

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

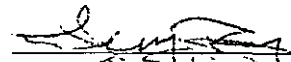
APPLICATION OF CIMAREX ENERGY  
CO. OF COLORADO TO CHANGE  
THE SETBACK REQUIREMENTS IN  
THE WOLFCAMP FORMATION WITHIN  
TOWNSHIPS 24S, 25S, 26S AND RANGES 25E,  
26E AND 27E, N.M.P.M., EDDY COUNTY,  
NEW MEXICO, TO EXPAND POOL BOUNDARIES,  
AND TO ESTABLISH THE CROOKED CREEK  
WOLFCAMP GAS (EAST) POOL, THE  
BLACK RIVER, WOLFCAMP, SOUTHWEST  
(GAS) POOL, AND CREATE THE WELCH, WOLFCAMP,  
MILEPOST POOL, THE WOLFCAMP (GAS) POOL,  
AND THE MILEPOST, WOLFCAMP, NORTHEAST  
(GAS) POOL IN EDDY COUNTY, NEW MEXICO

CASE NO. 15430

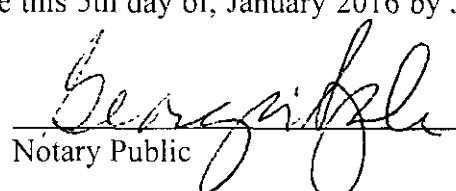
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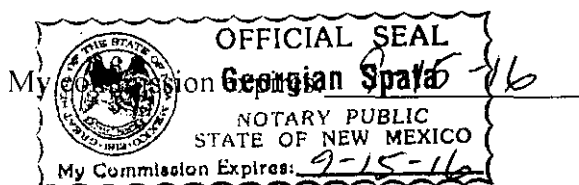
STATE OF NEW MEXICO            )  
                                                  ) ss.  
COUNTY OF BERNALILLO        )

Jennifer L. Bradfute, attorney in fact and authorized representative of Cimarex Energy Co. of Colorado, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
\_\_\_\_\_  
Jennifer L. Bradfute

SUBSCRIBED AND SWORN to before me this 5th day of, January 2016 by Jennifer L. Bradfute.

  
\_\_\_\_\_  
Notary Public



Case No. 15430



Exhibit 5



MODRALL SPERLING

L A W Y E R S

December 15, 2015,

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Jennifer L. Bradfute  
505.848.1845  
Fax: 505.848.1882  
jlb@modrall.com

**Re: APPLICATION OF CIMAREX ENERGY CO. OF COLORADO TO CHANGE THE SETBACK REQUIREMENTS IN THE WOLFCAMP FORMATION WITHIN TOWNSHIPS 24S, 25S, 26S AND RANGES 25E, 26E AND 27E, N.M.P.M., EDDY COUNTY, NEW MEXICO, TO EXPAND POOL BOUNDARIES, AND TO ESTABLISH THE CROOKED CREEK WOLFCAMP GAS (EAST) POOL, THE BLACK RIVER, WOLFCAMP, SOUTHWEST (GAS) POOL, AND CREATE THE WELCH, WOLFCAMP, MILEPOST POOL, THE WOLFCAMP (GAS) POOL, AND THE MILEPOST, WOLFCAMP, NORTHEAST (GAS) POOL IN EDDY COUNTY, NEW MEXICO.**

**Case No. 15430**

**TO: AFFECTED PARTIES**

This letter is to advise you that Cimarex Energy Co. of Colorado ("Cimarex") has filed the enclosed application with the New Mexico Oil Conservation Division seeking to establish 330' setbacks in the Wolfcamp formation within Townships 24S, 25S, 26S, Ranges 25E, 26E, 27E, N.M.P.M. Eddy County, New Mexico, and to expand the boundaries of the White City, Wolfcamp Southwest (Gas) Pool (97766); White City, Wolfcamp South (Gas) Pool (97592); Sage Draw, Wolfcamp (Gas) Pool (84407); Sage Draw, Wolfcamp East (Gas) Pool (96890); Black River, Wolfcamp Pool (72240); Black River, Wolfcamp, East (Gas) Pool (97442); and, the Sulphate Draw, Wolfcamp (Gas) Pool (85780); to establish the Crooked Creek Wolfcamp Gas (East) Pool covering the N/2 of Section 5, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico; to establish the Black River, Wolfcamp, Southwest (Gas) Pool covering the E/2 of Section 25 and the E/2 of Section 36, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico, and the W/2 of Section 14, E/2 of Section 22, NW/4 of Section 23, W/2, NE/4 of Section 27, S/2 of Section 28, S/2 of Section 29, all of Section 30, and the S/2 and NW/4 of Section 32, Township 24 South, Range 26 East, N.M.P.M., Eddy County, New Mexico; and to create of the Welch, Wolfcamp Pool (98017), covering Sections 26, 27, 28, 29, 32, 33, 34 and 35 of Township 26 South, Range 27 East, N.M.P.M., Eddy County, New Mexico, the Milepost, Wolfcamp (Gas) Pool (97950) (*proposed pool*) (WC-015 S262529E, Wolfcamp (Gas)) covering the W/2 of Section 29, Township 26 South, Range

Modrall Sperling  
Roehl Harris & Sisk P.A.

Bank of America Centre  
500 Fourth Street NW  
Suite 1000  
Albuquerque,  
New Mexico 87102

PO Box 2168  
Albuquerque,  
New Mexico 87103-2168

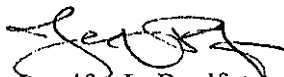
Tel: 505.848.1800  
www.modrall.com

25 East, N.M.P.M., Eddy County, New Mexico, and the Milepost, Wolfcamp Northeast Pool (97882) (*proposed pool*) (Wildcat S262616A, Wolfcamp (Gas)) Pool, covering the E/2 of Section 16, Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico.

This application has been set for hearing before a Division Examiner at ~~8:15 a.m. on January 7, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505.~~ As a party who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 5:00 PM on December 31, 2015, with a copy delivered to the undersigned.

Sincerely,



Jennifer L. Bradfute

*Attorney for Cimarex Energy Co. of  
Colorado*

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

**APPLICATION OF CIMAREX ENERGY  
CO. OF COLORADO TO CHANGE  
THE SETBACK REQUIREMENTS IN  
THE WOLFCAMP FORMATION WITHIN  
TOWNSHIPS 24S, 25S, 26S AND RANGES 25E,  
26E AND 27E, N.M.P.M., EDDY COUNTY,  
NEW MEXICO, TO EXPAND POOL BOUNDARIES,  
AND TO ESTABLISH THE CROOKED CREEK  
WOLFCAMP GAS (EAST) POOL, THE  
BLACK RIVER, WOLFCAMP, SOUTHWEST  
(GAS) POOL, AND CREATE THE WELCH, WOLFCAMP,  
MILEPOST POOL, THE WOLFCAMP (GAS) POOL,  
AND THE MILEPOST, WOLFCAMP, NORTHEAST  
(GAS) POOL IN EDDY COUNTY, NEW MEXICO**

**CASE NO. \_\_\_\_\_**

**APPLICATION**

Cimarex Energy Co. of Colorado ("Cimarex") hereby makes application for an order to:

(1) modify the setback requirements in the current and proposed Wolfcamp pools included in Townships 24S, 25S, 26S, Ranges 25E, 26E, 27E, N.M.P.M. Eddy County, New Mexico, to require wells to be located no closer than 330 feet to the outer boundary of a spacing unit; (2) to expand the boundaries of the White City, Wolfcamp Southwest (Gas) Pool (97766); White City, Wolfcamp South (Gas) Pool (97592); Sage Draw, Wolfcamp (Gas) Pool (84407); Sage Draw, Wolfcamp East (Gas) Pool (96890); Black River, Wolfcamp Pool (72240); Black River, Wolfcamp, East (Gas) Pool (97442); and, the Sulphate Draw, Wolfcamp (Gas) Pool (85780); (3) to establish the Crooked Creek Wolfcamp Gas (East) Pool covering the N/2 of Section 5, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico; (4) to establish the Black River, Wolfcamp, Southwest (Gas) Pool covering the E/2 of Section 25 and the E/2 of

Section 36, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico, and the W/2 of Section 14, E/2 of Section 22, NW/4 of Section 23, W/2, NE/4 of Section 27, S/2 of Section 28, S/2 of Section 29, all of Section 30, and the S/2 and NW/4 of Section 32, Township 24 South, Range 26 East, N.M.P.M., Eddy County, New Mexico; and (5) the creation of the Welch, Wolfcamp Pool (98017), covering Sections 26, 27, 28, 29, 32, 33, 34 and 35 of Township 26 South, Range 27 East, N.M.P.M., Eddy County, New Mexico, the Milepost, Wolfcamp (Gas) Pool (97950) (*proposed pool*) ((WC-015 S262529E, Wolfcamp (Gas)) covering the W/2 of Section 29, Township 26 South, Range 25 East, N.M.P.M., Eddy County, New Mexico, and the Milepost, Wolfcamp Northeast Pool (97882) (*proposed pool*) (Wildcat S262616A, Wolfcamp (Gas)) Pool, covering the E/2 of Section 16, Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. In support of its application, Cimarex states:

1. Cimarex (OGRID No. 251099) is an operator in the current and proposed Wolfcamp pools included in Townships 24S, 25S, 26S, Ranges 25E, 26E, 27E, N.M.P.M. Eddy County, New Mexico. The Wolfcamp pools in this area include the White City, Wolfcamp Gas Pool (87285); White City, Wolfcamp Southwest (Gas) Pool (97766); White City, Wolfcamp South (Gas) Pool (97592); Crooked Creek Wolfcamp Gas (East) Pool (*proposed pool*); Black River, Wolfcamp, North Pool (6320); Black River, Wolfcamp, Southwest (Gas) Pool (*proposed pool*); Sage Draw, Wolfcamp (Gas) Pool (84407); Sage Draw, Wolfcamp East (Gas) Pool (96890); Black River, Wolfcamp Pool (72240); Black River, Wolfcamp, East (Gas) Pool (97442); Sulphate Draw, Wolfcamp, Northwest (Gas) Pool (96333); Sulphate Draw, Wolfcamp (Gas) Pool (85780); Hay Hollow, Wolfcamp, West (Gas) Pool (97625); the Hay Hollow, Wolfcamp (Gas) Pool (96607); the Welch, Wolfcamp Pool (98017) (*proposed pool*) (WC-015-S262728A), Milepost, Wolfcamp (Gas) (97950) (*proposed pool*) ((WC-015 S262529E,

Wolfcamp (Gas)) and Milepost, Wolfcamp Northeast Pool (97882) (*proposed pool*) (Wildcat S262616A; Wolfcamp (Gas)). In addition, there are wildcat wells located in the W/2 of Section 29, Township 26 South, Range 25 East, and E/2 Section 16, Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico.

2. A map showing the above-listed pools in the area was recently prepared by Paul Kautz with the NMOCD, is attached as **Exhibit A**. The pools listed in the map include the following:

**a. White City, Wolfcamp Gas Pool (87285):**

Township 25 South, Range 25 East, N.M.P.M., Eddy County, New Mexico

Section 11: W/2

Section 14

Section 23: N/2

**b. White City, Wolfcamp Southwest (Gas) Pool (97766):**

Township 25 South, Range 25 East, N.M.P.M., Eddy County, New Mexico

Section 32: E/2

The Division has unofficially expanded the White City, Wolfcamp Southwest (Gas) Pool (97766) to include the following acreage:

Township 25 South, Range 25 East, N.M.P.M., Eddy County, New Mexico

Section 29: S/2

Cimarex requests that the Division officially expand the pool boundaries to include the above listed acreage.

**c. White City, Wolfcamp South (Gas) Pool (97592):**

Township 26 South, Range 25 East, N.M.P.M., Eddy County, New Mexico

Section 2: N/2

The Division has unofficially expanded the White City, Wolfcamp South (Gas) Pool (97592) to include the following acreage:

Township 25 South, Range 25 East, N.M.P.M., Eddy County, New Mexico

Section 34: E/2

Section 35: S/2

Section 36: W/2, NE/4

Cimarex requests that the Division officially expand the pool boundaries to include the above listed acreage.

**d. Crooked Creek Wolfcamp Gas (East) Pool (*proposed pool*):**

Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico  
Section 5: N/2

**e. Black River, Wolfcamp, North Pool (6320), designated as an oil pool by the NMOCD:**

Township 24 South, Range 26 East, N.M.P.M., Eddy County, New Mexico  
Section 4: SE/4

**f. Black River, Wolfcamp, Southwest (Gas) Pool (*proposed pool*):**

Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico  
Section 25: E/2  
Section 36: E/2

Township 24 South, Range 26 East, N.M.P.M., Eddy County, New Mexico  
Section 14: W/2  
Section 22: E/2  
Section 23: NW/4  
Section 27: W/2, NE/4  
Section 28: S/2  
Section 29: S/2  
Section 30  
Section 32: S/2, NW/4

**g. Sage Draw, Wolfcamp (Gas) Pool (84407):**

Township 25 South, Range 26 East, N.M.P.M., Eddy County, New Mexico  
Section 7: E/2  
Section 17  
Section 18: NE/4

The Division has unofficially expanded the Sage Draw, Wolfcamp (Gas) Pool (84407) to include:

Township 25 South, Range 26 East, N.M.P.M., Eddy County, New Mexico  
Section 20  
Section 21: W/2  
Section 29: N/2

Cimarex requests that the Division officially expand the pool boundaries to include the above listed acreage.

**h. Sage Draw, Wolfcamp East (Gas) Pool (96890):**

Township 25 South, Range 26 East, N.M.P.M., Eddy County, New Mexico

Section 4: S/2, NW/4

Section 11

Section 12

Section 14: E/2

Section 21: E/2

Section 28: E/2

Section 33: E/2

Section 34: SW/4

Township 25 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

S/2 of Section 7

The Division has unofficially expanded the Sage Draw, Wolfcamp East (Gas) Pool (96890) to include the following acreage:

Township 25 South, Range 26 East, N.M.P.M., Eddy County, New Mexico

Section 1

Section 3: S/2

Section 10

Section 13

Section 14: W/2

Section 15

Section 22

Section 23

Section 24

Section 25: NE/4

Section 27

Section 34: N/2, SE/4

Township 25 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 30: W/2

Section 31: N/2, SW/4

Section 32: W/2

Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico

Section 3: E/2

Cimarex requests that the Division officially expand the pool boundaries to include the above listed acreage.



**i. Black River, Wolfcamp Pool (72240):**

Township 24 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 6: W/2

Section 7: W/2

Section 17: SW/4

The Division has unofficially expanded the Black River, Wolfcamp Pool (72240) to include the following acreage:

Township 24 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 5: S/2

Section 6: SE/4

Section 17: N/2, SE/4

Section 18: N/2

Cimarex requests that the Division officially expand the pool boundaries to include the above listed acreage.

**j. Black River, Wolfcamp, East (Gas) Pool (97442):**

Township 24 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 1: N/2

Section 2

Section 10

Section 11: N/2

Section 12: N/2

The Division has unofficially expanded the Black River, Wolfcamp, East (Gas) Pool (97442) to include the following acreage:

Township 24 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 1: S/2

Cimarex requests that the Division officially expand the pool boundaries to include the above listed acreage.

**k. Sulphate Draw, Wolfcamp, Northwest (Gas) Pool (96333):**

Township 24 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 23: W/2

**l. Sulphate Draw, Wolfcamp (Gas) Pool (85780):**

Township 24 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 26: E/2

Section 35: E/2

The Division has unofficially expanded the Sulphate Draw, Wolfcamp (Gas) Pool (85780) to include the following acreage:

Township 24 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 26: SW/4

Section 27: S/2

Section 28: S/2, NW/4

Section 29: N/2

Section 34: W/2

Cimarex requests that the Division officially expand the pool boundaries to include the above listed acreage.

**m. Hay Hollow, Wolfcamp, West (Gas) Pool (97625):**

Township 25 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 16: E/2

**n. Hay Hollow, Wolfcamp (Gas) Pool (96607):**

Township 25 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 25: N/2

3. Cimarex also seeks to establish the following pool, which is not shown in Exhibit A:

**a. Welch, Wolfcamp Pool (98017) (*proposed pool*) (WC-015-S262728A):**

Township 26 South, Range 27 East, N.M.P.M., Eddy County, New Mexico

Section 26

Section 27

Section 28

Section 29

Section 32

Section 33

Section 34

Section 35

4. There are no special pool rules for the above-listed pools. As a result, the spacing rules for Eddy County under 19.15.15.10(B) NMAC apply for gas wells, which require wells to be located no closer than 660 feet to the outer boundary of a spacing unit.

5. Cimarex is also an operator of an oil and gas interests which have not been assigned to a pool and are shown in Exhibit A as wildcat acreage:

**a. Milepost, Wolfcamp (Gas) Pool (97950) (WC-015 S262529E, Wolfcamp (Gas))**

Township 26 South, Range 25 East, N.M.P.M., Eddy County, New Mexico

Section 29: W/2

**b. Milepost, Wolfcamp, Northeast (Gas) Pool (97882) (Wildcat S262616A, Wolfcamp (Gas))**

Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico

Section 16: E/2

6. There are no special pool rules for the W/2 of Section 29, Township 26 South, Range 25 East, and E/2 Section 16, Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. As a result, the spacing rules under 19.15.15.10(B) NMAC apply, which require wells to be located no closer than 660 feet to the outer boundary of a spacing unit.

7. In order to allow for the most efficient well development pattern for future wells in the Wolfcamp formation, and to efficiently drain the reserves from each spacing unit, Cimarex requests that the Division provide for wells within the above-listed areas to be located 330 feet from the outer boundary of each spacing unit.

8. Cimarex also requests that the Division establish the Crooked Creek Wolfcamp Gas (East) Pool, the Black River, Wolfcamp, Southwest (Gas) Pool, the Welch, Wolfcamp Pool (98017), the Milepost, Wolfcamp (Gas) (97950), and the Milepost, Wolfcamp, Northeast (Gas) (97882) as listed above. The District Office has unofficially created and utilized these pools for its own records. The official establishment of the Crooked Creek Wolfcamp Gas (East) Pool, the Black River, Wolfcamp, Southwest (Gas) Pool (97693), and WC-015-S262728A Pool (98017)

will help avoid waste and confusion, and will help resolve administrative and reporting issues for the state.

9. Finally, Cimarex asks that the Division expand the boundaries of the pools as listed above. Expansion of the pool boundaries and the approval of 330' setback requirements will promote the avoidance of waste, protect correlative rights, and resolve administrative and reporting issues for the state.

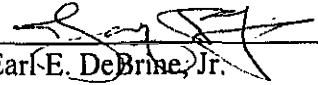
10. Cimarex does not seek to change the allowables for the pools and wildcat acreage.

11. Cimarex will notify the division-designated operators in each pool, and the division designated operators of wells within the same formation as the pools and within one mile of the pools' outer boundaries that have not been assigned to another pool. *See 19.15.4.12 (A)(4)(b).*

WHEREFORE, Cimarex Energy Co. of Colorado requests that this application be set for hearing before an Examiner of the Oil Conservation Division that notice be given as required by law and the rules of the Division, and that the application be approved.

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS  
& SISK, P.A.

By: 

Earl E. DeBrine, Jr.

Jennifer Bradfute

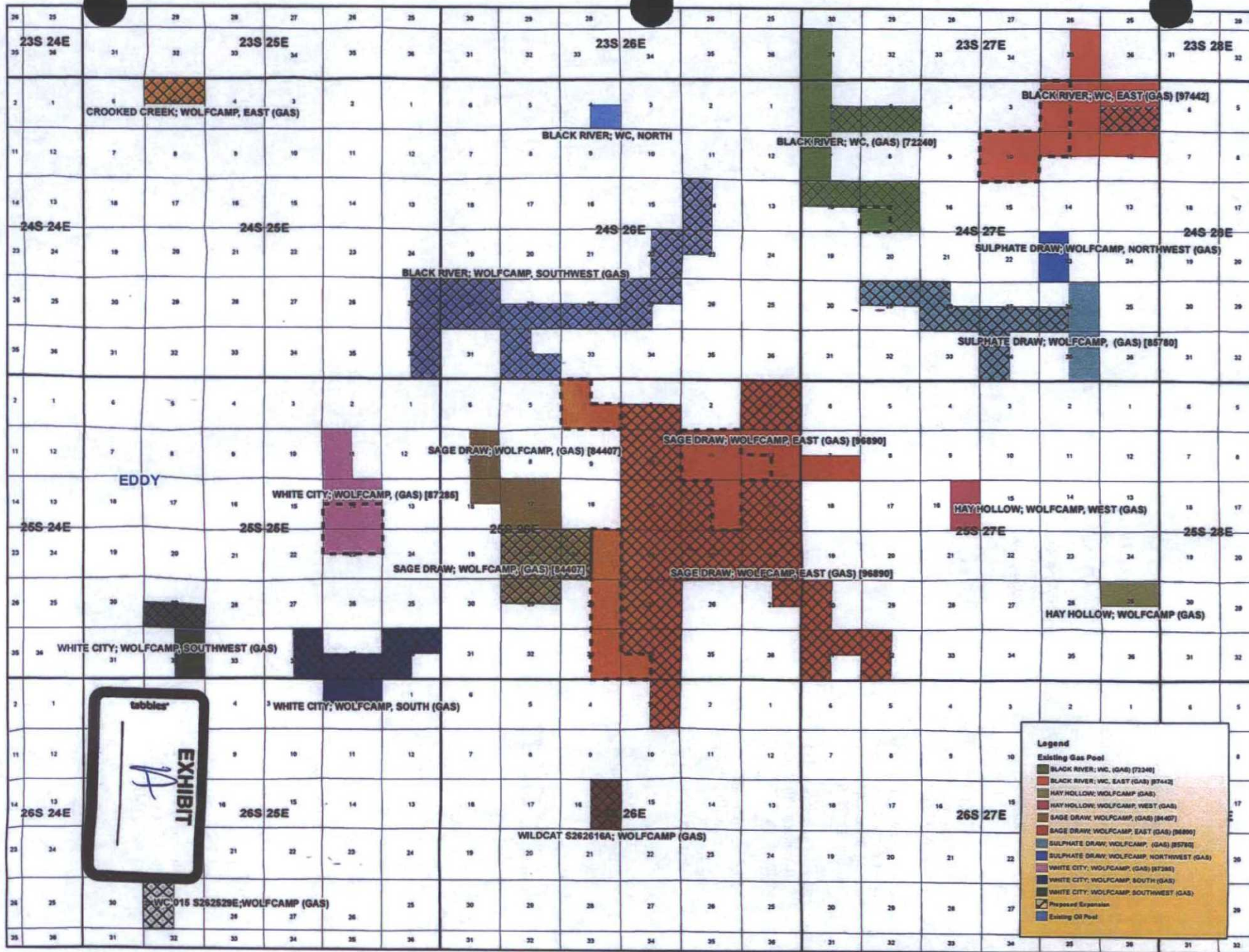
Post Office Box 2168

Albuquerque, New Mexico 87103-2168

Telephone: 505.848.1800

*Attorneys for Cimarex Energy Co. of Colorado*

**Application Cimarex Energy Co. of Colorado to Change the Setback Requirements in the Wolfcamp Formation Within Townships 24S, 25S, 26S and Ranges 25E, 26E, and 27E, N.M.P.M., Eddy County, New Mexico, to expand pool boundaries, and to establish the Crooked Creek Wolfcamp Gas (East) Pool, the Black River, Wolfcamp, Southwest (Gas) Pool, and Create the Welch, Wolfcamp Pool, the Milepost, Wolfcamp (Gas) Pool, and the Milepost, Wolfcamp, Northeast (Gas) Pool in Eddy County, New Mexico. Applicant seeks an order approving:** (1) a modification to the setback requirements in the current and proposed Wolfcamp pools included in Townships 24S, 25S, 26S, Ranges 25E, 26E, 27E, N.M.P.M. Eddy County, New Mexico, to require wells to be located no closer than 330 feet to the outer boundary of a spacing unit; (2) an expansion of the boundaries of the White City, Wolfcamp Southwest (Gas) Pool (97766); White City, Wolfcamp South (Gas) Pool (97592); Sage Draw, Wolfcamp (Gas) Pool (84407); Sage Draw, Wolfcamp East (Gas) Pool (96890); Black River, Wolfcamp Pool (72240); Black River, Wolfcamp, East (Gas) Pool (97442); and, the Sulphate Draw, Wolfcamp (Gas) Pool (85780); (3) the establishment of the Crooked Creek Wolfcamp Gas (East) Pool covering the N/2 of Section 5, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico; (4) the establishment of the Black River, Wolfcamp, Southwest (Gas) Pool covering the E/2 of Section 25 and the E/2 of Section 36, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico, and the W/2 of Section 14, E/2 of Section 22, NW/4 of Section 23, W/2, NE/4 of Section 27, S/2 of Section 28, S/2 of Section 29, all of Section 30, and the S/2 and NW/4 of Section 32, Township 24 South, Range 26 East, N.M.P.M., Eddy County, New Mexico; and (5) the creation of the Welch, Wolfcamp Pool (98017), covering Sections 26, 27, 28, 29, 32, 33, 34 and 35 of Township 26 South, Range 27 East, N.M.P.M., Eddy County, New Mexico, the Milepost, Wolfcamp (Gas) Pool (97950) (*proposed pool*) ((WC-015 S262529E, Wolfcamp (Gas)) covering the W/2 of Section 26, Township 29 South, Range 25 East, N.M.P.M., Eddy County, New Mexico, and the Milepost, Wolfcamp Northeast Pool (97882) (*proposed pool*) (Wildcat S262616A, Wolfcamp (Gas)) Pool, covering the E/2 of Section 16, Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. Township 25 South, Range 26 East is centrally located in the affected acreage and is located approximately 30 miles South of Carlsbad, New Mexico.



**Affected Parties/Operators:**

Chevron USA Inc.  
ATTN: Sandy Stedman-Daniel  
1400 Smith  
Houston, TX 77002

Unit Petroleum Co.  
P. O. Box 702500  
Tulsa, OK 74170

JKM Energy, LLC  
26 East Compress Rd.  
Artesia, NM 88210

COG Operating, LLC  
One Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

Fasken Oil & Ranch, Ltd.  
6101 Holiday Hill Road  
Midland, TX 79707

Apache Corporation  
303 Veterans Airpark Lane  
Suite 3000  
Midland, TX 79705

Murchison Oil & Gas Inc.  
Legacy Tower One  
7250 Dallas Pkwy, Ste. 1400  
Plano, TX 75024

BP America Production Company  
737 North Eldridge Parkway  
Houston, TX 77079

Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, NM 88202

Yates Petroleum Corporation  
105 S 4<sup>th</sup> St.  
Artesia, NM 88210

Devon Energy Production  
Company, LP  
333 W. Sheridan Avenue  
Oklahoma City, OK 73102

Matador Production Company  
One Lincoln Centre  
5400 LBJ Freeway, Ste. 1500  
Dallas, TX 75240

Mewbourne Oil Co.  
P.O. Box 5270  
Hobbs, NM 88241

Nadel and Gussman Permian, LLC  
601 N. Marienfeld  
Suite 508 Midland, TX 79701

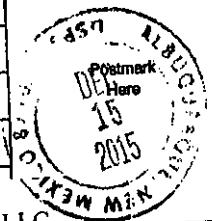
BC Operating, Inc.  
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Midland, TX 79710

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Nadel and Gussman Permian, LLC  
601 N. Marienfeld  
Suite 508 Midland, TX 79701

82762-0128  
Cimarex/Set-backs  
Wolfcamp

PS Form 3800, July 2014

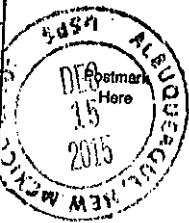
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| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |



BC Operating, Inc.  
P.O. Box 50820  
Midland, TX 79710

82762-0128  
Cimarex/Set-backs  
Wolfcamp

PS Form 3800, July 2014

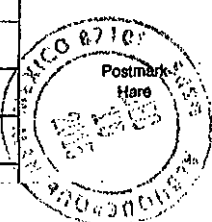
See Reverse for Instructions

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| Restricted Delivery Fee<br>(Endorsement Required) |    |



COG Operating, LLC  
One Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

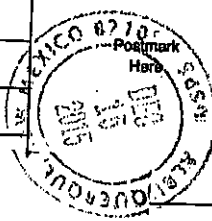
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JKM Energy, LLC  
26 East Compress Rd.  
Artesia, NM 88210

82762-0128  
Cimarex/ Wolfcamp Set-backs

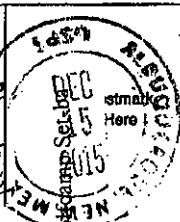
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Unit Petroleum Co.  
P. O. Box 702500  
Tulsa, OK 74170

82762-0128  
Cimarex/ Wolfcamp

PS Form 3800, July 2014

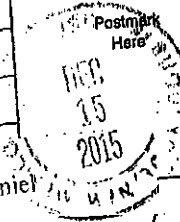
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Chevron USA Inc.  
ATTN: Sandy Stedman-Daniel  
1400 Smith  
Houston, TX 77002

82762-0128  
Cimarex/Set-backs  
Wolfcamp

PS Form 3800, July 2014

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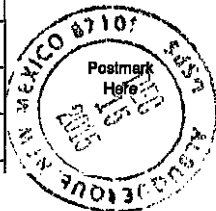
7014 2120 0004 6168 0796

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| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |



Murchison Oil & Gas Inc.

Legacy Tower One

7250 Dallas Pkwy, Ste. 1400

Plano, TX 75024

82762-0128

Cimarex/Set-backs

Wolcamp

PS Form 3800, July 2014

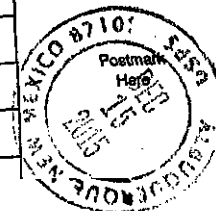
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| Restricted Delivery Fee<br>(Endorsement Required) |    |  |



BP America Production Company

737 North Eldridge Parkway

Houston, TX 77079

82762-0128

Cimarex/Set-backs

Wolcamp

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Fasken Oil & Ranch, Ltd.

6101 Holiday Hill Road

Midland, TX 79707

82762-0128

Cimarex/Set-backs

Wolcamp

PS Form 3800, July 2014

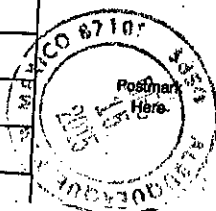
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| Restricted Delivery Fee<br>(Endorsement Required) |    |  |



Apache Corporation

303 Veterans Airpark Lane

Suite 3000

Midland, TX 79705

82762-0128

Cimarex/Set-backs

Wolcamp

PS

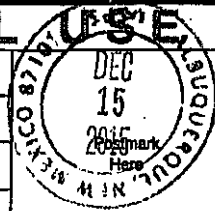
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Mewbourne Oil Co.  
P.O. Box 5270  
Hobbs, NM 88241

82762-0128  
Cimarex/Set-backs

PS Form 3800, July 2014

See Reverse for Instructions

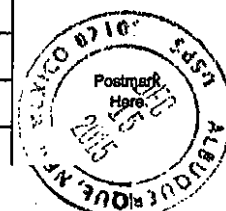
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Yates Petroleum Corporation  
105 S 4th St.  
Artesia, NM 88210

82762-0128  
Cimarex/Set-backs

PS Form 3800, July 2014

See Reverse for Instructions

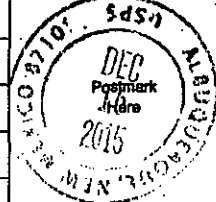
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Matador Production Company  
One Lincoln Centre  
5400 LBJ Freeway, Ste. 1500  
Dallas, TX 75240

82762-0128  
Cimarex/Set-backs

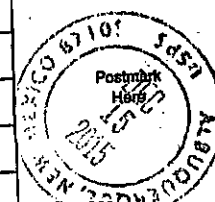
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Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, NM 88202

82762-0128  
Cimarex/Set-backs

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Devon Energy Production Company, LP  
333 W. Sheridan Avenue  
Oklahoma City, OK 73102

82762-0128  
Cimarex/Set-backs

PS Form 3800, July 2014

See Reverse for Instructions

**CIMAREX ENERGY COMPANY-REGULATORY MATTERS  
WOLFCAMP/SET-BACKS  
MAILED DECEMBER 15, 2015**

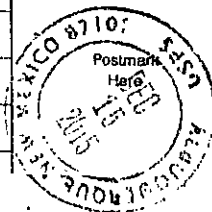
|     | <b>PARTY</b>                        | <b>ARTICLE NUMBER</b>    | <b>DATE RECEIVED</b> |
|-----|-------------------------------------|--------------------------|----------------------|
| 1.  | Apache Corporation                  | 7014-2120-0004-6168-0789 | December 21, 2015    |
| 2.  | BP America Production Company       | 7014-2120-0004-6168-0802 | December 31, 2015    |
| 3.  | BC Operating, Inc.                  | 7014-2120-0004-6168-0871 | December 28, 2015    |
| 4.  | Chevron USA Inc.                    | 7014-2120-0004-6168-0734 | December 28, 2015    |
| 5.  | COG Operating, LLC                  | 7014-2120-0004-6168-0765 | December 21, 2015    |
| 6.  | Devon Energy Production Company, LP | 7014-2120-0004-6168-0833 | December 28, 2015    |
| 7.  | Fasken Oil & Ranch, Ltd.            | 7014-2120-0004-6168-0772 | December 21, 2015    |
| 8.  | JKM Energy, LLC                     | 7014-2120-0004-6168-0758 | December 21, 2015    |
| 9.  | Matador Production Company          | 7014-2120-0004-6168-0840 | December 28, 2015    |
| 10. | Mewbourne Oil Co.                   | 7014-2120-0004-6168-0857 | December 21, 2015    |
| 11. | Murchison Oil & Gas Inc.            | 7014-2120-0004-6168-0796 | December 28, 2015    |
| 12. | Nadel and Gussman Permian, LLC      | 7014-2120-0004-6168-0864 | December 28, 2015    |
| 13. | Read & Stevens, Inc.                | 7014-2120-0004-6168-0819 | December 21, 2015    |
| 14. | Unit Petroleum Co.                  | 7014-2120-0004-6168-0727 | December 23, 2015    |
| 15. | Yates Petroleum Corporation         | 7014-2120-0004-6168-0826 | December 21, 2015    |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                           |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits. |  | A. Signature<br> <input type="checkbox"/> Agent<br><input type="checkbox"/> Address |  |
| 1. Article Addressed to:<br><br>BP America Production Company<br>737 North Eldridge Parkway<br>Houston, TX 77079<br><br>82762-0128<br>Cimarex/ Wolfcamp Set-back                                                                                                                                                                                                        |  | B. Received by (Printed Name)<br>C. Date of Delivery<br>12/22/14                                                                                                       |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                                                                      |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                        |  |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                                                                          |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                       |  |
| 7014 2120 0004 6168 0802                                                                                                                                                                                                                                                                                                                                                |  | 102595-02-M-1                                                                                                                                                          |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

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| Postage \$<br>Certified Fee<br>Return Receipt Fee (Endorsement Required)<br>Restricted Delivery Fee (Endorsement Required)   | 7.45<br> |
| BP America Production Company<br>737 North Eldridge Parkway<br>Houston, TX 77079 82762-0128<br>Cimarex/Set-backs<br>Wolfcamp |                                                                                              |
| PS Form 3800, July 2014                                                                                                      |                                                                                              |

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| 28 DEC 15<br>03216868                                                                                                                                                                  |  |
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| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address<br>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>12/24/15</i><br>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:                         |  |
| Matador Production Company<br>One Lincoln Centre<br>5400 LBJ Freeway, Ste. 1500<br>Dallas, TX 75240<br><br>82762-0128<br>Cimarex/ Wolfcamp Set-backs                                                                                                                                                                                                                     |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
| 2. (Transfer from service label)                                                                                                                                                                                                                                                                                                                                         |  | 7014 2120 0004 6168 0840                                                                                                                                                                                                                                                                                                                                           |  |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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| Postage \$                                                                                                                                                                      |  |
| Certified Fee                                                                                                                                                                   |  |
| Return Receipt Fee (Endorsement Required)                                                                                                                                       |  |
| Restricted Delivery Fee (Endorsement Required)                                                                                                                                  |  |
| 7014 2120 0004 6168 0840<br>Matador Production Company<br>One Lincoln Centre<br>5400 LBJ Freeway, Ste. 1500 82762-0128<br>Dallas, TX 75240 Cimarex/Set-backs<br><i>Willcamp</i> |  |

| UNITED STATES POSTAL SERVICE                                                                  |  |
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| First-Class Mail<br>Postage & Fees Paid<br>USPS<br>Permit No. 10                              |  |
| Sender: Please print your name, address, and ZIP+4 in this box.                               |  |
| JENNIFER BRADFUTE<br>MODRALL SPERLING LAW FIRM<br>P.O. Box 2168<br>Albuquerque, NM 87103-2168 |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                           |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature<br>X <i>David Carrile</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address<br>B. Received by (Printed Name) <i>David Carrile</i> C. Date of Delivery <i>Dec 18 2004</i><br>D. Is delivery address different from item A? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:                                         |  |
| Devon Energy Production Company, LP<br>333 W. Sheridan Avenue<br>Oklahoma City, OK 73102                                                                                                                                                                                                                                                |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                                      |  | 7014 2120 0004 6168 0833                                                                                                                                                                                                                                                                                                                                                                       |  |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11

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

*7.45*

Postmark Here  
*DEC 18 2004*

Devon Energy Production Company, LP in  
333 W. Sheridan Avenue 82762-0128  
Oklahoma City, OK 73102 Cimarex/Set-backs  
*Wolcamp*

PS Form 3800, July 2004

UNITED STATES POSTAL SERVICE

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USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DEC 29 2004

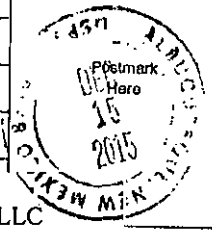
JENNIFER BRADFUTE  
MODRALL SPERLING LAW FIRM  
P.O. Box 2168  
Albuquerque, NM 87103-2168

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                        |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature <i>[Signature]</i> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, enter delivery address below: _____</p> |  |
| <p>1. Article Addressing</p> <p>Chevron USA Inc.<br/>ATTN: Sandy Stedman-Daniel<br/>1400 Smith<br/>Houston, TX 77002</p>                                                                                                                                                             |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>                             |  |
| <p>2. Article Number (Transfer from service label)</p> <p>82762-0128<br/>Cimarex/Set-backs<br/><i>WLLcamp</i></p>                                                                                                                                                                    |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                       |  |
| <p>7014 2120 0004 6168 0734</p>                                                                                                                                                                                                                                                      |  | <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1</p>                                                                                                                                                                                                                                                                  |  |

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| OFFICIAL USE                                                                                  |                                                            |
| Postage \$                                                                                    |                                                            |
| Certified Fee                                                                                 |                                                            |
| Return Receipt Fee (Endorsement Required)                                                     |                                                            |
| Restricted Delivery Fee (Endorsement Required)                                                |                                                            |
| <p>Chevron USA Inc.<br/>ATTN: Sandy Stedman-Daniel<br/>1400 Smith<br/>Houston, TX 77002</p>   | <p>82762-0128<br/>Cimarex/Set-backs<br/><i>WLLcamp</i></p> |
| PS Form 3800, July 2014 See Reverse for Instructions                                          |                                                            |

| UNITED STATES POSTAL SERVICE                                                     |                                                                                                         |
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| <p>DEC 23 2015</p>                                                               | <p>JENNIFER BRADFUTE<br/>MODRALL SPERLING LAW FIRM<br/>P.O. Box 2168<br/>Albuquerque, NM 87103-2168</p> |
| <p>12/24</p>                                                                     |                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SENDER: COMPLETE THIS SECTION</b><br><input checked="" type="checkbox"/> Complete items 1, 2, and 3.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | <b>COMPLETE THIS SECTION ON DELIVERY</b><br>A. Signature <br><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee<br>B. Received by (Printed Name) <u>JENNIFER BRADFUTE</u><br>C. Date of Delivery <u>DEC 7 1 2015</u><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If YES, enter delivery address below:                                                                                                                                                                                                                                                                                                    |  |
| Nadel and Gussman Permian, LLC<br>601 N. Marienfeld<br>Suite 508 Midland, TX 79701<br>82762-0128<br>Cimarex/ Wolfcamp Set-b                                                                                                                                                                                                                              |  | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) |  |
| 9590 9402 1273 5246 1176 10<br>7014 2120 0004 6168 0864                                                                                                                                                                                                                                                                                                  |  | PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

|                                                                                                                                   |                                                                                              |
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| <b>U.S. Postal Service</b><br><b>CERTIFIED MAIL® RECEIPT</b><br>Domestic Mail Only                                                |                                                                                              |
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| <b>OFFICIAL USE</b>                                                                                                               |                                                                                              |
| Postage \$<br>Certified Fee<br>Return Receipt Fee (Endorsement Required)<br>Restricted Delivery Fee (Endorsement Required)        | 7.45<br> |
| Nadel and Gussman Permian, LLC<br>601 N. Marienfeld<br>Suite 508 Midland, TX 79701<br>82762-0128<br>Cimarex/Set-backs<br>Wolfcamp |                                                                                              |
| PS Form 3800, July 2014 PSN 7530-02-000-9053                                                                                      |                                                                                              |

|                                                                                                                                              |                                                                                                                                                                   |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>USPS TRACKING #</b><br><br>9590 9402 1273 5246 1176 10 |                                                                                                                                                                   | First-Class Mail®<br>Postage & Fees Paid<br>USPS<br>Permit No. G-10 |
| United States Postal Service                                                                                                                 | Sender: Please print your name, address, and ZIP+4® in this box.<br>JENNIFER BRADFUTE<br>MODRALL SPERLING LAW FIRM<br>P.O. Box 2168<br>Albuquerque, NM 87103-2168 |                                                                     |



| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                   |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete items 1, 2, and 3.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits. |  | A. Signature<br>X <i>LA Pace</i>                                                                                                                                                                                                                                                                                                                                                                                   |  |
| BC Operating, Inc.<br>P.O. Box 50820<br>Midland, TX 79710                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Address<br>B. Received by (Printed Name)<br><i>LA Pace</i>                                                                                                                                                                                                                                                                                              |  |
| 82762-0128<br>Cimarex/ Wolfcamp Set-b                                                                                                                                                                                                                                                                           |  | C. Date of Delivery<br><i>1/23/15</i>                                                                                                                                                                                                                                                                                                                                                                              |  |
| 9590 9402 1273 5246 1176 27                                                                                                                                                                                                                                                                                     |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:                                                                                                                                                                                                                                                                    |  |
| Article Number (Transfer from service label)<br>7014 2120 0004 6168 0871                                                                                                                                                                                                                                        |  | Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Restricted Delivery |  |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Priority Mail Express<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restr Delivery<br><input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation<br><input type="checkbox"/> Signature Confirmation Restricted Delivery                                                                        |  |

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| <b>OFFICIAL USE</b>                                                                           |  |
| Postage \$                                                                                    |  |
| Certified Fee                                                                                 |  |
| Return Receipt Fee (Endorsement Required)                                                     |  |
| Restricted Delivery Fee (Endorsement Required)                                                |  |
| BC Operating, Inc.<br>P.O. Box 50820<br>Midland, TX 79710                                     |  |
| 82762-0128<br>Cimarex/Set-backs<br><i>WOLF CAMP</i>                                           |  |
| PS Form 3800, July 2014                                                                       |  |

| USPS TRACKING #                                                                               |  |
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| 9590 9402 1273 5246 1176 27                                                                   |  |
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| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature<br><i>Clare Pereto</i>                                                                                                            |  |
| 1. Article Addressed to:<br><br>Murchison Oil & Gas Inc.<br>Legacy Tower One<br>7250 Dallas Pkwy, Ste. 1400<br>Plano, TX 75024<br><br>82762-0128<br>Cimarex/ Wolfcamp Set-backs                                                                                                                                                                                          |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Address<br>B. Received by (Printed Name)<br><i>Clare Pereto</i>                     |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                                                                       |  | C. Date of Delivery<br>12-21-15                                                                                                                |  |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail<br><input type="checkbox"/> Registered<br><input type="checkbox"/> Insured Mail                                                                                                                                                                                                                    |  | <input type="checkbox"/> Express Mail<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> C.O.D. |  |
| 4. Restricted Delivery? (Extra Fee)                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Yes                                                                                                                   |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                                                              |  | Domestic Return Receipt                                                                                                                        |  |

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| Postage \$                                                                                                                                 |  |
| Certified Fee                                                                                                                              |  |
| Return Receipt Fee (Endorsement Required)                                                                                                  |  |
| Restricted Delivery Fee (Endorsement Required)                                                                                             |  |
| 7.45                                                                                                                                       |  |
| Murchison Oil & Gas Inc.<br>Legacy Tower One<br>7250 Dallas Pkwy, Ste. 1400<br>Plano, TX 75024 82762-0128<br>Cimarex/Set-backs<br>Wolfcamp |  |
| PS Form 3800, July 2014                                                                                                                    |  |

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| JENNIFER BRADFUTE<br>MODRALL SPERLING LAW FIRM<br>P.O. Box 2168<br>Albuquerque, NM 87103-2168 |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                           | RECIPIENT: COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mail piece, or on the front if space permits.</p> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from Item 1? <span style="float: right;"><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</span><br/>If YES, enter delivery address below:</p>                                                                                                            |
| <p>Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Unit Petroleum Co.<br/>P. O. Box 702500<br/>Tulsa, OK 74170</p> </div> <p style="margin-top: 20px;">82762-0128<br/>Cimarex/ Wolfcamp Set-back</p>                                                                                               | <p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="float: right;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="float: right;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p> |
| <p>2. Article Number</p> <p>(Transfer from service label)</p>                                                                                                                                                                                                                                                                                           | <p>7014 2120 0004 6166 0727</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature: <i>[Signature]</i><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                            |  |
| 1. Article Addressed to:<br><br>Read & Stevens, Inc.<br>P.O. Box 1518<br>Roswell, NM 88202<br><br>82762-0128<br>Cimarex/ Wolfcamp Set-back                                                                                                                                                                                                                               |  | B. Received by (Printed Name): <i>[Signature]</i><br>C. Date of Delivery: <i>[Signature]</i><br>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below. <input type="checkbox"/> No                                                                                                                     |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                                                                       |  | 3. Service Type:<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                                                              |  | Domestic Return Receipt 102595-02-M-1                                                                                                                                                                                                                                                                                                                               |  |

7014 2120 0004 6168 0819

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

745

Read & Stevens, Inc.  
 P.O. Box 1518  
 Roswell, NM 88202 82762-0128  
 Cimarex/Set-backs  
 WOLF CAMP

Postmark: ALBUQUERQUE, NM 87103 DEC 21 2005

for instructions

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 Albuquerque, NM 87103-2168

DEC 21 2005

2168

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature <i>[Signature]</i><br><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address                                                                                                                                                                                                                                                   |  |
| 1. Article Addressed to:<br><br>Fasken Oil & Ranch, Ltd.<br>6101 Holiday Hill Road<br>Midland, TX 79707<br><br>82762-0128<br>Cimarex/ Wolfcamp Set-backs                                                                                                                                                                                                                 |  | B. Received by (Printed Name) <i>Ruth M. Smith</i><br>C. Date of Delivery <i>12-1-87</i><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:                                                                                                                     |  |
| 2. Article Number<br>(Transfer from service label) <i>7014 2120 0004 6168 0772</i>                                                                                                                                                                                                                                                                                       |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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| Postage                                           | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

*7.45*

Fasken Oil & Ranch, Ltd.  
 6101 Holiday Hill Road  
 Midland, TX 79707  
 82762-0128  
 Cimarex/Set-backs  
 Wolfcamp

PS Form 3800, July 2014

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JENNIFER BRADFUTE  
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 P.O. Box 2168  
 Albuquerque, NM 87103-2168

DEC 21 2005

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                           |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                  |  |
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| <input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature <i>Sickie Lathan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address<br>B. Received by (Printed Name) <i>Sickie Lathan</i> C. Date of Delivery <i>12/18/15</i><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:                     |  |
| Mewbourne Oil Co.<br>P.O. Box 5270<br>Hobbs, NM 88241                                                                                                                                                                                                                                                                                   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                                      |  | 7014 2120 0004 6168 0857                                                                                                                                                                                                                                                                                                                                           |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                             |  | Domestic Return Receipt 102595-02-M-15                                                                                                                                                                                                                                                                                                                             |  |

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

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Mewbourne Oil Co.  
 P.O. Box 5270  
 Hobbs, NM 88241

82762-0128  
 Cimarex/Set-backs

PS Form 3800, July 2014

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Sender: Please print your name, address, and ZIP+4 in this box.

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 P.O. Box 2168  
 Albuquerque, NM 87103-2168

| SENDER COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                  |  |
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| <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits. |  | A. Signature<br><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Address                                                                                                                                                                                          |  |
| Yates Petroleum Corporation<br>105 S 4th St.<br>Artesia, NM 88210                                                                                                                                                                                                                                                                                                       |  | B. Received by (Printed Name)<br>B. Wolfcamp<br>C. Date of Delivery<br>12/17/10                                                                                                                                                                                                                                                                                    |  |
| 82762-0128<br>Cimarex/ Wolfcamp Set-backs                                                                                                                                                                                                                                                                                                                               |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                    |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                                                                      |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                                                             |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                            |  |

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

745

Yates Petroleum Corporation  
 105 S 4th St.  
 Artesia, NM 88210

82762-0128  
 Cimarex/Set-backs  
 Wolfcamp

PS Form 3800, July 2014

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| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                          |  |
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| <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature: <i>[Signature]</i><br>B. Received by (Printed Name): <i>St. Berry</i><br>C. Date of Delivery: <i>12-18-04</i><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If YES, enter delivery address below:                                                                                                                  |  |
| 1. Article Addressed to:<br><br>Apache Corporation<br>303 Veterans Airpark Lane<br>Suite 3000<br>Midland, TX 79705<br>82762-0128<br>Cimarex/ Wolfcamp Set-backs                                                                                                                                                                                                          |  | 3. Service Type:<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                                                                       |  | 7014 2120 0004 6168 0789                                                                                                                                                                                                                                                                                                                                                                                   |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                                                              |  | Domestic Return Receipt 102595-02-M-1                                                                                                                                                                                                                                                                                                                                                                      |  |

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

7.45

7014 2120 0004 6168 0789

Apache Corporation  
 303 Veterans Airpark Lane  
 Suite 3000  
 Midland, TX 79705  
 Cimarex/ Set-backs  
 Wolfcamp

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JENNIFER BRADFUTE  
 MODRALL SPERLING LAW FIRM  
 P.O. Box 2168  
 Albuquerque, NM 87103-2168

DEC 21 2005

| SENDER COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                             |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.<br><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  | A. Signature<br><i>x Andree Anispe</i>                                                                                                                                                                                                                                                         |  |
| 1. Article Addressed to:<br><br>COG Operating, LLC<br>One Concho Center<br>600 W. Illinois Ave.<br>Midland, TX 79701<br><br>82762-0128<br>Cimarex/ Wolfcamp Set-back<br>(Transfer from service label)                                                                                                                                                                    |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Address<br><br>B. Received by (Printed Name)<br><i>Andree Anispe</i><br>C. Date of Delivery<br><i>12-18-15</i>                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                          |  | D. Is delivery address different from Item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                          |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|                                                                                                                                                                                                                                                                                                                                                                          |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                               |  |
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PS Form 3811, February 2004

Domestic Return Receipt

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| Restricted Delivery Fee (Endorsement Required)                                                                                      |  |
| 7-45                                                                                                                                |  |
| COG Operating, LLC<br>One Concho Center<br>600 W. Illinois Ave.<br>Midland, TX 79701<br>82762-0128<br>Cimarex/Set-backs<br>Wolfcamp |  |
| See reverse for instructions                                                                                                        |  |

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## Affidavit of Publication

State of New Mexico,  
County of Eddy, ss.

Rynni Henderson, being first duly  
sworn, on oath says:

That she is the Publisher of the  
Carlsbad Current-Argus, a  
newspaper published daily at the  
City of Carlsbad, in said county of  
Eddy, state of New Mexico and of  
general paid circulation in said  
county; that the same is a duly  
qualified newspaper under the laws  
of the State wherein legal notices  
and advertisements may be  
published; that the printed notice  
attached hereto was published in the  
regular and entire edition of said  
newspaper and not in supplement  
thereof on the date as follows, to wit:

December 22 2015

That the cost of publication is  
\$173.98 and that payment thereof  
has been made and will be  
assessed as court costs.

*[Signature]*

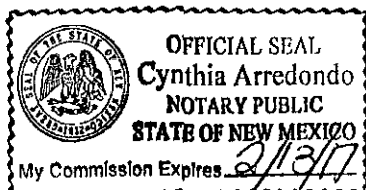
Subscribed and sworn to before me  
this 30 day of December,  
2015

*[Signature]*

My commission Expires

2/13/17

Notary Public



December 22, 2015

Case No. 15430: Notice to all affected parties, as well as the heirs and devisees of Chevron USA Inc. Unit Petroleum Co. JKM Energy, LLC, COG Operating, LLC, Fasken Oil & Ranch, Ltd., Apache Corporation, Murchison Oil & Gas Inc., BP America Production Company, Read & Stevens, Inc., Yates Petroleum Corporation, Devon Energy Production Company, LP, Matador Production Company, Mewbourne Oil Co., Nadel and Gussman Permian, LLC, BC Operating, Inc., Application Cimarco Energy Co. of Colorado to Change the Setback Requirements in the Wolfcamp Formation Within Townships 24S, 25S, 26S, and Ranges 25E, 26E, and 27E, N.M.P.M., Eddy County, New Mexico, to expand pool boundaries, and to establish the Crooked Creek Wolfcamp Gas (East) Pool, the Black River, Wolfcamp, Southwest (Gas) Pool, and Create the Welch, Wolfcamp Pool, the Milepost, Wolfcamp (Gas) Pool, and the Milepost, Wolfcamp, Northeast (Gas) Pool in Eddy County, New Mexico. The State of New Mexico, through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on January 7, 2016, to consider this application. Applicant seeks an order from the Division: (1) a modification to the setback requirements in the current and proposed Wolfcamp pools included in Townships 24S, 25S, 26S, Ranges 25E, 26E, 27E, N.M.P.M., Eddy County, New Mexico, to require wells to be located no closer than 330 feet to the outer boundary of a spacing unit; (2) an expansion of the boundaries of the White City, Wolfcamp Southwest (Gas) Pool (97766); White City, Wolfcamp South (Gas) Pool (97592); Sage Draw, Wolfcamp (Gas) Pool (84407); Sage Draw, Wolfcamp East (Gas) Pool (96890); Black River, Wolfcamp Pool (72240); Black River, Wolfcamp East (Gas) Pool (97442); and the Sulphate Draw, Wolfcamp (Gas) Pool (85780); (3) the establishment of the Crooked Creek Wolfcamp Gas (East)

Pool covering the N/2 of Section 5, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico; (4) the establishment of the Black River, Wolfcamp, Southwest (Gas) Pool covering the E/2 of Section 25 and the E/2 of Section 36, Township 24 South, Range 25 East, N.M.P.M., Eddy County, New Mexico, and the W/2 of Section 14, E/2 of Section 22, NW/4 of Section 23, W/2, NE/4 of Section 27, S/2 of Section 28, S/2 of Section 29, all of Section 30, and the S/2 and NW/4 of Section 32, Township 24 South, Range 26 East, N.M.P.M., Eddy County, New Mexico; and (5) the creation of the Welch, Wolfcamp Pool (98017), covering Sections 26, 27, 28, 29, 32, 33, 34 and 35, of Township 26 South, Range 27 East, N.M.P.M., Eddy County, New Mexico, the Milepost, Wolfcamp (Gas) Pool (97950), (proposed pool) (WC-015), S262529E, Wolfcamp (Gas) Pool covering the W/2 of Section 26, Township 29 South, Range 25 East, N.M.P.M., Eddy County, New Mexico, and the Milepost, Wolfcamp, Northeast Pool (97882), (proposed pool) (Wildcat S262616A, Wolfcamp (Gas) Pool, covering the E/2 of Section 16, Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico, Township 25 South, Range 26 East is centrally located in the affected acreage and is located approximately 30 miles South of Carlsbad, New Mexico.