

040 0562 1001 2950 6640

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

HOUSTON, TX 77046 **OFFICIAL USE**

| | | |
|--|--------|------|
| Postage | \$3.35 | 0583 |
| Certified Fee | \$2.75 | 03 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$6.10 | |

Postmark Here

03/23/2017

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

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 922-32D**

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
X *[Signature]* ☐ Addressee

B. Received by (Printed Name) **SG 922-32D**

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

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 2950 6770

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.
City, State, ZIP+4

Laramie Energy LLC
Attn: Barb Hinman
1401 17th Street, #1400
Denver, CO 80202

PS Form 3800, August 2015

7014 1200 0001 2950 6770

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.

Laramie Energy LLC
Attn: Barb Hinman
1401 17th Street, #1400
Denver, CO 80202

9590 9402 1434 5329 1306 96

2. Article Number (Transfer from service label)
7014 1200 0001 2950 6770

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

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ 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 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) | |

Domestic Return Receipt

7014 1200 0001 2950 6596

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 Street, Suite 1800
Midland, TX 79701

PS Form 3800, A

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 Street, 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

☒ X

B. Received by (Printed Name)

☐ Agent
☐ Addressee

C. Date of Delivery

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

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 | \$3.85 | | 0583 |
| Certified Fee | \$2.75 | | 03 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | | |
| Total Postage & Fees | \$6.59 | | |

Postmark Here

03/23/2017

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

PS Form 38

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*

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

2. Article Number
(Transfer from service label) *7014 1200 0001 2950 6633*

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lerie Corrigan* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Lerie Corrigan* C. Date of Delivery *APR 28 2017*

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

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 2950 6572

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
OFFICIAL USE
 NEW CASTLE, CO 81647

| | | |
|--|--------|---------------|
| 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 | \$0.49 | |
| | \$6.59 | 03/23/2017 |

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

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

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.
 s card to the back of the mailpiece, front if space permits.

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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 ☒ 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 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

7014 1200 0001 2950 6619

| | | |
|--|--------|---------------|
| Postage | \$2.75 | 0583 |
| Certified Fee | \$0.00 | 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

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

PS Form 3800, August 2013

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

2. Article Number (Transfer from service label) 7014 1200 0001 2950 6619

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY


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

B. Received By (Printed Name) *Sternand* 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



U.S. Postal Service™ *Return to Land Dept*
CERTIFIED MAIL™ RECEIPT *56922-320*
 (Domestic Mail Only; No Insurance Coverage Provided)

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

ARTESIA, NM 88210

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

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

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

PS Form 3800, Aug 2003

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
 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 Local Dept.*
CERTIFIED MAIL™ RECEIPT *56 922-320*
(Domestic Mail Only; No Insurance Coverage Provided)

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

ARTESIA, NM 88210

OFFICIAL USE

| | | |
|--|--------|------|
| Postage | \$3.75 | 0583 |
| Certified Fee | \$2.75 | 03 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$6.50 | |

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: *56 922-320*

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 *[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 ☒ 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

7014 1200 0001 2950 6749

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

DENVER, CO 80203

OFFICIAL USE

| | | |
|--|--------|---------------|
| 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 |

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

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*

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

2. Article Number (Transfer from service label) *7014 1200 0001 2950 6749*

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *DGEIMMALS OODE* C. Date of Delivery *3/23/17*

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

PS Form 3811, July 2013 Domestic Return Receipt

7014 1200 0001 2950 6565

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

SILT, CO 81652

OFFICIAL USE

| | | |
|---|--------|------------|
| Postage | \$3.35 | 0583 |
| Certified Fee | \$2.75 | 03 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | |
| 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

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

PS Form 3800

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*

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

2. Article Number
(Transfer from service label) 7014 1200 0001 2950 6565

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[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

Barcode

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

GRAND JUNCTION, CO 81501

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

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

PS Form 3800, ns

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*

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

PS Form 3811, July 2013 Domestic Return Receipt

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