

U.S. Postal Service™ *Return to Local Dept*
CERTIFIED MAIL™ RECEIPT *SG 922-32D*
 (Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON, TX 77046

Postage	\$3.35	0583
Certified Fee	\$2.75	03
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.59	03/23/2017

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
OXY Y-1 Company
Attn: Ryan Fitzpatrick
5 Greenway Plaza, Suite 110
Houston, TX 77046

7014 1200 0001 2950 6640

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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: **SG 922-32D**

OXY Y-1 Company
Attn: Ryan Fitzpatrick
5 Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number
 (Transfer from service label)

7014 1200 0001 2950 6640

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 S. FITZPATRICK

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

U.S. Postal Service *Return to Land Dept*
CERTIFIED MAIL™ RECEIPT *SG 922-32D*
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$.48
Certified Fee	3.35
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.48

Postmark Here
 MAR 30 2017

Sent To
 Street, Apt. No., or PO Box No. **Laramie Energy LLC**
 City, State, ZIP+4 **Attn: Barb Hinman**
1401 17th Street, #1400
Denver, CO 80202

PS Form 3800, August 20

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>																
<p>Laramie Energy LLC Attn: Barb Hinman 1401 17th Street, #1400 Denver, CO 80202</p> <p>9590 9402 1434 5329 1306 96</p> <p>2. Article Number (Transfer from service label) 7014 1200 0001 2950 6770</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

U.S. Postal Service™ *Return to Land Dept*
CERTIFIED MAIL™ RECEIPT *SG 922-32D*
 (Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79701

OFFICIAL USE

Postage	\$3.35
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.59

0583
03

Postmark Here

03/23/2017

Sent To

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

Legacy Reserves Operating LP
Attn: Fred Schantz
303 West Wall Steet, Suite 1800
Midland, TX 79701

PS Form 3800, A

7014 1200 0001 2950 6596

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Article Addressed to: **SG 922-32D**

Legacy Reserves Operating LP
Attn: Fred Schantz
303 West Wall Steet, Suite 1800
Midland, TX 79701



Article Number (transfer from service label)

7014 1200 0001 2950 6596

Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
X
 B. Received by (Printed Name) *DAREN ENGLE*
 C. Date of Delivery *29*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™ *Return to Local Dept*
CERTIFIED MAIL™ RECEIPT *SG 922-320*
 (Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON, TX 77081

OFFICIAL USE

Postage	\$3.25	\$2.75	0583
Certified Fee	\$0.00	\$0.00	03
Return Receipt Fee (Endorsement Required)	\$0.00	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	\$0.00	
Total Postage & Fees	\$6.59		03/23/2017

Sent To: **TEP Rocky Mountain LLC**
 Attn: Mark Stoltz
 4828 Loop Central Dr., Suite 900
 Houston, TX 77081

PS Form 38

7014 1200 0001 2950 6633

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Terlie Corrigan</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to: <i>SG 922-320</i></p> <p>TEP Rocky Mountain LLC Attn: Mark Stoltz 4828 Loop Central Dr., Suite 900 Houston, TX 77081</p> 	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>MAR 28 2017</i></p>
<p>2. Article Number (Transfer from service label) 7014 1200 0001 2950 6633</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>PS Form 3811, July 2013</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p>

U.S. Postal Service™ *Return to Land Dept*
CERTIFIED MAIL™ RECEIPT *56 922-32D*
(Domestic Mail Only; No Insurance Coverage Provided)

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

NEW CASTLE, CO 81647

Postage	\$3.35
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.59

0583
03

Postmark
Here

03/23/2017

Sent To **5 Mile Ranch, LLC**
Attn: Toby Guccini
P.O. Box 88
New Castle, CO 81647

PS Form 3800, August 2013

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse can return the card to you. Attach card to the back of the mailpiece, front if space permits.

Addressed to: **56 922-32D**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Debbie Guccini Agent
 Addressee

B. Received by (Printed Name)
Debbie Guccini

C. Date of Delivery
03/23/2017

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



5 Mile Ranch, LLC
Attn: Toby Guccini
P.O. Box 88
New Castle, CO 81647



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Number (from service label) **7014 1200 0001 2950 6572**

Return to Land Dept.
CERTIFIED MAIL™ RECEIPT 36 922-32D
 (Domestic Mail Only; No Insurance Coverage Provided)

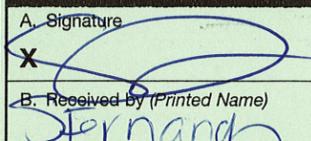
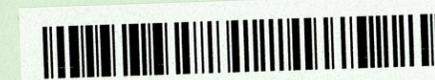
For delivery information visit our website at www.usps.com®

ARTESIA, NM 88210

Postage	\$3.35	0583
Certified Fee	\$2.75	03
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.59	03/23/2017

Sent To: **EOG M Resources, Inc**
 Attn: Kathy Porter
 104 South 4th Street
 Artesia, NM 88210

PS Form 3800, August 2012

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <u>Kathy Porter</u> C. Date of Delivery <u>3-23-17</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: 36 922-32D</p> <p>EOG M Resources, Inc Attn: Kathy Porter 104 South 4th Street Artesia, NM 88210</p>	
<p>2. Article Number (Transfer from service label) 7014 1200 0001 2950 6619</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 2013	Domestic Return Receipt

U.S. Postal Service™ *Return to Land Dept*
CERTIFIED MAIL™ RECEIPT *SG 922-320*
 (Domestic Mail Only; No Insurance Coverage Provided)

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

ARTESIA, NM 88210

Postage	\$3.25	0583
Certified Fee	\$2.75	03
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.59	03/23/2017

Sent To: **EOG A Resources, Inc**
 Attn: Kathy Porter
 104 South 4th Street
 Artesia, NM 88210

PS Form 3800, August 2012

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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: *SG 922-320*

EOG A Resources, Inc
Attn: Kathy Porter
104 South 4th Street
Artesia, NM 88210

2. Article Number (Transfer from service label) **7014 1200 0001 2950 6602**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Sternan* C. Date of Delivery *3-27-17*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

U.S. Postal Service *Return to Land Dept.*
CERTIFIED MAIL™ RECEIPT *SG 922-320*
 (Domestic Mail Only; No Insurance Coverage Provided)

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

ARTESIA, NM 88210

OFFICIAL USE

7014 1200 0001 2950 6626

Postage	\$3.75
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.50

0583
03
Postmark Here
03/23/2017

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
EOG Y Resources, Inc
Attn: Kathy Porter
104 South 4th Street
Artesia, NM 88210

PS Form 3800, August

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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: *SG 922-320*

EOG Y Resources, Inc
Attn: Kathy Porter
104 South 4th Street
Artesia, NM 88210

2. Article Number
 (Transfer from service label)

7014 1200 0001 2950 6626

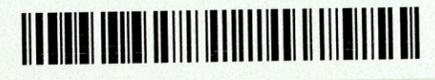
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]
 C. Date of Delivery
3/27/17

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



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

Return to Local Dept
SG 922-320

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

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

DENVER, CO 80203

Postage	\$3.35	0583
Certified Fee	\$2.75	03
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.59	03/23/2017

7014 1200 0001 2950 6749

Colorado Oil & Gas Conservation Commission
Attn: Matt Lepore, Director
1120 Lincoln Street, Suite 801
Denver, CO 80203

PS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DGEIMMALS O'DE</u> C. Date of Delivery <u>3/21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: <u>SG 922-320</u>	
<p>Colorado Oil & Gas Conservation Commission Attn: Matt Lepore, Director 1120 Lincoln Street, Suite 801 Denver, CO 80203</p> 	<p>1. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	7014 1200 0001 2950 6749
PS Form 3811, July 2013	Domestic Return Receipt

U.S. Postal Service™ *Return to Land Dept*
CERTIFIED MAIL™ RECEIPT *SG 902-32D*
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
 SILT, CO 81652

Postage	\$3.35
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.59

0583
 03
 Postmark Here
 03/23/2017

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP
**Bureau of Land Management
 Colorado River Valley Field Office
 2300 River Frontage Road
 Silt, CO 81652**

PS Form 3800

7014 1200 0001 2950 6565

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

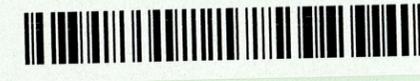
1. Article Addressed to: *SG 902-32D*

**Bureau of Land Management
 Colorado River Valley Field Office
 2300 River Frontage Road
 Silt, CO 81652**

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 C. Date of Delivery *3-27-17*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1200 0001 2950 6565

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service™ *Returns to Local Dept*
CERTIFIED MAIL™ RECEIPT *SG 922-32D*
 (Domestic Mail Only; No Insurance Coverage Provided)

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

GRAND JUNCTION, CO 81501

Postage	\$3.25
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.59

0583
03
Postmark Here
03/23/2017

7014 1200 0001 2950 6589

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
**Colorado Dept of Transportation
 Region 3 Traffic Section
 222 South 6th Street, Room 100
 Grand Junction, CO 81501**

PS Form 3800, 12/10/09

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

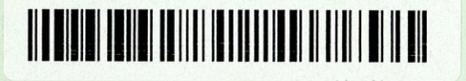
1. Article Addressed to: *SG 922-32D*

**Colorado Dept of Transportation
 Region 3 Traffic Section
 222 South 6th Street, Room 100
 Grand Junction, CO 81501**

2. Article Number (Transfer from service label) **7014 1200 0001 2950 6589**

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Carol Storey* Agent Addressee
- B. Received by (Printed Name) *Carol Storey* C. Date of Delivery *3-24-17*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes