

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

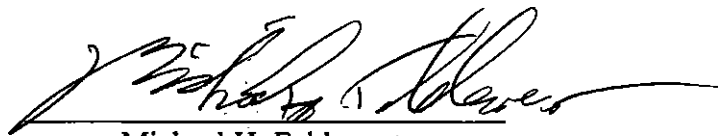
**APPLICATION OF COG OPERATING LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 15495

AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letters and proof of receipts attached hereto.

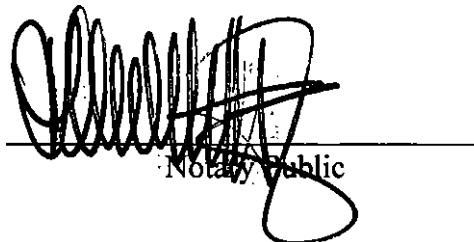


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of August 2016 by Michael H.
Feldewert.



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



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 13
Submitted by: COG OPERATING LLC
Hearing Date: August 4, 2016**

HOLLAND & HART



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

May 6, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: PARTIES SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
Halberd 27 State Com No. 21H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on May 26, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

If you have any questions about this matter please contact Dylan Park, at (432) 685-2539 or dpark@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart

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

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

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

HOLLAND & HART



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

May 6, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET PARTIES

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Halberd 27 State Com No. 21H Well

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

This application has been set for hearing before a Division Examiner at 8:15 AM on May 26, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

If you have any questions about this matter please contact Dylan Park, at (432) 685-2539 or dpark@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

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

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



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

May 6, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE YESO FORMATION

Re: Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Eddy County, New Mexico.
Halberd 27 State Com No. 21H Well

Dear Sir or Madam:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because you own an interest above 4,000' in the Yeso formation that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Yeso formation below 4,000'.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 26, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

If you have any questions about this matter please contact Dylan Park, at (432) 685-2539 or dpark@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

**COG OPERATING LLC
HALBERD 21H WELL**

POOLED PARTIES:

Heirs of Lauretta M. Phillips
Mrs. OrLynn Shelden
3020 Buttonhook Road
Solvang, CA 93463

OXY USA WTP Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

Wadi Petroleum Inc.
4355 Sylvanfield Blvd.
Houston, TX 77014

Carolyn K. Lisle, Trustee of the
Carolyn K. Lisle Revocable Trust
P.O. Box 21357
Oklahoma City, OK 73156

GMSR, Ltd., a Texas LP
P.O. Box 113
Midland, TX 79702-0113

David W. Marcum
3115 Stanolind
Midland, TX 79705

C. Kay Marcum, Trustee of the C.
Kay Marcum Revocable Trust
9425 Nix Road
Tolar, TX 76476

Stacey Hutcherson, as her
separate property
112 Gainer Drive
Hutto, TX 78634

Judy F. Mulroy
2231 Pine River Drive
Kingwood, TX 77330

Beverly Gooden
P.O. Box 173
Childress, TX 79201-0173

Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046-0526

The Wright Company
P.O. Box 752
Stanton, TX 79782

Manix Royalty, Ltd.
P.O. Box 2818
Midland, TX 79702

HORIZONTAL OFFSET:

Apache Corporation
303 Veterans Airpark Lane
Midland, TX 79701

Mrs. OrLynn Shelden
3020 Buttonhook Road
Solvang, CA 93463

Abo Petroleum Corporation
105 South 4th St.
Artesia, NM 88210

Martin Yates III and Martin
Yates, Jr.
112 North 1st
Artesia, NM 88210

Kerr-McGee O&G Onshore, LP
Land Department
P.O. Box 1330
Houston, TX 77251

Alamo Permian Resources, LLC
415 Wall Street
Midland, TX 79701

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

Breitburn Operating LP
600 Travis, Suite 4800
Houston, TX 77002

**COG OPERATING LLC
HALBERD 21H WELL**

VERTICAL OFFSET

**Occidental Permian Limited
Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046**

**John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705**

**Wadi Petroleum Inc.
4355 Sylvanfield Blvd.
Houston, TX 77014**

**Carolyn K. Lisle, Trustee of the
Carolyn K. Lisle Revocable Trust
P.O. Box 21357
Oklahoma City, OK 73156**

**GMSR, Ltd., a Texas LP
P.O. Box 113
Midland, TX 79702-0113**

**David W. Marcum
3115 Stanolind
Midland, TX 79705**

**C. Kay Marcum, Trustee of the C.
Kay Marcum Revocable Trust
9425 Nix Road
Tolar, TX 76476**

**Stacey Hutcherson, as her
separate property
112 Gainer Drive,
Hutto, TX 78634**

**Judy F. Mulroy
2231 Pine River Drive
Kingwood, TX 77330**

**Beverly Gooden
P.O. Box 173
Childress, TX 79201-0173**

7015 3010 0001 8827 0447

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OFFICIAL USE

Certified Mail Fee \$ 3.85

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P \$

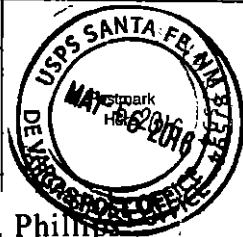
Sent To \$

Street \$

City, Sta \$

Heirs of Loretta M. Phillips
 Mrs. OrLynn Shelden
 3020 Buttonhook Road
 Solvang, CA 93463

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



7015 3010 0001 8827 0454

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Certified Mail Fee \$ 3.85

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P \$

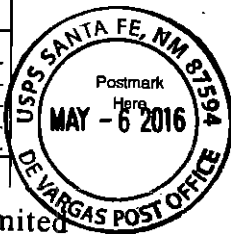
Sent To \$

Street \$

City, Sta \$

OXY USA WTP Limited
 Partnership
 5 Greenway Plaza, Suite 110
 Houston, TX 77046

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Heirs of Loretta M. Phillips
 Mrs. OrLynn Shelden
 3020 Buttonhook Road
 Solvang, CA 93463

2. Article Number (Transfer from service label):

7015 3010 0001 8827 0447

COMPLETE THIS SECTION ON DELIVERY

A. Signature: OrLynn Shelden ☐ Agent ☐ Addressee

B. Received by (Printed Name): OrLynn Shelden C. Date of Delivery: 5/9/16

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

3. Service Type

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

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

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

1. Article Addressed to:

OXY USA WTP Limited
 Partnership
 5 Greenway Plaza, Suite 110
 Houston, TX 77046

2. Article Number (Transfer from service label):

7015 3010 0001 8827 0454

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

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

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

3. Service Type

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

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

7015 3010 0001 8827 0461

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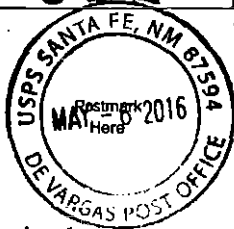
Certified Mail Fee
 \$ 3.45

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

Postage
 \$
 Total \$
 Sent to
 Street
 City

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

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



7015 3010 0001 8827 4322

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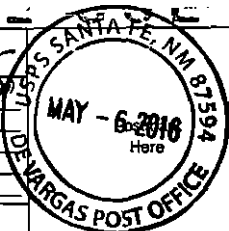
Certified Mail Fee
 \$ 3.45

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

Postage
 \$
 Total \$
 Sent to
 Street
 City

John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

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



SENDER: COMPLETE THIS SECTION

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 ■ Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:
Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number (Transfer from service label)
7015 3010 0001 8827 0461

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
John Kennedy

C. Date of Delivery
5/14/16

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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 ■ 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:
John Kennedy
6 Desta Drive, Suite 3000
Midland, TX 79705

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4322

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
John Kennedy

C. Date of Delivery
5/14/16

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

Domestic Return Receipt

7015 3010 0001 8827 4339

U.S. Postal Service™
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OFFICE **HALBERD 21H**

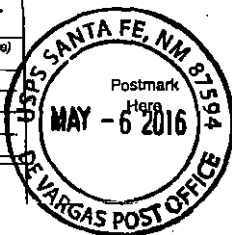
Certified Mail Fee \$ 3.85
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total \$

Sent To **Wadi Petroleum Inc.**
4355 Sylvanfield Blvd.
Houston, TX 77014

Street
 City, State

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



7015 3010 0001 8827 4346

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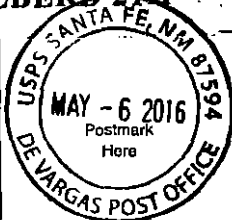
Certified Mail Fee \$ 3.85
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total \$

Sent To **Carolyn K. Lisle, Trustee of the**
Carolyn K. Lisle Revocable Trust
P.O. Box 21357
Oklahoma City, OK 73156

Street
 City, State

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



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- 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:

Wadi Petroleum Inc.
4355 Sylvanfield Blvd.
Houston, TX 77014

9590 9401 0128 5225 9709 72

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4339

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
 B. Received by (Printed Name) **K. Caldwell**

☐ Agent
☐ Addressee

C. Date of Delivery

5-10

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

SENDER: COMPLETE THIS SECTION

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- 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:

Carolyn K. Lisle, Trustee of the
Carolyn K. Lisle Revocable Trust
P.O. Box 21357
Oklahoma City, OK 73156

9590 9401 0128 5225 9709 89

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4346

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
 B. Received by (Printed Name) **K. Lisle**

☐ Agent
☐ Addressee

C. Date of Delivery

MAY 12 2016

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

7015 3010 0001 8827 4353

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit **HALBERD 21H**

OFFICIAL USE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To **GMSR, Ltd., a Texas LP**
P.O. Box 113
Midland, TX 79702-0113

City, State, ZIP+4®

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



7015 3010 0001 8827 4360

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OFFICIAL USE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

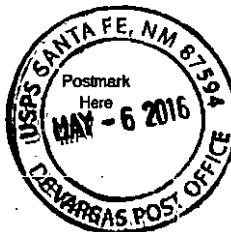
Postage \$

Total \$

Sent To **David W. Marcum**
3115 Stanolind
Midland, TX 79705

City, State, ZIP+4®

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
David W. Marcum
3115 Stanolind
Midland, TX 79705

2. **7015 3010 0001 8827 4360**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x Sharon Marcum

B. Received by (Printed Name) **Sharon Marcum**

C. Date of Delivery **5/6/16**

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
☐ Insured Mail ☐ Restricted Delivery

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

7015 3010 0001 8827 4377

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

For delivery information, **MHF/**
HALBERD 21H

OFFICE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To C. Kay Marcum, Trustee of the C.
 Kay Marcum-Revocable Trust
 9425 Nix Road
 Tolar, TX 76476

City, State, ZIP+4® _____

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



7015 3010 0001 8827 4384

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

For delivery information, **MHF/**
HALBERD 21H

OFFICE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

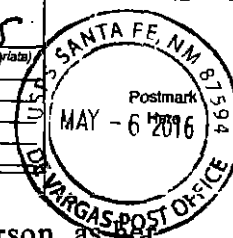
Postage \$ _____

Total Postage \$ _____

Sent To Stacey Hutcherson, as her
 separate property
 112 Gainer Drive
 Hutto, TX 78634

City, State, ZIP+4® _____

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



RETURNED

7015 3010 0001 8827 4391

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/
HALBERD 21H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.10

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Judy F. Mulroy**
2231 Pine River Drive
Kingwood, TX 77330

Street and City, State

Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Judy F. Mulroy
2231 Pine River Drive
Kingwood, TX 77330

9590 9401 0128 5225 9710 30

7015 3010 0001 8827 4391

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

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

3. Service Type

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



Domestic Return Receipt

7015 3010 0001 8827 4407

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/
HALBERD 21H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.10

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Beverly Gooden**
P.O. Box 173
Childress, TX 79201-0173

Street and City, State

Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Beverly Gooden
P.O. Box 173
Childress, TX 79201-0173

9590 9401 0128 5225 9710 47

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4407

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Denise Beck

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

3. Service Type

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

Domestic Return Receipt

7015 3010 0001 8827 4414

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

MHF/
HALBERD 21H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

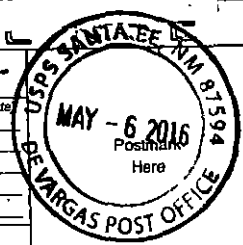
Sent To

Street and

City, State

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046-0526

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



7015 3010 0001 8827 4520

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

MHF/
HALBERD 21H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

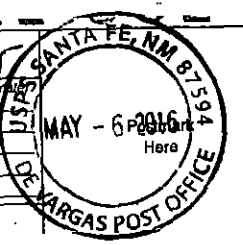
Sent To

Street and

City, State

The Wright Company
P.O. Box 752
Stanton, TX 79782

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046-0526

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4414

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

B. Received by (Printed Name) **SEBASTIAN**

C. Date of Delivery **MAY 17 2016**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail ☐ Restricted Delivery

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:

The Wright Company
P.O. Box 752
Stanton, TX 79782

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4520

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

B. Received by (Printed Name) **Dianna Beck**

C. Date of Delivery **MAY 17 2016**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

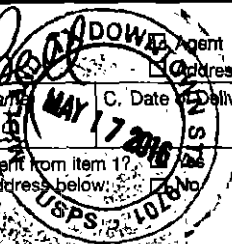
☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

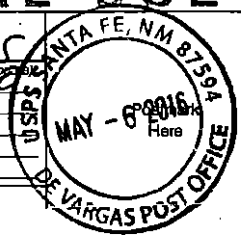
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail ☐ Restricted Delivery



7015 3010 0001 8827 4537

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
MHF/	
For delivery information, HALBERD 21H	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Total P	\$
Sent To	Manix Royalty, Ltd.
Street a	P.O. Box 2818
City, St	Midland, TX 79702
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



7015 3010 0001 8827 4544

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

For delivery information, visit **MHF/**
HALBERD 21H

OFFICIAL

Certified Mail Fee
 \$ 3.45

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

Postage
 \$

Total Postage
 \$

Sent To
 Apache Corporation
 303 Veterans Airpark Lane
 Midland, TX 79701

Street and Apt.
 City, State, ZIP+4®

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



7015 3010 0001 8827 4551

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

For delivery information, visit **MHF/**
HALBERD 21H

OFFICIAL

Certified Mail Fee
 \$ 3.45

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

Postage
 \$

Total Postage
 \$

Sent To
 Mrs. OrLynn Shelden
 3020 Buttonhook Road
 Solvang, CA 93463

Street and Apt.
 City, State, ZIP+4®

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



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:

Apache Corporation
 303 Veterans Airpark Lane
 Midland, TX 79701

9590 9401 0128 5225 9694 26

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4544

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Jera

☒ Agent
☐ Addressee

B. Received by (Printed Name)

R-FORCE

C. Date of Delivery

5-12-16

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® ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over 500g)

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:

Mrs. OrLynn Shelden
 3020 Buttonhook Road
 Solvang, CA 93463

9590 9401 0128 5225 9694 33

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4551

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

(over 500g)

Domestic Return Receipt

7015 3010 0001 8827 4568

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

For delivery information, visit **OFFICE** **HALBERD 21H**

Certified Mail Fee
 \$ 3.45

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

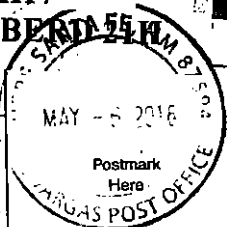
Postage
 \$

Total
 \$

Sent To
Abo Petroleum Corporation
105 South 4th St.
Artesia, NM 88210

City, State, ZIP+4®
Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Abo-Petroleum Corporation
105 South 4th St.
Artesia, NM 88210

2. Article Number (Transfer from service label)
7015 3010 0001 8827 4568

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Dina

C. Date of Delivery
5/9/16

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

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

7015 3010 0001 8827 4575

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

For delivery information, visit **OFFICE** **HALBERD 21H**

Certified Mail Fee
 \$ 3.45

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

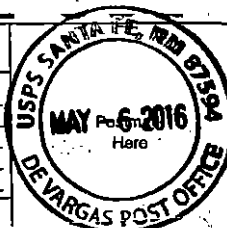
Postage
 \$

Total Post
 \$

Sent To
Martin Yates III and Martin
Yates, Jr.
112 North 1st
Artesia, NM 88210

City, State, ZIP+4®
Artesia, NM 88210

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



RETURNED

7015 3010 0001 8827 4582

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

For delivery information, visit **OFFIC**

MHF/
HALBERD 21H

Certified Mail Fee \$ 3.85

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street Kerr-McGee O&G Onshore, LF

City Land Department

State P.O. Box 1330

Zip Houston, TX 77251

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Kerr-McGee O&G Onshore
 Land Department
 P.O. Box 1330
 Houston, TX 77251

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4582

COMPLETE THIS SECTION ON DELIVERY

A. Signature X James Felder ☐ Agent ☐ Addressee

B. Received by (Printed Name) JAMES FELDER

C. Date of Delivery 5-17

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

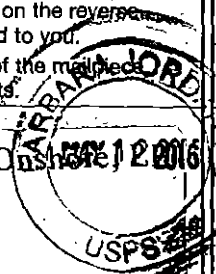
☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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



7015 3010 0001 8827 4599

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

For delivery information, visit **OFFIC**

MHF/
HALBERD 21H

Certified Mail Fee \$ 3.85

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Po \$

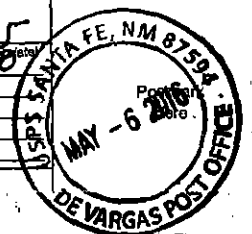
Sent To \$

Street Alamo Permian Resources, LLC

City, State 415 Wall Street

Zip Midland, TX 79701

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Alamo Permian Resources, LLC
 415 Wall Street
 Midland, TX 79701

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4599

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Manning ☐ Agent ☐ Addressee

B. Received by (Printed Name) Manning

C. Date of Delivery 5-17

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 4605

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

For delivery information, visit **MHF/ HALBERD 21H OFFICE**

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To

Street

City, St

Occidental Permian Ltd.
 P.O. Box 4294
 Houston, Texas 77210

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



7015 3010 0001 8827 4612

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

For delivery information, visit **MHF/ HALBERD 21H OFFICE**

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

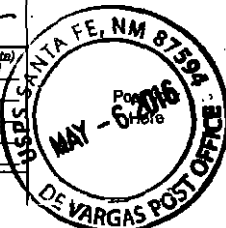
Sent To

Street

City, St

Breitbart Operating LP
 600 Travis, Suite 4800
 Houston, TX 77002

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



PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Occidental Permian Ltd.
 P.O. Box 4294
 Houston, Texas 77210

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4605

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

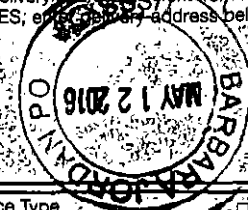
☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Breitbart Operating LP
 600 Travis, Suite 4800
 Houston, TX 77002

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4612

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

7015 3010 0001 8827 4421

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

For delivery information, visit usps.com**OFFICE**MHF/
HALBERD 21H

Certified Mail Fee

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

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Price

Sent To

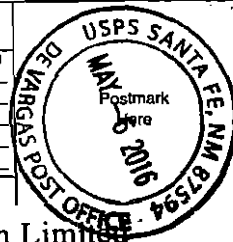
Street Address

City, State

Occidental Permian Limited
 Partnership
 5 Greenway Plaza, Suite 110
 Houston, TX 77046

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

See Reverse for Instructions



7015 3010 0001 8827 4438

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

For delivery information, visit usps.com**OFFICE**MHF/
HALBERD 21H

Certified Mail Fee

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

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Price

Sent To

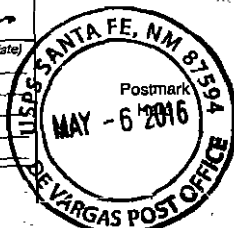
Street Address

City, State

John Kennedy
 6 Desta Drive, Suite 3000
 Midland, TX 79705

PS Form

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Occidental Permian Limited
 Partnership
 5 Greenway Plaza, Suite 110
 Houston, TX 77046

2. Article Number (Transfer from previous label)

7015 3010 0001 8827 4421

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

J. BERARD

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

(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Kennedy
 6 Desta Drive, Suite 3000
 Midland, TX 79705

2. Article Number (Transfer from previous label)

7015 3010 0001 8827 4438

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

John Kennedy

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

(over \$500)

Domestic Return Receipt

7015 3010 0001 8827 4445

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

For delivery information, visit **OFFIC**

MHF/
HALBERD 21H

Certified Mail Fee \$ 3.85

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To

Street and

City, State

Wadi Petroleum Inc.
 4355 Sylvanfield Blvd.
 Houston, TX 77014

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wadi Petroleum Inc.
 4355 Sylvanfield Blvd.
 Houston, TX 77014

9590 9401 0128 5225 9690 82

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4445

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) ☒ C. Date of Delivery 5-10

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 4452

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

For delivery information, visit **OFFIC**

MHF/
HALBERD 21H

Certified Mail Fee \$ 3.85

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

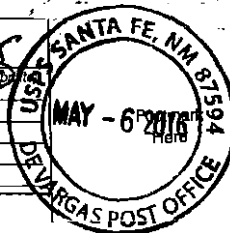
Sent To

Street and A

City, State, Z

Carolyn K. Lisle, Trustee of the
 Carolyn K. Lisle Revocable Trust
 P.O. Box 21357
 Oklahoma City, OK 73156

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carolyn K. Lisle, Trustee of the
 Carolyn K. Lisle Revocable Trust
 P.O. Box 21357
 Oklahoma City, OK 73156

9590 9401 0128 5225 9690 99

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4452

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) ☒ C. Date of Delivery MAY 12 2016

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 4469

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

For delivery information, visit **OFFICIAL MAIL SERVICE**
HALBERD 21H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **GMSR, Ltd., a Texas LP**
P.O. Box 113
Midland, TX 79702-0113

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

7015 3010 0001 8827 4476

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

For delivery information, visit **OFFICIAL MAIL SERVICE**
HALBERD 21H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **David W. Marcum**
3115 Stanolind
Midland, TX 79705

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☐ Agent ☐ Addressee <i>x Sharon Marcum</i>	
1. Article Addressed to: David W. Marcum 3115 Stanolind Midland, TX 79705		B. Received by (Printed Name) <i>Sharon Marcum</i> C. Date of Delivery <i>5/2/16</i>	
2. Article Number (Transfer from service label) <i>9590 9401 0128 5225 9641 10</i>		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
3. Service Type ☐ Priority Mail Express® ☐ 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

7015 3010 0001 8827 4483

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

For delivery information, visit **OFFICIAL**

MHF/
 HALBERD 21H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

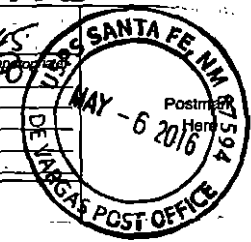
Total Price \$

Sent To **C. Kay Marcum, Trustee of the C. Kay Marcum Revocable Trust**

Street **9425 Nix Road**

City, State **Tolar, TX 76476**

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



7015 3010 0001 8827 4490

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

For delivery information, visit **OFFICIAL**

MHF/
 HALBERD 21H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

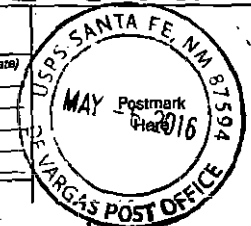
Total Price \$

Sent To **Stacey Hutcherson, as her separate property**

Street **112 Gainer Drive,**

City, State **Hutto, TX 78634**

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

C. Kay Marcum, Trustee of the C. Kay Marcum Revocable Trust
9425 Nix Road
Tolar, TX 76476

2. Article Number (Transfer from separate label)

7015 3010 0001 8827 4483

COMPLETE THIS SECTION ON DELIVERY

A. Signature C. Kay Marcum ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Kay Marcum C. Date of Delivery 5-10-16

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

3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™

☐ Adult Signature ☐ Registered Mail Restricted Delivery

☒ Certified Mail® ☐ Return Receipt for Merchandise

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery

(over \$500)

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

RETURNED

7015 3010 0001 8827 4506

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

For delivery information, visit our **OFFICIAL** website at **usps.com**

MHF/ HALBERD 21H

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent to \$

Street \$

City \$

Judy F. Mulroy
 2231 Pine River Drive
 Kingwood, TX 77330

USPS SANTA FE NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Judy F. Mulroy
 2231 Pine River Drive
 Kingwood, TX 77330

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4506

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

MAY 10 2016
 USPS

3. Service Type

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

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

7015 3010 0001 8827 4513

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

For delivery information, visit our **OFFICIAL** website at **usps.com**

MHF/ HALBERD 21H

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent to \$

Street \$

City \$

Beverly Gooden
 P.O. Box 173
 Childress, TX 79201-0173

USPS SANTA FE NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Beverly Gooden
 P.O. Box 173
 Childress, TX 79201-0173

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4513

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Denise Beck
 5-12-16

3. Service Type

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

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