



02142655

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Signature<br/><b>X</b> <i>Adam Gallegos</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>  |  |
| <p>1. Article Addressed to:</p> <p><i>CM Productions, LLC</i><br/><i>390 Union Blvd, Suite 620</i><br/><i>Lakewood, CO 80228</i></p> <p><i>ATTN: John Telf</i><br/><i>NOAV 200417500</i></p>   |  | <p>B. Received by (Printed Name)<br/><i>Adam Gallegos</i></p>  | <p>C. Date of Delivery<br/><i>11/24/14</i></p> |
|  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
|  |  | <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|  |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| <p>2. Article Number<br/>(Transfer from service label)</p>   |  | <p><b>7014 0510 0002 0093 8916</b></p>   |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt  |  |
|  |  | 102595-02-M-1540   |  |

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Oil & Gas Conservation  
Commission

Department of Natural Resources

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Denver, CO 80203

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**COGCC**

*Alex Fishon NOV 2004 17500*



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