

**BEFORE THE OIL CONVERSION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 8
Submitted by: **COG OPERATING LLC**
Hearing Date: April 14, 2016

HOLLAND & HART



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

March 11, 2016

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.
Fascinator Fee No. 1H 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 March 31, 2016. 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 Adam Reker, at (432) 685-2515 or AREker@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[™]



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JKessler@hollandhart.com

March 11, 2016

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.
Fascinator Fee No. 1H 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 March 31, 2016. 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 Adam Reker, at (432) 685-2515 or AREker@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. ☐

G/ FACINATOR 1H & 2 H WELL

POOLED PARTIES

Mavros Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Oak Valley Mineral and Land LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Lela Ellen Madera
187 George Strait
Canyon Lake, TX 78133

Chevron U.S.A. Inc.
P.O. Box 285
Houston, TX 77001
ATTN: Jason Levine

Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Crump Energy Partners, LLC
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

5588 Oil, LLC
P.O. Box 470925
Fort Worth, TX 76107

Energex, LLC
4425 98th Street
Lubbock, TX 79424

CEP Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

OFFSETS:

Lela Ellen Madera
187 George Strait
Canyon Lake, TX 78133

Chevron U.S.A. Inc.
P.O. Box 285
Houston, TX 77001
ATTN: Jason Levine

Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Crump Energy Partners, LLC
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

5588 Oil, LLC
P.O. Box 470925
Fort Worth, TX 76107

Energex, LLC
4425 98th Street
Lubbock, TX 79424

CEP Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Mavros Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Thomas K. & Grace McGinley
1968 Revocable Trust
PO Box 830308
Dallas, TX 75283

Aberdeen Petroleum Company
Palace Building
Tulsa, OK

Devon Energy Production Company
333 W. Sheridan Ave.
Oklahoma City, OK 73102-5015

Interfirst Bank, San Antonio, Texas,
Trustee for the Stubenbord Sisters Trust
PO Box 1120
San Antonio, TX 78294

Energen Resources Corporation
605 Richard Arrington Jr. Blvd. N.
Birmingham, AL 35203
Attn: Susan Tanis

Endurance Properties Inc.
15455 Dallas Parkway, STE 1050
Addison, TX 75001

Occidental Oil and Gas Corporation
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Oak Valley Mineral and Land LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

7015 0640 0003 5400 3774

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

For delivery information, visit **MIHF/COG FACINATOR 1H**

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 \$

Total \$

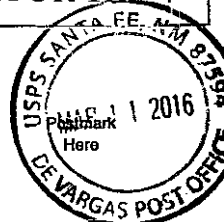
Sent To Mavros Minerals, LLC

Street PO Box 50820

City, State Midland, TX 79710

City, State ATTN: Harmon Murphy

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



7015 0640 0003 5400 3767

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

For delivery information, visit **MIHF/COG FACINATOR 1H**

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 \$

Total \$

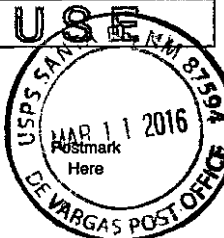
Sent To Oak Valley Mineral and Land LP

Street P.O. Box 50820

City, State Midland, TX 79710

City, State ATTN: Harmon Murphy

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:

Mavros Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

9590 9403 1012 5271 2646 00

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3774

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** R. Pando ☐ Agent ☐ Addressee

B. Received by (Printed Name) R. Pando C. Date of Delivery 3/15/16

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

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

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:

Oak Valley Mineral and Land LP
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

9590 9403 1012 5271 2645 94

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3767

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** R. Pando ☐ Agent ☐ Addressee

B. Received by (Printed Name) R. Pando C. Date of Delivery 3/15/16

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

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

7015 0640 0003 5400 3750

U.S. Postal Service™
CERTIFIED MAIL® MHF/COG
 Domestic Mail Only **FACINATOR 1H**

For delivery information, visit 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 \$ _____

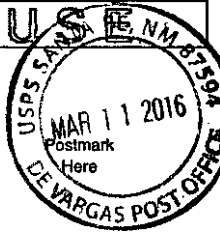
Total \$ _____

Sent To Lela Ellen Madera

Street and 187 George Strait

City, State Canyon Lake, TX 78133

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:

Lela Ellen Madera
 187 George Strait
 Canyon Lake, TX 78133

9590 9403 1012 5271 2645 87

7015 0640 0003 5400 3750

COMPLETE THIS SECTION ON DELIVERY

A. Signature Lela Ellen Madera ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lela Ellen Madera C. Date of Delivery _____

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

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

7015 0640 0003 5400 3545

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT PP
 Domestic Mail Only **FACINATOR 1H**

For delivery information, visit 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 \$ _____

Total Post \$ _____

Sent To Chevron U.S.A. Inc.

Street and P.O. Box 285

City, State Houston, TX 77001

ATTN: Jason Levine

PS Form _____



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron U.S.A. Inc.
 P.O. Box 285
 Houston, TX 77001
 ATTN: Jason Levine

9590 9403 1012 5271 2645 70

7015 0640 0003 5400 3545

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jason Levine ☐ 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

☐ 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™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

2. Article Number (Transfer from service label) _____

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

7015 0640 0003 5400 6041

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

For delivery information, visit **MHF/COG**
OFFIC FACINATOR 1H

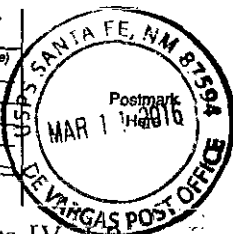
Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Price \$ _____

Sent To Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Street # _____
 City, St _____

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
 ATTN: Harmon Murphy

9590 9403 1012 5271 2645 63

2. Article Number (Transfer from service label)

7015 0640 0003 5400 6041

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 | ☐ 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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0640 0003 5400 4375

U.S. Postal Service™
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For delivery information, visit **MHF/COG**
OFFIC FACINATOR 1H

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

Postage \$ _____
 Total Price \$ _____

Sent To Crump Energy Partners, LLC
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Street # _____
 City, St _____

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
 ATTN: Harmon Murphy

9590 9403 1012 5271 2647 54

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4375

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 | ☐ 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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0640 0003 5400 4366

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

For delivery information, visit **OFFICE** MHF/COG FACINATOR 1H

Certified Mail Fee \$ 3.45

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

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

Postage \$

Total \$

Sent To 5588 Oil, LLC

Street P.O. Box 470925

City, State Fort Worth, TX 76107

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



7015 0640 0003 5400 4366

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit **OFFICE** MHF/COG FACINATOR 1H

Certified Mail Fee \$ 3.45

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

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

Postage \$

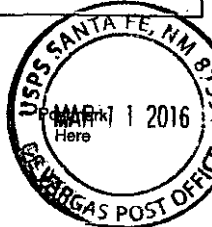
Total \$

Sent To Energex, LLC

Street 4425 98th Street

City, State Lubbock, TX 79424

PS Form 3811, 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:

5588 Oil, LLC
P.O. Box 470925
Fort Worth, TX 76107

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4366

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 3/23/16

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

3. Service Type

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

PS Form 3811, July 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:

Energex, LLC
4425 98th Street
Lubbock, TX 79424

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4351

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

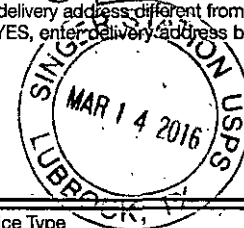
B. Received by (Printed Name) [Signature] C. Date of Delivery [Signature]

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

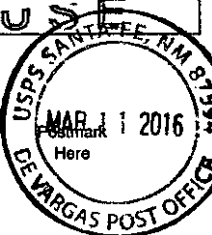
3. Service Type

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

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

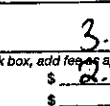


7015 0640 0003 5400 4344

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		
For delivery information OFFICIAL		MHF/COG FACINATOR 1H
Certified Mail Fee \$ 3.45		
Extra Services & Fees (check box, add fee as appropriate)		
☒ Return Receipt (hardcopy) \$ 2.80		
☐ Return Receipt (electronic) \$		
☐ Certified Mail Restricted Delivery \$		
☐ Adult Signature Required \$		
☐ Adult Signature Restricted Delivery \$		
Postage \$ Total		
CEP Minerals, LLC PO Box 50820 Midland, TX 79710 ATTN: Harmon Murphy		
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 X <i>R. Paul</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: CEP Minerals, LLC PO Box 50820 Midland, TX 79710 ATTN: Harmon Murphy		B. Received by (Printed Name) <i>R. Paul</i> C. Date of Delivery <i>3-11-16</i>	
2. <i>(Transfer from service label)</i> 9590 9403 1012 5271 2647 23		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Restricted Delivery		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		
For delivery information, visit usps.com		
OFFICE	MAHF/COG FACINATOR 1H	
Certified Mail Fee \$ <u>3.45</u>	Extra Services & Fees (check box, add fee as appropriate) ☒ Return Receipt (hardcopy) \$ <u>2.80</u> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____ Total F \$ _____ Sent to _____ Street _____ City, St _____		
PS Form 3800, April 2015 PSN 7530-02-000-9047		

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		
For delivery information, visit usps.com/cmr		MHF/COG FACINATOR 1H
OFFICIAL MAIL		
Certified Mail Fee \$ <u>3.45</u>		
Extra Services & Fees (check box, add fees as appropriate) ☒ Return Receipt (hardcopy) \$ <u>2.80</u> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____		
Postage \$ _____ Total F \$ _____ Sent To <u>Lela Ellen Madera</u> <u>187 George Strait</u> <u>Street</u> <u>Canyon Lake, TX 78133</u> City, St		

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 X ☐ Agent ☐ Addressee
1. Article Addressed to: Oak Valley Mineral and Land LP P.O. Box 50820 Midland, TX 79710 ATTN: Harmon Murphy	B. Received by (Printed Name) R. Paul C. Date of Delivery 3-15-16
9590 9403 1012 5271 2647 16	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7015 0640 0003 5400 4337	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 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 mail piece or on the front if space permits. 1. Article Addressed to: Lela Ellen Madera 187 George Strait Canyon Lake, TX 78133		A. Signature <i>Lela Ellen Madera</i> ☐ Agent ☐ Addressee	
2. Article Number (Transfer from service label) 9590 9403 1012 5271 2647 09		B. Received by (Printed Name) <i>Lela Ellen Madera</i> C. Date of Delivery <i>15</i>	
3. Service type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7015 0640 0003 5400 4313

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

For delivery information, visit **OFFICIAL MAIL FACINATOR 1H**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Paid \$

Sent To

Street or P.O. Box

City, State

Chevron U.S.A. Inc.
 P.O. Box 285
 Houston, TX 77001
 ATTN: Jason Levine

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



7015 0640 0003 5400 4306

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

For delivery information, visit **OFFICIAL MAIL FACINATOR 1H**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Paid \$

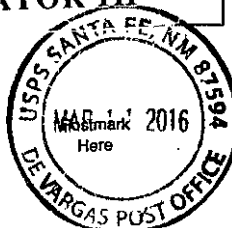
Sent To

Street or P.O. Box

City, State

Crown Oil Partners IV, LP
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

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:

Chevron U.S.A. Inc.
 P.O. Box 285
 Houston, TX 77001
 ATTN: Jason Levine

9590 9403 1012 5271 2646 93

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4313

PS Form 3811, July 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

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

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
 ATTN: Harmon Murphy

9590 9403 1012 5271 2646 86

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4306

PS Form 3811, July 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

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

7015 0640 0003 5400 4290

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

MHF/COG
FACINATOR 1H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

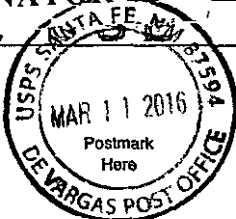
Sent To

Street and

City, State

Crump Energy Partners, LLC
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

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



7015 0640 0003 5400 4283

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

MHF/COG
FACINATOR 1H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

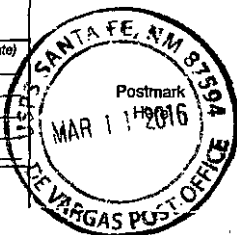
Sent To

Street and

City, State

5588 Oil, LLC
 P.O. Box 470925
 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:

Crump Energy Partners, LLC
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

9590 9403 1012 5271 2646 79

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4290

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

R. Papp

☐ Agent☐ Addressee

B. Received by (Printed Name)

R. Papp

C. Date of Delivery

3-15-16

D. Is delivery address different from item 1? ☐ YesIf 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:

5588 Oil, LLC
 P.O. Box 470925
 Fort Worth, TX 76107

9590 9403 1012 5271 2646 62

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4283

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Harmon Murphy

☐ Agent☐ Addressee

B. Received by (Printed Name)

Harmon Murphy

C. Date of Delivery

3/23/16

D. Is delivery address different from item 1? ☐ YesIf 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 0003 5400 4177

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

For delivery information, visit **OFFICIAL FACINATOR 1H**

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 \$

USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE
 Postmark **MAR 1 2016**

Energex, LLC
 4425 98th Street
 Lubbock, TX 79424

for instructions

7015 0640 0003 5400 4160

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

For delivery information, visit **OFFICIAL FACINATOR 1H**

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 \$

USPS SANTA FE, NM 87504
DE VARGAS POST OFFICE
 Postmark **MAR 1 2016**

CEP Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

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. 1. Article Addressed to: CEP Minerals, LLC PO Box 50820 Midland, TX 79710 ATTN: Harmon Murphy 2. Article Number (Transfer from service label) 9590 9403 1012 5271 2645 49		A. Signature ☒ Agt. ☐ Add. X <i>R. Pando</i> B. Received By (Printed Name) C. Date of L. <i>R. Pando</i> 3-15 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Mail Restricted Delivery		☐ Priority Mail Express ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery	

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

7015 0640 0003 5400 4153

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

For delivery information, visit **OFFICE**

MHF/COG FACINATOR 1H

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 \$

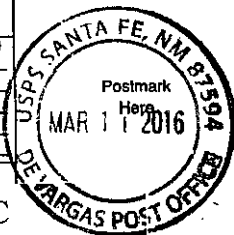
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Mavros Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

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:
 Mavros Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 4153

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X R. P. Puro ☐ Agent ☐ Addressee

B. Received by (Printed Name) R. P. Puro C. Date of Delivery 3/15/16

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

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

7015 0640 0003 5400 4146

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

For delivery information, visit **OFFICE**

MHF/COG FACINATOR 1H

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 \$

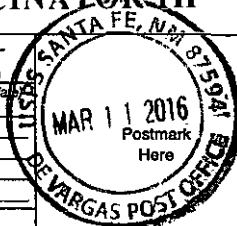
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Thomas K. & Grace McGinley
 1968 Revocable Trust
 PO Box 830308
 Dallas, TX 75283

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:
 Thomas K. & Grace McGinley
 1968 Revocable Trust
 PO Box 830308
 Dallas, TX 75283

2. Article Number (Transfer from service label)
 7015 0640 0003 5400 4146

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X NA ☐ Agent ☐ Addressee

B. Received by (Printed Name) NDEY/NOLO C. Date of Delivery MAR 18 2016

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

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

7015 0640 0003 5400 4139

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

MHF/COG
FACINATOR 1H

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 \$ _____

Aberdeen Petroleum Company
 Palace Building
 Tulsa, OK

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

RETURNED

7015 0640 0003 5400 4122

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

MHF/COG
FACINATOR 1H

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 \$ _____

Devon Energy Production Company
 333 W. Sheridan Ave.
 Oklahoma City, OK 73102-5015

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 <u>David Carrillo</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Devon Energy Production Company 333 W. Sheridan Ave. Oklahoma City, OK 73102-5015		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label) 9590 9403 1012 5271 2645 01		D. Is delivery address different from item 1? ☒ Yes ☐ No If YES, enter delivery address below: CENTER CITY OKLAHOMA MAR 15 2016 USPS	
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		7015 0640 0003 5400 4122	

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

7015 0640 0003 5400 4115

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

For delivery information, visit **OFFICIAL** **MHF/COG FACINATOR 1H**

Certified Mail Fee \$ 3.45

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

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

Postage \$

Interfirst Bank, San Antonio, Texas,
 Trustee for the Stubenbord Sisters Trust
 PO Box 1120
 San Antonio, TX 78294

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



RETURNED

7015 0640 0003 5400 3859

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

For delivery information, visit **OFFICIAL** **MHF/COG FACINATOR 1H**

Certified Mail Fee \$ 3.45

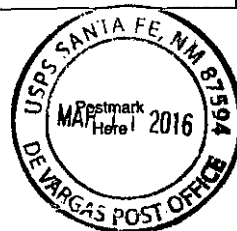
Extra Services & Fees (check box, add fee as appropriate)

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

Postage \$

Energen Resources Corporation
 605 Richard Arrington Jr. Blvd. N.
 Birmingham, AL 35203
 Attn: Susan Tanis

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



7015 0640 0003 5400 3842

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

For delivery information, visit **MFH/COG FACINATOR 1H**

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

Endurance Properties Inc.
 15455 Dallas Parkway, STE 1050
 Addison, TX 75001

USPS SANTA FE, NM 87504
 MAR 11 2016
 DE VARGAS POST OFFICE

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

7015 0640 0003 5400 3835

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

For delivery information, visit **MFH/COG FACINATOR 1H**

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

Occidental Oil and Gas Corporation
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

USPS SANTA FE, NM 87504
 MAR 11 2016
 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:

Endurance Properties Inc.
 15455 Dallas Parkway, STE 1050
 Addison, TX 75001

9590 9403 1012 5271 2644 71

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3842

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3-17-16

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

3. Service Type

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

PS Form 3811, July 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:

Occidental Oil and Gas Corporation
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 1012 5271 2644 64

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3835

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

March 11, 2016

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.
Fascinator Fee No. 2H Well**

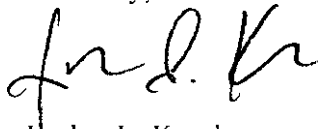
Ladies & Gentlemen:

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 March 31, 2016. 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 Adam Reker, at (432) 685-2515 or AReker@concho.com.

Sincerely,



Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC



March 11, 2016

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. Fascinator Fee 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 March 31, 2016. 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 Adam Reker, at (432) 685-2515 or AReker@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

POOLED PARTIES

Mavros Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Oak Valley Mineral and Land LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Lela Ellen Madera
187 George Strait
Canyon Lake, TX 78133

Chevron U.S.A. Inc.
P.O. Box 285
Houston, TX 77001
ATTN: Jason Levine

Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Crump Energy Partners, LLC
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

5588 Oil, LLC
P.O. Box 470925
Fort Worth, TX 76107

Energex, LLC
4425 98th Street
Lubbock, TX 79424

CEP Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

OFFSETS:

Lela Ellen Madera
187 George Strait
Canyon Lake, TX 78133

Chevron U.S.A. Inc.
P.O. Box 285
Houston, TX 77001
ATTN: Jason Levine

Crown Oil Partners IV, LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Crump Energy Partners, LLC
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

5588 Oil, LLC
P.O. Box 470925
Fort Worth, TX 76107

Energex, LLC
4425 98th Street
Lubbock, TX 79424

CEP Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Mavros Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

Thomas K. & Grace McGinley
1968 Revocable Trust
PO Box 830308
Dallas, TX 75283

Aberdeen Petroleum Company
Palace Building
Tulsa, OK

Devon Energy Production Company
333 W. Sheridan Ave.
Oklahoma City, OK 73102-5015

Interfirst Bank, San Antonio, Texas,
Trustee for the Stubenbord Sisters Trust
PO Box 1120
San Antonio, TX 78294

Energen Resources Corporation
605 Richard Arrington Jr. Blvd. N.
Birmingham, AL 35203
Attn: Susan Tanis

Endurance Properties Inc.
15455 Dallas Parkway, STE 1050
Addison, TX 75001

Occidental Oil and Gas Corporation
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Oak Valley Mineral and Land LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

7015 0640 0003 5400 3811

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

For delivery information, visit **OFFIC** **MHF/COG FACINATOR 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 \$

Mavros Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

USPS SANTA FE, NM 87594
 MAR 11 2016
 DE VARGAS POST OFFICE

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

7015 0640 0003 5400 3828

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 
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For delivery information, visit **OFFIC** **MHF/COG FACINATOR 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 \$

Total Postage \$

Sent To Oak Valley Mineral and Land LP
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

USPS SANTA FE, NM 87594
 MAR 11 2016
 DE VARGAS POST OFFICE

PS Form 3811, July 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:

Mavros Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

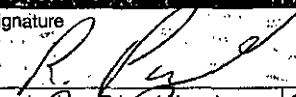
9590 9403 1012 5271 2646 17

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3811 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X 

B. Received by (Printed Name) R. Paul C. Date of Delivery 3-11-16

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

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

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:

Oak Valley Mineral and Land LP
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

9590 9403 1012 5271 2646 24

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3828 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

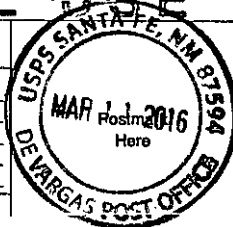
A. Signature ☐ Agent ☐ Addressee
 X 

B. Received by (Printed Name) R. Paul C. Date of Delivery 3-11-16

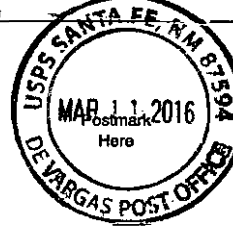
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

7015 0640 0003 5400 3781

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
MHF/COG FACINATOR 2H	
For delivery information, visit OFFICIAL	
Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee in appropriate column) ☒ Return Receipt (hardcopy) \$ 2.80 ☐ Return Receipt (electronic) \$ ☐ Certified Mail Restricted Delivery \$ ☐ Adult Signature Required \$ ☐ Adult Signature Restricted Delivery \$	
Postage \$ Total P \$ Sent To Lela Ellen Madera 187 George Strait Canyon Lake, TX 78133 Street City, St	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 0640 0003 5400 3788

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
MHF/COG FACINATOR 2H	
For delivery information, visit OFFICIAL	
Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee in appropriate column) ☒ Return Receipt (hardcopy) \$ 2.80 ☐ Return Receipt (electronic) \$ ☐ Certified Mail Restricted Delivery \$ ☐ Adult Signature Required \$ ☐ Adult Signature Restricted Delivery \$	
Postage \$ Total P \$ Sent To Chevron U.S.A. Inc. P.O. Box 285 Houston, TX 77001 ATTN: Jason Levine Street City, St	
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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Lela Ellen Madera</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Lela Ellen Madera D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 1. Article Addressed to: Lela Ellen Madera 187 George Strait Canyon Lake, TX 78133 9590 9403 1012 5271 2646 31 2. Article Number 7015 0640 0003 5400 3781 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt
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™ ☐ Restricted Delivery ☐ 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jason Levine</i> ☐ 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 1. Article Addressed to: Chevron U.S.A. Inc. P.O. Box 285 Houston, TX 77001 ATTN: Jason Levine 9590 9403 1012 5271 2646 55 2. Article Number 7015 0640 0003 5400 3788 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt
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™ ☐ Restricted Delivery ☐ Signature Confirmation Restricted Delivery	

7015 0640 0003 5400 3800

U.S. Postal Service™
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 Domestic Mail Only

MHF/COG
FACINATOR 2H

For delivery information, visit **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 \$

Total Postage \$

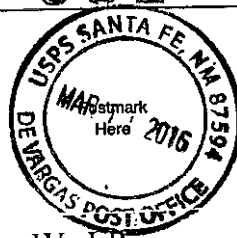
Sent To Crown Oil Partners IV, LP

Street and A/c P.O. Box 50820

City, State, Z. Midland, TX 79710

ATTN: Harmon Murphy

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



7015 0640 0003 5400 4474

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MHF/COG
FACINATOR 2H

For delivery information, visit **OFFIC**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Po \$

Sent To Crump Energy Partners, LLC

Street ar P.O. Box 50820

City, Sta Midland, TX 79710

ATTN: Harmon Murphy

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
ATTN: Harmon Murphy

2. 7015 0640 0003 5400 3800

COMPLETE THIS SECTION ON DELIVERY

A. Signature R. P. ... ☐ Agent ☒ Addressee

B. Received by (Printed Name) R. P. ... C. Date of Delivery 3-15-16

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

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

PS Form 3811, July 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:
Crump Energy Partners, LLC
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

2. 7015 0640 0003 5400 4474

COMPLETE THIS SECTION ON DELIVERY

A. Signature R. P. ... ☐ Agent ☒ Addressee

B. Received by (Printed Name) R. P. ... C. Date of Delivery 3-15-16

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

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

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

7015 0640 0003 5400 4467

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF/COG FACINATOR 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 \$

Total Postage \$

Sent To **5588 Oil, LLC**

Street and Ap **P.O. Box 470925**

City, State, Zi **Fort Worth, TX 76107**

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

5588 Oil, LLC
 P.O. Box 470925
 Fort Worth, TX 76107

9590 9403 1012 5271 2730 08

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4467

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michael K... ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Michael K...

C. Date of Delivery

3/23/16

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 0003 5400 4450

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

For delivery information, visit **OFFICIAL** **MHF/COG FACINATOR 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 \$

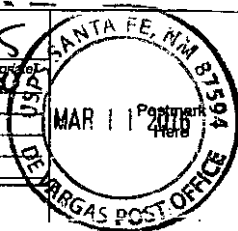
Total Postage \$

Sent To **Energex, LLC**

Street and Ap **4425 98th Street**

City, State, Zi **Lubbock, TX 79424**

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Energex, LLC
 4425 98th Street
 Lubbock, TX 79424

9590 9403 1012 5271 2730 15

2. Article

7015 0640 0003 5400 4450

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3/23/16

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 0003 5400 4443

U.S. Postal Service™
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MHF/COG
FACINATOR 2H

For delivery information, visit 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 \$ _____

Total Post \$ _____

Sent To _____

Street and _____

City, State _____

CEP Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

USPS SANKS, NM 87504
 MAR 11 2016
 Postmark Here
 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:

CEP Minerals, LLC
 PO Box-50820
 Midland, TX 79710
 ATTN: Harmon Murphy

9590 9403 1012 5271 2730 22

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4443

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X R. Paul

B. Received by (Printed Name) R. Paul C. Date of Delivery 3-15-16

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 ☐ Restricted Delivery

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

7015 0640 0003 5400 4436

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit **OFFICIAL USE**

MHF/COG FACINATOR 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 \$

Total Post \$

Sent To

Street

City, State

Oak Valley Mineral and Land LP
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

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



7015 0640 0003 5400 4429

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

For delivery information, visit **OFFICIAL USE**

MHF/COG FACINATOR 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 \$

Total Post \$

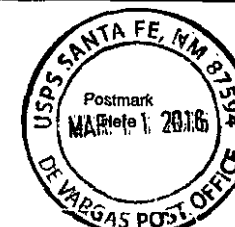
Sent To

Street and

City, State

Lela Ellen Madera
 187 George Strait
 Canyon Lake, TX 78133

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:

Oak Valley Mineral and Land LP
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

9590 9403 1012 5271 2730 39

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4436

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X R. Pando ☐ Agent

B. Received by (Printed Name) R. Pando

C. Date of Delivery 3/15/16

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

☐ Mail 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:

Lela Ellen Madera
 187 George Strait
 Canyon Lake, TX 78133

9590 9403 1012 5271 2730 46

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4429

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Lela Ellen Madera ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lela Ellen Madera

C. Date of Delivery 3/13/16

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

☐ Mail Restricted Delivery

7015 0640 0003 5400 4412

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

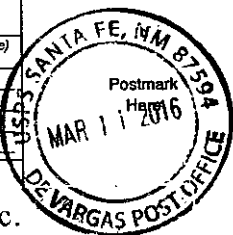
For delivery information: v **MHF/COG**
OFFICIAL FACINATOR 2H

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 \$ _____
 Total \$ _____
 Sent to: **Chevron U.S.A. Inc.**
P.O. Box 285
Houston, TX 77001
ATTN: Jason Levine

City, S _____

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



7015 0640 0003 5400 4405

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

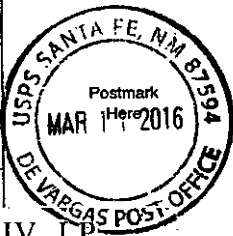
For delivery information: v **MHF/COG**
OFFICIAL FACINATOR 2H

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 \$ _____
 Total \$ _____
 Sent to: **Crown Oil Partners IV, LP**
P.O. Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

City, S _____

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. 1. Article Addressed to: Crown Oil Partners IV, LP P.O. Box 50820 Midland, TX 79710 ATTN: Harmon Murphy 9590 9403 1012 5271 2733 12		A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) <u>R. Paul</u> C. Date of Delivery <u>3-15-16</u> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7015 0640 0003 5400 4405		3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	

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

7015 0640 0003 5400 4399

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

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

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.30
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

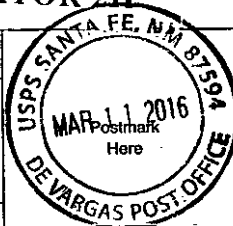
Postage \$ _____

Total Postage \$ _____

Sent To Crump Energy Partners, LLC
 P.O. Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

City, State _____

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
 ATTN: Harmon Murphy

9590 9403 1012 5271 2733 29

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4399

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

R. Paul

C. Date of Delivery

3/11/16

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
☐ 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 0003 5400 4382

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

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

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.30
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

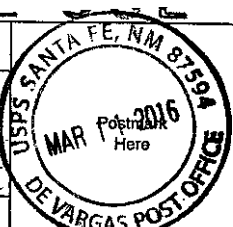
Postage \$ _____

Total Postage \$ _____

Sent To 5588 Oil, LLC
 P.O. Box 470925
 Fort Worth, TX 76107

City, State _____

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:

5588 Oil, LLC
 P.O. Box 470925
 Fort Worth, TX 76107

9590 9403 1012 5271 2733 36

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4382

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Michele Kutt

C. Date of Delivery

3/23/16

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
☐ 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 0003 5400 4573

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

For delivery information, visit usps.com

OFFICIAL MHF/COG FACINATOR 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 \$

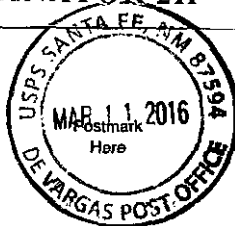
Total Price \$

Sent To Energex, LLC

Street 4425 98th Street

City, State Lubbock, TX 79424

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



7015 0640 0003 5400 4566

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

For delivery information, visit usps.com

OFFICIAL MHF/COG FACINATOR 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 \$

Total Price \$

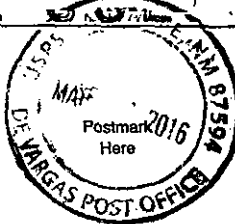
Sent To CEP Minerals, LLC

Street PO Box 50820

City, State Midland, TX 79710

ATTN: Harmon Murphy

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Energex, LLC
4425 98th Street
Lubbock, TX 79424

2. Article Number (Transfer from service label)
7015 0640 0003 5400 4573

3. Service Type LK, TX

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

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

COMPLETE THIS SECTION ON DELIVERY

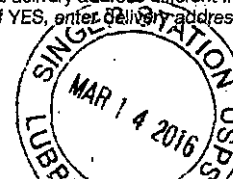
A. Signature [Signature] ☐ Agent ☐ Addressee

X ☒

B. Received by (Printed Name) [Name] C. Date of Delivery 3-11-16

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

PS Form 3811, July 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:

CEP Minerals, LLC
PO Box 50820
Midland, TX 79710
ATTN: Harmon Murphy

2. Article Number (Transfer from service label)
7015 0640 0003 5400 4566

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

X ☒

B. Received by (Printed Name) [Name] C. Date of Delivery 3-11-16

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

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

7015 0640 0003 5400 4559

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

For delivery information, visit **OFFICIAL FACINATOR 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 \$

Total Post: \$

Sent To: Mavros Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 Street and:
 City, State:

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:

Mavros Minerals, LLC
 PO Box 50820
 Midland, TX 79710
 ATTN: Harmon Murphy

9590 9403 1012 5271 2733 67

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4559

PS Form 3811, July 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
☐ Insured Mail
☐ Mail 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 0003 5400 4542

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

For delivery information, visit **OFFICIAL FACINATOR 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 \$

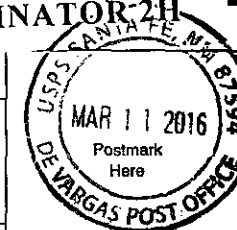
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post: \$

Sent To: Thomas K. & Grace McGinley
 1968 Revocable Trust
 PO Box 830308
 Dallas, TX 75283
 Street and:
 City, State:

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:

Thomas K. & Grace McGinley
 1968 Revocable Trust
 PO Box 830308
 Dallas, TX 75283

9590 9403 1012 5271 2733 74

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4542

PS Form 3811, July 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
☐ 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 0003 5400 4535

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

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

Certified Mail Fee \$ 3.45

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

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

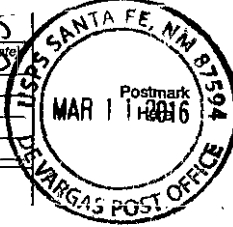
Postage \$

Total Postage \$

Sent To **Aberdeen Petroleum Company**
Palace Building
Tulsa, OK

City, State

PS Form 3800, April 2015 PSN 7530-02-000-6047 See Reverse for Instructions



RETURNED

7015 0640 0003 5400 4528

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

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

Certified Mail Fee \$ 3.45

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

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

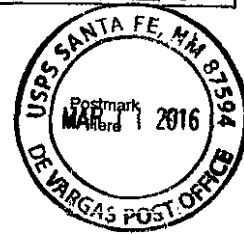
Postage \$

Total Postage \$

Sent To **Devon Energy Production Company**
333 W. Sheridan Ave.
Oklahoma City, OK 73102-5015

City, State

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <u>x/ David Carrillo</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>David Carrillo</u> Date of Delivery <u>MAR 11 2016</u> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:												
1. Article Addressed to: Devon Energy Production Company 333 W. Sheridan Ave. Oklahoma City, OK 73102-5015 9590 9403 1012 5271 2735 65	3. Service Type <table border="0"><tr><td>☐ Adult Signature</td><td>☐ Priority Mail Express®</td></tr><tr><td>☐ Adult Signature Restricted Delivery</td><td>☐ Registered Mail™</td></tr><tr><td>☒ Certified Mail®</td><td>☐ Registered Mail Restricted Delivery</td></tr><tr><td>☐ Certified Mail Restricted Delivery</td><td>☐ Return Receipt for Merchandise</td></tr><tr><td>☐ Collect on Delivery</td><td>☒ Signature Confirmation™</td></tr><tr><td>☐ Collect on Delivery Restricted Delivery</td><td>☐ Restricted Delivery</td></tr></table>	☐ 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	☐ Restricted Delivery
☐ 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	☐ Restricted Delivery												
2. Article Number (Transfer from service label): <u>7015 0640 0003 5400 4528</u>													

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

7015 0640 0000 5400 4511

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

For delivery information, visit **OFFICE** **MHF/COG FACINATOR 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
 \$ _____

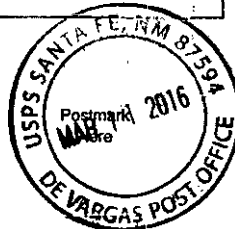
Total P
 \$ _____

Sent To
 Interfirst Bank, San Antonio, Texas,
 Trustee for the Stubenbord Sisters Trust
 PO Box 1120
 San Antonio, TX 78294

Street

City, St.

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



RETURNED

7015 0640 0000 5400 4054

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

For delivery information, visit **OFFICE** **MHF/COG FACINATOR 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
 \$ _____

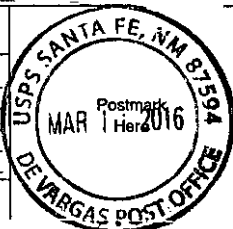
Total Posta
 \$ _____

Sent To
 Energen Resources Corporation
 605 Richard Arrington Jr. Blvd. N.
 Birmingham, AL 35203
 Attn: Susan Tanis

Street and

City, State,

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



7015 0640 0003 5400 4498

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

For delivery information, visit our **OFFICIAL** **MHF/COG FACINATOR 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 \$

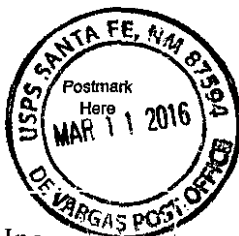
Total Post \$

Sent To **Endurance Properties Inc.**

Street and **15455 Dallas Parkway, STE 1050**

City, State **Addison, TX 75001**

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:

Endurance Properties Inc.
 15455 Dallas Parkway, STE 1050
 Addison, TX 75001

9590 9403 1012 5271 2734 66

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4498

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

12 POOL

C. Date of Delivery

3-14-16

- 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 0003 5400 4481

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

For delivery information, visit our **OFFICIAL** **MHF/COG FACINATOR 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 \$

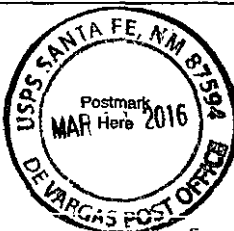
Total Post \$

Sent To **Occidental Oil and Gas Corporation**

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

City, State **Houston, TX 77046-0521**

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:

Occidental Oil and Gas Corporation
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9403 1012 5271 2734 59

2. Article Number (Transfer from service label)

7015 0640 0003 5400 4481

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

J B C A 20

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

Domestic Return Receipt