

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

**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859, TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22883

EXHIBIT INDEX

Exhibit A	Self-Affirmed Statement of Nash Bell
A-1	Application & Proposed Notice of Hearing
A-2	Order No. R-21859
Exhibit B	Affidavit of Dana S. Hardy
B-1	Sample Notice Letter to All Interested Parties
B-2	Chart of Notice to All Interested Parties and Certified Mail Receipts
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**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

Case No. 22883

**SELF-AFFIRMED STATEMENT
OF NASH BELL**

1. I am Vice President of Land with Spur Energy Partners, LLC (“Spur”) 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 qualifications as an expert in petroleum land matters were accepted and made a matter of record.

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

3. The Division issued Order No. R-21859 (“Order”) in Case No. 21676 on October 7, 2021, approving a 315-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico (“Unit”) and designating Spur as operator of the Unit. The Order further pooled all uncommitted interests within the Yeso formation at a depth of 4,225’ to 5,000’ in the Loco Hills; Glorieta-Yeso Pool (96718) underlying the Unit and dedicated the Unit to the Merak 7 Federal 10H well; Merak 7 Federal 11H well; Merak 7 Federal 22H well; Merak 7 Federal 51H well; and the Merak 7 Federal 52H well (collectively the “Wells”). A copy of the Order is attached as **Exhibit A-2**.

4. The Order requires Spur to commence drilling the Wells within one (1) year of the

Exhibit A

date of the Order unless Spur obtains a time extension from the Division Director for good cause shown.

5. Good cause exists to extend the time for Spur to commence drilling the Wells authorized in the Order since it was necessary for Spur to revise its drilling schedule due to delays associated with COVID-19, disruption in the market, and service company availability. Spur now plans to commence drilling the Wells in the third quarter of 2023.

6. In order to provide operational flexibility, Spur requests the Division amend the Order to extend the deadline for Spur to commence drilling the Wells until December 31, 2023.

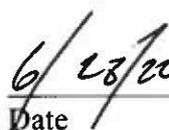
7. Spur further requests the other provisions of the Order remain in force and effect.

8. Spur is in good standing under the statewide rules and regulations.

9. In my opinion, the granting of Spur’s application would best serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

10. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony 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.


Nash Bell


Date

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

Case No. 22883

APPLICATION

Spur Energy Partners, LLC (“Spur”) (OGRID No. 328947), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) requesting that the Division amend Order No. R-21859 (“Order”) to extend the deadline to commence drilling operations until December 31, 2023. In support of its application, Spur states the following.

1. The Division issued Order No. R-21859 in Case No. 21676 on October 7, 2021, approving a 315-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico (“Unit”), and designating Spur as operator of the Unit.

2. The Order further pooled all uncommitted interests within the Yeso formation at a depth of 4,225’ to 5,000’ in the Loco Hills; Glorieta-Yeso Pool (96718) underlying the Unit and dedicated the Unit to the Merak 7 Federal 10H well; Merak 7 Federal 11H well; Merak 7 Federal 22H well; Merak 7 Federal 51H well; and the Merak 7 Federal 52H well (collectively the “Wells”).

3. The Order requires Spur to commence drilling the Wells within one (1) year of the date of the Order unless Spur obtains a time extension from the Division Director for good cause shown.

4. As a result of delays associated with COVID-19, disruption in the market, and service company availability, Spur has revised its drilling schedule and plans to commence drilling the Wells by the fourth quarter of 2023.

Exhibit A-1

5. Spur requests that the Division amend the Order to extend the deadline for Spur to commence drilling the Wells until December 31, 2023.

WHEREFORE, Spur requests that this application be set for hearing on July 7, 2022, and after notice and hearing required by law, the Division amend Order No. R-21859 to extend the deadline for Spur to commence drilling the wells until December 31, 2023.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn McLean

Jeremy Ian Martin

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

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dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

jmartin@hinklelawfirm.com

Counsel for Spur Energy Partners, LLC

Application of Spur Energy Partners, LLC to Amend Order No. R-21859 to Extend Time to Commence Drilling Operations, Eddy County, New Mexico. Spur Energy Partners, LLC (“Spur”) seeks an order amending Order No. R-21859 (“Order”) to extend the deadline to commence drilling operations until December 31, 2023. The Order was issued on October 7, 2021 and approved a 315-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico (“Unit”), and designated Spur as operator of the Unit. The Order further pooled all uncommitted interests within the Yeso formation at a depth of 4,225’ to 5,000’ underlying the Unit and dedicated the Unit to the following wells (“Wells”): Merak 7 Federal 10H; Merak 7 Federal 11H; Merak 7 Federal 22H; Merak 7 Federal 51H; and Merak 7 Federal 52H. The Order requires Spur to commence drilling the Wells within one year of the date of the Order. Spur requests that the Division amend the Order to extend the deadline for Spur to commence drilling the Wells until December 31, 2023. The Wells are located approximately 3 miles northwest of Loco Hills, New Mexico.

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

**IN THE MATTER OF APPLICATION FOR
COMPULSORY POOLING SUBMITTED BY
SPUR ENERGY PARTNERS, LLC**

**CASE NO. 21676
ORDER NO. R-21859**

ORDER

The Director of the New Mexico Oil Conservation Division (“OCD”), having heard these matters through a Hearing Examiner on September 23, 2021, and after considering the testimony, evidence, and recommendation of the Hearing Examiner, issues the following Orders:

FINDINGS OF FACT

1. Spur Energy Partners, LLC (“Operator”), submitted an application (“Application”) to compulsorily pool the uncommitted oil and gas interests within the spacing unit (“Unit”) described in Exhibit A. The Unit is expected to be a standard horizontal spacing unit. 19.15.16.15(B) NMAC. Operator seeks to be designated the operator of the Unit.
2. Operator will dedicate the well(s) described in Exhibit A (“Well(s)”) to the Unit.
3. Operator proposes the supervision and risk charges for the Well(s) described in Exhibit A.
4. Operator identified the owners of uncommitted interests in oil and gas minerals in the Unit and provided evidence that notice was given.
5. The Application was heard by the Hearing Examiner on the date specified above, during which Operator presented evidence through affidavits in support of the Application. No other party presented evidence at the hearing.

CONCLUSIONS OF LAW

6. OCD has jurisdiction to issue this Order pursuant to NMSA 1978, Section 70-2-17.
7. Operator is the owner of an oil and gas working interest within the Unit.
8. Operator satisfied the notice requirements for the Application and the hearing as required by 19.15.4.12 NMAC.
9. OCD satisfied the notice requirements for the hearing as required by 19.15.4.9 NMAC.

Exhibit A-2

10. Operator has the right to drill the Well(s) to a common source of supply at the depth(s) and location(s) in the Unit described in Exhibit A.
11. The Unit contains separately owned uncommitted interests in oil and gas minerals.
12. Some of the owners of the uncommitted interests have not agreed to commit their interests to the Unit.
13. The pooling of uncommitted interests in the Unit will prevent waste and protect correlative rights, including the drilling of unnecessary wells.
14. This Order affords to the owner of an uncommitted interest the opportunity to produce his just and equitable share of the oil or gas in the pool.

ORDER

15. The uncommitted interests in the Unit are pooled as set forth in Exhibit A.
16. The Unit shall be dedicated to the Well(s) set forth in Exhibit A.
17. Operator is designated as operator of the Unit and the Well(s).
18. If the location of a well will be unorthodox under the spacing rules in effect at the time of completion, Operator shall obtain the OCD's approval for a non-standard location in accordance with 19.15.16.15(C) NMAC.
19. The Operator shall commence drilling the Well(s) within one year after the date of this Order, and complete each Well no later than one (1) year after the commencement of drilling the Well.
20. This Order shall terminate automatically if Operator fails to comply with Paragraph 19 unless Operator obtains an extension by amending this Order for good cause shown.
21. The infill well requirements in 19.15.13.9 NMAC through 19.15.13.12 NMAC shall be applicable.
22. Operator shall submit each owner of an uncommitted working interest in the pool ("Pooled Working Interest") an itemized schedule of estimated costs to drill, complete, and equip the well ("Estimated Well Costs").
23. No later than thirty (30) days after Operator submits the Estimated Well Costs, the owner of a Pooled Working Interest shall elect whether to pay its share of the Estimated Well Costs or its share of the actual costs to drill, complete and equip the

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ORDER NO. R-21859

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well ("Actual Well Costs") out of production from the well. An owner of a Pooled Working Interest who elects to pay its share of the Estimated Well Costs shall render payment to Operator no later than thirty (30) days after the expiration of the election period, and shall be liable for operating costs, but not risk charges, for the well. An owner of a Pooled Working Interest who fails to pay its share of the Estimated Well Costs or who elects to pay its share of the Actual Well Costs out of production from the well shall be considered to be a "Non-Consenting Pooled Working Interest."

24. No later than one hundred eighty (180) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the Actual Well Costs. The Actual Well Costs shall be considered to be the Reasonable Well Costs unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Reasonable Well Costs after public notice and hearing.
25. No later than sixty (60) days after the expiration of the period to file a written objection to the Actual Well Costs or OCD's order determining the Reasonable Well Costs, whichever is later, each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs shall pay to Operator its share of the Reasonable Well Costs that exceed the Estimated Well Costs, or Operator shall pay to each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs its share of the Estimated Well Costs that exceed the Reasonable Well Costs.
26. The reasonable charges for supervision to drill and produce a well ("Supervision Charges") shall not exceed the rates specified in Exhibit A, provided however that the rates shall be adjusted annually pursuant to the COPAS form entitled "Accounting Procedure-Joint Operations."
27. No later than within ninety (90) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the reasonable charges for operating and maintaining the well ("Operating Charges"), provided however that Operating Charges shall not include the Reasonable Well Costs or Supervision Charges. The Operating Charges shall be considered final unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Operating Charges after public notice and hearing.
28. Operator may withhold the following costs and charges from the share of production due to each owner of a Pooled Working Interest who paid its share of

- the Estimated Well Costs: (a) the proportionate share of the Supervision Charges; and (b) the proportionate share of the Operating Charges.
29. Operator may withhold the following costs and charges from the share of production due to each owner of a Non-Consenting Pooled Working Interest: (a) the proportionate share of the Reasonable Well Costs; (b) the proportionate share of the Supervision and Operating Charges; and (c) the percentage of the Reasonable Well Costs specified as the charge for risk described in Exhibit A.
 30. Operator shall distribute a proportionate share of the costs and charges withheld pursuant to paragraph 29 to each Pooled Working Interest that paid its share of the Estimated Well Costs.
 31. Each year on the anniversary of this Order, and no later than ninety (90) days after each payout, Operator shall provide to each owner of a Non-Consenting Pooled Working Interest a schedule of the revenue attributable to a well and the Supervision and Operating Costs charged against that revenue.
 32. Any cost or charge that is paid out of production shall be withheld only from the share due to an owner of a Pooled Working Interest. No cost or charge shall be withheld from the share due to an owner of a royalty interests. For the purpose of this Order, an unleased mineral interest shall consist of a seven-eighths (7/8) working interest and a one-eighth (1/8) royalty interest.
 33. Except as provided above, Operator shall hold the revenue attributable to a well that is not disbursed for any reason for the account of the person(s) entitled to the revenue as provided in the Oil and Gas Proceeds Payment Act, NMSA 1978, Sections 70-10-1 *et seq.*, and relinquish such revenue as provided in the Uniform Unclaimed Property Act, NMSA 1978, Sections 7-8A-1 *et seq.*
 34. The Unit shall terminate if (a) the owners of all Pooled Working Interests reach a voluntary agreement; or (b) the well(s) drilled on the Unit are plugged and abandoned in accordance with the applicable rules. Operator shall inform OCD no later than thirty (30) days after such occurrence.
 35. OCD retains jurisdiction of this matter for the entry of such orders as may be deemed necessary.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION



ADRIENNE SANDOVAL
DIRECTOR
AES/kms

Date: 10/07/2021

CASE NO. 21676
ORDER NO. R-21859

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Exhibit "A"

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 21676	APPLICANT'S RESPONSE
Date	May 20, 2021
Applicant	Spur Energy Partners, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID # 328947
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	N/A
Well Family	Merak
Formation/Pool	
Formation Name(s) or Vertical Extent:	Yeso
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Yeso, 4225' MD to 5000' MD.
Pool Name and Pool Code:	Loco Hills; Glorieta-Yeso Pool (Pool Code 96718)
Well Location Setback Rules:	Statewide
Spacing Unit Size:	~315 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	~315 acres
Building Blocks:	Quarter-quarter
Orientation:	Laydown
Description: TRS/County	S/2 of Section 7, Township 17 South, Range 30 East in Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	Yes, at 5,000' MD in the Loco Hills; Glorieta-Yeso Pool within the Yeso formation.
Proximity Tracts: If yes, description	Yes, the completed interval for the Merak 7 Federal 22H will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 315-acre HSU.
Proximity Defining Well: if yes, description	Merak 7 Federal 22H
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name (API [if assigned]); Surface hole location; Bottom hole location; Completion target (TVD); Orientation, Completion status (standard or non-standard).	
Well #1	Merak 7 Federal 10H (API # pending) SHL: 2475' FSL & 1080' FWL, Section 8, T17S-R30E BHL: 2100' FSL & 50' FWL, Section 7, T17S-R30E Completion Target: Yeso formation (Approx. 4540' TVD)

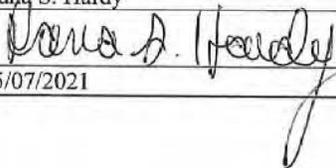
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	Completion status: Standard
Well #2	Merak 7 Federal 11H (API # pending) SHL: 875' FSL & 1060' FWL, Section 8, T17S-R30E BHL: 600' FSL & 50' FWL, Section 7, T17S- R30E Completion Target: Yeso formation (Approx. 4510' TVD) Completion status: Standard
Well #3	Merak 7 Federal 22H (API # pending) SHL: 915' FSL & 1060' FWL, Section 8, T17S-R30E BHL: 1350' FSL & 50' FWL, Section 7, T17S- R30E Completion Target: Yeso formation (Approx. 4625' TVD) Completion status: Standard
Well #4	Merak 7 Federal 51H (API # pending) SHL: 2492' FSL & 1091' FWL, Section 8, T17S-R30E BHL: 2175' FSL & 50' FWL, Section 7, T17S- R30E Completion Target: Yeso formation (Approx. 4900' TVD) Completion status: Standard
Well #5	Merak 7 Federal 52H (API # pending) SHL: 855' FSL & 1060' FWL, Section 8, T17S-R30E BHL: 400' FSL & 50' FWL, Section 7, T17S- R30E Completion Target: Yeso formation (Approx. 4865' TVD) Completion status: Standard
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	7000
Production Supervision/Month \$	700
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 the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	Exhibits A and A-3
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

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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	Exhibit B-4
Well Orientation (with rationale)	Exhibit B
Target Formation	Yeso
HSU Cross Section	Exhibit B-3
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-1
Cross Section (including Landing Zone)	Exhibit B-3
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:	05/07/2021

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

APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.

Case No. 22883

SELF-AFFIRMED STATEMENT OF
DANA S. HARDY

1. I am attorney in fact and authorized representative of Spur Energy Partners, LLC, the Applicant herein.

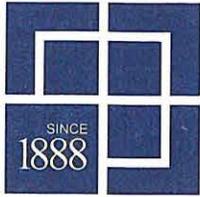
2. I am familiar with the Notice Letter attached as **Exhibit B-1**.

3. The above-referenced Application was provided, along with the Notice Letter, to the recipients listed in **Exhibit B-2**. Exhibit B-2 also provides the date each Notice Letter was sent and the date each return was received and includes copies of the certified mail green cards and white slips.

4. On June 17, 2022, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit B-3**.

/s/ Dana S. Hardy
Dana S. Hardy

July 1, 2022
Date



hinklelawfirm.com

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

June 15, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 22883 - Application of Spur Energy Partners, LLC to Amend Order No. R-21859 to Extend Time to Commence Drilling Operations, 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 **July 7, 2022** beginning at 8:15 a.m.

Hearings are currently conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/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 submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@state.nm.us 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 questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

Exhibit B-1

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

PO BOX 2068
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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DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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Case No. 22883

NOTICE LETTER LIST

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Aaron Anderson, SSP 30777 Rancho Cal Road, Unit 892391 Temecula, California 92591	06/13/22	06/28/22 Return to Sender. Insufficient Address.
Leslie Lee Bayouth (address unknown)		
Breck Minerals, LP P.O. Box 911 Breckenridge, Texas 76424	06/13/22	06/21/22
COG Operating LLC 600 W. Illinois Avenue Midland, Texas 79701	06/13/22	06/30/22
Concho Oil & Gas LLC 600 W. Illinois Avenue Midland, Texas 79701	06/13/22	06/30/22
David L. Maxwell, SSP 2912 Grampian Drive Gastonia, North Carolina 28054	06/13/22	06/21/22 No signature
David Rhea Carson, SSP P.O. Box 3068 Taos, New Mexico 87571-3068	06/13/22	06/21/22
Diana Louise Carson Kostka, SSP 14320 Edmond Lake Road Jones, Oklahoma 73049-3438	06/13/22	07/1/22 Return to Sender
Edward Louis Carson, Jr., SSP 7411 Sapphire Lane Oklahoma City, Oklahoma 73150-8028	06/13/22	Per USPS Tracking: 06/20/22 In transit to next facility.
First National Bank of Artesia, NM, Agent for Abbe Kanner, SSP 2001 West Main Street Artesia, New Mexico 88210	06/13/22	06/28/22 Return to Sender. Not Deliverable as Addressed.
First National Bank of Artesia, NM, Agent for Barbara Bentwood McCahen, SSP 2001 West Main Street Artesia, New Mexico 88210	06/13/22	06/28/22 Return to Sender. Not Deliverable as Addressed.

Exhibit B-2

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

**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

Case No. 22883

NOTICE LETTER LIST

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
First National Bank of Artesia, NM, Agent for Richard W. Bentwood and Jean T. Bentwood, Co-Trustees of The Bentwood Revocable Living Trusts 2001 West Main Street Artesia, New Mexico 88210	06/13/22	06/28/22 Return to Sender. Not Deliverable as Addressed.
First National Bank of Artesia, NM, Agent for Claire J. Carter, SSP 2001 West Main Street Artesia, New Mexico 88210	06/13/22	06/28/22 Return to Sender. Not Deliverable as Addressed.
First National Bank of Artesia, NM, Agent for Dr. John N. Brentwood, SSP 2001 West Main Street Artesia, New Mexico 88210	06/13/22	06/28/22 Return to Sender. Not Deliverable as Addressed.
First National Bank of Artesia, NM, Agent for Fred O. McDowell and Platform Energy III, LLC P.O. Box 2078 Abilene, Texas 79604	06/13/22	06/21/22
First National Bank of Artesia, NM, Agent for Richard W. Wheatley and Sarah E. Wheatley, Co-Trustees of The Wheatley Family Trust u/t/a dated 2/12/1990 2001 West Main Street Artesia, New Mexico 88210	06/13/22	06/28/22 Return to Sender. Not Deliverable as Addressed.
Gates Properties, Ltd. c/o Nada Gates P.O. Box 81119 Midland, Texas 79708	06/13/22	06/21/22
Margaret J. Gates 706 W. Grand Avenue Artesia, New Mexico 88210-1935	06/13/22	06/21/22

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

**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

Case No. 22883

NOTICE LETTER LIST

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Gayle Angela Carson f/k/a Gayle Angela Carson Carpenter, SSP 619 Rolling Mill Drive Sugar Land, Texas 77498-3075	06/13/22	06/21/22
D. Lloyd Henderson and Jean E. Henderson 332 San Saba Street Meadowlakes, Texas 78654-7009	06/13/22	06/21/22
James Chester Bethel, Jr., SSP 524 Pittman Street Richardson, Texas 75081-4278	06/13/22	Per USPS Tracking: 06/20/22 In transit to next facility.
John Bedingfield, SSP 1002 W. Dallas Avenue Artesia, New Mexico 88210-1806	06/13/22	06/28/22 Return to Sender.
John W. Gates, LLC c/o Margaret J. Gates 706 W. Grand Avenue Artesia, New Mexico 88210-1935	06/13/22	06/21/22
John W. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803	06/13/22	06/24/22 (Deceased per call from Susan Shope on 06/28/22)
Jon Erick Anderson, SSP 2401 Wessynton Way Alexandria, Virginia 22309	06/13/22	06/21/22
Jonathan V. Maxwell, SSP 819 Plummer Drive Greensboro, North Carolina 27410	06/13/22	Per USPS Tracking: 06/16/22 Delivered to individual at the address.
Jackie Kemp Jones 5205 New Orleans Dr. Odessa, TX 79762	06/15/22	Per USPS Tracking: 06/22/22 In transit to next facility.

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

**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

Case No. 22883

NOTICE LETTER LIST

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Kenneth William Irish, SSP 227 Rheem Boulevard Moraga, California 94556	06/13/22	06/21/22
Kenneth William Irish, SSP 227 Rheem Boulevard Moraga, California 94556	06/13/22	06/21/22
Leland Price, Inc. 2107 W. Clayton Avenue Artesia, New Mexico 88210	06/13/22	Per USPS Tracking: 06/16/22 Notice left. No authorized recipient available.
Richard M. Lowery (address unknown)		
Mary Carolyn Johnson, SSP 5208 Hawks Point Road Indianapolis, Indiana 46226	06/13/22	Per USPS Tracking: 06/30/22 Being returned to sender.
Joanna L. McDermott 4492 Hornet Drive Prescott, AZ 86301	06/15/22	06/21/22
Joanna L. McDermott 6625 E Cypress St Scottsdale, Arizona 85257	06/13/22	06/23/22 Return to Sender. Not Deliverable as Addressed.
Joanna L. McDermott 6625 E Cypress St Scottsdale, Arizona 85257	06/13/22	06/23/22 Return to Sender. Not Deliverable as Addressed.
Melva Jean Meyers; and Earl Stephen Meyers, Trustee of the Rex Thomas Meyers Exemption Trust u/t/a dated 8/7/1995 4337 Driftwood Drive Plano, Texas 75074-3543	06/13/22	Per USPS Tracking: 06/19/22 In transit to next facility.

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

**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

Case No. 22883

NOTICE LETTER LIST

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Michael McDowell, MSU c/o Barbara W. McDowell 6 Blitzen Lane Shelton, Washington 98584-1286	06/13/22	Per USPS Tracking: 06/21/22 Notice left. No authorized recipient available.
Nancy Helen Castillo, SSP 1108 Dahlia Court Calexico, California 92231	06/13/22	06/21/22
Nancy Helen Castillo, SSP 1108 Dahlia Court Calexico, California 92231	06/13/22	06/21/22
The New Mexico Baptist Foundation, Inc., Trustee for the New Mexico Baptist Children's Home, Inc. 2511 Wyoming Boulevard Northeast Albuquerque, New Mexico 87112	06/13/22	06/17/22
Peter N. Maxwell, SSP 309 Frances Thacker Williamsburg, Virginia 23185-8238	06/13/22	06/21/22
RRA Minerals, L.L.C. c/o Ann Smith, manager 2214 Toll Gate Road SE Huntsville, Alabama 35801-1833	06/13/22	06/21/22
Rhodes Interests, Ltd. 110 W. Louisiana Avenue, Suite 200 Midland, Texas 79701	06/13/22	06/28/22 Return to Sender. Not Deliverable as Addressed.
Robert B. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803	06/13/22	06/27/22 (Deceased per call from Susan Shope on 06/28/22)
Robert Morley Irish, SSP 15155 Northwest Valley Road Yamhill, Oregon 97148	06/13/22	06/21/22

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

**APPLICATION OF SPUR ENERGY PARTNERS, LLC
TO AMEND ORDER NO. R-21859 TO EXTEND
TIME TO COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

Case No. 22883

NOTICE LETTER LIST

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Robert Morley Irish, SSP 15155 Northwest Valley Road Yamhill, Oregon 97148	06/13/22	06/21/22
Root Family Holdings, LLC c/o Bryan J. Root 13655 Duluth Drive Apple Valley, Minnesota 55124	06/13/22	06/21/22
Russell Sanford Gates, MSU 23 Stafford Square Boyertown, Pennsylvania 19512	06/13/22	06/21/22
Southwest Royalties, Inc. P.O. Box 53570 Midland, TX 79710-3570	06/13/22	06/27/22
Susan M. Shope, SSP 34 Fairview Street Asheville, North Carolina 28803	06/13/22	06/27/22
Valarie Rose Carson Ryckman, SSP 626 Longview Drive Sugar Land, Texas 77478-3729	06/13/22	Per USPS Tracking: 06/16/22 In transit to next facility.
Wallace S. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803	06/13/22	06/27/22 (Deceased per call from Susan Shope on 06/28/22)
William Allen Gates, MSU 208 Wren Drive Greensburg, Pennsylvania 15601	06/13/22	06/27/22

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USPS SANTA FE NM FE 87501
SANTA FE NM MAIN POST OFFICE
JUN 13 2022

7021 0950 0002 0369 7371

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	
Breck Minerals, LP	
Street and Apt. No., or PO Box No. P.O. Box 911	
Breckenridge, Texas 76424	
City, State, ZIP+4® 22883 Spur - Merak	

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 checked="" type="checkbox"/> Addressee</p> <p><i>Christie Spencer</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Christie Sp</i> <i>6/16/22</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 style="text-align: center; font-size: 1.2em;">Breck Minerals, LP P.O. Box 911 Breckenridge, Texas 76424</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p> <p style="text-align: center; font-size: 1.1em;">9590 9402 6746 1074 3821 58</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0369 7371</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>																

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7021 0950 0002 0371 4450

Certified Mail Fee \$ _____	 Postmark Here
Extra Services & Fees (check box, add fees 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 Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	COG Operating LLC 600 W. Illinois Avenue Midland, Texas 79701 22883 Spur - Menk

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> COG Operating LLC 600 W. Illinois Avenue Midland, Texas 79701 </div> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Menk</p>  <p style="text-align: center; font-size: 1.2em;">9590 9402 6746 1074 2367 58</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4450</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>W. W. Villarreal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Josue Villarreal</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>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7019 2970 0000 7595 7224

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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	\$ _____
Total Postage and Fees	\$ _____
Sent To Concho Oil & Gas LLC 600 W. Illinois Avenue Midland, Texas 79701	
22883 Spur - Merak	
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. 	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Concho Oil & Gas LLC 600 W. Illinois Avenue Midland, Texas 79701 22883 Spur - Merak	B. Received by (Printed Name) <i>Usaac Villafrañc</i>
	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label) 7019 2970 0000 7595 7224	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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SANTA FE NM MAIN POST OFFICE
JUN 13 2022
Postmark here

7019 2970 0000 7595 5022

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 \$

Print To
David L. Maxwell, SSP
2912 Grampian Drive
Gastonia, North Carolina 28054

22883 Spur - Merak

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p style="text-align: center;">David L. Maxwell, SSP 2912 Grampian Drive Gastonia, North Carolina 28054</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p> <p style="text-align: center; font-weight: bold;">9590 9402 6746 1074 3820 80</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5022</p>	<p>A. Signature</p> <p>X <i>MJD CSD C19</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-17-22</u></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>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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 _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

David Rhea Carson, SSP
P.O. Box 3068
Taos, New Mexico 87571-3068

22883 Spur - Merak

USPS SANTA NM FE 87501
JUN 13 2022
MAIN POST OFFICE

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</p> <p><input checked="" type="checkbox"/> Karen Douglas <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) KAREN DOUGLAS</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>David Rhea Carson, SSP P.O. Box 3068 Taos, New Mexico 87571-3068</p> <p>22883 Spur - Merak</p> <p>9590 9402 6746 1074 3822 26</p>	<p>3. Service Type</p> <p><input checked="" 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 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>7021 0950 0002 0369 7425</p>	<p>TAOS, NM JUN 13 2022</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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7021 0950 0002 0371 4412

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		
Street and Apt. No., or PO Box No.		First National Bank of Artesia, NM, Agent for Fred O. McDowell and Platform Energy III, LLC P.O. Box 2078 Abilene, Texas 79604
City, State, ZIP+4®		22883 Spur - Merak

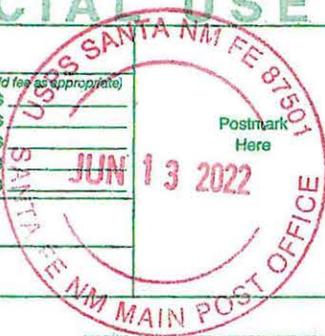
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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</p> <p><input checked="" type="checkbox"/> <i>Katelyn Brister</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>J. Katelyn Brister</i> <i>6/17/22</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>First National Bank of Artesia, NM, Agent for Fred O. McDowell and Platform Energy III, LLC P.O. Box 2078 Abilene, Texas 79604</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <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 0950 0002 0371 4412</p>	
<p>9590 9402 6746 1074 2350 27</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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7019 2970 0000 7595 5121

Certified Mail Fee		\$
Extra Services & Fees (check box, add fees 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 Gates Properties, Ltd. c/o Nada Gates P.O. Box 81119 Midland, Texas 79708		
22883 Spur - Merak		

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</p> <p><input checked="" type="checkbox"/> <i>Lawrence Gates</i> <input type="checkbox"/> Agent</p> <p style="text-align: right;"><input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p>Gates Properties, Ltd. c/o Nada Gates P.O. Box 81119 Midland, Texas 79708</p> <p style="text-align: center; font-size: 0.8em;">22883 Spur - Merak</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Lawrence Gates</i> <i>6/17/2022</i></p>																
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5121</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>																
<p style="text-align: center;">  9590 9402 6746 1074 3818 85 </p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
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PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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 Margaret J. Gates 706 W. Grand Avenue Artesia, New Mexico 88210-1935 22883 Spur - Merak	

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 checked="" type="checkbox"/> Addressee <i>Margaret J. Gates</i></p> <p>B. Received by (Printed Name) MARGARET J. GATES</p> <p>C. Date of Delivery 6/17/23</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 style="text-align: center;">Margaret J. Gates 706 W. Grand Avenue Artesia, New Mexico 88210-1935 22883 Spur - Merak</p>  <p style="text-align: center;">9590 9402 6746 1074 3820 28</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5114</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

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SANTA FE POST OFFICE
SANTA FE, NM 87507

7021 0950 0002 0371 4504

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 Gayle Angela Carson f/k/a Gayle Angela Carson Carpenter, SSP
619 Rolling Mill Drive
Sugar Land, Texas 77498-3075
22883 Spur - Merak

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"/> <input 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 style="text-align: center;">Gayle Angela Carson f/k/a Gayle Angela Carson Carpenter, SSP 619 Rolling Mill Drive Sugar Land, Texas 77498-3075</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</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 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 style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0371 4504</p>	<div style="text-align: center;"> 9590 9402 8746 1074 3822 02 </div>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7019 2970 0000 7595 5015

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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
John W. Gates, LLC
c/o Margaret J. Gates
706 W. Grand Avenue
Artesia, New Mexico 88210-1935
22883 Spur - Menk

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

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SANTA FE NM FE 87501
SANTA FE NM MAIN POST OFFICE

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</p> <p><i>Margaret J. Gates</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>MARGARET J. GATES 6/17/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>John W. Gates, LLC c/o Margaret J. Gates 706 W. Grand Avenue Artesia, New Mexico 88210-1935 22883 Spur - Menk</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5015</p>	
<p>9590 9402 6746 1074 3820 66</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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SANTA FE NM FE 87501
 SANTA FE NM M.F. ... 1ST OFFICE

7021 0950 0002 0371 4382

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., or PO Box No. _____

City, State, ZIP+4® _____

John W. Gates, SSP
 c/o Susan M. Shope
 34 Fairview Street
 Asheville, North Carolina 28803

22883 Spur - Merak

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>1. Article Addressed to:</p> <p style="text-align: center;">John W. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p> <div style="text-align: center;">  9590 9402 6746 1074 2350 65 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4382</p>	<p>A. Signature</p> <p>X <i>Susan M. Shope</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Susan M. Shope</i></p> <p>C. Date of Delivery <i>6-21-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</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 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>
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SANTA FE NM MAIN POST OFFICE
JUN 13 2022
Postmark Here

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees 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

Street and Apt. No., or PO Box No. Jon Erick Anderson, SSP
2401 Wessynton Way
Alexandria, Virginia 22309 22883 Spur - Merak

City, State, ZIP+4®

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Jon Erick Anderson, SSP 2401 Wessynton Way Alexandria, Virginia 22309</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p> </div> <div style="text-align: center; margin: 5px 0;"> <p>9590 9402 6746 1074 3821 41</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0369 7364</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Jon ERICK ANDERSON 16 June 2022</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="font-size: 1.2em; font-weight: bold;">3401 Wessynton Way Alexandria, VA 22309</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
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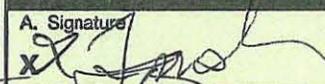
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____



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22883 Spur - Menak

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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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Kenneth William Irish, SSP 227 Rheem Boulevard Moraga, California 94556</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Menak</p> </div> <div style="text-align: center; margin: 5px 0;">  <p>9590 9402 6746 1074 3821 10</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 7217</p>	<p>A. Signature</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">  </div> <p style="text-align: right;"><input 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>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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SANTA FE NM

22883 Spur - Menak

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

7019 2970 0000 7595 5053

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) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Kenneth William Irish, SSP 227 Rheem Boulevard Moraga, California 94556</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Menak</p> </div> <p style="text-align: center;">9590 9402 6746 1074 3820 59</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>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5053</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

7021 0950 0002 0373 7954

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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
 Street and Apt. No., or PO Box No. Joanna L. McDermott
 4492 Hornet Drive
 Prescott, AZ 86301

City, State, ZIP+4® 22883 Spur - Merak

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 <i>Amy DuMont</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Amy DuMont</i> C. Date of Delivery <i>6-18-22</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>Joanna L. McDermott 4492 Hornet Drive Prescott, AZ 86301</p> <p style="text-align: right;">22883 Spur - Merak</p>	
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0373 7954</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 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 Restricted Delivery (over \$500)</p>
<p>9590 9402 7543 2098 9415 69</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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JUN 13 2022
POST OFFICE

7019 2970 0000 7641 5419

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	
\$	
Nancy Helen Castillo, SSP 1108 Dahlia Court Calexico, California 92231	
22883 Spur - Merak	

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>1. Article Addressed to:</p> <p style="text-align: center;">Nancy Helen Castillo, SSP 1108 Dahlia Court Calexico, California 92231</p> <p style="text-align: center; font-size: 0.8em;">22883 Spur - Merak</p> <p style="text-align: center;">9590 9402 6746 1074 3819 22</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7641 5419</p>	<p>A. Signature <input type="checkbox"/> Agent</p> <p>X <i>NANCY H. CASTILLO</i> 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>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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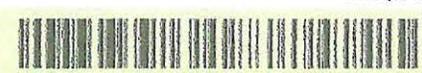
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7019 2970 0000 7595 5145

Certified Mail Fee		 <p>Postmark Here</p>
\$		
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		
\$		
Nancy Helen Castillo, SSP 1108 Dahlia Court Calexico, California 92231		
22883 Spur - Menak		

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</p> <p><input checked="" type="checkbox"/> <i>NANCY H. CASTILLO</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Nancy Helen Castillo, SSP 1108 Dahlia Court Calexico, California 92231</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Menak</p> </div> <div style="text-align: center; margin: 5px 0;">  <p>9590 9402 6746 1074 3819 08</p> </div>	<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>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5145</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

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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 _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

The New Mexico Baptist Foundation, Inc., Trustee for
 the New Mexico Baptist Children's Home, Inc.
 2511 Wyoming Boulevard Northeast
 Albuquerque, New Mexico 87112

22883 Spur - Merak

Postmark Here
JUN 13 2022

USPS SANTA NM FE 87501
 SANTA NM FE 87501 POST OFFICE

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>1. Article Addressed to:</p> <p style="text-align: center;">The New Mexico Baptist Foundation, Inc., Trustee for the New Mexico Baptist Children's Home, Inc. 2511 Wyoming Boulevard Northeast Albuquerque, New Mexico 87112</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p> <div style="text-align: center;">  9590 9402 6746 1074 2367 65 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0371 4467</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</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>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 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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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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
 Peter N. Maxwell, SSP
 309 Frances Thacker
 Williamsburg, Virginia 23185-8238

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®
 22883 Spur - Merak

Postmark Here
 JUN 13 2022

USPS SANTA NM FE 87501
 SANTA NM MAIN POST OFFICE

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

7021 0950 0002 0371 4580

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) COVID-19</p> <p>C. Date of Delivery 6/16/22</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>Peter N. Maxwell, SSP 309 Frances Thacker Williamsburg, Virginia 23185-8238</p> <p>22883 Spur - Merak</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2353 24</p> <p>7021 0950 0002 0371 4580</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To _____</p> <p>Street and Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4® _____</p>	<p style="text-align: center; font-size: 1.5em; color: red;">USPS SANTA FE SANTA FE IN POST OFFICE</p> <p style="text-align: center;">Postmark Here</p> <p style="text-align: center; font-size: 1.5em; color: red;">JUN 13 2022</p> <p>RRA Minerals, L.L.C. c/o Ann Smith, manager 2214 Toll Gate Road SE Huntsville, Alabama 35801-1833</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Menk</p>
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0369 7418

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>1. Article Addressed to:</p> <p style="text-align: center;">RRA Minerals, L.L.C. c/o Ann Smith, manager 2214 Toll Gate Road SE Huntsville, Alabama 35801-1833</p> <p style="text-align: center; font-size: 0.8em;">22883 Spur - Menk</p> <p style="text-align: center;">9590 9402 6746 1074 3822 40</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0369 7418</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Ann Smith</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;">AB 6/16/22</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>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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USPS SANTA NM FE 87501
SANTA NM FE 87501
JUN 13 2022
POSTMARK HERE
SANTA NM FE 87501
POST OFFICE

7021 0950 0002 0371 4566

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
Street and Apt. No., or PO Box No. Robert B. Gates, SSP
c/o Susan M. Shope
34 Fairview Street
Asheville, North Carolina 28803 22883 Spur - Merak

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-900-9047 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>1. Article Addressed to:</p> <p>Robert B. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803 22883 Spur - Merak</p>  <p>9590 9402 6746 1074 2367 89</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4566</p>	<p>A. Signature X <i>Susan M. Shope</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Susan M. Shope</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>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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
 Robert Morley Irish, SSP
 15155 Northwest Valley Road
 Yamhill, Oregon 97148

22883 Spur - Merak

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

7019 2970 0000 7595 5138

USPS SANTA NM FE 87501
 JUN 13 2022
 MAIN POST OFFICE

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 <i>Janet Irish</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Janet Irish</p> <p>C. Date of Delivery 6/17</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>Robert Morley Irish, SSP 15155 Northwest Valley Road Yamhill, Oregon 97148</p> <p>22883 Spur - Merak</p> <p> 9590 9402 6746 1074 3818 92</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 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>7019 2970 0000 7595 5138</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Postmark Here
JUN 13 2022

22883 Spur - Menk

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

7019 2970 0000 7595 5046

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>1. Article Addressed to:</p> <p style="text-align: center;">Robert Morley Irish, SSP 15155 Northwest Valley Road Yamhill, Oregon 97148</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Menk</p> <p style="text-align: center;">9590 9402 6746 1074 3820 97</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5046</p>	<p>A. Signature</p> <p>X <i>Janet Irish</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Janet Irish</i> <i>6/17</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0369 7395

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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., or PO Box No. Root Family Holdings, LLC
 c/o Bryan J. Root
 13655 Duluth Drive
 City, State, ZIP+4® Apple Valley, Minnesota 55124 22883 Spur - Menk

Postmark Here
 JUN 13 2022

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>1. Article Addressed to:</p> <p style="text-align: center;">Root Family Holdings, LLC c/o Bryan J. Root 13655 Duluth Drive Apple Valley, Minnesota 55124</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Menk</p> <p style="text-align: center; font-weight: bold;">9590 9402 6746 1074 3821 65</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0369 7395</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Valeri L. Root <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Valeri Root 6/16/2022</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>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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 \$

Russell Sanford Gates, MSU
 23 Stafford Square
 Boyertown, Pennsylvania 19512
 22883 Spur - Menk

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

7019 2970 0000 7595 5060

USPS SANTA NM FE 87501
 JUN 13 2022
 MAIN POST OFFICE

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</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gates</i> C. Date of Delivery <i>6/17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Russell Sanford Gates, MSU 23 Stafford Square Boyertown, Pennsylvania 19512 22883 Spur - Menk</p> <p>9590 9402 6746 1074 3820 73</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5060</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0950 0002 0368 7129

Certified Mail Fee		
Extra Services & Fees (check box, and fees 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		
Street and Apt. No., or PO Box No.		Southwest Royalties, Inc. P.O. Box 53570 Midland, TX 79710-3570
City, State, ZIP+4®		22883 Spur - Merak

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 style="text-align: center;">Southwest Royalties, Inc. P.O. Box 53570 Midland, TX 79710-3570</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p>  <p style="text-align: center;">9590 9402 6746 1074 3821 72</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
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Domestic Return Receipt																	

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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	
Susan M. Shope, SSP 34 Fairview Street Asheville, North Carolina 28803	
22883 Spur - Merak	

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 style="text-align: center;">Susan M. Shope, SSP 34 Fairview Street Asheville, North Carolina 28803</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">7019 2970 0000 7595 5039</p>																	

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

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OFFICIAL USE

7021 0950 0002 0371 4573

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 Street and Apt. No., or PO Box No. City, State, ZIP+4®	Wallace S. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803 22883 Spur - Merak

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>Susan M. Shope</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Susan M. Shope</i></p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Wallace S. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803</p> <p style="text-align: right; font-size: 0.8em;">22883 Spur - Merak</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 style="text-align: center;"> 9590 9402 6746 1074 3822 64 </p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4573 </p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail™ Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™ Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™ Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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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
\$ _____

William Allen Gates, MSU
208 Wren Drive
Greensburg, Pennsylvania 15601
22883 Spur - Menk

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

7019 2970 0000 7595 5077

SANTA NM FE 8701
 JUN 3 2022
 MAIN POST OFFICE

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"/> Address</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 style="text-align: center;">William Allen Gates, MSU 208 Wren Drive Greensburg, Pennsylvania 15601 <small>22883 Spur - Menk</small></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 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 Deliv.</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 style="text-align: center;">9590 9402 6746 1074 2360 48</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5077</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7021 0950 0002 0368 7105

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Certified Mail Fee \$

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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

Street and Apt. No., or PO Box No. Aaron Anderson, SSP
30777 Rancho Cal Road, Unit 892391
Temecula, California 92591

City, State, ZIP+4® 22883 Spur - Merak

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



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HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7021 0950 0002 0368 7105

RECEIVED
JUN 28 2022
Hinkle Shanor LLP
Santa Fe NM 87504

Aaron Anderson, SSP
30777 Rancho Cal Road, Unit
892391
Temecula, California 92591

Hinkle

FIRST-CLASS



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ZIP 87501 \$ **007.33⁰**
02 7H
0006052409 JUN 13 2022

22883 Spur - Merak

NIXIE 911 DE 1 0006/18/22
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD
BC: 87504206868 *0704-06011-15-39

IA
87504206868

7021 0950 0002 0371 4474

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

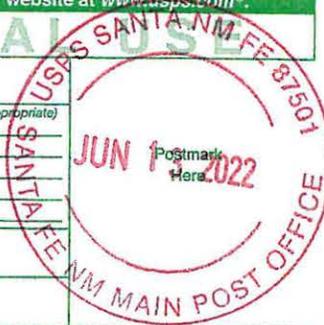
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. Diana Louise Carson Kostka, SSP
 14320 Edmond Lake Road
 Jones, Oklahoma 73049-3438 22883 Spur - Merak

City, State, ZIP+4® _____

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 SANTA FE, NEW MEXICO 87504



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ZIP 87501 \$ **007.33⁰**
 02 7H
 0006052409 JUN 13 2022

Handwritten signatures and initials in blue ink.

Diana Louise Carson Kostka, SSP
 14320 Edmond Lake Road
 Jones, Oklahoma 73049-3438

RECEIVED

JUL 01 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

ANK
 730493438 PO
 87504>2068

22883 Spur - Merak

NIXIE 731 FE 1 0006/28/22

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
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BC: 87504206868 *0557-03722-28-21

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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	First National Bank of Artesia, NM, Agent for Abbe Kanner, SSP
Street and Apt. No., or PO Box No.	2001 West Main Street 12883
City, State, ZIP+4®	Artesia, New Mexico 88210 Spur - Merak

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 ZIP 87501 \$ **007.33**⁰
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 0006052409 JUN 13 2022

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JUN 28 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

First National Bank of Artesia, NM,
 Agent for Abbe Kanner, SSP
 2001 West Main Street
 Artesia, New Mexico 88210

22883 Spur - Merak

NIXIE 750 FE 1 0006/21/22

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

BC: 87504206868 *1882-00472-21-13

9330020033102998

UTF
 0210071906
 8750420686

7021 0950 0002 0371 4375

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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 First National Bank of Artesia, NM, Agent for Barbara Bentwood McCahen, SSP
 Street and Apt. No., or PO Box No. 2001 West Main Street
 City, State, ZIP+4® Artesia, New Mexico 88210 22883 Spur - Merak

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 PITNEY BOWES
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 02 7H
 0006052409 JUN 13 2022

First National Bank of Artesia, NM,
 Agent for Barbara Bentwood McCahen, SSP
 2001 West Main Street
 Artesia, New Mexico 88210

22883 Spur - Merak

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JUN 28 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

UTP
 002 0950 0002 0371 4375

NIXLE 730 FE 1 0006/21/22
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 BC: 87504206868 *1662-00469-21-15

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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	\$

Postmark Here
JUN 13 2022

SANTA FE NM FE 87501
SANTA FE NM FE 87501
POST OFFICE

Sent To: First National Bank of Artesia, NM
Agent for Richard W. Bentwood and Jean T. Bentwood, Co-Trustees of The Bentwood Revocable Living Trusts
2001 West Main Street
Artesia, New Mexico 88210

Street and Apt. No., or PO Box No. _____
City, State, ZIP+4® _____ 22883 Spur - Merak

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Santa Fe NM 87504

First National Bank of Artesia, NM,
Agent for Richard W. Bentwood and Jean T.
Bentwood, Co-Trustees of The Bentwood Revocable
Living Trusts
2001 West Main Street
Artesia, New Mexico 88210

22883 Spur - Merak

NIXIE 750 FE 1 0005/21/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
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BC: 87504206888 *1882-00474-21-13

.. 933 0020033102998

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002 199719 04
07/20/22 10:00

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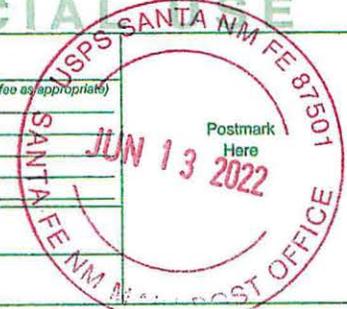
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt. No., or PO Box No. First National Bank of Artesia, NM, Agent for Richard W. Wheatley and Sarah E. Wheatley, Co-Trustees of The Wheatley Family Trust u/t/a dated 2/12/1990 22883
 2001 West Main Street Spur - Merak
 City, State, ZIP+4® Artesia, New Mexico 88210

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First National Bank of Artesia, NM, Agent
 for Richard W. Wheatley and Sarah E. Wheatley,
 Co-Trustees of The Wheatley Family Trust u/t/a
 dated 2/12/1990
 2001 West Main Street
 Artesia, New Mexico 88210

22883 Spur - Merak

NIXIE 700 701 999 01/13/22

RETURN TO SENDER
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BC: 87504200000 *1882-00070-21-15

.. 9333110035722350

UT
 01/13/22

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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
 John Bedingfield, SSP
 1002 W. Dallas Avenue
 Artesia, New Mexico 88210-1806

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®
 22883 Spur - Merak

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 SANTA FE, NEW MEXICO 87504



7021 0950 0002 0371 4603

*6/14
 AX*

WMA

John Bedingfield, SSP
 1002 W. Dallas Avenue
 Artesia, New Mexico 88210-1806

22883 Spur - Merak

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US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ **007.33⁰**
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 0006052409 JUN 13 2022

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Hinkle Shanor LLP
 Santa Fe NM 87504

WIXIE 750 DE 1
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 NO MAIL REC
 UNABLE TO

882101806 0003
 NMR
 882101806 0003

BC: 87504206868

7019 2970 0000 7595 7231

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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
 Joanna L. McDermott
 6625 E Cypress St
 Scottsdale, Arizona 85257

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JUN 23 2022

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 Santa Fe NM 87504

Joanna L. McDermott
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 Scottsdale, Arizona 85257

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 RETURN TO SENDER
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 BC: 87504206868 *1779-00159-20-15
 47
 6/23

UTP
 87504206868

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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	
Street and Apt. No., or PO Box No.	Joanna L. McDermott 6625 E Cypress St Scottsdale, Arizona 85257
City, State, ZIP+4®	22883 Spur - Merak

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

7021 0950 0002 0369 7388



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ATTORNEYS AT LAW
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SANTA FE, NEW MEXICO 87504



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0006052409 JUN 13 2022

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JUN 23 2022

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Santa Fe NM 87504

Joanna L. McDermott
6625 E Cypress St
Scottsdale, Arizona 85257

22883 Spur - Merak

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NOT DELIVERABLE AS ADDRESSED
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BC: 87504206868 *1779-00158-20-15

UTF
852573847126682

7019 2970 0000 7595 5084

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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

Rhodes Interests, Ltd.
 110 W. Louisiana Avenue, Suite 200
 Midland, Texas 79701

City 22883 Spur - Merak

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 SANTA FE, NEW MEXICO 87504



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US POSTAGE™
 ZIP 87501 \$ **007.33**⁰
 02 7H
 0006052409 JUN 13 2022

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JUN 28 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

Rhodes Interests, Ltd.
 110 W. Louisiana Avenue, Suite 200
 Midland, Texas 79701

9400920693173270

BWP

793393424001

NIXIE 799 DE 1 0005/25/22

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

BC: 87504206868 *0693-01253-23-22

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6/28

7021 0950 0002 0371 4498

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)

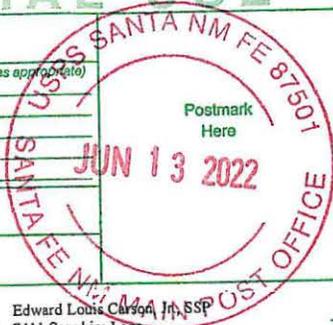
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Edward Louis Clark, Jr., SSP
7411 Sapphire Lane
Oklahoma City, OK 73150-8028
22883 Spur - Merak

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Extra Services & Fees (check box, add fee as appropriate)

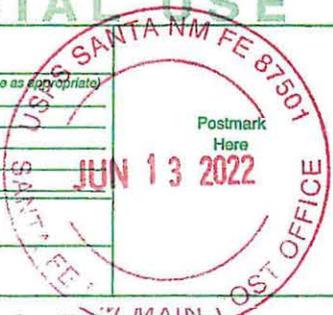
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
James Chester Bethel, Jr., SSP
524 Pittman Street
Richardson, Texas 75081-4278
22883 Spur - Merak

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7019 2970 0000 7595 5107

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\$

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
Jonathan V. Maxwell, SSP
819 Plummer Drive
Greensboro, North Carolina 27410
22883 Spur - Merak

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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
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Affidavit of Publication

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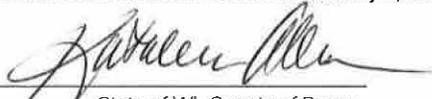
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements 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:

06/17/2022

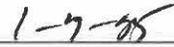


Legal Clerk

Subscribed and sworn before me this July 1, 2022:



State of WI, County of Brown
NOTARY PUBLIC



My commission expires

Ad # 0005302341
PO #: Case No. 22883
of Affidavits: 1

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This is to notify all interested parties, including Southwest Royalties, Inc.; Root Family Holdings, LLC c/o Bryan J. Root; Breck Minerals, LP; Jon Erick Anderson, SSP; Aaron Anderson, SSP; Joanna L. McDermott; Mary Carolyn Johnson, SSP; RRA Minerals, L.L.C. c/o Ann Smith; James Chester Bethel, Jr., SSP; David Rhea Carson, SSP; Melva Jean Myers and Earl Stephen Myers, Trustee of the Rex Thomas Meyers Exemption Trust u/t/a dated 8/7/1995; Gayle Angela Carons f/k/a Gayle Angela Carson Carpenter, SSP; Edward Louis Carson, Jr., SSP; Valarie Rose Carson Ryckman, SSP; Diana Louise Carson Kostra, SSP; The New Mexico Baptist Foundation, Inc., Trustee for the New Mexico Baptist Children's Home, Inc.; COG Operating LLC; Leland Price, Inc.; First National Bank of Artesia, NM, Agent for Richard W. Wheatley and Sarah E. Wheatley, Co-Trustees of The Wheatley Family Trust u/t/a dated 2/12/1990; First National Bank of Artesia, NM, Agent for Abbe Kanner, SSP; First National Bank of Artesia, NM, Agent for Fred O. McDowell and Platform Energy III, LLC; First National Bank of Artesia, NM, Agent for Claire J. Carter, SSP; First National Bank of Artesia, NM, Agent for Dr. John N. Brentwood, SSP; First National Bank of Artesia, NM, Agent for Barbara Bentwood McCahen, SSP; First National Bank of Artesia, NM, Agent for Richard W. Bentwood and Jean T. Bentwood, Co-Trustees of The Bentwood Revocable Living Trusts; John Bedingfield, SSP; John W. Gates, SSP c/o Susan M. Shope; Robert B. Gates, SSP c/o Susan M. Shope; Wallace S. Gates, SSP c/o Susan M. Shope; Peter N. Maxwell, SSP; Jonathan V. Maxwell, SSP; David L. Maxwell, SSP; Susan M. Shope, SSP; Robert Morley Irish, SSP; Nancy Helen Castillo, SSP; Kenneth William Irish, SSP; Concho Oil & Gas LLC; Joanna L. McDermott; Michael McDowell, MSU c/o Barbara W. McDowell; John W. Gates, LLC c/o Margaret J. Gates; Margaret J. Gates; Gates Properties, Ltd, c/o Nada Gates; Robert Morley Irish, SSP; Nancy Helen Castillo, SSP; Kenneth William Irish, SSP; Russell Stanford Gates, MSU; William Allengates, MSU; Rhodes Interests, Ltd.; D. Lloyd Henderson and Jean E. Henderson; Leslie Lee Bayouth; Richard M. Lowery; Jackie Kemp Jones; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Spur Energy Partners, LLC (Case No. 22883). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted

hearings will be conducted remotely. The hearing will be conducted on July 7, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnr.dstate.nm.us/OCD/hearings.html>. Applicant applies for an order amending Order No. R-21859 to extend the deadline to commence drilling operations until December 31, 2023. The OCD issued Order No. R-21859 in Case No. 21676 on October 7, 2021, approving a 315-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico ("Unit") designating Spur as operator of the Unit. The Order further pooled all uncommitted interests within the Yeso formation at a depth of 4,225' to 5,000' in the Loco Hills; Glorieta-Yeso Pool (96718) underlying the Unit and dedicated the Unit to the Merak 7 Federal 10H well; Merak 7 Federal 11H well; Merak 7 Federal 22H well; Merak 7 Federal 51H well; and the Merak 7 Federal 52H well (collectively the "Wells"). The Wells are located approximately 3 miles northwest of Loco Hills, New Mexico.
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