

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 7
Submitted by
COG OPERATING LLC
Hearing Date April 13, 2017

March 17 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re Amended Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico
Populus Fed 2H Well**

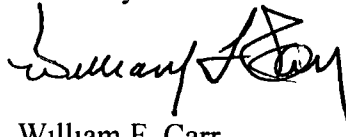
Ladies and Gentlemen

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 April 13, 2017. 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.

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If you have any questions about this matter, please contact Vincent Cuccerre at (432) 685-2589 or vcuccerre@concho.com.

Sincerely,



William F. Carr
Senior Counsel
COG Operating LLC



WILLIAM F CARR

March 17 2017

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED PARTIES, OFFSETTING LESSEES, AND OPERATORS

**Re Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico
Populus Fed 2H Well**

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Sincerely

A handwritten signature in black ink, appearing to read "William F. Carr", written over a horizontal line.

William F Carr
Senior Counsel
COG Operating LLC

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND TEXAS 79701
P 432 683 7443 | F 432 683 7441

SANTA FE OFFICE

1048 PASEO DE PERALTA | SANTA FE NEW MEXICO 87501
P 505 780 8000 | F 505 428 0485

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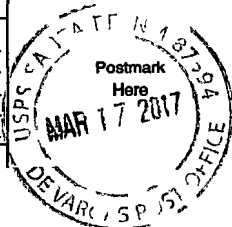
\$

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

OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager



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

See Reverse for Instructions

SENDER: COMPLETE

- 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 Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

9590 9402 1627 6053 9157 79

2 Article Number (Transfer from service label)

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PS Form 3811 July 2015 PSN 7530 02 000 9053

DELIVERY

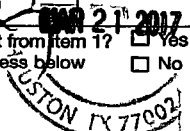
A. Signature

X *[Signature]* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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3 Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
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☐ 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

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☐ Return Receipt (electronic) \$
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☐ Adult Signature Restricted Delivery \$

Postage

EOG A Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Janet Richardson



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EOG A Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Janet Richardson

9590 9402 1627 6053 9157 93

7015 0640 0006 1348 6133

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DELIVERY

A. Signature

X *[Signature]* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3/23/17

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 (over \$500)

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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



EOG M Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840

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See Reverse for Instructions

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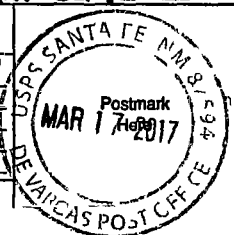
OFFICIAL MAIL

Certified Mail Fee

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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



EOG M Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Hannah Palomin

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See Reverse for Instructions

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1 Article Addressed to

EOG M Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840

9590 9402 1627 6053 9157 86

7015 0640 0006 1348 6140

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DELIVERY

A. Signature

X Bna

☐ Agent

☐ Addressee

B Received by (Printed Name)

Bna

C Date of Delivery

3/23/17

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

☐ Yes

☐ No

3 Service Type

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

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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1 Article Addressed to

EOG M Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211-0840
 Attention Hannah Palomin

9590 9402 1627 6053 9157 24

Article Number (Transfer from service label)

7016 1370 0000 0397 0624

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DELIVERY

A. Signature

X Bna

☐ Agent

☐ Addressee

B Received by (Printed Name)

Bna

C Date of Delivery

3/23/17

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

☐ Yes

☐ No

3 Service Type

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

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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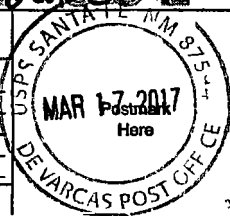
OFFICIAL USE

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



OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

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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

OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

9590 9402 1627 6053 9157 17

7016 1370 0000 0397 0631

PS Form 3811 July 2015 PSN 7530 02 000 9053

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

3 Service Type

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

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1 Article Addressed to

EOG A Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Janet Richardson

9590 9402 1627 6053 9157 31

7016 1370 0000 0397 0617

PS Form 3811 July 2015 PSN 7530 02 000 9053

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

3 Service Type

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

(over \$500)

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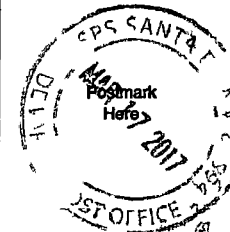
OFFICIAL USE

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



EOG A Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Janet Richardson

See Reverse for Instructions

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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

Chevron USA Inc
 6301 Deauville
 Midland Texas 79706 2964



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SENDER: COMPLETE THIS SECTION

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1 Article Addressed to

Chevron USA Inc
 6301 Deauville
 Midland Texas 79706 2964

9590 9402 1627 6053 9157 55

7016 1370 0000 0397 0594

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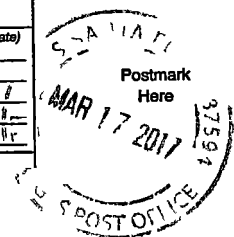
Certified Mail Fee

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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

Cimarex Energy Corp
 600 North Marienfeld
 Midland Texas 79701
 Attention Hilary Knight



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1 Article Addressed to

Cimarex Energy Corp
 600 North Marienfeld
 Midland Texas 79701
 Attention Hilary Knight

9590 9402 1627 6053 9157 48

7016 1370 0000 0397 0600

PS Form 3811 July 2015 PSN 7530 02 000 9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *BONNIE KUSSEI* C. Date of Delivery *3/20/17*

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

(over \$500)

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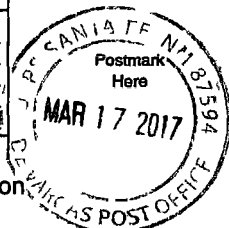
\$

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

Chevron North America Exploration
 and Production Company
 1400 Smith Street
 Houston Texas 77002
 Attention Amber Tarr Delach



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See Reverse for Instructions

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 and Production Company
 1400 Smith Street
 Houston Texas 77002
 Attention Amber Tarr Delach

9590 9402 1627 6053 9157 62

2 Article Number (Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B Received by (Printed Name)

Date of Delivery

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

☐ Yes

☐ No

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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Domestic Return Receipt



WILLIAM F CARR

March 17 2017

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William F. Carr
Senior Counsel
COG Operating LLC

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P. 432.683.7443 | F. 432.683.7441

SANTA FE OFFICE

1048 PASEO DE PERALTA | SANTA FE, NEW MEXICO 87501
P. 505.780.8000 | F. 505.428.0485



WILLIAM F CARR

March 17 2017

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Senior Counsel
COG Operating LLC

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ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND TEXAS 79701
P 432 683 7443 | F 432 683 7441

SANTA FE OFFICE

1048 PASEO DE PERALTA | SANTA FE NEW MEXICO 87501
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☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$



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 Artesia New Mexico 88211 0840
 Attention Hannah Palomin

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☐ Adult Signature Restricted Delivery \$

Postage \$



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EOG M Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Hannah Palomin

9590 9402 1627 6053 9156 70

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0662

DELIVERY

A. Signature

X *Bra*

☐ Agent
☐ Addressee

B Received by (Printed Name)

Bra

C Date of Delivery

3/23/17

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

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 A Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Janet Richardson

9590 9402 1627 6053 9156 94

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0655

DELIVERY

A. Signature

X *Bra*

☐ Agent
☐ Addressee

B Received by (Printed Name)

Bra

C Date of Delivery

3/23/17

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

7016 1370 0000 0397 0648

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

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

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 \$

OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

Postmark Here
 MAR 17 2017
 SANTA FE POST OFFICE
 SANTA FE, NM 87504

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

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

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

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 \$

OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

Postmark Here
 MAR 17 2017
 SANTA FE POST OFFICE
 SANTA FE, NM 87504

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
 OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

2 Article Number (Transfer from service label)
 7016 1370 0000 0397 0648

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 J. Smith

C. Date of Delivery
 MAR 21 2017

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

7016 1370 0000 0397 0754

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

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

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 \$

Oxy USA Inc
 5 Greenway Plaza No 110
 Houston Texas 77046 0521

Postmark Here
 MAR 17 2017
 SANTA FE POST OFFICE
 SANTA FE, NM 87504

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

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

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

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 \$

Oxy USA Inc
 5 Greenway Plaza No 110
 Houston Texas 77046 0521

Postmark Here
 MAR 17 2017
 SANTA FE POST OFFICE
 SANTA FE, NM 87504

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
 Oxy USA Inc
 5 Greenway Plaza No 110
 Houston Texas 77046 0521

2 Article Number (Transfer from service label)
 7016 1370 0000 0397 0754

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 MAR 21 2017

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

7016 1370 0000 0397 0761

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

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

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 \$



OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

OXY Y 1 Company
 P O Box 4294
 Houston Texas 77210-4294
 Attention Permian Land Manager

9590 9402 1627 6053 9158 16

Article Number (Transfer from service label)

7016 1370 0000 0397 0761

PS Form 3811 July 2015 PSN 7530 02-000 9053

VERY

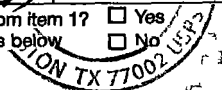
A. Signature

[Signature] ☐ Agent ☒ Addressee

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

[Signature] **MAR 21 2017**

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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

all Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02-000 9053

Domestic Return Receipt

7016 1370 0000 0397 0778

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

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

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 \$



Talus Inc
 Post Office Box 1210
 Graham Texas 76450

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Talus Inc
 Post Office Box 1210
 Graham Texas 76450

9590 9402 1627 6053 9158 09

Article Number (Transfer from service label)

7016 1370 0000 0397 0778

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☒ Addressee

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

[Signature] **MAR 21 2017**

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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

(over \$500)

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

Domestic Return Receipt

7016 1370 0000 0397 0723

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

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

OFFICIAL OFFICE

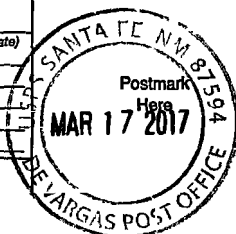
Certified Mail Fee

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

EOG A Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Janet Richardson



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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

EOG A Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840
 Attention Janet Richardson

9590 9402 1627 6053 9156 25

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0723

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bra*

- ☐ Agent
☐ Addressee

B Received by (Printed Name)

Bra

C Date of Delivery

3/23/17

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

3 Service Type

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

Restricted Delivery

Domestic Return Receipt

7016 1370 0000 0397 0723

U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL OFFICE

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

EOG M Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211-0840



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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

EOG M Resources Inc
 105 South Fourth Street
 Artesia New Mexico 88211 0840

9590 9402 1627 6053 9156 18

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0730

PS Form 3811 July 2015 PSN 7530 02 000 9053

DELIVERY

A. Signature

X *Bra*

- ☐ Agent
☐ Addressee

B Received by (Printed Name)

Bra

C Date of Delivery

3/23/17

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

3 Service Type

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

Restricted Delivery (over \$500)

Domestic Return Receipt

7016 1370 0000 0397 0747

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

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

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

\$

Latigo Petroleum Inc
 15 West 6th Street No 1100
 Tulsa Oklahoma 74119

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

See Reverse for Instructions



7016 1370 0000 0397 0693

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

- ☐ Return Receipt (hard copy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

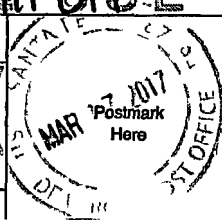
Postage

\$

Chevron Midcontinent LP
 Chevron USA Inc
 6301 Deauville
 Midland Texas 79706-2964

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Chevron Midcontinent LP
 Chevron USA Inc
 6301 Deauville
 Midland Texas 79706 2964

9590 9402 1627 6053 9156 56

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0693

PS Form 3811 July 2015 PSN 7530 02 000 9053

DELIVERY

A Signature

X *[Signature]*

☒ Agent

☐ Addressee

B Received by (Printed Name)

Maria Green

C Date of Delivery

3/21/17

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

3 Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

30

Domestic Return Receipt

7016 1370 0000 0397 0716

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

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

OFFICIAL OFFICE

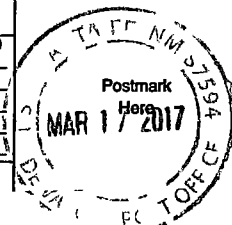
Certified Mail Fee

\$

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



Echo Production Inc
 Post Office Box 1210
 Graham Texas 76450

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

7016 1370 0000 0397 0686

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

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OFFICIAL OFFICE

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



Chevron North America Exploration
 and Production Company
 1400 Smith Street
 Houston Texas 77002
 Attention Amber Tarr Delach

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Echo Production Inc
 Post Office Box 1210
 Graham Texas 76450

9590 9402 1627 6053 9156 32

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0716

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)

Taylor Doyle

C Date of Delivery

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



3 Service Type

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

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

(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

Chevron North America Exploration
 and Production Company
 1400 Smith Street
 Houston Texas 77002
 Attention Amber Tarr Delach

9590 9402 1627 6053 9156 63

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0686

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

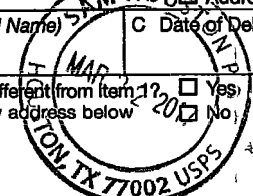
☐ Addressee

B Received by (Printed Name)

Taylor Doyle

C Date of Delivery

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



3 Service Type

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

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

Domestic Return Receipt

7016 1370 0000 0397 0709

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

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

OFFICIAL USE

Certified Mail Fee

\$

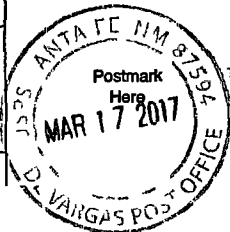
Extra Services & Fees (check box, add fee as appropriate)

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

Postage

\$

Cimarex Energy Corp
 600 North Marienfeld
 Midland Texas 79701
 Attention Hilary Knight



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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Cimarex Energy Corp
 600 North Marienfeld
 Midland Texas 79701
 Attention Hilary Knight

9590 9402 1627 6053 9156 49

2 Article Number (Transfer from service label)

7016 1370 0000 0397 0709

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

B. Russell

C. Date of Delivery

3/20/17

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

(over \$500)

7016 1370 0000 0397 0679

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

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

OFFICIAL USE

Certified Mail Fee

\$

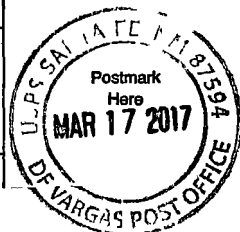
Extra Services & Fees (check box, add fee as appropriate)

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

Postage

\$

The Allar Company
 Post Office Box 1567
 Graham Texas 76450



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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

The Allar Company
 Post Office Box 1567
 Graham Texas 76450

9590 9402 1627 6053 9156 87

7016 1370 0000 0397 0679

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

Domestic Return Receipt

CERTIFIED MAIL

A. Signature

X *[Signature]*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

M Barrett

C. Date of Delivery

3-20-17

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

(over \$500)