

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22595

EXHIBIT INDEX

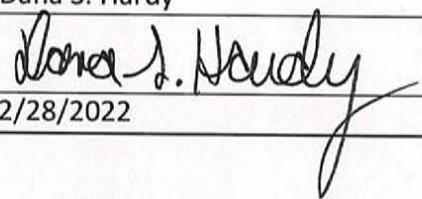
Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Ashley Roush
A-1	Application & Proposed Notice of Hearing
A-2	C-102(s)
A-3	Plat of Tracts, Ownership Interests, Pooled Parties, Unit Recapitulation
A-4	Sample Well Proposal Letter & AFE(s)
A-5	Summary of Communications
A-6	Hearing Notice Letter and Return Receipts
A-7	Affidavit of Publication
Exhibit B	Self-Affirmed Statement of Jason Hanzel
B-1	Location Map
B-2	Structure Map
B-3	Cross Section Map
B-4	Cross Section

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22595
Hearing Date:	3/3/2022
Applicant	COG Operating LLC
Designated Operator & OGRID	OGRID # 229137
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of COG Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	MRC Permian Company; Matador Production Company
Well Family	Hambone
Formation/Pool	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring
Pool Name and Pool Code	Corral Canyon; Bone Spring, South pool (13354)
Well Location Setback Rules	Statewide
Spacing Unit Size	280-acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	280-acres
Building Blocks	quarter-quarter
Orientation	Standup
Description: TRS/County	W/2W/2 of Section 5, the W/2NW/4 and NW/4SW/4 of Section 8, Township 26 South, Range 29 East, Eddy County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	-
Proximity Defining Well: if yes, description	-
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Hambone #506H (API # pending) SHL – S8-T26S-R29E, 1553 FSL, 1695 FWL (Unit K) BHL – S5-T26S-R29E, 50 FNL, 990 FWL (Unit D) Completion Target: Bone Spring formation TVD: Approx. 8400'
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
APE Capex and Operating Costs	
Drilling Supervision/Month \$	8000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7

Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	Exhibit A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-4
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-3
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	2/28/2022

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. 22595

SELF-AFFIRMED STATEMENT
OF ASHLEY ROUSH

1. I am a land supervisor at COG Operating LLC ("COG") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division") and my credentials as a petroleum land professional have been accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced case. Copies of COG's application and proposed hearing notice are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit, therefore I do not expect any opposition at hearing.

4. COG seeks an order pooling all uncommitted interests in the Corral Canyon; Bone Spring, South pool (13354) within the Bone Spring formation underlying a 280-acre, more or less, standard horizontal spacing unit comprised of the W/2W/2 of Section 5 and the W/2NW/4 and NW/4SW/4 of Section 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit").

5. The Unit will be dedicated to the **Hambone Federal Com #506H** well ("Well") to be horizontally drilled from a surface hole location in the NE/4SW/4 (Unit K) of Section 8 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 5.

6. The completed interval of the Well will be orthodox.

COG OPERATING LLC
Case No. 22595
Exhibit A

7. **Exhibit A-2** contains the C-102 for the Well.
8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests COG seeks to pool highlighted in yellow.
9. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Well. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.
10. COG has conducted a diligent search of all county public records including phone directories and computer databases.
11. All interest owners COG seeks to pool are locatable.
12. In my opinion, COG made a good-faith effort to reach voluntary joinder of uncommitted interests in the Well as indicated by the chronology of contact described in **Exhibit A-5**.
13. COG requests overhead and administrative rates of \$8,000 per month while the Well is being drilled and \$800 per month while the Well is producing. These rates are fair and are comparable to the rates charged by COG and other operators in the vicinity.
14. Notice of this application and the Division hearing was timely provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letters and associated green cards are attached as **Exhibit A-6**.
15. Notice of this application and the Division hearing was published more than ten business days prior to the hearing date. The affidavit of publication is attached as **Exhibit A-7**.

16. The attached exhibits attached were either prepared by me or under my supervision or were compiled from company business records.

17. In my opinion, the granting of COG's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

18. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 17 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Ashley Roush
Ashley Roush

3/22/22
Date

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

CASE NO. 22595

APPLICATION

Pursuant to NMSA § 70-2-17, COG Operating LLC (“Applicant”) (OGRID No. 229137) applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 280-acre, more or less, standard horizontal spacing unit comprised of the W/2W/2 of Section 5 and the W/2NW/4 and NW/4SW/4 of Section 8, Township 26 South, Range 29 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Hambone Federal Com #506H** well to be horizontally drilled from a surface hole location in the NE/4SW/4 (Unit K) of Section 8 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 5.
3. The completed interval of the Well will be orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all of the interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.



6. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the Unit should be pooled and Applicant should be designated the operator of the Well and Unit.

WHEREFORE, Applicant requests this application be set for hearing on March 3, 2022, and that after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Well in the Unit;
- C. Designating Applicant as operator of the Unit and the Well to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping and completing the Well;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% penalty for the risk assumed by Applicant in drilling and completing the Well against any working interest owner who does not voluntarily participate in the drilling of the Well.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy
 Dana S. Hardy
 Michael Rodriguez
 P.O. Box 2068
 Santa Fe, NM 87504-2068
 Phone: (505) 982-4554
 dhardy@hinklelawfirm.com
 mrodriguez@hinklelawfirm.com
 Counsel for COG Operating LLC

Application of COG Operating LLC for Compulsory Pooling, Eddy County, New Mexico.

Applicant applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 280-acre, more or less, standard horizontal spacing unit comprised of the W/2W/2 of Section 5, and the W/2NW/4 and NW/4SW/4 of Section 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Hambone Federal Com #506H well to be horizontally drilled from a surface hole location in the NE/4SW/4 (Unit K) of Section 8 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 5. Also, to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 10.4 miles south of Malaga, New Mexico.

COG OPERATING LLC
 Case No. 22595
 Exhibit A-2

DISTRICT I
 1625 N. FRENCH DR., HOBBS, NM 88240
 Phone: (575) 393-0161 Fax: (575) 393-0720

DISTRICT II
 811 S. FIRST ST., ARTESIA, NM 88210
 Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
 1000 RIO BRAZOS RD., AZTEC, NM 87410
 Phone: (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV
 1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
 Phone: (505) 478-3460 Fax: (505) 478-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 1220 SOUTH ST. FRANCIS DR.
 Santa Fe, New Mexico 87505

Revised August 1, 2011
 Submit one copy to appropriate
 District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-48975	Pool Code 13354	Pool Name Corral Canyon; Bone Spring, South
Property Code	Property Name HAMBONE FEDERAL COM	Well Number 506H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 2894.6'

Surface Location

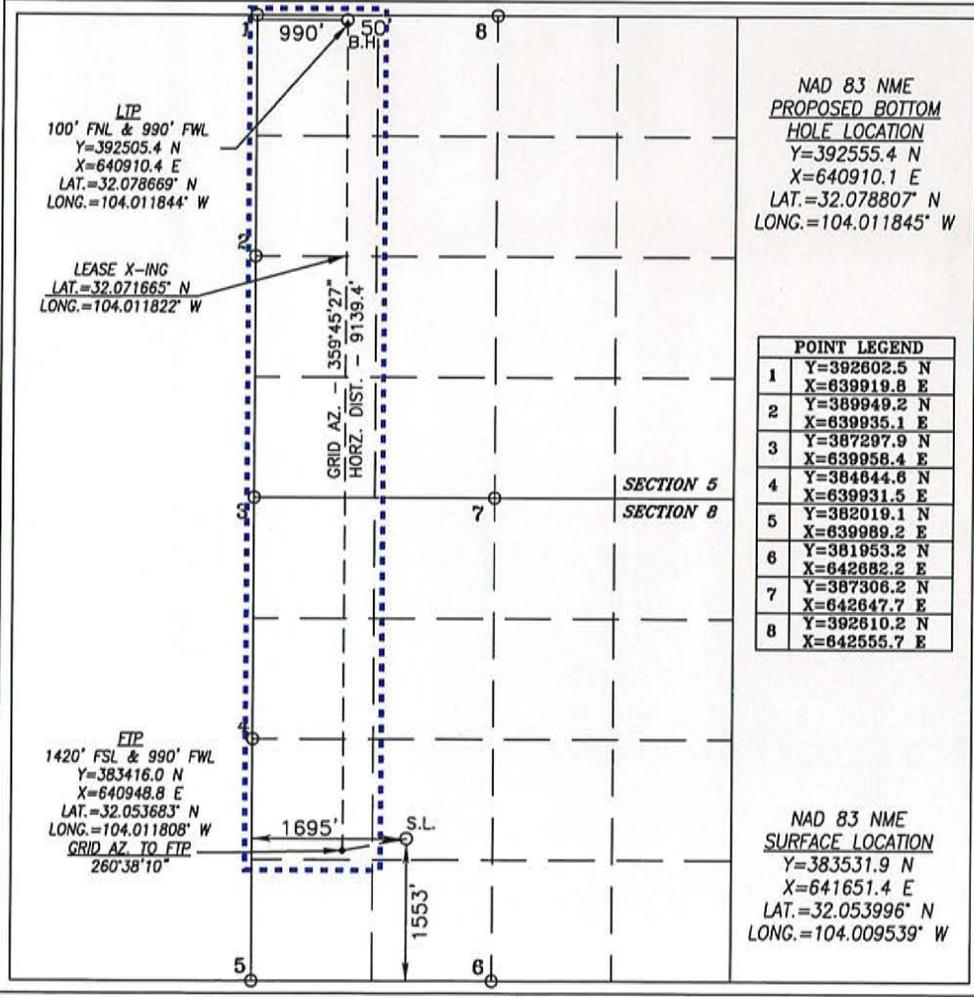
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	8	26-S	29-E		1553	SOUTH	1695	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	5	26-S	29-E		50	NORTH	990	WEST	EDDY

Dedicated Acres 280	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Mayte Reyes 1/6/2022
 Signature Date

Printed Name
Mayte Reyes

E-mail Address
mayte.x.reyes@pvt.net

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

JULY 3, 2019
 Date of Survey

Signature & Seal of Professional Surveyor

Chad Harcrow 1/4/22

Certificate No. **CHAD HARCROW 17777**
 W.O. #20-1448 DRAWN BY: AH

5-265-29E	5-265-29E
HAMBONE FED COM 506H SPACING UNIT	
Tract 6 FEE 40 ac NM-118113 80 ac	8-265-29E
Tract 2 FEE 40 ac	
Tract 8 FEE 38.5 ac	
Tract 9 FEE 40 ac	
Tract 5 VB-2345 80 ac	

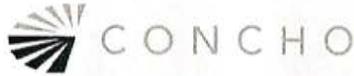
WORKING INTEREST OWNER	TRACT 2	TRACT 5	TRACT 6	TRACT 8	TRACT 9	UNIT RECAP
COG Operating LLC	0.14285714	0.00000000	0.13571429	0.14285714	0.13730159	0.55873016
Concho Oil & Gas LLC	0.00000000	0.00000000	0.00714286	0.00000000	0.00357143	0.01071429
MRC Permian Company	0.00000000	0.00000000	0.00000000	0.00000000	0.00000000	0.28571429
Devon Energy Production Co.	0.00000000	0.00000000	0.14285714	0.00000000	0.00000000	0.14285714
Marathon Oil Permian LLC	0.00000000	0.00000000	0.00000000	0.00000000	0.00000000	0.00198413
						TOTAL
						1.00000000

Well Proposal Sent	Yes
Communitization Agmts Sent	Yes
Joint Operating Agmt Sent	Yes

PARTIES TO FOOL

PARTY	INTEREST TYPE
Marathon Oil Permian LLC	WI
5555 San Felipe St, Houston, TX 77056	
Devon Energy Production Company, LP	WI
333 W. Sheridan Avenue, OKC, OK 73102	
MRC Permian Company LLC	WI & RT (State)
5400 LBJ Freewa Suite 1500, Dallas, TX 75240	
M. Brad Bennett, L.P.	RI
Attn: Beau Bennett, PO Box 50820, Midland, TX 79710	
Gritzy Operating, LLC	RT (Fed) & ORRI
5847 San Felipe, Ste 3000, Houston, TX 77057	
Contango Resources Inc.	RT(Fed) & ORRI
PO Box 735060, Dallas, TX 75373	
Delaware Ranch, Inc.	RI
1304 W. Riverside Dr, Carlsbad, NM 88220	
1896 Royalty Partners, LLC	RI
Jubilee Royalty Holdings LLC	RI
Ranchito ADA, LP	RI
Tundra AD3, LP	RI
Wing Resources IV, LLC	RI
2100 McKinney Ave, Suite 1540, Dallas, TX 75201	
Edwin Fowlkes Heirs Family LP	RI
John M. Fowlkes, ssp	
1111 West Texas, Marfa, TX 79843	
Preston L. Fowlkes, ssp	
Edwin H. Fowlkes III (Trey), ssp	
Janet Renee Fowlkes Murrey, ssp	
Patrick K. Fowlkes, ssp	
George & Nicole F. Poage	
PO Box 369, Marble Falls, TX 78654	NPRI
Mitchell E. & Elizabeth L. Cheney	
236 Merrie Way Lane, Houston, TX 77024	ORRI
Lynn S. & Grace Charuk	
3921 Tanforan Ave, Midland, TX 79707	ORRI
Penasco Petroleum LLC	
PO Box 2992, Roswell, NM 88202	ORRI
Tommy L. Fort, ssp	
PO Box 53356, Midland, TX 79704	ORRI
Marguerite Fort Bruns, ssp	
103116 County Manor Pl NW, Albuquerque, NM 87114	ORRI
127711 Colorado Blvd E #505, Thornton, CO 80241	ORRI

COG OPERATING LLC
Case No. 22595
Exhibit A-3



January 4, 2022

Via Electronic Mail to crice@marathonoil.com
Marathon Oil Permian LLC
5555 San Felipe St
Houston, TX 77056
Attn: Land Department

Re: HAMBONE FED COM 506H
W2W2 of Sec. 5 and W2NW & NWSW of Sec. 8, T26S-R29E
Eddy County, New Mexico

Dear Sir or Madam:

COG Operating LLC ("COG"), as Operator, previously proposed the Hambone Fed Com 506H well located as described above. Please allow this *informational letter* to serve as a correction to the Unit Letter typo highlighted below. It is our intent that the Hambone Fed Com 505H and 506H wells will share a pad in Unit K of Section 8. A copy of each respective AFE is attached which has only been revised to reflect the changes below.

- **Hambone Fed Com 506H**, to be drilled to a depth sufficient to test the Second Bone Spring formation at an approximate total vertical depth of 8,400'. The surface location for this well is proposed at a legal location in **Unit K** of Section 8, T26S-R29E, and a bottom hole location at a legal location in Unit D of Section 5, T26S-R29E. The dedicated horizontal spacing unit will be the W2W2 of Section 5 and W2NW4 & NW4SW4 of Section 8, T26S-R29E, Eddy County, New Mexico. The total estimated cost to drill and complete said well is \$6,126,190.00, as shown on the attached AFE.

Should you have any questions, please do not hesitate to contact me at ashley.a.roush@conocophillips.com or 432.230.3388.

Sincerely,

COG Operating LLC

//Ashley Roush//

Ashley Roush
Land Supervisor

AR:bh
Enc



One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701 | P 432.683.7443 | F 432.683.7441

January 4, 2022 – Page 2

Should you have any questions, please do not hesitate to contact me at ashley.a.roush@conocophillips.com or 432.230.3388.

Sincerely,

COG Operating LLC

//Ashley Roush//

Ashley Roush
Land Supervisor

AR:bh
Enc

**COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING**

WELL NAME: HAMBONE FED COM 506H	PROSPECT NAME: Atlas 2629
SHL: 8-26S-29E, 1553 FSL, 1695 FWL OR UNIT K	STATE & COUNTY: New Mexico, Eddy
BHL: 5-26S-29E, 50 FNL, 890 FWL OR UNIT D	OBJECTIVE: D&C
FORMATION: 2BSS	DEPTH: 18,200
LEGAL: W2W2 of Sec. 5, W2NW4 & NWSW of Sec. 8, T26S-R29E	TVD: 8,400

	Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpq Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Title/Curative/Permit	201	20,000			20,000
Insurance	202	2,500	302		2,500
Damages/Right of Way	203	20,000	303		20,000
Survey/Slake Location	204	7,000	304	60,000	67,000
Location/Plat/Read Expense	205	165,000	305	5,000	170,000
Drilling / Completion Overhead	206	4,800	306	12,500	17,300
Turnkey Contract	207	0	307	705,000	705,000
Footage Contract	208	0	308	271,000	271,000
Daywork Contract	209	363,000	309	260,000	623,000
Directional Drilling Services	210	206,000	310	378,000	584,000
Fuel & Power	211	101,000	311	31,000	132,000
Water	212	63,000	312	392,000	455,000
Bits	213	59,000	313	0	59,000
Mud & Chemicals	214	80,000	314	0	80,000
Drill Stem Test	215	0	315	270,000	270,000
Coring & Analysis	216	0			0
Cement Surface	217	16,500			16,500
Cement Intermediate	218	28,600			28,600
Cement 2nd Intermediate/Production	219	132,990			132,990
Cement Squeeze & Other (Kickoff Plug)	220	0			0
Float Equipment & Centralizers	221	50,000			50,000
Casing Crews & Equipment	222	55,000			55,000
Fishing Tools & Service	223	0	323	0	0
Geologic/Engineering	224	0	324	0	0
Contract Labor	225	6,500	325	2,000	6,500
Company Supervision	226	28,800	326	15,000	43,800
Contract Supervision	227	65,000	327	110,000	175,000
Testing Casing/Tubing	228	40,000	328	0	40,000
Mud Logging Unit	229	15,000	329	40,000	55,000
Logging	230	0			0
Perforating/Wireline Services	231	0	331	199,000	199,000
Stimulation/Treating			332	0	0
Completion Unit			333	0	0
Swabbing Unit			334	0	0
Rentals-Surface	235	100,000	335	0	100,000
Rentals-Subsurface	236	120,000	336	0	120,000
Trucking/Forklift/Rig Mobilization	237	200,000	337	10,000	210,000
Welding Services	238	3,000	338	0	3,000
Water Disposal	239	0	339	20,000	20,000
Plug to Abandon	240	0	340	0	0
Seismic Analysis	241	0	341	0	0
Miscellaneous	242		342	3,000	3,000
Contingency	243	62,000	343	76,000	138,000
Closed Loop & Environmental	244	164,000	344	0	164,000
Fuel - Diesel	245	0	345	276,000	276,000
Coil Tubing			346	241,000	241,000
Flowback Crews & Equip			347	10,000	10,000
Offset Directional/Frac	248	0	348	0	0
TOTAL INTANGIBLES		2,182,690	3,408,500	0	5,591,190
TANGIBLE COSTS					
Surface Casing	401	15,000			15,000
Intermediate Casing	402	73,000			73,000
Production Casing/Liner	403	230,000			230,000
Tubing			504	52,000	52,000
Wellhead Equipment	405	65,000	505	20,000	85,000
Pumping Unit					0
Prime Mover					0
Rods					0
Pumps-Sub Surface (BH)		509	0		0
Tanks					0
Flowlines					0
Heater Treater/Separator					0
Electrical System					0
Packets/Anchors/Hangers	414	0	514	60,000	60,000
Couplings/Fittings/Valves	415	0			0
Gas Lift/Compression					0
Dehydration					0
Injection Plant/CO2 Equipment					0
Pumps-Surface					0
Instrumentation/SCADA/POC					0
Miscellaneous	419	0	519	0	0
Contingency	420	0	520	0	0
Meters/LACT					0
Flares/Combusters/Emission					0
Gas Lift/Compression			527	20,000	20,000
TOTAL TANGIBLES		383,000	152,000	0	535,000
TOTAL WELL COSTS		2,565,690	3,560,500	0	6,126,190

COG Operating LLC	% of Total Well Cost	42%	88%	0%	0%
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Date Prepared: 8/13/21
 COG Operating LLC
 We approve: _____
 % Working Interest
 RSL
 Company: _____
 By: _____
 Printed Name: _____
 Title: _____
 Date: _____

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

Hambone Fed Com 506H-Chronology Efforts

- 9.20.21 Well proposals to MRC Permian (502H, 505H, 506H)
Well proposals to Marathon (506H)

- 10.12.21 Federal Communitization Agreements (501H, 502H, 505H, 506H) to applicable parties
State Communitization Agreements (502H, 505H, 506H) to applicable parties
Ratifications of Federal Communitization Agreements (501H, 502H, 505H, 506H) sent to applicable parties
Designation of Pooled Unit (505H, 506H) sent to applicable parties

- 10.18.21 OA Mailed to potential WIOs

Additional Pooling Agreements (Pooling Agmt, CA, Ratification of DPU) sent to applicable parties - *see separate tab for tracking*

- 10.26.21 Revised Ex A (correcting "C" and "D" interest) sent to parties

- 10.26.21-present Ongoing OA negotiations





HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:
Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

February 4, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22595 - Application of COG Operating LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **March 3, 2022** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

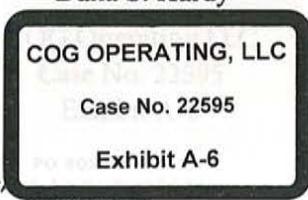
Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/oed/oedpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,
/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321

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 Street and Ap Attn: Beau Bennett
 P.O. Box 50820
 City, State, Zi Midland, TX 79710

7021 0950 0002 0365 5012

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



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<p>1. Article Addressed to:</p> <p>M. Brad Bennett, L.P. Attn: Beau Bennett P.O. Box 50820 Midland, TX 79710</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2328 97</p> <p>7021 0950 0002 0365 5012</p>	

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City, Stz Thornton, CO 80241

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<p>1. Article Addressed to:</p> <p>Marguerite Fort Bruns 12711 Colorado Blvd. E, #505 Thornton, CO 80241</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1811</p>	
<p>9590 9402 6746 1074 2521 09</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and, Buckhorn Minerals IV, LP
1800 Bering Dr., Ste. 1075
Houston, TX 77057

City, State, _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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 <i>X [Signature]</i></p> <p>B. Received by (Printed Name) <i>C. P. [Signature]</i></p> <p>C. Date of Delivery <i>2-10-22</i></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>Buckhorn Minerals IV, LP 1800 Bering Dr., Ste. 1075 Houston, TX 77057</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2520 17</p> <p>7021 0350 0001 3337 1729</p>	

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees \$ _____

Sent To Lynn S. & Grace Charuk
 Street and Ap 3921 Tanforan Ave.
 City, State, Zi Midland, TX 79707

Postmark FEB 4 2022

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<p>1. Article Addressed to:</p> <p>Lynn S. & Grace Charuk 3921 Tanforan Ave. Midland, TX 79707</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2520 62</p> <p>7021 0350 0001 3337 1767</p>	<p>Domestic Return Receipt</p>

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

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Sent To Mitchell E. & Elizabeth L. Cheney

Street or PO Box 236 Merrie Way Lane

City, State, ZIP+4® Houston, TX 77024

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<p>1. Article Addressed to:</p> <p>Mitchel E. & Elizabeth L. Cheney 236 Merrie Way Lane Houston, TX 77024</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 6746 1074 2520 79</p> <p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1774</p>	
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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Delaware Ranch, Inc.
 Street and Apt. 1304 W. Riverside Dr.
 City, State, ZIP+4 Carlsbad, NM 88220

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



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<p>1. Article Addressed to:</p> <p>Delaware Ranch, Inc. 1304 W. Riverside Dr. Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5760 0003 2746 11</p> <p>7021 0950 0002 0365 2196</p>	
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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street or PO Box Fort Mineral Properties, LLC
9716 Admiral Emerson Ave., NE
Albuquerque, NM 87111

City, State

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

Postmark: SANTA FE, NM 87501 FEB 4 2022

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<p>1. Article Addressed to:</p> <p>Fort Mineral Properties, LLC 9716 Admiral Emerson Ave., NE Albuquerque, NM 87111</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2520 31</p> <p>7021 0350 0001 3337 1736</p>	

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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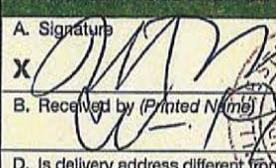
Street and Ap. Tommy L. Fort
P.O. Box 5356
Midland, TX 79704

City, State, Zi. _____

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<p>1. Article Addressed to:</p> <p>Tommy L. Fort P.O. Box 5356 Midland, TX 79704</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1798</p>	

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Christine Fowlkes
 Street and, 416 S. Manzanita Dr.
 Horizon City, TX 79928
 City, State,

Postmark Here
 FEB 4 2022

FE. NM 87501

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

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<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"/> <i>Al Mallouk</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>2/3/22</i></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>Christine Fowlkes 416 S. Manzanita Dr. Horizon City, TX 79928</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1613</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Christopher Fowlkes
 Street and Apt. # 416 S. Manzanita Dr.
 City, State, ZIP+4 Horizon City, TX 79928

Postmark
 FEB 4 2022

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<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 <i>C. May 01/9</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>2-7-22</i></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>Christopher Fowlkes 416 S. Manzanita Dr. Horizon City, TX 79928</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1620</p>	
<p>9590 9402 5760 0003 2746 66</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and. Grizzly Operating, LLC
5847 San Felipe, Ste. 3000
Houston, TX 77057

City, State, _____

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

Postmark Here: FEB 4 2022

SANTA, FE, NM 87501

USPS

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cowling</i> C. Date of Delivery <i>2/17/22</i></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>
<p>1. Article Addressed to:</p> <p>Grizzly Operating, LLC 5847 San Felipe, Ste. 3000 Houston, TX 77057</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 2189</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 1743

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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
 Rolla R. Hinkle III
 P.O. Box 2992
 Roswell, NM 88202

City, State, _____

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

Postmark: SANTA FE, NM 87501 FEB 4 2022

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ani Moody</i></p> <p>C. Date of Delivery <i>2022 FEB 4 10:29</i></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>Rolla R. Hinkle III P.O. Box 2992 Roswell, NM 88202</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 6746 1074 2520 48</p> <p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1743</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7021 0350 0001 3337 1606

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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 John M. Fowlkes
 Street and P.O. Box 1470
 City, State, Marfa, TX 79843

PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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 <i>R Meader</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R MEADER</i> C. Date of Delivery <i>2/10/22</i></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>1. Article Addressed to:</p> <p>John M. Fowlkes P.O. Box 1470 Marfa, TX 79843</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1606</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3337 1590

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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
 Street and Apt. No. John M. Fowlkes
 1111 West Texas
 Marfa, TX 79843

City, State, ZIP+4®
 Marfa, TX 79843

PS Form 3800, April 2015 PSN 7530-02-000-8047 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. 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 type="checkbox"/> Addressee</p> <p><i>R Meader</i></p> <p>B. (Received by (Printed Name)) <i>R MEADER</i></p> <p>C. Date of Delivery <i>2/10/22</i></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>John M. Fowlkes 1111 West Texas Marfa, TX 79843</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1590</p>	<p>Domestic Return Receipt</p>

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

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7021 0350 0001 3337 1644

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	\$
Total Postage and Fees	\$
Sent To	John M. & Lauren Fowlkes
Street and /	P.O. Box 1470
City, State, *	Marfa, TX 79843

PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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 type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) R MEADER C. Date of Delivery 2/10/22</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>1. Article Addressed to:</p> <p>John M. & Lauren Fowlkes P.O. Box 1470 Marfa, TX 79843</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1644</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0350 0001 3337 1637

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 John M. & Lauren Fowlkes
 Street and Ap. 1111 West Texas
 Marfa, TX 79843
 City, State, Zi _____

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

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.

1. Article Addressed to:

John M. & Lauren Fowlkes
 1111 West Texas
 Marfa, TX 79843



9590 9402 5760 0003 2746 73

2. Article Number (Transfer from service label)
 7021 0350 0001 3337 1637

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
R Meader Addressee

B. Received by (Printed Name) C. Date of Delivery
 R MEADER 2/10/22

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

7021 0350 0001 3337 1668

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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 \$ _____

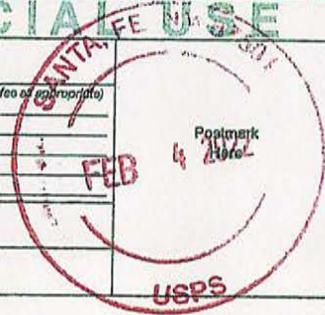
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and: Kemp Smith, LLP
 221 N. Kansas, Ste. 1700
 El Paso, TX 79901
 City, State: _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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"/> <i>Kemp Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Daniel Cambosa</i></p> <p>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>Kemp Smith, LLP 221 N. Kansas, Ste. 1700 El Paso, TX 79901</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1668</p>	<p>Domestic Return Receipt</p>
<p>9590 9402 5760 0003 2749 94</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>

7021 0350 0001 3337 1675

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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: David & Rebecca Kerby
 Street and: 16704 CR 1440
 City, State: Wolfforth, TX 79382

Postmark Here: **FEB 4 2022**
 SANTA FE, NM 87501
 USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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 DH RRO1 C19 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) DAVID KERBY C. Date of Delivery 2-10-22</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>
<p>1. Article Addressed to:</p> <p>David & Rebecca Kerby 16704 CR 1440 Wolfforth, TX 79382</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1675</p>	

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

7021 0950 0002 0365 2172

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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
 MRC Permian Company
 5400 LBJ Freeway, Ste. 1500
 Dallas, TX 75240

Street and Apt

City, State, Z

PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>MRC Permian Company 5400 LBJ Freeway, Ste. 1500 Dallas, TX 75240</p>	<p>B. Received by (Printed Name) <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> [Name]</p> <p>C. Date of Delivery <input checked="" type="checkbox"/> [Date]</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0365 2172</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>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>Barcode: 9590 9402 5760 0003 2745 98</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3337 1750

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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 Penasco Petroleum LLC

Street and P.O. Box 2992

City, State, Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-6047 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. 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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <i>Ani Moody</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Penasco Petroleum LLC P.O. Box 2992 Roswell, NM 88202</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2520 55</p> <p>7021 0350 0001 3337 1750</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7591 2337 1651
1000 0560 1207

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CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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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
 Street and Ap George & Nicole F. Poage
 P.O. Box 369
 Marble Falls, TX 78654
 City, State, Zi _____

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

Postmark Here
 FEB 4 2022
 SANTA, FE, NM 87501
 USPS

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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>George & Nicole F. Poage P.O. Box 369 Marble Falls, TX 78654</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5760 0003 2749 87</p> <p>7021 0350 0001 3337 1651</p>	<p>PO Box 369</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 1842

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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
 Street and #: Ricky D. Raindl
 P.O. Box 142454
 Irving, TX 75014
 City, State, & ZIP+4® _____

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<p>1. Article Addressed to:</p> <p>Ricky D. Raindl P.O. Box 142454 Irving, TX 75014</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2521 30</p> <p>7021 0350 0001 3337 1842</p>	

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Sent To Robert Mitchell Raindl

Street and A P.O. Box 853

City, State, ZIP+4® Tahoka, TX 79373

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<p>1. Article Addressed to:</p> <p>Robert Mitchell Raindl P.O. Box 853 Tahoka, TX 79379</p> <p>9590 9402 6746 1074 2521 23</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1835</p>	

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Sent To _____

Street and Ap _____ Camie & Matthew Wade
 10706 Orlando Ave.
 Lubbock, TX 79423

City, State, ZIP _____

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 SAN ANTONIO, TX 78701
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PS Form 3800, April 2015 PSN 7530-02-000-3047 See Reverse for Instructions

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<p>1. Article Addressed to:</p> <p>Camie & Matthew Wade 10706 Orlando Ave. Lubbock, TX 79423</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2519 97</p> <p>7021 0350 0001 3337 1705</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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Street and Apt. P.O. Box 2102
Midland, TX 79702
City, State, ZIP+4

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1804 1804 3337 1804 7021 0350 0001 0500

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Sent To Marguerite Form Bruns
Street and Apt. 10316 County Manor Pl, NW
Albuquerque, NM 87114
City, State, ZIP+4

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Street and Apt. P.O. Box 2704756
Houston, TX 77277
City, State, ZIP+4

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Adult Signature Required \$

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Total Postage and Fees \$

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Street and Apt. P.O. Box 28504
Austin, TX 78755
City, State, ZIP+4

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Sent To L.E. & Nicolette A. Opperman
Street and Apt. 500 W. Texas Ave., Ste. 830
Midland, TX 79701
City, State, ZIP+4

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1822 1822 3337 1822 7021 0350 0001 0500

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Sent To Debra Kay Primera
Street and Apt. P.O. Box 28504
Austin, TX 78755
City, State, ZIP+4

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Street and, George & Shirley Thompson
4619 19th St.
Lubbock, TX 79424

City, State, ZIP+4

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Adult Signature Restricted Delivery \$

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Street and Aj Camie & Matthew Wade
5825 102nd St.
Lubbock, TX 79424

City, State, ZIP+4

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Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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Street and Apt. N Wing Resources IV, LLC
2100 McKinney Ave., Ste. 1540
Dallas, TX 75201

City, State, ZIP+4

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Carlsbad Current Argus

Affidavit of Publication

Ad # 0005124137

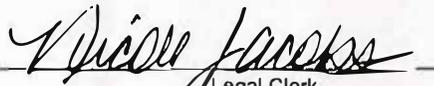
This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

SANTA FE, NM 87501

I, a legal clerk of the Carlsbad Current Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof in editions dated as follows:

02/10/2022


Legal Clerk

Subscribed and sworn before me this February 10, 2022:


State of WI, County of Brown
NOTARY PUBLIC

1-7-25
My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005124137
PO #: 22595
of Affidavits 1

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COG OPERATING LLC
Case No. 22595
Exhibit A-7

This is to notify all interested parties, including M. Brad Bennett, L.P.; Debra Kunkel; L.E. Opperman; Nicolette A. Opperman; MRC Permian Company LLC; Grizzly Operating, LLC; Delaware Ranch, Inc.; 1836 Royalty Partners, LLC; Jubilee Royalty Holdings LLC; Ranchito AD4, LP; Tundra AD3, LP; Wing Resources IV, LLC; Edwin Fowlkes Heirs Family LP; John M. Fowlkes; Preston L. Fowlkes; Edwin H. Fowlkes III; Janet Renee Fowlkes Murrey; Patrick K. Fowlkes; Christine Fowlkes; Christopher Fowlkes; John M. Fowlkes; Lauren Fowlkes; George Poage; Nicole F. Poage; Kemp Smith, LLP; David Kerby; Rebecca Kerby; George Thompson; Shirley Thompson; Camie Wade; Matthew Wade; Suzanne B. Koch; Buckhorn Minerals IV, LP; Wayne A. Bissett; Laura Bissett; Mitchel E. Cheney; Elizabeth L. Cheney; Lynn S. Charuk; Grace Charuk; Penasco Petroleum LLC; Rolla R. Hinkle III; Fort Minerals Properties, LLC; Tommy L. Fort; Marguerite Fort Bruns; Debra Kay Primera; Robert Mitchell Raindl; Ricky D. Raindl; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating LLC (Case No. 22595). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on March 3, 2022 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 280-acre, more or less, standard horizontal spacing unit comprised of the W/2W/2 of Section 5, and the W/2NW/4 and NW/4SW/4 of Section 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Hambone Federal Com #506H well to be horizontally drilled from a surface hole location in the NE/4SW/4 (Unit K) of Section 8 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 5. Also, to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 10.4 miles south of Malaga, New Mexico. #5124137, Current Argus, Feb. 10, 2022

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. 22595

SELF-AFFIRMED STATEMENT
OF JASON HANZEL

1. I am a geologist at COG Operating LLC ("COG") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division"), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

2. I am familiar with the geological matters that pertain to this matter.

3. **Exhibit B-1** is a location map for the proposed horizontal spacing unit ("Unit") within the Bone Spring formation. The approximate wellbore path for the proposed **Hambone #506H** well ("Well") is represented by a dashed line. Existing producing wells in the targeted interval are represented by solid lines.

4. **Exhibit B-2** is a subsea structure map for the top of the formation that is representative of the targeted interval within the formation. The data points are indicated by crosses. The approximate wellbore path for the Well is depicted by a dashed line. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

COG OPERATING LLC

Case No. 22595

Exhibit B

5. **Exhibit B-3** identifies three wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

6. **Exhibit B-4** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-3**. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the Well is labeled on the exhibit. This cross-section demonstrates the target interval is continuous across the Unit.

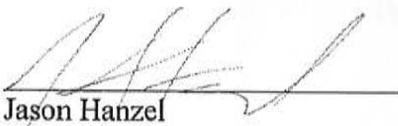
7. In my opinion, a standup orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and the lack of preferred fracture orientation in this portion of the trend.

8. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Well.

9. In my opinion, the granting of COG's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

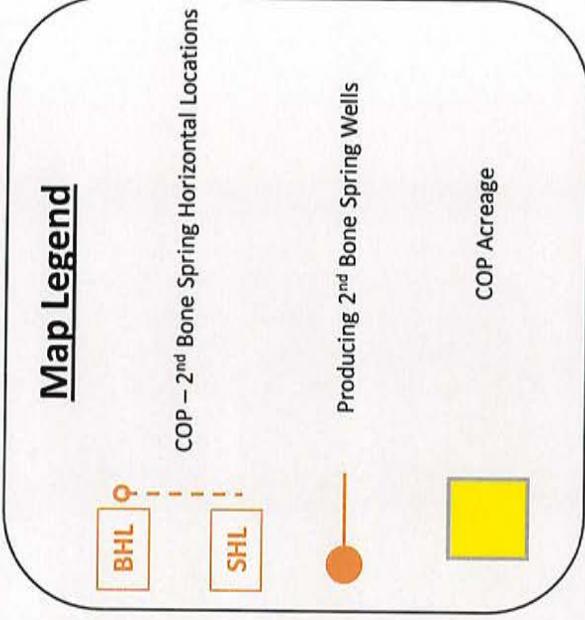
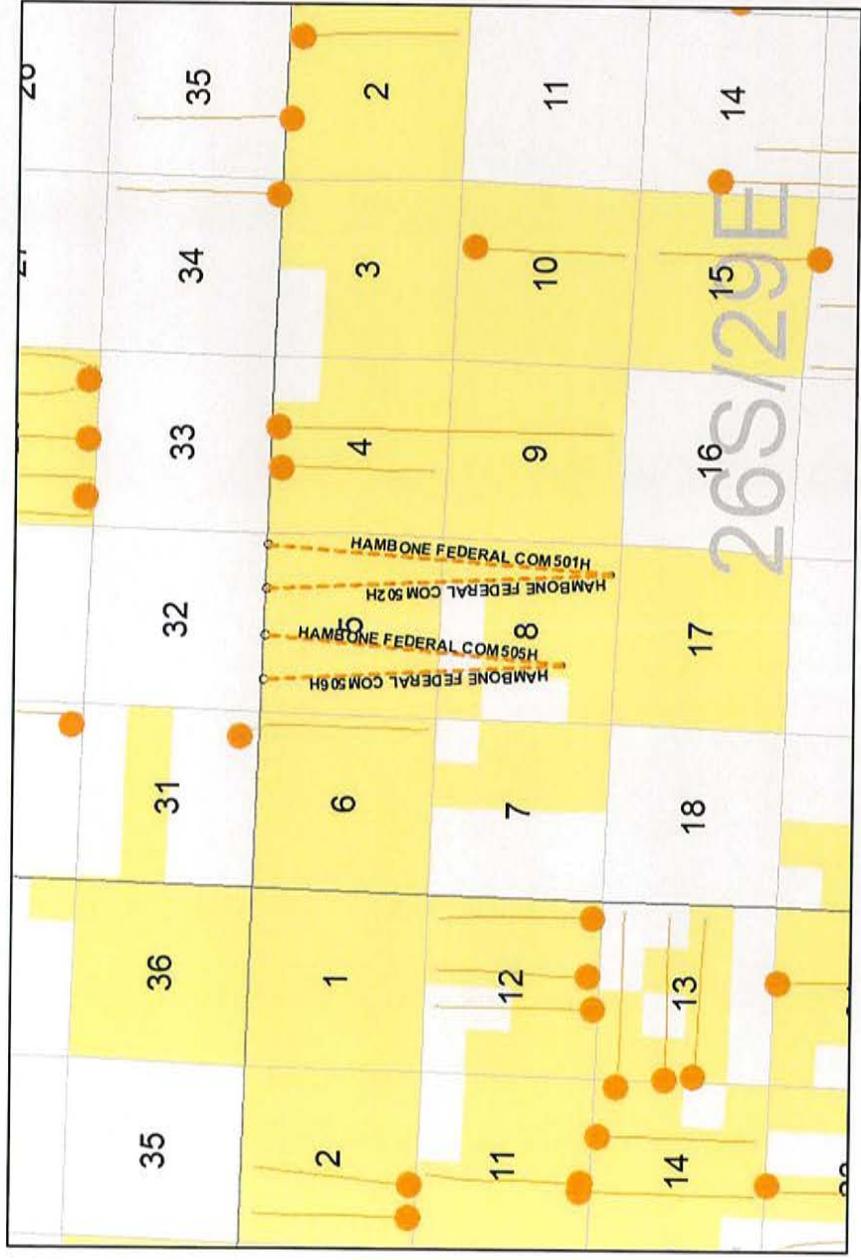
10. The attached exhibits attached were either prepared by me or under my supervision or were compiled from company business records.

11. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 10 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.


Jason Hanzel

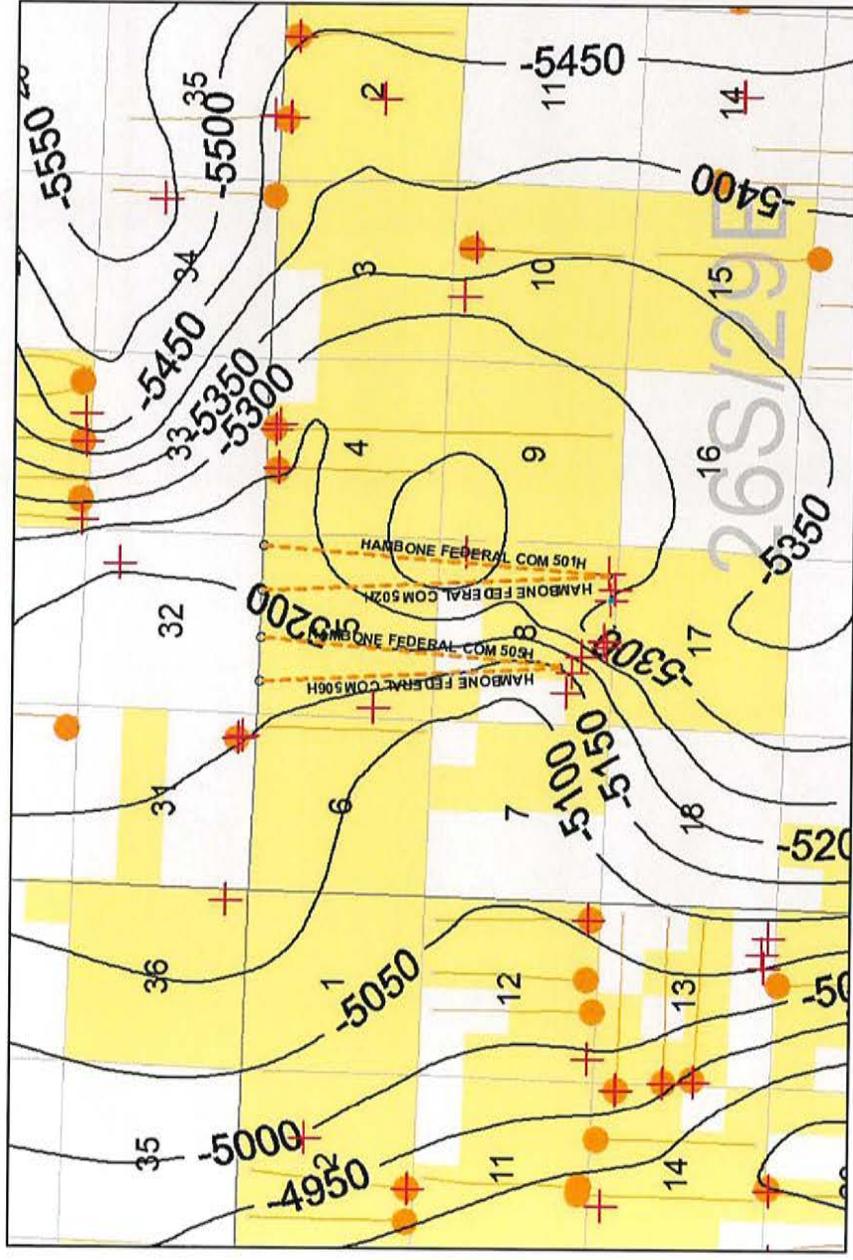
2/17/22
Date

Hambone Federal Com



COG OPERATING LLC
 Case No. 22595
 Exhibit B-1

Top of BS2S Structure Map



Map Legend

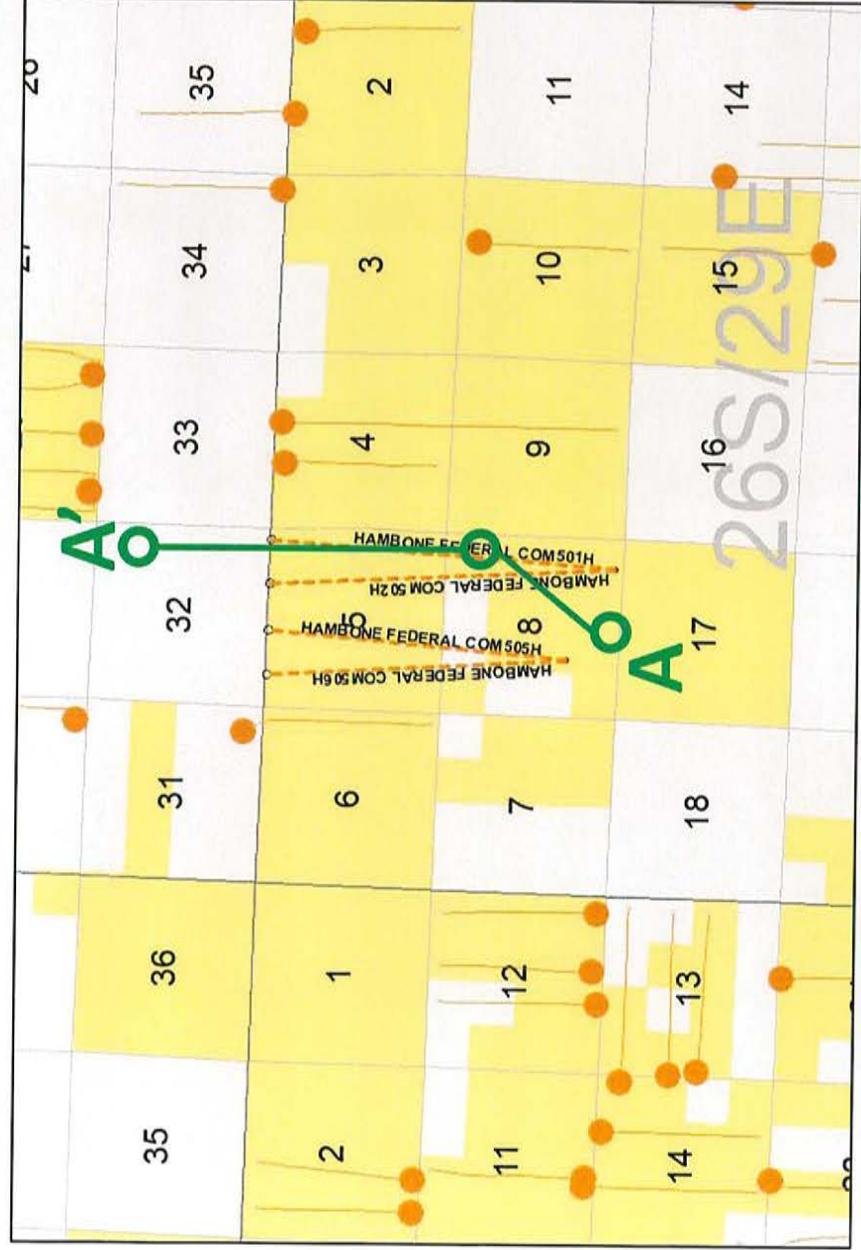
- BHL
- SHL
- COP - 2nd Bone Spring Horizontal Locations
- Producing 2nd Bone Spring Wells
- Data Point
- 2nd Bone Spring Structure
Ci: 50'
- COP Acreage

3 January 4, 2022

COG OPERATING LLC
 Case No. 22595
 Exhibit B-2

ConocoPhillips

Cross Section Map

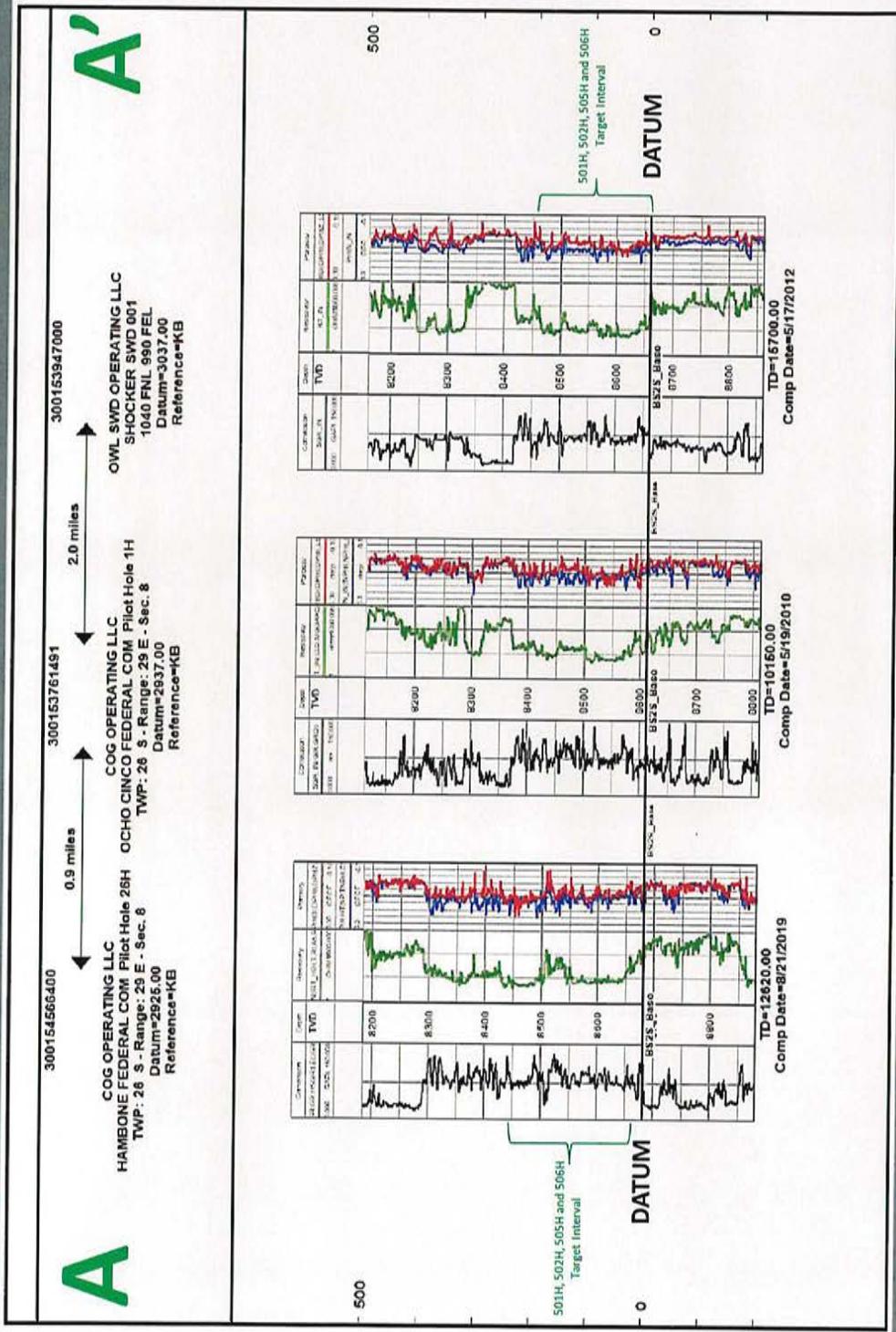


Map Legend

- BHL (Borehole Location)
- SHL (Surface Hole Location)
- COP - 2nd Bone Spring Horizontal Locations
- Producing 2nd Bone Spring Wells
- Cross Section Line
- COP Acreage

COG OPERATING LLC
 Case No. 22595
 Exhibit B-3

Top of BS2S Structure Map



COG OPERATING LLC
 Case No. 22595
 Exhibit B-4