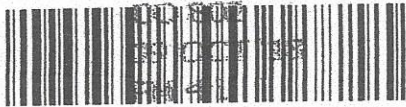


USPS TRACKING#



9590 9402 3781 8032 3207 04



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

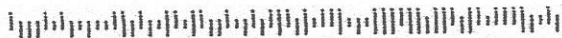
United States  
Postal Service

RECEIVED  
OCT 16 2018  
COGCC

• Sender: Please print your name, address, and ZIP+4® in this box•

State of Colorado – COGCC  
Attn: Kira Gillette  
1120 Lincoln Street, Suite 801  
Denver, CO 80203-2136

2018.Oct. NOAV-MIT\_WHIT-96155 #401781706



**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.

WHITING OIL & GAS CORPORATION  
Attn: SCOTT WEBB  
1700 Broadway Ste 2300  
Denver, CO 80290



9590 9402 3781 8032 3207 04

2. Article Number (Transfer from service label)

7018 0360 0000 6523 1330

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ 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"/> Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery                 |   |

(over \$500)