

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:

Cornish Plains Livestock, LLLP
1601 44th Avenue, Ct Unit 1
Greeley, CO 80634-3354

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
Marys Brown Addressee
- B. Received by (Printed Name) *Marys Brown* C. Date of Delivery *7-23*
- 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 No

2. Article Number (Transfer from service label) **7014 0510 0000 9464 8984**

Domestic Return Receipt

PS Form 3811, July 2013



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

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

OFFICIAL USE

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

Sent To *Ruth M. Wilson*

Street, Apt. No., or PO Box No. *33830 CR 615*

City, State, Zip+4 *Greeley, CO 80624*

PS Form 3800, August 2005 See Reverse for Instructions

CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

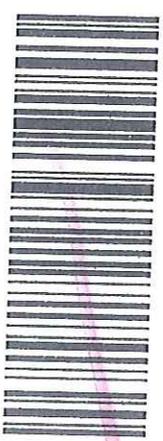
Sent To *Cornish Plains Livestock, LLLP*

Street, Apt. No., or PO Box No. *1601 44th Ave. Ct Unit 1*

City, State, Zip+4 *Greeley, CO 80634-3354*

PS Form 3800, August 2005 See Reverse for Instructions

CERTIFIED MAIL™



7014 0510 0000 9464 8922

Ruth M. Wilson
33830 County Road 61.5
Greeley CO 80624

NIXIE 503 SE 1009 0008/06/15

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

EC: 80401328450 *1420-00260-14-39

US POSTAGE
FIRST-CLASS
062S0009055847
50401

\$6.74 0

ST7912.019

7014 0510 0000 9464 8922

7014 0510 0000 9464 8922

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:

Parry Peppier
33427 Faith Lane
Eaton, CO 80615

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery 7/16/15
- 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 No

2. Article Number (Transfer from service label) 7014 0510 0000 9464 8946

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To **Parry Peppier**

Street, Apt. No., or PO Box No. **33427 FAITH LANE**

City, State, ZIP+4® **EATON CO 80615**

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™



7014 0510 0000 9464 8946

RECEIVED AT DENVER CO 08/16/15 12:00

STATE OF COLORADO



State of Colorado
600 Grant Street
Suite 640
Denver, CO 80203-3527

80203352765

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:
 Donald & Deana Lutze
 33505 CR 61.75
 Gill, CO 80624

2. Article Number (Transfer from service label) 7014 0510 0000 9464 8960
 PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Deana Lutz Addressee
 C. Date of Delivery 7/7/13
 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
 Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Sent To Donald & Deana Lutz
 Street, Apt. No., or PO Box No. 33505 CR 61.75
 City, State, ZIP+4 Gill, CO 80624

PS Form 3800, August 2006 See Reverse for 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:
 Robert Wilson
 33727 Highway 392
 Gill, CO 80624-9338

2. Article Number (Transfer from service label) 7014 0510 0000 9464 8939
 PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Robert Wilson Addressee
 C. Date of Delivery 7/6/13
 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
 Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Sent To Robert Wilson
 Street, Apt. No., or PO Box No. 33727 Highway 392
 City, State, ZIP+4 Gill, CO 80624-9338

PS Form 3800, August 2006 See Reverse for Instructions

0968 4946 0000 0510 4702

6668 4946 0000 0510 4702

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here

Sent To Jill Kushenski & Keith Miller
Street, Apt. No., or PO Box No. 33669 CR 61.75
City, State, ZIP+4 GILL, CO 80624-9339
PS Form 3800, August 2006 See Reverse for Instructions.

5568 4946 0000 0750 4702

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:

Jill Kushenski & Keith Miller
33669 Cr 61.75
Gill, CO 80624-9339

2. Article Number (Transfer from service label) 7014 0510 0000 9464 8953
Domestic Return Receipt

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jill Kushenski Agent Addressee
B. Received by (Printed Name) Jill Kushenski C. Date of Delivery _____
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 No

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:

Clifford & Linda Jung
33727 CR 61.75
Gill, CO 80624

2. Article Number (Transfer from service label) 7014 0510 0000 9464 8991
Domestic Return Receipt

PS Form 3811, July 2013

**U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here

Sent To Clifford & Linda Jung
Street, Apt. No., or PO Box No. 33727 CR 61.75
City, State, ZIP+4 GILL, CO 80624
PS Form 3800, August 2006 See Reverse for Instructions.

7668 4946 0000 0750 4702

**U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Sent to Trey Beghtol
 Street, Apt. No., 33726 CR 615
 or PO Box No. _____
 City, State, ZIP+4 Gill, CO 80624

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Sent to David & Kirby Moore
 Street, Apt. No., 33674 CR 615
 or PO Box No. _____
 City, State, ZIP+4 Gill, CO 80624

PS Form 3800, August 2006 See Reverse for Instructions

8522 4946 0000 0150 4102

2268 4946 0000 0150 4102

COMPLETE THIS SECTION ON DELIVERY

A. Signature Trey Beghtol Agent Addressee

B. Received by (Printed Name) TREY BEGHTOL C. Date of Delivery _____

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 No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Trey Beghtol
33726 CR 61.5
Gill, CO 80624

2. Article Number 7014 0510 0000 9464 7758
 (Transfer from service label)
 Domestic Return Receipt

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Kirby Moore Agent Addressee

B. Received by (Printed Name) Kirby Moore C. Date of Delivery 7/21/15

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 No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
David & Kirby Moore
33674 CR 61.5
Gill, CO 80624

2. Article Number 7014 0510 0000 9464 8977
 (Transfer from service label)
 Domestic Return Receipt

PS Form 3811, July 2013

Print Date: 7/14/2015 9:41:56 AM
 User: ipt2014
 Cost Code:
 # Stamps: 1
 Weight: 0 lbs 1 oz
 Class/Service: First Class®
 Refund Type: Mail-in

Class/Service: First Class® \$0.49
 Special Services: Certified Mail® \$3.45
 Return Receipt \$2.80

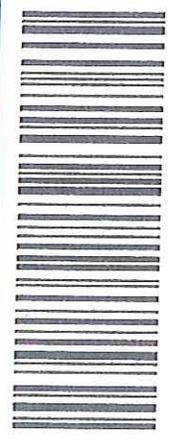
Total Postage Per Stamp: \$6.74

TOTAL COST: \$6.74

7014 0510 0000 9444 7604

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.49
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.74
Postmark Here	
Sent To <i>Francisca Pedroza Oliva</i>	
Street, Apt. No.; or PO Box No. <i>P.O. BOX 3255</i>	
City, State, ZIP+4 <i>CARLSBAD, NM 88221-3255</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

NOTHING WAS RETURNED



7015 0640 0003 4769 2541

US POSTAGE FIRST-CLASS 062S0009056847 80401 \$6.74 0 S7912.023

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 \$ Total Postage and Fees \$

Postmark Here

Sent To Anadarko Land Co 1675 Broadway DENVER, Co 80202 Street and Apt. No., or PO Box No. City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions

Anadarko Land Co., LP 1675 Broadway Denver, CO 80202

ANK

NIXIE 802 SE 100S 0007/22/15 RETURN TO SENDER ATTEMPTED - NOT KNOWN UNABLE TO FORWARD SC: 80491328459 *1420-00526-14-30

80202 06284

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: Bayswater Exploration & Production, LLC 73017th Street Suite 610 Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [] Agent [] Addressed B. Received Name C. Date of Delivery D. Is delivery address different from item 1? [] Yes [] No E. Return Receipt for Merchandise [] Collect on Delivery [] Priority Mail Express™ [] Return Receipt for Merchandise [] Collect on Delivery [] Restricted Delivery? (Extra Fee) [] Yes

2. Article Number (Transfer from service label) 7015 0640 0003 4769 2565 Domestic Return Receipt PS Form 3811, July 2013

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 \$ Total Postage and Fees \$

Sent To Bayswater Exp & Pro 73017th Street, Ste. 610 DENVER Co 80202 Street and Apt. No., or PO Box No. City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for 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:
Blue & Gray Resources, Inc.
8614 N. Sundown Trail
Parker, CO 80134

2. Article Number
(Transfer from service label)
7015 0640 0003 4769 2558

PS Form 3811, July 2013 Domestic Return Receipt

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

4. Restricted Delivery? *(Extra Fee)* Yes

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:
Great Western Operating Co., LLC
252 Clayton Street
4th Floor
Denver, CO 80202

2. Article Number
(Transfer from service label)
7015 0640 0003 4769 2572

PS Form 3811, July 2013 Domestic Return Receipt

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 \$
 Total Postage and Fees \$

Sent To **Blue & Gray Res.**
 Street and Apt. No., or PO Box No. **8614 N. Sundown Trail**
 City, State, Zip+4® **Parker Co 80134**

PS Form 3800, April 2015 PSN 7530-02-000-9047 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 \$
 Total Postage and Fees \$

Sent To **Great Western Oper.**
 Street and Apt. No., or PO Box No. **252 CLAYTON ST. 4th Floor**
 City, State, Zip+4® **DENVER CO 80202**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9552 6924 6000 0490 5702

2252 6924 6000 0490 5702

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:

Grizzly Petroleum Co., LLC
1801 Broadway, Suite 500
Denver, CO 80202

2. Article Number
 (Transfer from service label)
7015 0640 0003 4769 2589

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
John Hill Addressee
- B. Received by (Printed Name) C. Date of Delivery
 _____ *7.16.13*
- 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

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:

JWL Investment, LLC
351 Glencoe Street
Denver, CO 80220

2. Article Number
 (Transfer from service label)
7015 0640 0003 4769 2596

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
John Hill 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
 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™
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 \$ _____

Total Postage and Fees \$ _____

Sent To *Grizzly Pet. Co.*

Street and Apt. No., or PO Box No. *1801 Broadway, Ste. 500*

City, State, ZIP+4® *DENVER CO 80202*

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

Total Postage and Fees \$ _____

Sent To *JWL Investment*

Street and Apt. No., or PO Box No. *351 Glencoe St.*

City, State, ZIP+4® *DENVER CO 80220*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

6952 6924 E000 0490 5702

9652 6924 E000 0490 5702

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:

Kerr-McGee Oil & Gas Onshore
 1675 Broadway
 Suite 1200
 Denver, CO 80202

2. Article Number
 (Transfer from service label)
 7015 0640 0003 4769 2510

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name), Date of Delivery
 The Corporation Company
 1675 Broadway, Ste 1200
 Denver, CO 80202

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

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

4. Restricted Delivery? (Extra Fee) Yes

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 \$

Total Postage and Fees \$

Sent To **Kerr-McGee Oil & Gas Onsh.**
 Street and Apt. No., or PO Box No. **1675 Broadway, Ste. 1200**
 City, State, ZIP+4® **DENVER, CO 80202**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2012 6924 E000 0490 5702

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:

KBL Mineral Co., LLC
 410 17th Street
 Suite 1150
 Denver, CO 80202

2. Article Number
 (Transfer from service label)
 7015 0640 0003 4769 2602

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name), Date of Delivery
 KBL Mineral Co., LLC
 410 17th St, Ste 1150
 Denver, CO 80202

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

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

4. Restricted Delivery? (Extra Fee) Yes

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 \$

Total Postage and Fees \$

Sent To **KBL Mineral**
 Street and Apt. No., or PO Box No. **410 17th St, Ste 1150**
 City, State, ZIP+4® **DENVER CO 80202**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2012 6924 E000 0490 5702

U.S. POSTAL SERVICE™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Sent To **Noble Energy**
 Street, Apt. No. **1675 Broadway, Ste. 1200**
 or PO Box No. **DENVER, CO 80202**
 City, State, ZIP+4®
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. POSTAL SERVICE™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Sent To **PAC Energy**
 Street, Apt. No. **1775 Sherman St, Ste 3000**
 or PO Box No. **DENVER, CO 80203**
 City, State, ZIP+4®
 PS Form 3800, August 2006 See Reverse for Instructions

5922 4946 0000 0750 4702

2222 4946 0000 0750 4702

COMPLETE THIS SECTION ON DELIVERY
 A. Signature **X**
 B. Received by (Printed Name) **CO 80202** of Delivery
 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
 Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7014 0510 0000 9464 7765**
 Domestic Return Receipt

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:
Noble Energy, Inc.
1675 Broadway
Suite 1200
Denver, CO 80202

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY
 A. Signature **Monique Longoria**
 B. Received by (Printed Name) **7-16-21**
 C. Date of Delivery
 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
 Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7014 0510 0000 9464 7772**
 Domestic Return Receipt

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:
PDC Energy, Inc.
1775 Sherman Street
Suite 3000
Denver, CO 80203

PS Form 3811, July 2013

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:

Redstone Partners, LLC
6768 South Queen Road
Littleton, CO 80127

2. Article Number
(Transfer from service label) **7014 0510 0000 9464 7550**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Address

B. Received by (Printed Name) Date of Delivery
JAC FOR LRP

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

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:

Suncor Energy USA, Inc.
717 17th Street
Suite 2900
Denver, CO 80202

2. Article Number
(Transfer from service label) **7014 0510 0000 9464 7567**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Address

B. Received by (Printed Name) Date of Delivery
Kelly Coffman

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™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To *Redstone Partners*
 Street, Apt. No., or PO Box No. *6768 S. Queen Rd.*
 City, State, ZIP+4 *LITTLETON, CO 80127*

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To *Suncor Energy USA*
 Street, Apt. No., or PO Box No. *717 17th Street, Suite 2900*
 City, State, ZIP+4 *DENVER, CO 80202*

PS Form 3800, August 2006 See Reverse for 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:

Suncor Energy USA, Inc.
717 17th Street
Suite 2900
Denver, CO 80202

2. Article Number
(Transfer from service label) **7014 0510 0000 9464 7567**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Address

B. Received by (Printed Name) Date of Delivery
Kelly Coffman

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™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To *Suncor Energy USA*
 Street, Apt. No., or PO Box No. *717 17th Street, Suite 2900*
 City, State, ZIP+4 *DENVER, CO 80202*

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To *Suncor Energy USA*
 Street, Apt. No., or PO Box No. *717 17th Street, Suite 2900*
 City, State, ZIP+4 *DENVER, CO 80202*

PS Form 3800, August 2006 See Reverse for 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:
Swan Exploration, LLC
8100 E. Maplewood Avenue
Suite 240
Greenwood Village, CO 80111

2. Article Number
 (Transfer from service label) **7014 0510 0000 9464 7574**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) **7/16/15** Addressee
 C. Date of Delivery
 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 No

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:
Wolf Point Exploration, LLC
215 West Oak Street
Suite 900
Fort Collins, CO 80521

2. Article Number
 (Transfer from service label) **7014 0510 0000 9464 7581**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) **7/14/15** Addressee
 C. Date of Delivery
 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 No

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark Here

Sent to **Swan Exploration**
 Street, Apt. No., or PO Box No. **8100 E. Maplewood Ave, Ste. 240**
 City, State, ZIP+4 **GREENWOOD VILLAGE, CO 80111**

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark Here

Sent to **Wolf Point Expl.**
 Street, Apt. No., or PO Box No. **215 W. Oak St, Ste 900**
 City, State, ZIP+4 **FORT COLLINS, CO 80521**

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9464 7574

7014 0510 0000 9464 7581

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:

WYOTEX Oil Company
P.O. Box 280969
Lakewood, CO 80228

2. Article Number
 (Transfer from service label)
7015 0640 0003 4769 2534

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by *(Printed Name)* C. Date of Delivery
[Signature] *7/27/13*

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™
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)	
<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	\$

Postmark Here

Total Postage and Fees

Sent To *Wyotex Oil Comp.*
 Street and Apt. No. *P.O. Box 280969*
 City, State, ZIP+4® *LAKWOOD, CO 80228*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 4769 2534