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

9/19/11
 Postmark
 Here

Total F
Lee Ann Elsom, Regulatory Compliance Mgr.
Citation Oil & Gas Company
 14077 Cutten Road
 Houston, TX 77069
DOCKET NO.: CWA-08-2011-0030
Lee Ann Elsom, Regulatory Compliance Mgr.

Sent To
 Street, A
 or PO Box
 City, State

PS Form 3800, August 2006

See Reverse for Instructions

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 X <i>David F. Garcia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>David F. Garcia</i> C. Date of Delivery</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:</p> <p style="text-align: right;">SEP 19 2011</p> <p>Citation Oil & Gas Company 14077 Cutten Road Houston, TX 77069</p> <p>DOCKET NO.: CWA-08-2011-0030</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transit)</p> <p>7009 3410 0000 2599 0939</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p> <p style="text-align: right;">102595-02-M-1540</p>