

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 7 – Case Nos. 15609  
Submitted by: COG Operating LLC  
Hearing Date: January 5, 2017

**COG OPERATING LLC  
COLUMBUS FEE NO. 23H & 24H WELL**

**Pooled Parties:**

R&R Royalty, Ltd.  
Attn: Rajan Ahuja  
500 N. Shoreline, Ste. 322  
Corpus Christi, TX 78471

Wells Fargo Bank, N.A., Agent for the  
Houston Arts Combined Endowment Fund  
Attn: Pete Keedy  
750 E. Mulberry Ave., Suite 402  
San Antonio, TX 78212

Providence Energy Ltd., Agent for J.  
Hiram Moore, Ltd.  
Attn: Terri Farmer  
16400 N. Dallas Parkway, Suite 400  
Dallas, TX 75248

Tonkin Mineral Interests, LLC  
1524 Park Ave SW  
Albuquerque, NM 87104

RGH Land, Inc.  
Attn: Robert G. Hooper  
3212 Chelsea Place  
Midland, TX 79705

Magnum Producing, LP  
Attn: Rajan Ahuja  
500 N. Shoreline, Ste. 322  
Corpus Christi, TX 78471

**Offsets:**

Bradley S. Bates  
101 Blackberry Court  
Midland, TX 79705

Sagebrush Interests, LLC  
2450 Fondren, Suite 112  
Houston, TX 77063

RSC Resources, LP  
Attn: Randy S. Cates  
6824 Island Circle  
Midland, TX 79707

BTA Oil Producers, LLC  
Attn: Willis Price  
104 South Pecos  
Midland, TX 79705

MECO IV, LLC  
Attn: Rhonda Deimer  
1200 17th Street, Suite 975  
Denver, CO 80202

EOG Resources, Inc.  
PO Box 2267  
Midland, TX 79702

Endeavor Energy Resources, L.P.  
110 N. Marienfeld, Suite 200  
Midland, TX 79701

Petras Energy L.P.  
P. O. Box 4127  
Midland, TX 79704

WBA Resources, Ltd.  
110 W. Louisiana, Suite 300  
Midland, TX 79701

Peregrine Production, LC  
PO Box 1844  
Midland, TX 79702

Chevron USA, Inc.  
15 Smith Rd.,  
Midland, TX 79705

Mewbourne Oil Company  
P. O. Box 7698  
Tyler, TX 75711

Mewbourne Energy Partners  
12-A, L.P.  
P. O. Box 7698  
Tyler, TX 75711

Mewbourne Energy Partners  
11-A, L.P.  
P. O. Box 7698  
Tyler, TX 75711

BWM 2000-B, Ltd.  
P. O. Box 7698  
Tyler, TX 75711

BWM 2000-B II, Ltd.  
P. O. Box 7698  
Tyler, TX 75711

3MG Corporation  
P. O. Box 7698  
Tyler, TX 75711

Mewbourne Development  
Corporation  
P. O. Box 7698  
Tyler, TX 75711

**COG OPERATING LLC  
COLUMBUS FEE NO. 23H & 24H WELL**

ConocoPhillips  
c/o Katusha Robert, RPL  
Associate Landman – NM Permian  
600 N Dairy Ashford  
EC3 - 07 - W335  
Houston, Texas 77079

Bennett T. Easterling  
P. O. Box 188  
Quernado, NM 87829

Ross Eugene Easterling, Jr.  
a/k/a Ross E Easterling, Jr.  
P. O. Box 3334  
Eagle, CO 81631-3337

Lance S. Easterling  
522 Harbert Street  
Columbus, TX 78934

The Lance Sears Easterling Trust  
c/o First National Bank  
201 Elm Street  
Sweetwater, TX 79556

Susan R. Easterling  
7731 Broadway  
San Antonio, TX 78209

The Susan Ross Easterling Trust  
c/o First National Bank  
201 Elm Street  
Sweetwater, TX 79556

Elizabeth Reetenwald  
P. O. Box PMP 239  
Carmichael, CA 95608-5758



HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988-4421

**Fax** (505) 983-6043

**JLKessler@hollandhart.com**

November 23, 2016

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of COG Operating LLC for a non-standard spacing and  
proration unit and compulsory pooling, Lea County, New Mexico.**  
**Columbus Fee No. 23H Well**  
**Columbus Fee No. 24H Well**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on December 15, 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 business 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 Bryce Cason, at (432) 683-7443 or [BCason@concho.com](mailto:BCason@concho.com).

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart<sup>LLP</sup>**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://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<sup>LLP</sup>



**Jordan L. Kessler**

**Associate**

**Phone** (505) 988-4421

**Fax** (505) 983-6043

**JLKessler@hollandhart.com**

November 23, 2016

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.**  
**Columbus Fee No. 23H Well**  
**Columbus Fee No. 24H Well**

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

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

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four business 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 Bryce Cason, at (432) 683-7443 or [BCason@concho.com](mailto:BCason@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](http://www.hollandhart.com)

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

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



7015 1520 0002 0439 1000

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**MHF/COG**  
**COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

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

☒ Return Receipt (hardcopy) \$ **280**

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

R&R Royalty, Ltd.  
Attn: Rajan Ahuja  
500 N. Shoreline, Ste. 322  
Corpus Christi, TX 78471

City, State, ZIP+4®

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

Postmark  
NOV 23 2016  
DE VARGAS POST OFFICE

**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:  
R&R Royalty, Ltd.  
Attn: Rajan Ahuja  
500 N. Shoreline, Ste. 322  
Corpus Christi, TX 78471

2. Article Number (Transfer from service label)  
7015 1520 0002 0439 1000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Rajan Ahuja*

B. Received by (Printed Name)  
SUNK AHUJA

C. Date of Delivery  
11-28-16

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

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

7015 1520 0002 0439 1017

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For delivery information, visit **OFFICE**

**MHF/COG**  
**COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

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

☒ Return Receipt (hardcopy) \$ **280**

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Wells Fargo Bank, N.A., Agent for the  
Houston Arts Combined Endowment Fund  
Attn: Pete Keedy  
750 E. Mulberry Ave., Suite 402  
San Antonio, TX 78212

City, State, ZIP+4®

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

Postmark  
NOV 23 2016  
DE VARGAS POST OFFICE

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
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■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Wells Fargo Bank, N.A., Agent for the  
Houston Arts Combined Endowment Fund  
Attn: Pete Keedy  
750 E. Mulberry Ave., Suite 402  
San Antonio, TX 78212

2. Article Number (Transfer from service label)  
7015 1520 0002 0439 1017

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Pete Keedy*

B. Received by (Printed Name)  
PETE KEEDY

C. Date of Delivery  
11-28-16

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

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



7015 1520 0002 0439 1024

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only **MHF/COG**  
 For delivery information **COLUMBUS 23& 24**  
**OFF**

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Providence Energy Ltd., Agent for J.  
 Hiram Moore, Ltd.  
 Attn: Terri Farmer  
 16400 N. Dallas Parkway, Suite 400  
 Dallas, TX 75248

City, State, ZIP+4® \_\_\_\_\_

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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:

Providence Energy Ltd., Agent for J.  
 Hiram Moore, Ltd.  
 Attn: Terri Farmer  
 16400 N. Dallas Parkway, Suite 400  
 Dallas, TX 75248

## 2. Article Number (Transfer from service label)

9590 9401 0126 5225 1933 35

7015 1520 0002 0439 1024

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

gas

☐ Agent☐ Addressee

## B. Received by (Printed Name)

J. SHELTON

## C. Date of Delivery

11-28-16

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

## 3. Service Type

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

Mail  
 Mail Restricted Delivery

Domestic Return Receipt

7015 1520 0002 0439 1024

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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 For delivery information **COLUMBUS 23& 24**  
**OFF**

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Tonkin Mineral Interests, LLC  
 1524 Park Ave SW  
 Albuquerque, NM 87104

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Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

RGH Land, Inc.  
 Attn: Robert G. Hooper  
 3212 Chelsea Place  
 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**

1. Article Addressed to:

RGH Land, Inc.  
 Attn: Robert G. Hooper  
 3212 Chelsea Place  
 Midland, TX 79705

2. Article Number (Transfer from service label)  
 7015 1520 0002 0439 1048

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature R. Hooper ☐ Agent ☒ Addressee

B. Received by (Printed Name) R. Hooper C. Date of Delivery 11/23/16

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

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

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Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Magnum Producing, LP  
 Attn: Rajan Ahuja  
 500 N. Shoreline, Ste. 322  
 Corpus Christi, TX 78471

City, State, ZIP+4®

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**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

Magnum Producing, LP  
 Attn: Rajan Ahuja  
 500 N. Shoreline, Ste. 322  
 Corpus Christi, TX 78471

2. Article Number (Transfer from service label)  
 7015 1520 0002 0439 0997

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Rajan Ahuja ☐ Agent ☒ Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

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**COLUMBUS 23& 24**

Certified Mail Fee  
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Bradley S. Bates  
 101 Blackberry Court  
 Midland, TX 79705

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## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bradley S. Bates  
 101 Blackberry Court  
 Midland, TX 79705

9590 9401 0126 5225 1933 66

2. Article Number (Transfer from service label)

7015 1520 0002 0439 1055

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Lang Bates

C. Date of Delivery

11-30-16

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

Domestic Return Receipt

7015 1520 0002 0439 1062

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For delivery information, visit **OFFICE** **MHF/COG**  
**COLUMBUS 23& 24**

Certified Mail Fee  
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Sagebrush Interests, LLC  
 2450 Fondren, Suite 112  
 Houston, TX 77063

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7015 1520 0002 0439 1079

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**COLUMBUS 23 & 24**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>280</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here  
**NOV 23 2016**  
**USPS SANTA FE, NM 87594**  
**DE VARGAS POST OFFICE**

RSC Resources, LP  
 Attn: Randy S. Cates  
 6824 Island Circle  
 Midland, TX 79707

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

7015 1520 0002 0439 1079

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**COLUMBUS 23 & 24**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>280</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here  
**NOV 23 2016**  
**USPS SANTA FE, NM 87594**  
**DE VARGAS POST OFFICE**

BTA Oil Producers, LLC  
 Attn: Willis Price  
 104 South Pecos  
 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**

1. Complete items 1, 2, and 3.  
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 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 RSC Resources, LP  
 Attn: Randy S. Cates  
 6824 Island Circle  
 Midland, TX 79707

2. Article Number (Transfer from service label)  
**7015 1520 0002 0439 1079**

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

Mail Restricted Delivery (0)

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



7015 1520 0002 0439 1277

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit **MHF/COG**  
**OFFICE COLUMBUS 23 & 24**

Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

MECO IV, LLC  
 Attn: Rhonda Deimer  
 1200 17th Street, Suite 975  
 Denver, CO 80202

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:

MECO IV, LLC  
 Attn: Rhonda Deimer  
 1200 17th Street, Suite 975  
 Denver, CO 80202

2. Article Number (Transfer from service label)

7015 1520 0002 0439 1277

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) Craig Deimer C. Date of Delivery 11/28/16

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express <sup>®</sup>
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>
<input checked="" type="checkbox"/> Certified Mail <sup>®</sup>	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation <sup>TM</sup>
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Registered Mail Restricted Delivery	

Domestic Return Receipt

7015 1520 0002 0439 1284

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit **MHF/COG**  
**OFFICE COLUMBUS 23 & 24**

Certified Mail Fee \$ 345

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>280</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

EOG Resources, Inc.  
 PO Box 2267  
 Midland, TX 79702

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



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

EOG Resources, Inc.  
 PO Box 2267  
 Midland, TX 79702

2. Article Number (Transfer from service label)

7015 1520 0002 0439 1284

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) S. Berry C. Date of Delivery 11-30-16

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express <sup>®</sup>
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>
<input checked="" type="checkbox"/> Certified Mail <sup>®</sup>	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation <sup>TM</sup>
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Registered Mail Restricted Delivery	

Domestic Return Receipt



7015 1520 0002 0439 1291

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

For delivery information, visit **OFFICIAL**

**MFH/COG**  
**COLUMBUS 23& 24**

**SANTA FE, NM 87594**  
**NOV 23 2016**  
 Postmark Here

**DE VARGAS POST OFFICE**

Certified Mail Fee \$ **345**

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 \$

Endeavor Energy Resources, L.P.  
 110 N. Marienfeld, Suite 200  
 Midland, TX 79701

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

7015 1520 0002 0439 1307

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

For delivery information, visit **OFFICIAL**

**MFH/COG**  
**COLUMBUS 23& 24**

**SANTA FE, NM 87594**  
**NOV 23 2016**  
 Postmark Here

**DE VARGAS POST OFFICE**

Certified Mail Fee \$ **345**

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 \$

Petras Energy L.P.  
 P. O. Box 4127  
 Midland, TX 79704

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:

Endeavor Energy Resources, L.P.  
 110 N. Marienfeld, Suite 200  
 Midland, TX 79701

2. Article Number (Transfer from service label)

**7015 1520 0002 0439 1291**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Pat Shannon* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *PAT SHANNON* C. Date of Delivery *11/28*

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 ☐ Mail Restricted Delivery (0)

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:

Petras Energy L.P.  
 P.O. Box 4127  
 Midland, TX 79704

2. Article Number (Transfer from service label)

**7015 1520 0002 0439 1307**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Lisa Haines* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Lisa Haines* 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  
☐ Insured Mail ☐ Mail Restricted Delivery (0)

Domestic Return Receipt



7015 1520 0002 0439 1314

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only **MHF/COG**  
 For delivery information, visit **COLUMBUS 23& 24**  
**OFF**

Certified Mail Fee \$ 345  
 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 \$ \_\_\_\_\_

Postmark: NOV 23 2016  
 DE VARGAS POST OFFICE

WBA Resources, Ltd.  
 110 W. Louisiana, Suite 300  
 Midland, TX 79701

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

7015 1520 0002 0439 1321

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only **MHF/COG**  
 For delivery information, visit **COLUMBUS 23& 24**  
**OFF**

Certified Mail Fee \$ 345  
 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 \$ \_\_\_\_\_

Postmark: NOV 23 2016  
 DE VARGAS POST OFFICE

Peregrine Production, LC  
 PO Box 1844  
 Midland, TX 79702

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 WBA Resources, Ltd.  
 110 W. Louisiana, Suite 300  
 Midland, TX 79701

2. Article Number (Transfer from service label)  
 7015 1520 0002 0439 1314

**COMPLTE 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 ☐ 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

RETURNED



7015 1520 0002 0439 1338

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

**MHF/COG**  
 For delivery information, visit **COLUMBUS 23& 24**  
**OFFICE**

Certified Mail Fee  
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Chevron USA, Inc.  
 15 Smith Rd.,  
 Midland, TX 79705

City, State, ZIP+4® \_\_\_\_\_

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

USPS SANTA FE, NM 87504  
 DE VARGAS POST OFFICE  
 Postmark Here  
 NOV 23 2016

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Chevron USA, Inc.  
 15 Smith Rd.,  
 Midland, TX 79705

2. Article Number (Transfer from service label)  
 9590 9401 0126 5225 1934 72  
 7015 1520 0002 0439 1338

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Alma Baez (mailroom) ☐ Agent ☐ Addressee

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

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

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

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

7015 1520 0002 0439 1581

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

**MHF/COG**  
 For delivery information, visit **COLUMBUS 23& 24**  
**OFFICE**

Certified Mail Fee  
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Mewbourne Oil Company  
 P. O. Box 7698  
 Tyler, TX 75711

City, State, ZIP+4® \_\_\_\_\_

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

USPS SANTA FE, NM 87504  
 DE VARGAS POST OFFICE  
 Postmark Here  
 NOV 23 2016

**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:  
 Mewbourne Oil Company  
 P. O. Box 7698  
 Tyler, TX 75711

2. Article Number (Transfer from service label)  
 9590 9401 0126 5225 1934 96  
 7015 1520 0002 0439 1581

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Key Spencer ☒ Agent ☐ Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
11/28/16

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

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

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



7015 1520 0002 0439 1567

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

For delivery information, **MHF/COG**  
**COLUMBUS 23& 24**

**OFFICIAL**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>280</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Mewbourne Energy Partners  
 12-A, L.P.  
 P. O. Box 7698  
 Tyler, TX 75711

USPS SANTA FE, NM 87594  
 NOV 23 2016  
 Postmark Here  
 DEVARGAS 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:

Mewbourne Energy Partners  
 12-A, L.P.  
 P. O. Box 7698  
 Tyler, TX 75711

9590 9401 0126 5225 1935 02

2. Article Number (Transfer from service label)

7015 1520 0002 0439 1567

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Key L*☒ Agent☐ Addressee

B. Received by (Printed Name)

*Key Spencer*

C. Date of Delivery

*11/28/16*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  
☐ Mail Restricted Delivery  
 (X)

Domestic Return Receipt

7015 1520 0002 0439 1550

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

For delivery information, **MHF/COG**  
**COLUMBUS 23& 24**

**OFFICIAL**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>280</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Mewbourne Energy Partners  
 11-A, L.P.  
 P. O. Box 7698  
 Tyler, TX 75711

USPS SANTA FE, NM 87594  
 NOV 23 2016  
 Postmark Here  
 DEVARGAS 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:

Mewbourne Energy Partners  
 11-A, L.P.  
 P. O. Box 7698  
 Tyler, TX 75711

9590 9401 0126 5225 1935 19

2. Article Number (Transfer from service label)

7015 1520 0002 0439 1550

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Key L*☒ Agent☐ Addressee

B. Received by (Printed Name)

*Key Spencer*

C. Date of Delivery

*11/28/16*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  
☐ Mail Restricted Delivery  
 (X)

Domestic Return Receipt



7015 1520 0002 0439 1543

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

For delivery information, visit **usps.com**

**OFFICE** **MHF/COG**  
**COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>280</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

**USPS SANTA FE, NM 87594**  
**NOV 23 2016**  
**DEVARGAS POST OFFICE**

BWM 2000-B, Ltd.  
 P. O. Box 7698  
 Tyler, TX 75711

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

7015 1520 0002 0439 1536

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

For delivery information, visit **usps.com**

**OFFICE** **MHF/COG**  
**COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>280</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

**USPS SANTA FE, NM 87594**  
**NOV 23 2016**  
**DEVARGAS POST OFFICE**

BWM 2000-B II, Ltd.  
 P. O. Box 7698  
 Tyler, TX 75711

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

**CERTIFIED MAIL®**  
 PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION ON DELIVERY**

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

1. Article Addressed to:  
 BWM 2000-B, Ltd.  
 P. O. Box 7698  
 Tyler, TX 75711

2. Article Number (Transfer from service label)  
**7015 1520 0002 0439 1543**

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

A. Signature  
**X** *Thay Spencer* ☒ Agent ☐ Addressee

B. Received by (Printed Name)  
**Thay Spencer**

C. Date of Delivery  
**11/29/16**

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

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



7015 1520 0002 0439 1529

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only **MHF/COG**  
 For delivery information **COLUMBUS 23& 24**  
**OFF**

Certified Mail Fee \$ **345**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **280**  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

**3MG Corporation**  
**P. O. Box 7698**  
**Tyler, TX 75711**

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.

**3MG Corporation**  
**P. O. Box 7698**  
**Tyler, TX 75711**

9590 9401 0126 5225 1935 40

2. Article Number (Transfer from service label)

7015 1520 0002 0439 1529

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Tracy Spencer* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) **Tracy Spencer** C. Date of Delivery **11/20/16**  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

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

Domestic Return Receipt

7015 1520 0002 0439 1529

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only **MHF/COG**  
 For delivery information **COLUMBUS 23& 24**  
**OFF**

Certified Mail Fee \$ **345**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **280**  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

**Mewbourne Development Corporation**  
**P. O. Box 7698**  
**Tyler, TX 75711**

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:  
**Mewbourne Development Corporation**  
**P. O. Box 7698**  
**Tyler, TX 75711**

9590 9401 0126 5225 1935 57

2. Article Number (Transfer from service label)

7015 1520 0002 0439 1529

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Tracy Spencer* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) **Tracy Spencer** C. Date of Delivery **11/20/16**  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

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

Domestic Return Receipt



7015 1520 0002 0439 1499

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

For delivery information, visit **OFFICIAL** **MHF/COG**  
**COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **280**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 ConocoPhillips  
 c/o Katusha Robert, RPL  
 Associate Landman – NM Permian  
 600 N Dairy Ashford  
 EC3 - 07 - W335  
 Houston, Texas 77079

USPS SANTA FE, NM 87594  
 Postmark Here  
 NOV 23 2016  
 DEVAS POST OFFICE

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

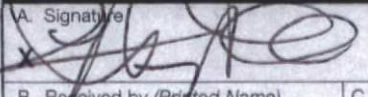
**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 ConocoPhillips  
 c/o Katusha Robert, RPL  
 Associate Landman – NM Permian  
 600 N Dairy Ashford  
 EC3 - 07 - W335  
 Houston, Texas 77079

2. Article Number (Transfer from service label)  
**7015 1520 0002 0439 1499**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery **11/23/16**

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

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

Domestic Return Receipt

7016 0340 0000 0202 0604

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

For delivery information, visit **OFFICIAL** **MHF/COG**  
**COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **280**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 Bennett T. Easterling  
 P. O. Box 188  
 Quernado, NM 87829

USPS SANTA FE, NM 87594  
 Postmark Here  
 NOV 23 2016  
 DEVAS POST OFFICE

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



7016 0340 0000 0203 0628

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

For delivery information, visit **OFFICE**

**MHF/COG  
COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

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

☒ Return Receipt (hardcopy) \$ **280**

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

**ROSS EUGENE EASTERLING, JR.  
a/k/a ROSS E EASTERLING, JR.  
P. O. BOX 3334  
EAGLE, CO 81631-3337**

USPS SANTA FE, NM 87594  
NOV 23 2016  
DEVARGAS POST OFFICE

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

RETURNED

7016 0340 0000 0203 0628

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

For delivery information, visit **OFFICE**

**MHF/COG  
COLUMBUS 23& 24**

Certified Mail Fee \$ **345**

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

☒ Return Receipt (hardcopy) \$ **280**

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

**LANCE S. EASTERLING  
522 HARBERT STREET  
COLUMBUS, TX 78934**

USPS SANTA FE, NM 87594  
NOV 23 2016  
DEVARGAS 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:

**Lance S. Easterling  
522 Harbert Street  
Columbus, TX 78934**

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name) **Lance Easterling**

C. Date of Delivery **11/28/16**

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  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery

2. Article Number (Transfer from service label)

**9590 9401 0126 5225 1935 95**

**7016 0340 0000 0203 0628**

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

7016 0340 0000 0203 0635

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

For delivery information, visit **COLUMBUS 23& 24**

**OFFICE**

Certified Mail Fee \$ **345**

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

☒ Return Receipt (hardcopy) \$ **280**

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

**USPS SANTA FE, NM 87504**  
**NOV 23 2016**  
**DE VARGAS POST OFFICE**

The Lance Sears Easterling Trust  
 c/o First National Bank  
 201 Elm Street  
 Sweetwater, TX 79556

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:

The Lance Sears Easterling Trust  
 c/o First National Bank  
 201 Elm Street  
 Sweetwater, TX 79556

2. Article Number (Transfer from service label)

7016 0340 0000 0203 0635

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Renee H Garcia**

C. Date of Delivery **11/28/16**

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  
☐ Insured Mail

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

Mail Restricted Delivery (00)

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

7016 0340 0000 0203 0642

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

For delivery information, visit **COLUMBUS 23& 24**

**OFFICE**

Certified Mail Fee \$ **345**

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

☒ Return Receipt (hardcopy) \$ **280**

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

**USPS SANTA FE, NM 87504**  
**NOV 23 2016**  
**DE VARGAS POST OFFICE**

Susan R. Easterling  
 7731 Broadway  
 San Antonio, TX 78209

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

**RETURNED**



6590 0200 0000 0400 9702

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

For delivery information, visit **MHF/COG**  
**COLUMBUS 23& 24**

**OFFICE**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>2.80</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

The Susan Ross Easterling Trust  
 c/o First National Bank  
 201 Elm Street  
 Sweetwater, TX 79556

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:

The Susan Ross Easterling Trust  
 c/o First National Bank  
 201 Elm Street  
 Sweetwater, TX 79556

2. Article Number (Transfer from service label)

7016 0340 0000 0203 0659

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

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name) **Renee M. Garcia** C. Date of Delivery **11/28/16**

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

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

9990 0200 0000 0400 9702

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

For delivery information, visit **MHF/COG**  
**COLUMBUS 23& 24**

**OFFICE**

Certified Mail Fee \$ **345**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <b>2.80</b>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Elizabeth Reetenwald  
 P. O. Box PMP 239  
 Carmichael, CA 95608-5758

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



RETURNED