/COG
 GOOSE STATE 2H

Certified Mail Fee \$ 3.45

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	\$

Postage \$

USPS SANTA FE, NM 87594
 Postmark NOV 3 2015
 DE VARGAS POST OFFICE

Spring Bone, LLC
 737 N. Michigan Ave - Ste
 1570
 Chicago, IL 60611

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:

Transrepublic Resources, Ltd.
 PO Box 3638
 Midland, TX 79702

9590 9403 0670 5183 6847 26

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6468

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Anne Neuntz

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Anne Neuntz

C. Date of Delivery

11-18-15

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

P.O. Box 3638
 Midland, TX 79702

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"/> Certified Mail Restricted Delivery (\$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:

Spring Bone, LLC
 737 N. Michigan Ave - Ste
 1570
 Chicago, IL 60611

9590 9403 0670 5183 6846 27

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6451

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Spring Bone, LLC

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Spring Bone, LLC

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 checked="" type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery (\$500) | |

Domestic Return Receipt

4449 5ETT 2000 1135 6444

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG

GOOSE STATE 2H

Certified Mail Fee

\$

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

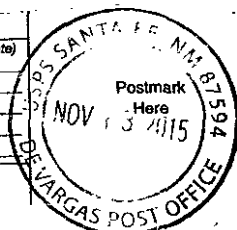
☒ Return Receipt (hardcopy) \$ 345☐ Return Receipt (electronic) \$ 280☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

Antelope Energy Co., LLC
505 N. Big Spring St. - Ste 303
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9053

For Instructions



U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG

GOOSE STATE 2H

Certified Mail Fee

\$

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

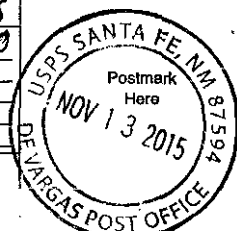
☒ Return Receipt (hardcopy) \$ 345☐ Return Receipt (electronic) \$ 280☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

C4J&M LP
3801 St. Andrews Court
Midland, TX 79707

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions



2349 5ETT 2000 1135 6444

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:

Antelope Energy Co., LLC
505 N. Big Spring St. - Ste 303
Midland, TX 79701

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6444

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Kellye Simmons

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Kellye Simmons

C. Date of Delivery

11-18-15

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

C4J&M LP
3801 St. Andrews Court
Midland, TX 79707

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6437

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Carol Savage

☐ Agent
☐ Addressee

B. Received by (Printed Name)

CAROL SAVAGE

C. Date of Delivery

11-23-15

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

7015 0640 0007 1135 6420

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

For delivery information, visit **OFFICIAL** MHF/COG
GOOSE STATE 2H

Certified Mail Fee \$ 3.45

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.70</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	\$

Postage

Louellen Mays
 a feme sole
 3108 Preston
 Midland, TX 79707

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



7015 0640 0007 1135 6413

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

For delivery information, visit **OFFICIAL** MHF/COG
GOOSE STATE 2H

Certified Mail Fee \$ 3.45

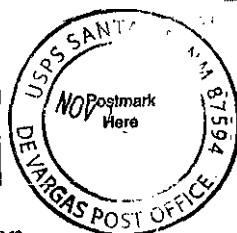
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.70</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	\$

Postage

Exxon Mobil Corporation
 810 Houston Street
 Fort Worth, TX 76102

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:

Exxon Mobil Corporation
 810 Houston Street
 Fort Worth, TX 76102

9590 9403 0670 5183 6847 57

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6413

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Louellen Mays*

B. Received by (Printed Name)

C. Date of Delivery
 NOV 17 2015

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

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

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

7015 0640 0007 1135 6703

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

For delivery information, visit

MHF/COG

OFFIC

GOOSE STATE 2H

Certified Mail Fee

\$ 345
240

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

☒ Return Receipt (hardcopy) \$

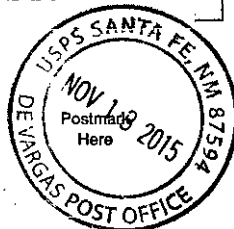
☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage



Sudown Energy, Inc.
13455 Noel Road, Suite 2000
Dallas, TX 75240

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

See Reverse for Instructions

7015 0640 0007 1135 6628

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

MHF/COG

OFFIC

GOOSE STATE 2H

Certified Mail Fee

\$ 345
240

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

☒ Return Receipt (hardcopy) \$

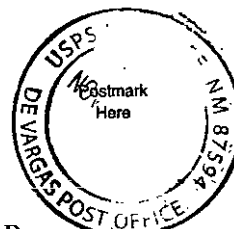
☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage



Crown Oil Partners V, LP
P.O. Box 50820
Midland, TX 79710

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:

Crown Oil Partners V, LP
P.O. Box 50820
Midland, TX 79710

9590 9403 0670 5183 6846 89

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6628

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

☐ 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

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

Domestic Return Receipt

7015 0640 0007 1135 6680

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

For delivery information, visit **MHF/COG OFFICE** **GOOSE STATE 2H**

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 \$

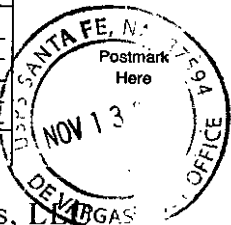
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Crump Energy Partners, LLC
 P.O. Box 50820
 Midland, TX 79710

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



7015 0640 0007 1135 6673

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

For delivery information, visit **MHF/COG OFFICE** **GOOSE STATE 2H**

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 \$

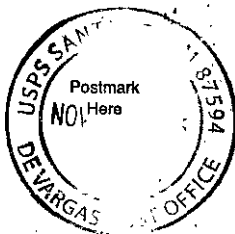
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Exxon Mobil Corporation
 810 Houston Street
 Fort Worth, TX 76102

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:

Crump Energy Partners, LLC
 P.O. Box 50820
 Midland, TX 79710

9590 9403 0670 5183 6842 76

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 6680

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11/01/15*

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
☐ Insured Mail ☐ Insured Mail Restricted Delivery (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:

Exxon Mobil Corporation
 810 Houston Street
 Fort Worth, TX 76102

9590 9403 0670 5183 6842 69

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 6673

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *NOV 17 2015*

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

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

7015 0640 0007 1135 6666

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

For delivery information, visit **OFFIC** MHF/COG
 GOOSE STATE 2H

Certified Mail Fee \$ 3.45
2.80

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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 \$

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

USPS SANTA FE, NM 87594
 NOV 11
 DE VARGAS POST OFFICE

for instructions

7015 0640 0007 1135 6659

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

For delivery information, visit **OFFIC** MHF/COG
 GOOSE STATE 2H

Certified Mail Fee \$ 3.45
2.80

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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 \$

Chevron Midcontinent, LP
 1499 Smith St.
 Houston, TX 77002

USPS SANTA FE, NM 87594
 NOV 11
 DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9403 0670 5183 6846 65

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 6666

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X J. Berry ☐ Agent ☐ Addressee

B. Received by (Printed Name) J. Berry C. Date of Delivery 11-19-15

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

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"/> Registered Mail Restricted Delivery	

Domestic Return Receipt.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron Midcontinent, LP
 1499 Smith St.
 Houston, TX 77002

9590 9403 0670 5183 6846 72

2. Article Number (Transfer from service label)
 7015 0640 0007 1135 6659

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Christine M. Berry ☐ Agent ☐ Addressee

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

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

3. Service Type

<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"/> Registered Mail Restricted Delivery	

Domestic Return Receipt.

7015 0640 0007 1135 6642

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

For delivery information, visit **OFFIC** MHF/COG
 GOOSE STATE 2H

Certified Mail Fee \$ 3.45
2.80

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 \$

Postage \$

LR Energy, Inc.
 8150 N. Central Expressway,
 Suite 1605
 Dallas, TX 75206

USPS SANTA FE, NM 87594
 Postmark Here
 NOV
 DE VARGAS POST OFFICE

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

7015 0640 0007 1135 6338

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

For delivery information, visit **OFFIC** MHF/COG
 GOOSE STATE 2H

Certified Mail Fee \$ 3.45
2.80

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 \$

Postage \$

Crump Energy Partners II, LLC
 P.O. Box 50820
 Midland, TX 79710

USPS SANTA FE, NM 87594
 Postmark Here
 NOV 3 2015
 DE VARGAS POST OFFICE

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:

LR Energy, Inc.
 8150 N. Central Expressway,
 Suite 1605
 Dallas, TX 75206

9590 9403 0670 5183 6847 02

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6642

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Spaulding ☐ Agent
☐ Addressee

B. Received by (Printed Name)

M. Spaulding C. Date of Delivery 11/17/15

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

3. Service Type

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

ured Mail ☐
 ured Mail Restricted Delivery ☐
 er \$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:

Crump Energy Partners II, LLC
 P.O. Box 50820
 Midland, TX 79710

9590 9403 0670 5183 6845 97

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6338

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R. P. ... ☐ Agent
☐ Addressee

B. Received by (Printed Name)

R. P. ... C. Date of Delivery 11/20/15

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

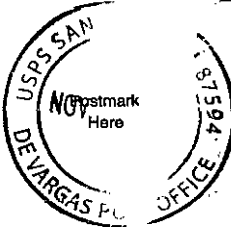
3. Service Type

- ☐ 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

ured Mail ☐
 ured Mail Restricted Delivery ☐
 er \$500)

Domestic Return Receipt

7015 0640 0007 1135 6697

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		
For delivery information, visit OFFICIAL MHF/COG GOOSE STATE 2H		
Certified Mail Fee \$ 345		
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		
Crown Oil Partners IV, LP P.O. Box 50820 Midland, TX 79710		
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:

Crown Oil Partners IV, LP
 P.O. Box 50820
 Midland, TX 79710

9590 9403 0670 5183 6846 41

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6697

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R. K. K...

☐ Agent
☐ Addressee

B. Received by (Printed Name)

R. K. K...

C. Date of Delivery

11-20-15

 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 type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery | |

(\$500)

Domestic Return Receipt

7015 0640 0007 1135 6611

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		
For delivery information, visit OFFICIAL MHF/COG GOOSE STATE 2H		
Certified Mail Fee \$ 345		
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <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		
Slash Exploration, Ltd. P.O. Box 1973 Roswell, NM 88202		
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:

Slash Exploration, Ltd.
 P.O. Box 1973
 Roswell, NM 88202

9590 9403 0670 5183 6847 71

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6611

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marina Mah...

☐ Agent
☐ Addressee

B. Received by (Printed Name)

MARINA MAHAR

C. Date of Delivery

11-20-15

 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 type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery | |

(\$500)

Domestic Return Receipt