

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR SPECIAL RULES AND
REGULATIONS FOR THE BRINNINSTOOL-BONE
SPRING POOL, LEA COUNTY, NEW MEXICO.**

Case No. 15,438

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR SPECIAL RULES AND
REGULATIONS FOR THE TRIPLE X-BONE SPRING
POOL, LEA COUNTY, NEW MEXICO.**

Case No. 15,439

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR SPECIAL RULES AND
REGULATIONS FOR THE CRUZ-BONE SPRING POOL,
LEA COUNTY, NEW MEXICO.**

Case No. 15,440

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

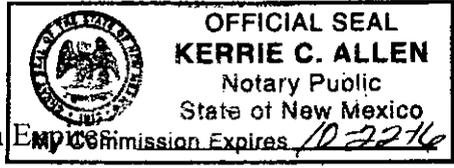
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners and operators entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the interest owners and operators, at their last known addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rule NMAC 19.15.4.

Oil Conservation Division
Case No. _____
Exhibit No. 8

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of ^{February} ~~January~~, 2016 by James Bruce.



My Commission Expires

Kerrie C. Allen
Notary Public

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruc@aol.com

January 13, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

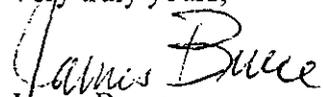
Ladies and gentlemen:

Enclosed are copies of three application for special pool rules, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the Brinninstool-Bone Spring Pool, Triple X-Bone Spring Pool, and Cruz-Bone Spring Pool, located in parts of Township 23 South, Range 33 East, N.M.P.M. and Township 24 South, Range 33 East, N.M.P.M.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 4, 2016, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest in one or more of the pools that may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, January 28, 2016. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Devon Energy Production Company, L.P.

Attachment A

EXHIBIT A

COG Production LLC
COG Operating LLC
One Concho Center
600 West Illinois Avenue
Midland, Texas 79701

Endurance Resources LLC
Suite 1050
15455 Dallas Parkway
Addison, Texas 75234

Murchison Oil & Gas, Inc.
Legacy Tower One
Suite 1400
7250 Dallas Parkway
Plano, Texas 75024

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Fulfer Oil & Cattle LLC
P.O. Box 1224
Jal, New Mexico 88252

OXY USA Inc.
5 Greenway Plaza
Houston, Texas 77046

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

Cimarex Energy Co.
Cimarex Energy Co. of Colorado
Magnum Hunter Production, Inc.
Suite 600
600 North Marienfeld
Midland, Texas 79701

Commissioner of Public Lands
Oil, Gas & Minerals Division
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

Chesapeake Energy Corporation
P.O. Box 18496
Oklahoma City, Oklahoma 73102

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

Bureau of Land Management
620 East Greene Street
Carlsbad, New Mexico 88220

ConocoPhillips Company
600 North Dairy Ashford
Houston, Texas 77079

Trainer Partners, Ltd.
P.O. Box 3788
Midland, Texas 79702

Performance Oil & Gas Company
Suite 1500
5400 Lyndon B. Johnson Freeway
Dallas, Texas 75240-1017

Joseph William Foran
Suite 1500
5400 Lyndon B. Johnson Freeway
Dallas, Texas 75240-1017

Angelo Holdings LLC
P.O. Box 50086
Midland, Texas 79710

Lucille H. Pipkin Trust
P.O. Box 1174
Roswell, New Mexico 88202-1174

Mitchell Exploration
6212 Homestead Boulevard
Midland, Texas 79707

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label):
9590 9402 1240 5246 2060 88
7012 0470 0001 5955 0165

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *J. Berry* Agent Addressee

B. Received by (Printed Name)
J. Berry

C. Date of Delivery
1-19-16

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

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

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

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

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

OFFICIAL USE

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

Sent To: Chesapeake Energy Corporation
P.O. Box 18496
Oklahoma City, Oklahoma 73102

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0196

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

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

OFFICIAL USE

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

Sent To: EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chesapeake Energy Corporation
P.O. Box 18496
Oklahoma City, Oklahoma 73102

2. Article Number (Transfer from service label):
9590 9402 1240 5246 2060 57
7012 0470 0001 5955 0196

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RECEIVED Agent Addressee

B. Received by (Printed Name)
JAN 19 2016

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
MAILROOM 13

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

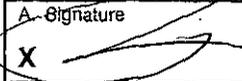
Fulfer Oil & Cattle LLC
P.O. Box 1224
Jal, New Mexico 88252

9590 9402 1240 5246 2061 01

2. Article Number (Transfer from service label)
7012 0470 0001 5955 0141

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

Agent
 Addressee

B. Received by (Printed Name)
R. C. Givice

C. Date of Delivery
1/20/16

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

3. Service Type

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

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

Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Performance Oil & Gas Company
Suite 1500
Street, Apt. No.: 5400 Lyndon B. Johnson Freeway
or PO Box No. Dallas, Texas 75240-1017
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

0240 5955 1000 0470 0101 2107

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Fulfer Oil & Cattle LLC
P.O. Box 1224
Street, Apt. No.: Jal, New Mexico 88252
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

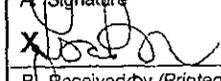
Performance Oil & Gas Company
Suite 1500
5400 Lyndon B. Johnson Freeway
Dallas, Texas 75240-1017

9590 9402 1240 5246 2060 02

2. Article Number (Transfer from service label)
7012 0470 0001 5955 0240

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

Agent
 Addressee

B. Received by (Printed Name)
R. C. Givice

C. Date of Delivery

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

3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt

7012 0470 0001 5955 0141

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
 X *Robert T. [Signature]* Agent Addressee

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

1. Article Addressed to:

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

Lucille H. Pipkin Trust
 P.O. Box 1174
 Roswell, New Mexico 88202-1174



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

9590 9402 1240 5246 2059 75

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0271

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

Domestic Return Receipt

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

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

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

Postmark Here

Sent To
 XTO Energy Inc.
 810 Houston Street
 Fort Worth, Texas 76102
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0271

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

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

Postmark Here

Sent To
 Lucille H. Pipkin Trust
 P.O. Box 1174
 Roswell, New Mexico 88202-1174
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0271

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
 X *Deanna Coy* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 JAN 19 2016

1. Article Addressed to:

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

XTO Energy Inc.
 810 Houston Street
 Fort Worth, Texas 76102

9590 9402 1240 5246 2061 25

7012 0470 0001 5955 0127

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

Domestic Return Receipt

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bureau of Land Management
620 East Greene Street
Carlsbad, New Mexico 88220

9590 9402 1240 5246 2060 33

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11/19/16*

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

3. Service Type Priority Mail Express® Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To		Murchison Oil & Gas, Inc.
Street, Apt. No., or PO Box No.		Legacy Tower One Suite 1400
City, State, ZIP+4		7250 Dallas Parkway Plano, Texas 75024

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0110

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$
Sent To		Bureau of Land Management
Street, Apt. No., or PO Box No.		620 East Greene Street
City, State, ZIP+4		Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0219

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Murchison Oil & Gas, Inc.
Legacy Tower One
Suite 1400
7250 Dallas Parkway
Plano, Texas 75024

9590 9402 1240 5246 2061 32

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0110

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Elaine Peveto* Agent Addressee

B. Received by (Printed Name) *Elaine Peveto* C. Date of Delivery *11.19.16*

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

3. Service Type Priority Mail Express® Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
[Handwritten Signature] Agent Addressee

B. Received by (Printed Name) *W. Davidson* C. Date of Delivery *1/31/14*

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

1. Article Addressed to:

Trainer Partners, Ltd.
 P.O. Box 3788
 Midland, Texas 79702

2. Article Number (Transfer from service label)
 9590 9402 1240 5246 2060 19
 7012 0470 0001 5955 0233

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery (50¢)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7012 0470 0001 5955 0202

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

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

Sent To
 Chevron U.S.A. Inc.
 15 Smith Road
 Midland, Texas 79705

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

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

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

Sent To
 Trainer Partners, Ltd.
 P.O. Box 3788
 Midland, Texas 79702

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
[Handwritten Signature] Agent Addressee

B. Received by (Printed Name) *C. Lauren* C. Date of Delivery *1/16/14*

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

1. Article Addressed to:

Chevron U.S.A. Inc.
 15 Smith Road
 Midland, Texas 79705

9590 9402 1240 5246 2060 40
 7012 0470 0001 5955 0202

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

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

Domestic Return Receipt

7012 0470 0001 5955 0233

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joseph William Foran
Suite 1500
5400 Lyndon B. Johnson Freeway
Dallas, Texas 75240-1017

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0257

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

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

[Signature]

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

3. Service Type Priority Mail Express®

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7012 0470 0001 5955 0257

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Total Postage **Cimarex Energy Co.**
Cimarex Energy Co. of Colorado

Sent To **Magnum Hunter Production, Inc.**
Suite 600

Street, Apt. No., or PO Box No. **600 North Marienfeld**
Midland, Texas 79701

City, State, ZIP+4

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

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

OFFICIAL USE

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

Total Postage & _____

Sent To **Joseph William Foran**
Suite 1500

Street, Apt. No., or PO Box No. **5400 Lyndon B. Johnson Freeway**
Dallas, Texas 75240-1017

City, State, ZIP+4

7012 0470 0001 5955 0257

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cimarex Energy Co.
Cimarex Energy Co. of Colorado
Magnum Hunter Production, Inc.
Suite 600
600 North Marienfeld
Midland, Texas 79701

2. Article Number (Transfer from service label)

9590 9402 1240 5246 2060 71

7012 0470 0001 5955 0172

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

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

[Signature] **1-19-16**

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

3. Service Type Priority Mail Express®

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mitchell Exploration
6212 Homestead Boulevard
Midland, Texas 79707

9590 9402 1240 5246 2059 68

Article Number (Transfer from service label)
7012 0470 0001 5955 0288

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Karl Hill Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 1/19/16

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

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

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

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

OFFICIAL USE

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

Sent To
COG Production LLC
COG Operating LLC
One Concho Center
600 West Illinois Avenue
Midland, Texas 79701

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0097

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

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

OFFICIAL USE

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

Sent To
Mitchell Exploration
6212 Homestead Boulevard
Midland, Texas 79707

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0288

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

COG Production LLC
COG Operating LLC
One Concho Center
600 West Illinois Avenue
Midland, Texas 79701

9590 9402 1240 5246 2061 56

Article Number (Transfer from service label)
7012 0470 0001 5955 0097

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Emily Auringer Addressee

B. Received by (Printed Name) EMILY AURINGER C. Date of Delivery 1/20/16

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

9590 9402 1240 5246 2061 18

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0134

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *Bora*

- Agent
- Addressee

B. Received by (Printed Name)

Bora

C. Date of Delivery

1/19/16

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

- Yes
- No

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Angelo Holdings LLC
P.O. Box 50086
Midland, Texas 79710
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5955 0264

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

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5955 0134

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Angelo Holdings LLC
P.O. Box 50086
Midland, Texas 79710

9590 9402 1240 5246 2059 82

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0264

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *Mike Heathington*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/20/16

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

- Yes
- No

3. Service Type

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

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Commissioner of Public Lands
Oil, Gas & Minerals Division
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

9590 9402 1240 5246 2060 64
Article Number (Transfer from service label)

7012 0470 0001 5955 0189
Article Number (Transfer from service label)

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

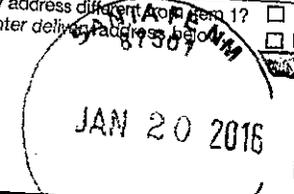
COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

- Agent
- Addressee

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

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Collect on Delivery Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

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

Sent To
ConocoPhillips Company
600 North Dairy Ashford
Houston, Texas 77079

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0226

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

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

OFFICIAL USE

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

Sent To
Commissioner of Public Lands
Oil, Gas & Minerals Division
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5955 0189

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ConocoPhillips Company
600 North Dairy Ashford
Houston, Texas 77079

9590 9402 1240 5246 2060 26
Article Number (Transfer from service label)

7012 0470 0001 5955 0226
Article Number (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

- Agent
- Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Collect on Delivery Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. B. BERRY</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>OXY USA Inc. 5 Greenway Plaza Houston, Texas 77046</p> <p>9590 9402 1240 5246 2060 95</p> <p>7012 0470 0001 5955 0158</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	

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

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To: Endurance Resources LLC	
Suite 1050	
15455 Dallas Parkway	
Addison, Texas 75234	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5955 0158

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: OXY USA Inc.	
5 Greenway Plaza	
Houston, Texas 77046	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5955 0158

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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 If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Endurance Resources LLC Suite 1050 15455 Dallas Parkway Addison, Texas 75234</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from previous label)</p> <p>9590 9402 1240 5246 2061 49</p> <p>7012 0470 0001 5955 0103</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

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